

**Mentoring in specialist workforce development:
a realist evaluation**

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The candidate confirms that work submitted is her own and that appropriate credit has been given where reference has been made to the work of others.

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Abstract

This study is a realist evaluation of developmental mentoring. It aims to contribute to the accumulation of knowledge about how mentoring works as an intervention and an approach.

It is based on a project-in-practice: a Mentoring Programme that was offered to a group of non-medical specialist practitioners across all health and care sectors. Their specialism involved working with people living with long term neurological conditions. As a strategic innovation in workforce development, it was set up to address gaps in services and training opportunities. It ran in the north east of England from 2009-11.

The research uses realist methodologies to understand 'what works, how, for whom, in what circumstances and to what extent' (Pawson and Tilley, 2004, p.2). It therefore focuses on causality and the way intervention outcomes evolve through people's responses to resources and opportunities, contextually influenced.

Having established the scope and framing of the research, and with the benefit of expert opinion, this study reviews relevant substantive theory and developmental mentoring literature to build a theory-primed and literature-populated framework to evaluate participant data. The analysis leads to the generation of a developmental mentoring model; an inverted hierarchy model for complex interventions, informed by developmental mentoring in a Mentoring Programme; an overarching programme theory that addresses 'diversity and opportunity', with subsidiary programme theories for learning and working differently and making a difference; and an evaluation framework for developmental mentoring in a Mentoring Programme.

This study contributes to the accumulation of knowledge about developmental mentoring's core concepts and theory in this field, using realist methodologies that are suited to the complexity of the topic.

Readers' notes: the research focus is on developmental mentoring, sometimes shortened in the text to mentoring. Also, third person plural pronouns are used throughout, including in the singular, to minimise the risk of gendering this research.

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List of Terms

Term	Short Definition	Introduced / explained in the text
Activist (learning style): see also Reflector	People who typically learn by doing, involving themselves in new experiences, able to lead and work with others. (Honey and Mumford, 1992). Other learning styles: Pragmatist, Reflector (see below), Theorist	Section 10.4.1
Agency	The way individuals are producers of experiences and shapers of events (Bandura, 2000), and what people do to bring about change (May, 2012)	Sections 7.3.2, 7.4.2
Agentic collaboration	Recognising the agency in self and enabling the agency in others (Spender, 2011)	Section 7.5.2
Artefacts: contrasts with People	The products associated with an intervention e.g. a policy document, evidence, a proposal, a contract between a mentee and mentor, learning resources	Section 2.4.2
(the) Bid	The proposal document produced by the North East Neurosciences Network to secure funding to run the overall Workforce Innovations Programme and the Mentoring Programme as part of it	Section 4.3
Causality	The interaction of contexts and mechanisms that effect outcomes, answering the question 'what works' (Pawson, 2006)	Section 5.6
Change	The difference that occurs in something	Section 3.4
Collaboration	See Partnership	Section 3.3

Complexity	Properties of the way the real world can be understood, involving non-linear interactive components, emerging phenomena, continuous and discontinuous change, and unpredictable outcomes (Zimmerman, Lindberg and Plsek, 1998)	Section 3.2
Configuration framework: see also Context, mechanism, outcome configuration	A table constructed to analyse and present contexts, mechanisms (resources and responses) and outcomes, at levels from the individual and interpersonal to the institutional and infrastructural, that can be populated from narrative data to reveal people's 'choice architecture' (Thaler and Sunstein, 2008)	Section 5.6
Context, mechanism, outcome configuration: see also Causality	This is the basic realist formula or heuristic which expresses causality in social systems by linking mechanisms, contexts and outcomes, and examine outcome variation (Pawson and Tilley, 2004)	Section 5.6
Context: see also Mechanism and Outcome, and Context, mechanism, outcome configuration, Experiential template, Significant informant	The circumstances, conditions or factors that power mechanisms to make them work; the conducive settings (Pawson and Tilley, 1997)	Section 5.6
Developmental mentoring: see also Mentoring	A type of adult mentoring that has a developmental focus on mentee outcomes related to work and self (Figure 11.1)	Sections 2.4, 11.3

Enhanced purposeful processing algorithm: see also Response, Quality thinking, Significant informant	Emerged as alternative terminology for the way the mentee is able to respond differently and in more nuanced and purposeful ways to resources (Figure 2.6) that are meaningful to them	Sections 2.4.2, 11.3.2
Experience: contrasts with Performance	Personal perspectives, qualities and stories accumulated over time, understood through narratives that attach meaning to them	Section 4.4.3
Experiential template: see also Context, Significant informant	Emerged as alternative terminology for Context, highlighting what is potentially meaningful to a person in powering their response to a resource, based on previous experience. This menu of possibilities can however be broadened, influencing their responses, perhaps through the assimilation of new knowledge or re-evaluating what is significant to them in particular circumstances.	Section 11.3.2
Health and care	The policies, provision of services and practices that meet the health and care needs of the population	Section 2.2
Hierarchy	The organisation of a system into levels according to power, status, authority or control, for example. In this research, the hierarchy is inverted (Figure 2.1)	Section 2.2.4
Intervention	The programme or project that is the focus of the evaluation: here, the Mentoring Programme and mentoring within it. The intervention offers resources to those taking part and to which they respond: see also Resource, Response	Sections 4.3, 4.4

Mechanism: see also Resource, Response, Context, mechanism, outcome configuration	This consists of the resources generated by an intervention and the way people respond to them. Mechanisms are 'context sensitive', becoming active under particular circumstances (Pawson and Tilley, 2004)	Section 5.6
Mentee	In the mentoring dyad or relationship, the less experienced person who's learning, development and change are the focus of the intervention	Sections 4.3, 4.4
Mentor	In the mentoring dyad or relationship, the more experienced person who facilitates the mentee's learning, development and change	Section 4.3, 4.4
Mentoring: see also Developmental mentoring	An interpersonal developmental intervention, typically conducted in a dyad between two people, a mentor and mentee, or in a wider network	Section 2.4
Mentoring as an approach	Making use of developmental mentoring characteristics and qualities in non-mentoring relationships and activities	Table 6.1
Mentoring as an intervention: see Mentoring, Developmental mentoring	The practice and enactment of mentoring	Table 6.1
Mentoring Programme	An eighteen month project-in-practice, providing learning, development and change opportunities, centred on mentoring, and involving access to and the generation of new knowledge	Section 4.3.2
Narrative	The experiential account provided by those contributing to the research through stories that describe and explain their thinking, feelings and actions in ways that establish meaning (Brinkmann and Kvale, 2015)	Section 4.2

Neurological diagnoses	Sudden onset and progressive conditions affecting the brain and nerves	Section 2.3
Output	The product of an intervention e.g. a proposal, learning resources, certificate, report	Section 2.4.2
Outcome: see also Context, Mechanism, and Context, mechanism, outcome configuration	The impact of the work that is done, aligned with the intervention goals (general) A mixed pattern of results, impacts and effects generated by the mechanisms and contexts together (realist methodology)	Section 3.4 Section 5.6
Participants	Non-medical practitioners who were seconded to the Mentoring Programme as mentors and mentees	Section 4.2
Partnership: see also Collaboration	The way people's complementary strengths and capabilities are purposefully engaged (Lasker, Weiss and Miller, 2001), combining their potential such as knowledge and skills, as well as organisational resources. Partnership extends from non-participation / manipulation to citizen power / control (Arnstein, 1969)	Sections 3.3, 7.5
People: contrasts with Artefacts, Practitioners	Individuals associated with an intervention outwith an identified role, and used here to identify those living with a long term neurological condition. It avoids reductionist terminology such as patient, user, recipient	Section 10.3.5
Performance: contrasts with Experience	The operational processes and products or outputs of systems, primarily measured as artefacts in relation to pre-set criteria	Section 4.4.2
Practitioners	Individuals in the health and care workforce who may or may not have or need a professional qualification or registration to practice	Section 2.2.3

Programme Theory: see also Substantive Theory and Theory	A theory about how a programme is intended to work. Research begins with program theory and ends, if it has been successful, with a revised, more nuanced and more powerful program theory (Wong et al, 2013)	Section 5.6.2
Quality thinking: see also Response	The development and application of enhanced responses to resources, consciously and purposefully applied (Figure 2.6)	Section 11.3.2
Realist approach or methodology	An interpretative, theory-driven approach to evaluating or synthesising evidence [through which to assess] complex evidence for policy implementation, programmes services and interventions (Jagosh, 2017). It focuses on ‘what works, how, for whom, in what circumstances and to what extent’ (Pawson and Tilley, 2004, p.2).	Section 5.2
Realist evaluation	The strand of realist methodology that uses primary data to evaluate how social initiatives, interventions or programmes work	Section 5.5
Realist review / synthesis	The strand of realist methodology that draws together existing evidence and reviews this secondary data to understand how social initiatives, interventions or programmes work	Section 5.5
Reflector (learning style): see also Activist, Pragmatist, Theorist	People who typically learn by observing and taking time to think about what they have seen before coming to a decision (Honey and Mumford, 1992)	
Resource: see also Mechanism, Response	The opportunity offered by or emerging within a programme or intervention of which there may be one or many	Section 5.6

Response: see also Mechanism, Resource	What people do when offered a resource within a programme or intervention, from reflex to reflexivity (Figure 2.6), mediated by context	Section 5.6
Significant informant: see also Context, Experiential template	An alternative term for Context, emphasising the circumstances that are particularly meaningful to that person in powering their response to a resource	Section 11.3.2
Specialist workforce development	The way a defined workforce is provided with opportunities to acquire the knowledge and skills so they can deliver and improve services	Section 2.4
Stakeholders	People in key roles in strategic organisations who had influence over the Mentoring Programme, such as funders, service commissioners, third sector leads	Section 4.2
Substantive Theory: see also Programme Theory, Theory	A higher level theory about how phenomena are supposed to work, perhaps related to a discipline, such as learning theory	Section 5.6.2
Theory: see also Programme Theory, Substantive Theory	An explanatory system of ideas, linked to underlying principles	Section 5.6.2
Workforce Innovations Programme	The integrated partnership improvement structure set up by the North East Neurosciences Network involving forums, a shared website and the Mentoring Programme, to support collaborative working that would increase neuro workforce capacity and capability and improve services	Section 1.3

List of Abbreviations

BBC	British Broadcasting Corporation
C	Context (see also CMO configuration)
CARES	Centre for Advancement in Realist Evaluation and Synthesis
CCG	Clinical Commissioning Group
CIPD	Chartered Institute of Personnel and Development
CMO configuration	Context, mechanism, outcome configuration
CQC	Care Quality Commission
DH	Department of Health (replaced by NHS England 2012)
EI	Emotional Intelligence
EMCC	European Mentoring and Coaching Council
M	Mechanism (see also CMO configuration)
MBTI	Myers-Briggs Type Indicators
NAO	National Audit Office
NENN	North East Neurosciences Network (see also the Network)
NHS	National Health Service
NHS England	NHS England (replaced DH 2012)
NLP	Neuro-Linguistic Programming
NMC	Nursing and Midwifery Council

O	Outcome (see also CMO configuration)
PCT	Primary Care Trust (commissioning)
QIPP	Quality, Innovation, Productivity and Prevention challenge
RAMESES	Realist And Meta-narrative Evidence Syntheses: Evolving Standards Project
the Network	North East Neurosciences Network (see also NENN)
UK	United Kingdom
WDIF	Workforce Development Innovations Fund
WIP	Workforce Innovations Programme

Chapter 1

Scoping the Research

1.1 Chapter overview

This research explores the ways developmental mentoring contributed to the development of a group of non-medical health and care practitioners. As a group, participants were distinguished and unified through their specialist work with people who live with a long term neurological condition. The research is largely based on an eighteen month project-in-practice, a Mentoring Programme that had mentoring within it, and the researcher was Co-ordinator of that project, responsible for its delivery.

The study was initially intended as an evaluation of that project, anticipating that there would be access to established theories about how mentoring works. Thus the research would be based on primary data analysis of participant narratives, informed by those theories. However, in light of a dearth of such theory, the researcher first needed to review the literature and draw on expert opinion about developmental mentoring generally and then explore participants' experiences of this particular project in order to understand how mentoring might work. Secondary and primary data are therefore integrated in this research using realist methodology.

This chapter sets out the scope of the research (1.2), provides a brief description of the intervention (1.3), offers a justification for this evaluation (1.4), introduces the methodology (1.5), makes the researcher's perspective explicit (1.6) and with all this in place, sets out the research design (1.7) and thesis format (1.8). For clarification, a List of Terms used in the research is available at the start of this document.

The broad approach to this study involves initial immersion in the topic, before using a realist approach in order to evaluate how this intervention worked and from that to generate transferable theory about the way developmental mentoring works, as an intervention and an approach.

Having established the scope of the research in this chapter, Chapters 2 and 3 set out the research framework, identifying key descriptors and concepts, before moving on in to the story of the intervention in Chapter 4.

1.2 Scoping statement

The research focuses on health and care workforce development and the way staff employed in those sectors are trained to deliver their role within their service and organisation. It specifically focuses on the contribution of mentoring in a Mentoring

Programme to the post-qualification development of non-medical specialist practitioners. In this study, the specialism involves working with people who live with a long term neurological condition.

With a health workforce of '1.4m staff in over 300 different professions across more than 1,000 different organisations who meet the needs of 1m patients every 36 hours' (Health Education England, 2015, p.4) and a further 1.5 million people working in social care (Nuffield Trust, 2015), workforce and its development is an important, dynamic and interconnected area of concern:

This is a complex business with labour markets cutting across health, social and independent sectors and operating at all levels from local to international (Health Education England, 2015, p.4).

Typically, personal and workforce development in health and care has been undertaken by carrying out individual training needs assessments and accessing continuous professional development opportunities, informed by workforce planning in response to current and future service provision, within or between organisations (Department of Health, 2008a). These have usually been dedicated to the specific knowledge and skill needs for identified diagnostic groups and practitioners. Generic mandatory training, for example, health and safety or cardiopulmonary resuscitation is excluded here. This research centres on an innovative workforce development initiative outwith this typical approach (Lawson, 2012).

Finally, workforce is about more than numbers of staff and training. It is also about the way health and care is delivered. This involves the individual and interpersonal activities that occur amongst those who provide services, and between them and those who access those services, and the way these are expressed in particular relationships and conversations. This is a key perspective in this research.

1.3 The intervention

The intervention is developmental mentoring: 'a long standing form of training, learning and development and an increasingly popular tool for supporting personal development' (Chartered Institute of Personnel and Development (CIPD), 2009, p.1). It was provided by more experienced to less experienced staff as a one-to-one learning, development and change opportunity over a fifteen month period. It was made available as part of a Mentoring Programme in which it was embedded. The Programme is where mentoring expertise was acquired as part of a broader learning opportunity to equip participants to work differently and to effect change that made a difference for and with those accessing their services.

The Programme was set up by the North East Neurosciences Network (NENN), an unique commissioning-led network. It was a response to evident staffing and service gaps (NENN, 2008). The Network conceived it as a way to address the lack of progress in delivering the Quality Standards in the National Service Framework (NSF) for people affected by long term neurological conditions that was strategic policy at the time (Department of Health, 2005).

Running from 2009 to 2011, this Programme was part of a bigger NENN initiative, the Workforce Innovations Programme, funded by the regional health authority, NHS North East (Chapter 4). The Workforce Innovations Programme had three strands that were intended to establish an integrated partnership improvement infrastructure that would engage people who use neuro services, practitioners, managers, commissioners and researchers in collaborative activities to increase capacity and capability, and improve services. These linked strands were:

- **forums:** the strategic strand comprising four local forums covering the region: to support co-ordinated commissioning, re-design and delivery;
- a **shared website:** the information and communication strand to provide a central point of access to resources, links and contacts; and
- **Mentoring Programme:** the operational strand to develop the workforce, aligned with national policy and local need. This would run in parallel with the strategic work of the forums to ensure workforce readiness.

Mentoring within a Mentoring Programme is the intervention of interest and the focus of this research. However, it should be noted that the whole initiative was set up as a commissioning-led, collaborative project-in-practice. It was a workforce development scheme and not a research project for this study.

The Programme was however evaluated as it ran using participatory action research (Akhurst, 2011). Two other evaluation reports were also completed as it drew to a close, meeting funding requirements (Carson, 2011; Lawson, 2011). These evaluations provided accounts of what had been done and what was achieved. So why re-visit this, several years after it was halted?

1.4 Justification

The researcher has two reasons for pursuing this re-evaluation, largely arising from her experience as Programme Co-ordinator, now researcher. In this role transition, the researcher has been very aware of the need to separate her current responsibilities from her engagement in and personal experience of the Programme. She has sought to do this in three main ways:

- **letting go of the Co-ordinator role:** from the outset, the researcher was mindful of the need to establish a clear role distinction between herself as Co-ordinator, a role that ended in 2011, and that of researcher that started in 2012, aligned with a change of purpose. She was very aware of the importance of achieving this in contact with those she had worked with previously, particularly when she began interviewing in 2013. However, she realised at an early stage that the whole health and care system had radically changed in the interim and therefore her experience as Co-ordinator was devalued in these new circumstances. She was able to make clear that as researcher, her requests for information and stories of people's experiences and opinions were therefore role-purposed and genuine;
- **establishing the researcher role:** although the researcher came to this study informed by her experience as Co-ordinator, her involvement in designing this study and gaining ethical approval, the development of research knowledge and skills, and increasing confidence in and identification with realist approaches, enabled her to assume the very different and objective role and responsibilities of 'researcher'. As she let go of the Co-ordinator role, she was able to translate this into a different approach, relationships and language from that she had assumed previously; and
- **ensuring autonomy of contributors:** this was set out in the research's ethical approval that gave permission to those invited to take part to do so of their own volition or to decline, or to withdraw at any stage without repercussions, including deciding what would happen to any data they had contributed. All contributors were formally consented based on this information about the research. In the introductions to the study at interviews and the focus group, the scope of the research and role and responsibilities of the researcher were clarified to separate them from the purpose of the original project and those of the Co-ordinator. Outwith the semi-structured format under which interviews and the focus group were carried out, the researcher was careful only to use her previous experience to inform the development of subsidiary questions where necessary to enable contributors to extend their thinking than to constrain it.

As for the re-evaluation, first, the researcher believes the Programme was a genuinely innovative, effective and impact-significant initiative, delivered at considerable cost to the public purse, the potential of which was not fully appreciated at the time. It demonstrated a different way to deliver workforce development that was inextricably bound to outcome-focused, collaborative working across sectors and organisations, in small groups and wider networks. At the time, she observed an individual and collective energy for change that enabled silos to become more permeable as practitioners worked collaboratively

and purposefully, amongst themselves and, based on their appreciation of its benefits and impact, with those accessing their services. Fundamentally, relationships and conversations changed. This research is enabling her to undertake a longer term evaluation of an intervention worthy of further scrutiny in order to establish new knowledge about how these effects came about; the causal dynamics of developmental mentoring over time.

Second, the Programme was designed, funded and delivered with little discernible evidence that it would work. This dearth of evidence in public policy is lamentable (Pawson, 2006). Yet there continues to be a pressing need to better inform the way issues are being addressed in a fundamentally re-organised and efficiency-and-integration-challenged health and care environment, including the 'new NHS' (Kings Fund, 2013): the 'funding challenge' (Nuffield Trust, 2015a, p.4); the 'productivity challenge' (Appleby, Galea and Murray, 2014, p.3); the 'vital' integration challenge (British Medical Association, 2014); the quality challenge evident in some services that are 'failing to improve and some deterioration in quality' (Care Quality Commission, 2016, p.5); and the future health and social care workforce challenge (Imison and Bohmer, 2013). In particular, the researcher's experience and expertise from more than 15 years as a practitioner in health and care, extending to management and project management, resonate with a vital tenet raised in one of the many reports about the current state of health and care authored by Ham (2014, Chapter 5), that the potential for change and improvement should not come from further 'bold strokes and big gestures' typical of short-term responses to such fundamental challenges, but 'from within' (p.3). This brings attention back to the workforce and those who access their services. Yet this workforce feels 'undervalued [evidenced by] a rise in staff [following years of] pay restraint... growing demand... and increasing complexity' (Nuffield Trust, 2015, pp. 14-15); issues of increasing workload and staff shortages. As the Trust sees it, there is a pressing need to re-establish an 'engaged and empowered' workforce (p.16).

The researcher welcomes this focus on the people in the system and what they actually do, individually and together, demonstrated in their relationships and conversations that move them to real change and meaningful outcomes. She believes it is pivotal where 'if anything, the speed, magnitude, unpredictability and, consequently, the importance of change have increased considerably' (Burnes and Jackson, 2011, p.134). The researcher hopes that the translational findings and recommendations from this research might contribute to debates and action on the evidence-base for relevant policy and practice and how change might be undertaken as a result.

So, how will the issue of 'how' be addressed in this research?

1.5 Methodology

In a change environment in which conflicting agendas and discourses operate within and across levels in increasingly complex systems such as health and social care 'it is becoming increasingly important for policy-makers and decision-makers to understand what works, why it works, and what impact these changes are having on cost and patient outcomes,' (Davies, Ariti, Georghiou and Bardsley, 2015, p.1). This underscores the case for robust programme evaluation using analogous methodologies and the generation of evidence to inform policy (Pawson, 2006). Thus, in order to tease out the causal strands of purposeful change in complex social systems, the researcher has chosen to take a realist approach. This will be presented in Chapter 5.

In this type of complex system where a complex intervention was introduced, these methodologies offer the opportunity to address the following cross-cutting issues in evaluation and evidence-based policy:

- **change and the sleeper effect** : previous evaluations of the intervention were contemporaneous with the running of the Programme. Yet, reflecting on individuals' experiences:

a sustainable change in a person's behaviour, thoughts patterns, or emotional reactions to events does not appear until 6 to 12 months following completion of the change effort' (McClelland, 1965). Since it appears to be disconnected from the timing of the intervention, it is a discontinuous effect and is easily overlooked or wrongly attributed to other factors (Boyatzis, 2007, p.455).

This understanding of evolving impact validates the need for a longer term study that distinguishes as clearly as possible the participants' experiences of what has worked for them and how in terms that are meaningful to them, as they have evolved over time; and

- **complexity and causation:** previous evaluations of the Programme took a simple, linear approach to its appraisal. In essence, they reported that mentoring increased workforce capacity and capability that would, in turn and over time, improve services. The intervention, mentoring, would bring about these desired effects. However, mentoring only has an effect when people respond to it, influenced by real-world circumstances to which and through which they are connected. The need to understand the breadth and depth of elements and links in a broad causal pattern validates the choice of a review and evaluation methodology that explicitly accommodates complexity and causality to generate evidence.

1.6 Researcher's perspective

The final aspect of this scoping addresses the researcher's approach to this research.

From her experience as Co-ordinator, she believes the Programme established the value and potential of working collaboratively and innovatively on a broad change agenda with the high levels of expertise and experience that exist in a system. This primarily focuses on the individuals in that system and the potent way they connect to generate creative yet practicable solutions to current and pressing challenges. It has been frustrating to observe that the way this worked at the time and over time has not been fully understood and shared. However, undeterred and as with her approach to the Programme itself, the researcher brings a strength-based and appreciative perspective to this research, focusing on how people respond to opportunities to achieve what is meaningful to them, individually and together. This is summarised by Hammond (1998, p.20-21):

1. In every society, organisation or group, something works;
2. What we focus on becomes our reality;
3. Reality is created in the moment, and there are multiple realities;
4. The act of asking questions of an organisation or group influences the group in some way;
5. People have more confidence and comfort to journey to the future (the unknown) when they carry forward parts of the past (known);
6. If we carry parts of the past forward, they should be what is best about the past;
7. It is important to value differences; and
8. The language we use creates our reality.

This perspective is woven through this research.

1.7 Research design

This study broadly follows the process and stages in Pawson and Tilley's (1997) 'realist evaluation cycle' (pp.84-85), reflecting the wheel of science, set out in Table 1.1 and modified in relation to this research. This table indicates a planned and ordered process. However, setting aside the clarity afforded by retrospection, the researcher's experience was messier in reality, encompassing a fundamental shift from the original proposal for a largely participant-centred, experiential evaluation using primary data to one that required a review of theory and literature, as well as explanatory, causal narratives from experts, stakeholders and participants. This happened for three main reasons.

First, at the outset where much of the planning began, there were fundamental limitations in the researcher's knowledge of the methodology. It was a surprisingly slow process to overcome this through reading alone. She decided to follow two key developmental routes that would enable her to learn from and with others, and transfer this new knowledge directly into her own work. The first involved sourcing a short Master's-level Evaluation Programme at Leeds University to broaden her knowledge of evaluation in

Table 1.1: Simplified evaluation design reflecting the realist evaluation cycle

Stages	▲ ¹⁻⁴ Cycle related activities	Source
▲¹ To establish initial programme theory for mentoring as an intervention and an approach in this project		
Theory¹	Establishing explanations about how this intervention was intended to work	Programme documents (2008)
▲² To set out and build a framework from diverse sources that brings together the elements and links that provisionally express causality in mentoring: theory-primed, literature-populated		
Hypotheses²	Establishing a format for a framework from the literature	Literature on realist evaluation
	Identifying the intervention's common themes and characteristics as patterns of elements and links in the framework, from published sources	Literature on substantive theory; literature on mentoring
▲³ To consolidate the framework to evaluate the intervention using experiential data: expert-informed and participant-configured		
Observations³	Establish patterns in the framework using experts' and participants' previous and recent experiences	Mentoring expert interviews (2014-2015); previous participant data at exit (2011); participant interviews (2013-16) and focus group (2014)
▲⁴ To contribute new knowledge: establish revised programme theory/ies for mentoring as an intervention and an approach from the refined framework and reflect on the application and contribution of realist evaluation methodology to this evaluation research		
Programme specification / generalisation⁴	Setting out findings and translational recommendations for mentoring and the methodology	

general and realist approaches in particular. Building on those foundations, she also attended workshops and conferences led by the Centre for Advancement in Realist Evaluation and Synthesis at Liverpool (CARES) to learn about the ontological and epistemological tenets of the methodology and how they translate into research practice. More than just acquiring knowledge from the literature, this is where the researcher was exposed to the practical application of methodological principles and was inspired and informed, challenged and consoled, and enabled and encouraged to address realist methodological issues in her PhD. The other route, the research and practice community that interact through the Realist And Meta-narrative Evidence Syntheses: Evolving Standards project (RAMESES), as well as access to RAMESES resources, continue to provide a central repository of resources, and access to diverse on-line discussions and support. These routes to developing research expertise through knowledge acquisition and interpretation led to the research design being revised as set out in Table 1.1.

Second, there were pragmatic decisions to be made about how best to carry out a robust evaluation in the face of substantial real-world changes, particularly as most of these only became evident after the research started. Since the end of the Programme, many of the stakeholders and participants who took part had been redeployed or had taken redundancy or retirement and could not be traced; some declined to take part due to pressure of work and a perceived increase in accountability and performance scrutiny; all the original documentation for the Programme had been 'misaid'; and previously influential commissioning and workforce organisations had ceased to exist. Individuals' personal memory of the work had become fragmented and much of the organisational memory lost. In addition, it became clear that national and regional infrastructural and institutional changes had had a profound impact, influencing the trajectory of the participants' outcomes that had been anticipated when the Programme ceased in 2011. These changes had also led to a formal halt on any work to realise the impact of the Programme in 2012. Collectively these factors provoked associated research re-design processes, to accommodate what was lost and optimise what remained. This too is reflected in Table 1.1.

Finally, to the researcher's surprise, it became evident that there was limited if any theory about how mentoring worked. Despite extensive writing about mentoring practice (Chapters 2 and 8), it had attracted 'too little attention to core concepts and theory' (Bozeman and Feeney, 2007, p.719) and seemed beset by 'the neglect of the explanatory' (p.720). This created the biggest challenge as well as an opportunity for the researcher to pursue a more explicit theory-engaged and theory-generating research design that blended review and interview. This is reflected in Table 1.1.

Thus the final, emergent research design has enabled the researcher to explore the boundaries and detail of mentoring from multiple perspectives, bringing a diverse, integrated and collaborative approach to causal explanation and theory generation about this complex intervention in a complex system. The researcher believes that this is a more substantive, rigorous evaluation as a result.

1.8 Thesis format

The contents of this chapter and the research design have informed the thesis format:

Table 1.2: Thesis format

Chapter number and short title		Content and purpose
1	Scoping the research	Setting the boundaries to the research and mapping out key descriptors and concepts to gain an understanding of developmental mentoring in specialist workforce development. Before applying the lens of the methodology, these chapters offer an overview of the project-in-practice, including underpinning knowledge and ideas from which the research question is derived (section 3.5). <i>The reader is informed about and engaged with the subject and the project-in-practice</i>
2	Framing: descriptors	
3	Framing: key concepts	
4	Describing the intervention	Describing and applying the methodological lens through which the intervention can be viewed in order to establish an initial causal explanation of how developmental mentoring was intended to work. <i>The reader is introduced to the methodology and its application: initial theories are set out and associated with them, causally linked elements of mentoring practice built into a framework</i>
5	Realist approaches to evaluation	Identifying and linking causal elements from multiple sources within the framework. <i>The reader is engaged with the process of using the framework to map out elements and causal</i>
6	Initial Programme Theories and Context, Mechanism, Outcome Configurations	
7	Substantive theory: theory-primed	
8	Literature review: literature-populated	

9	Expert perspective: expert-informed	<i>associations to contribute to the evaluation of the intervention</i>
10	Evaluation: participant- configuring	Trialling the framework to analyse the narrative accounts provided by a number of participants through which the intervention is evaluated. <i>The reader is engaged with the evaluation of the intervention.</i>
11	Discussion and recommendations	Setting out and discussing the research findings in four areas: first, the underpinning inverted hierarchy; second, a model of how developmental mentoring works; third, the evaluation of the way the Mentoring Programme and mentoring within it works; and fourth, the research methodology. <i>The reader is presented with the discussion of findings from the evaluation of the project-in-practice and the methodology, as well as recommendations on how new knowledge from this research might be taken forward.</i>

It is hoped this format provides a sense of purpose and process for the reader as they approach this evaluation.

This concludes the scope of the research. The chapter that follows sets out the framework for the research, summarising descriptors and concepts. It draws on literature chosen pragmatically for its contribution to the field or resonance with the researcher's experiential and evidence-informed knowledge of the subject, as well as some of the topics and themes raised in stakeholder and participant interviews.

Chapter 2

Framing the Research: key descriptors

2.1 Chapter overview

Having established the broad scope of the research, this chapter is the first part of setting out the research framework, identifying the aspects of key descriptors that originally informed the intervention and currently inform this research. It contributes to immersion in the topic.

The key descriptors are health and care (2.2), establishing hierarchy as a key characteristic (Figure 2.1); neurological diagnoses as a specialism and as experienced (2.3); and mentoring in specialist workforce development (2.4). Together these differentiate the boundaries of interest to this study.

This is however only part of the framework. Chapter 3 will add further dimensions to this by considering some key concepts that inform the underpinning model to this work. The way these descriptors and concepts combine to frame the research is illustrated in Table 3.3.

2.2 Health and care: policy and evidence, provision and practitioners

This section focuses on particular characteristics of the intervention's institutional and infrastructural circumstances to engage the reader with the conditions that influenced the way the Programme was set up and run, and their impact on the evolution of outcomes since it ended.

The welfare state was founded in 1948, with an extraordinary vision and great intentions that can be heard in speeches by Beveridge in 1942, Attlee in 1948 and Bevan in 1949 (British Broadcasting Corporation (BBC), 2014). Subsequently, both health and care have been subject to almost 70 years of politically-driven reforms (Nuffield Trust, undated; NHS Choices, 2014). These continue right up to the present day (NHS Choices, 2013; Powell, 2016). Surprisingly, similar problems have endured since it was established, as noted by Bevan in 1949: 'a vast amount of silent good work [amid] shortages in some parts of the country, the GP's are overworked... more facilities will be needed before criticism will die down... and the increasing demand on hospital facilities made by the aged sick, one of the great problems of modern civilisation' (BBC, 2014). These common themes continue; increasing demand from an aging society, a rise in long term conditions and raised expectations while supply is constrained by limits on

public resources and productivity, and the costs of providing care rise (NHS England, 2013). This has led to fevered debates about funding, quality, models of care and workforce (Nuffield Trust, 2015), the need to integrate health and care (Ham, Dixon and Brooke, 2012; Ham and Walsh, 2013) and even the fundamental sustainability of the NHS (NHS Confederation, 2013; Health Foundation and Foundation Trust Network, 2014).

Meanwhile, the public *en masse* continue to endorse the principles of the NHS: '89% agree that the government should support a national health service that is tax funded, free at the point of use and that provides comprehensive care for all citizens' (Gershlik, Charlesworth and Taylor, 2015, p.4, drawing on the British Social Attitudes Survey, 2014). The NHS remains a key public concern:

Ipsos MORI's March 2015 political monitor found that 'health care and the NHS' was the most important issue for voters ahead of the election, with 38% saying it was a very important issue...increased from 26% shortly before the last general election, (Gardner, 2015, p.1).

In stating that 'the NHS is more than a system; it is an expression of British values of fairness, solidarity and compassion' (NHS England, 2013, p.5), even Government acknowledges the importance of the NHS to the psyche of the country.

2.2.1 Policy and evidence

In England, the policy infrastructure of health and care is generated in the political and management hierarchy that extends from national Government to local providers. Policy is fundamentally driven by political culture and timetables (Rutter, 2012) and, in common with all interventions 'driven by hypotheses, hunches, conjectures and aspirations about individual and social betterment' (Greenhalgh, Wong, Westhorpe and Pawson, 2011, p.2). Implementation is enacted by 'carrots, sticks and sermons' (Pawson and Tilley, 2004, p.17). Sermons resonate with political type as Governments move in and out of power, highlighted in the next paragraph, while carrots and sticks may be interposed such as when financial incentives (once a carrot) can become both a target and penalty (now a stick) under a hierarchy-driven, managerial-performance, punitive discourse. Evidence on the other hand is generally aligned with practice, the treatments people receive, and associated with practitioners, researchers and academics. Regrettably, bringing these strands together through evidence-based policy remains under-developed (Pawson, 2006; Rutter, 2012).

The structural and financial stability in health and care that underpinned the majority of the Programme's implementation was significantly disrupted by a change of government in 2010 when Labour was replaced with a Conservative-Liberal Democrat coalition,

before the Conservatives took control from 2015. Introducing new structures (DH, 2013; Kings Fund, 2103), health and care were radically reformed in 2012 under the Health and Social Care Act (DH, 2012). In terms of finance, there have been serial challenges in health and care under the Government's post-reform, recession-austerity drive to control costs while bringing about change: 'closing the finance and efficiency gap' (NHS England, 2016). Labour spend on the NHS rose to 8.8% of gross domestic product in 2009, following a Blair-government commitment to match European levels, although it is estimated that it will reduce to circa 6.6% in the next few years (Appleby, 2016; Nuffield Trust, Health Foundation, Kings Fund, 2015). Behind this statistic, there is no escaping the impact of contracting resources, regardless of any increase in demand, highlighted by the Nuffield Trust (2016):

It's almost impossible for Trusts NOT to run up deficits when they're being paid less in real terms than they were five years ago to perform the same treatments – our research shows that procedures for which hospitals were paid £1000 in 2010 were only earning them £925 in cash in 2015, the equivalent of only £800 after inflation.

The NHS in England is currently being challenged to meet £22 billion efficiency savings by 2020 (Nuffield Trust, 2015) against the backdrop of a recent report by the Association of Directors of Social Services that identified a cut in social care funding by a third since 2010 (Johnstone, 2014), driving it into 'financial strain' (Care Quality Commission (CQC), 2016, p.57). In addition, third sector funding has been cut at a faster rate than other sectors, amounting to £1.3 billion in 2013-14 (Nuffield Trust, 2015). This has brought the issue of the connectedness of health and care into relief. It is now being widely debated; first from the politico-management perspective of health and care integration that acknowledges that people receive 'care from more than one provider and in multiple settings' (CQC, 2016, p.2); and second, in recognition of the reality of a connected system where the contribution of multiple sectors is enabled or frustrated at the level of policy and associated finance, impacting one on the other, and thus the need to 'join up the dots' (Alderwick, Ham and Buck, 2015, p.2).

The way this has impacted across sectors, organisations, services and workforce is described by, for example Wood (2013) for the cross-party think-tank DEMOS on *Health in Austerity*; Gainsbury (2016) in the Nuffield Trust report *Feeling the Crunch: NHS finances to 2020*; the National Audit Office (NAO) report on Adult Social Care in England (2014); and Bhati and Heywood (2013) for the National Council for Voluntary Organisations in their work on spending cuts in the voluntary and community sector.

The day-to-day realities of reform in austerity and future uncertainty are experienced by all staff, individually and collectively as a workforce and in their transactions, their

relationships and conversations with one another and with people using services. The effect on staff resilience is becoming evident as rates of work-related stress increase, linked to negative environments, conflict, unpaid additional hours, more agency staff and more complaints from the public associated with, for example, delays and longer waiting times (Murray, 2016; Baker, 2017). There are also increases in sickness rates particularly differentiated by grades (lower skill, higher sickness) and endemically, poorer retention and recruitment. Overall, the health and care workforce feels under-valued and under pressure (Health Foundation and Nuffield Trust, 2015).

Policy and evidence in the Programme and the research

The Programme was set up at a time of greater stability, framed by the quality and improvement work led by Lord Darzi under the *Next Stage Review* (Department of Health (DH), 2008a, 2008b); the *Leadership Qualities Framework* (DH, 2004a); *Transforming Community Services* (DH, 2009); the *Quality, Innovation, Productivity and Prevention Challenge* (DH, 2010d); and specific to the specialism of interest here, the *National Service Framework for Long-Term Conditions* (2005) that includes neurological diagnoses. The Programme outcomes have however evolved under post-reform, recession-austerity conditions, with its many challenges, noted above.

The purpose of discussing policy and evidence in this research is to highlight the way they provide the infrastructural and institutional conditions within which interventions are generated, as well as the artefacts and means by which they are delivered. Together, they influence what people do in the system, individually and collectively and how this happens is of concern here. Circumstantial change is likely to impact on the delivery of any intervention as well as the anticipated trajectory of outcomes, directly as organisations cease to exist or indirectly through cultural shifts and behaviours associated with uncertainty.

2.2.2 Provision

The institutions that provide health and care services operate in all four sectors, starting with the two faces of the public sector:

- the National Health Service (NHS) provides emergency, acute and community services, delivered predominantly by local Trusts and the specialities within them, for example neurosciences, with their associated practitioner roles such as neurologist, neuropsychologist, and specialist nurses and allied health professionals. Each practitioner group has its own knowledge base in which they are trained and work, achieving and maintaining professional registration as a career requirement that also encompasses fitness to practice. The NHS is predominantly the domain of the medical model identified by Laing (1971); and

- local government provides social, welfare or community services and since 2012, public health, typically organised by client groups, for example older people's or children's services, with key roles for social workers and care managers. It is generally aligned with a more social model described by Oliver (2013). Social worker registration only became a requirement in 2012.

The way this system might operate in practice is illustrated by Fillingham, Jones and Pereira (2016) setting out a common local health and care economy for 'Anyborough' and within it, typical care journeys (pp. 9-10). However, this is an increasingly dynamic system for policy reasons set out above. There are moves towards integrated working and increasingly, integrated organisational arrangements that reflect new care models as a response to the needs of an increasing number of people living with long term conditions in the community. Their needs are seen as markedly different to those in acute crisis for whom much health provision was originally designed. Currently, these are being advanced through local Accountable Care Organisations and *Sustainability and Transformation Plans* under the Government's *Five Year Forward View* (NHS England, 2014).

Two other sectors also contribute to health and care. The third sector, made up of a range of charitable and voluntary organisations provides anything from direct support, specialist expertise, funding, campaigning to research, whilst the independent sector's private providers generally offer community, residential and nursing facilities and other services, albeit as a commercial activity.

Finally, there are new and varied forms of social enterprise that 'trade to tackle social problems, improve communities, peoples' life chances or the environment', extending the public / third / independent sector models (Social Enterprise UK, undated¹), of which 'a third of all social enterprises are involved in the provision of adult health and / or social care' (Social Enterprise UK, undated²).

Provision in the Programme and the research

The Programme was offered to practitioners employed in organisations across all sectors, recognising their actual and potential contributions to working with people living with a long term neurological condition. Thirteen organisations representing all four sectors seconded staff to the Programme, albeit dominated by health providers. Ahead of its time, it anticipated the need to 'break down the barriers of how care is provided' including between health and social care (NHS E, 2014, p.4) through more integrated working, extending to providers, services and training (Ham et al, 2012; Ham and Walsh, 2013). An important part of this research is to understand whether this occurred and how, instigated by the intervention; a Mentoring Programme and mentoring within it.

2.2.3 Practitioners

Within each sector's funding arrangements, the key spend is on workforce, its primary delivery route and greatest resource. The King's Fund (2015) estimates that the NHS workforce is about 1.4 million, the NHS being the world's largest publically funded health provider (NHS Choices, 2014), while social care employs 1.5 million staff (Nuffield Trust, 2015). Together they account for one tenth of England's working population.

The Kings Fund highlights important differences in qualifications between the health and care workforce and therefore investment in time to train. In the health sector 48% staff are professionally qualified, their roles and responsibilities often set out legally and formally regulated, whereas in the care sector as few as 13% are qualified staff (social workers, nurses, occupational therapists) with the rest of the workforce 'relatively unskilled'. Both sectors' jobs are predominantly done by women; about 80%.

Against the backdrop of reform in austerity, Imison and Bohmer (2013) writing for the King's Fund note a number of challenges associated with health and care practitioners, individually and together:

- **workforce gaps:** linked to an ageing workforce, fewer people training and restrictions on international workforce mobility;
- **work changes:** increasing demand for generalist and specialist skills, new technologies and protocols, and an emphasis on efficiency; and
- **new roles and relationships:** extended roles across teams and new roles in teams whilst developing their entire membership rather than favouring particular professional groups. The aim is to match 'workforce to work' in the redesign of both and thereby 'driving collaborative practice development not continuing professional development' (p.4), and supporting self-management by people whose lives are affected by their diagnosis.

Practitioners in the Programme and the research

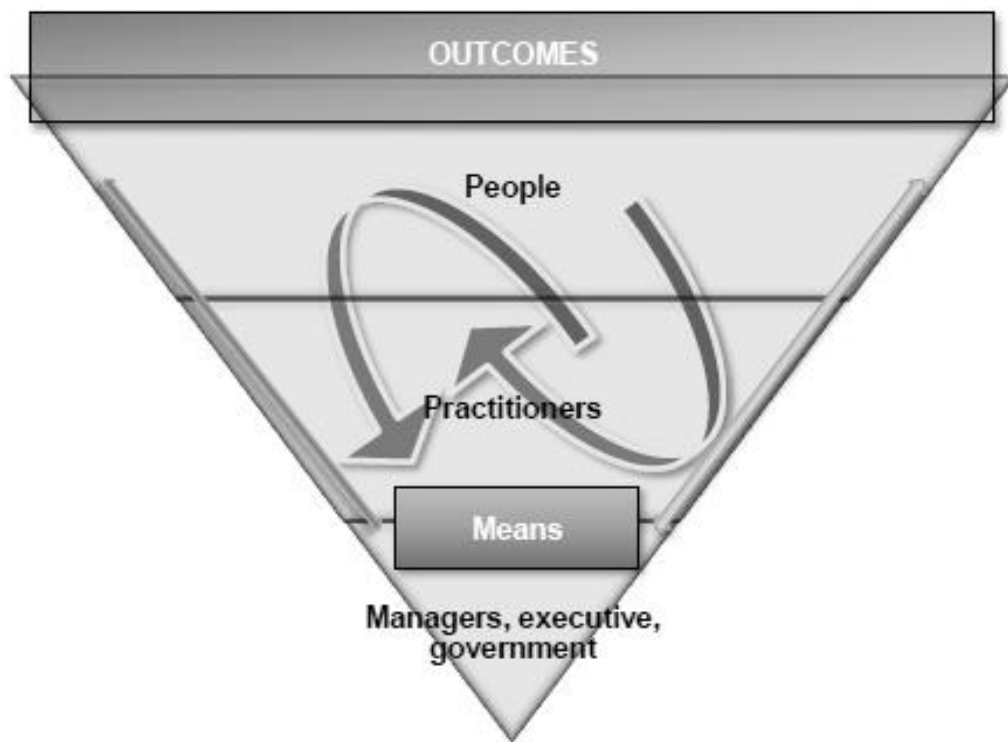
Based on local knowledge, these issues were anticipated to some degree in the initial purpose of the Programme that was to develop increased capacity and capability in a specialist group in the regional workforce to engage with and effect change that would improve services and outcomes, albeit policy informed. The intervention not only recognised the regional workforce challenges across the system but also the fragmented, underutilised potential associated with high levels of expertise, and personal qualities, behaviours and motivation amongst individuals and teams. To assure this as a cross-sector initiative, the Programme language was about 'practitioners' rather than professionals, acknowledging that not all those seconded to the Programme had a professional training or registration.

An important part of this research is to understand the interplay of policy and evidence, provision and practitioners and how the intervention worked across these levels.

2.2.4 Hierarchy in the research

This section (2.2) has evidenced the hierarchical, political-managerial discourse that permeates health and care, top-down, from policy, through provision to practitioners. However, for the purposes of this research, whilst accepting a hierarchy of sorts, the researcher's perspective inverts this view; see Figure 2.1. This is justified as follows. She identifies the most important level of the hierarchy with those who are the majority in the system, whose needs the system serves and whose interests the system should reflect; that is the people who access services and the outcomes that matter to them. In

Figure 2.1: Inverting the health and care hierarchy



her view and drawing on her experience and expertise as a practitioner and manager, she proposes that the system exists for and supports these people as opposed to nesting them at the base of the hierarchy under layers of practitioners, institutions and infrastructure. Thus, the traditionally dominant, small group of managers, executive and government, their politico-managerial sermons and their associated strategic and operational carrots and sticks are re-positioned as the source of the infrastructural and institutional means. These support practitioners as they work for and with people to achieve the outcomes that have meaning to them. This conceptual shift will be developed as the research progresses.

2.3 Neurological diagnoses as a specialism and as experienced

2.3.1 Neurological diagnoses as a specialism

Taking the perspective of the medical model (World Health Organisation, 1980, 2001), neuro is used here as the shortened term for neurosciences encompassing neurology and neurosurgery, the specialist fields in which the Programme was embedded.

Neuro diagnoses include those associated with ‘sudden onset conditions e.g. brain injury’ and ‘progressive conditions e.g. multiple sclerosis, motor neurone disease, Parkinson’s’ as well as associated ‘intermittent conditions e.g. epilepsy’ (Skills for Health – Workforce Projects Team, 2009, p.4). There are a large number of neuro conditions, many of which affect small numbers of people, to varying degrees (Neurological Alliance, 2003 and 2014). However, there are also inconsistencies in which diagnoses are identified as neurological and therefore counted in any statistics. This occurs most regularly with stroke that is sometimes included, for example where the stroke is haemorrhagic and treatment would be neurosurgical as opposed to where it is linked to clot formation and treated medically. In addition, some statistics include all strokes and some exclude all. This same ambiguity can occur with some genetic conditions that have an evident neurological presentation. It highlights the need for clarity about which conditions are included or excluded.

The National Audit Office (NAO) report in 2011 highlighted ‘insufficient evidence’ (p.11) about neuro, with a fundamental lack of data about the numbers of people affected, provision and spend. It therefore focused its analysis on only three progressive diagnoses, with an estimated 200,000 people affected: Parkinson’s disease, multiple sclerosis and motor neurone disease. This contrast with the Neurological Alliance’s (2014) estimate of ‘12.5 million neurological cases’ (p.4) and indeed, the numbers included in the NAO’s second report in 2015, that estimated 4.7 million cases in England. However, this number excludes migraine, headache, dementia and stroke. Within this group, the NAO noted a 3.6% growth in inpatient admissions between 2010-11 and 2013-14, and 17.4% in outpatient appointments in the same period. They also estimated the NHS spend on neurological services, excluding chronic pain in 2012-13 to be £3.3billion (3.5% of the total NHS budget), whereas almost twice as much is spent on cancers and tumours, more than twice as much on problems with circulation and four times as much on mental health, the top 3 disease categories (Nuffield Trust, undated¹). Within a total local authority spend on adults with a physical disability of £8.2 million in 2013-14, the Trust estimated a quarter of that caseload involved people with a neurological condition. This adds detail to Figure 2.1, reflecting ambiguity about the

numbers of people at one level of the hierarchy and the flow of resources from the other level of managers, executive and government, in response. To conclude, it appears that the observations of the NAO in 2011 about numbers, provision and spend remain pertinent.

Symptoms associated with these diagnoses are diverse and many people may live with complex disabilities that include cognitive, physical, behavioural and communication problems (Royal College of Physicians, 2008). These present particular challenges in terms of service provision:

Most Long Term neurological Conditions (LTNCs) have substantial implications for service support, yet the fragmentation of, and lack of access to social, psychological, specialist and non-specialist clinical, and other forms of support has been evident for over 20 years. By definition, LTNCs are an ongoing part of people's lives, thus both clinical and non-clinical interventions have to be carefully interwoven with other aspects of those lives. The successful management of LTNCs, in order to enhance health and well-being, needs both sophisticated management across a number of health, social care and other service boundaries as well as *real* involvement of people with LTNCs and members of their support networks (Bernard, Aspinall, Gridley and Parker, 2010, p.17).

This quote sets out a challenging agenda for provision and practitioners.

2.3.2 Neuro as experienced

The experience of living with a long term neurological condition is reflected in the 'collective voice' of the Neurological Alliance (2015), bringing a personal perspective to the issues raised by the NAO (2015) and the Royal College of Physicians (2008), discussed above. The Alliance highlights people's experiences of, for example delays in diagnosis, seeing GP's and specialists, and accessing services; as well as a lack of care plans. They note limited action by commissioners to integrate primary, secondary, tertiary and social care services, reflecting low levels of involvement in neuro service commissioning. Nonetheless, they also report people's experiences of different practitioners working well together, to some extent, pointing to the importance of the interface between people and practitioners identified in Figure 2.1.

People living with a neurological condition have expressed what they want and need in their own terms, not because they are defined by living with a long term neurological condition but because they are individuals in a social world (Winchcombe, 2012). She writes in her report *A Life More Ordinary*:

'that people with LTNC's and their carers require the following outcomes:

- to be better supported in getting a diagnosis, adjusting to and managing their condition – good continuity in outcomes;
- to be able to get on with the '*ordinary business of everyday life*' and to be better supported in doing so – good continuity in social care; and
- to have increased opportunities to participate in, and contribute to, society on equal terms – improved social and economic inclusion' (p.7).

This quote reflects the challenges identified by the Royal College of Physicians (2008), reported above.

In response, Winchcombe's 'TEAR' approach (op cit, p.53) highlights the need for practitioners and services to be:

- **Trusted** through expertise, long term relationships; and
- **Effective and reliable** based on communication, co-ordination, networking.

Linked with this, people should have:

- **Access** to treatment and symptom management for example, with support for self-care, 'gainful occupation, employability and personal development' and 'community facilities, education and leisure'; as well as
- **Recognition** of the 'personal experience of living with a LTNC' (op cit, p.48).

Finally, focusing on the very personal experiences of people living with their diagnosis and the services they access, the researcher highlights two particular sources. The first source is Sara Riggare, diagnosed with Parkinson's at a young age who identifies herself as 'not patient but im-patient' (Riggare, 2017). In her blog, she makes a key point about getting on and living with her diagnosis in her statement: 'to manage her Parkinson's disease, Sara Riggare spends 1 hour in neurological healthcare and 8,765 hours in selfcare per year'. The second source is Rebecca Armstrong (2017) who writes about the shared life experiences that everyone wants and perhaps takes for granted, but how this has changed in one of her regular and particularly poignant articles about her husband Nick's painstaking progress from hospital to care since being hit by a car, resulting in a traumatic brain injury. This warrants an extended quote:

When things go awry, all most people really want is for things to go back to normal... I'd like to take Nick on the bus but his wheelchair is too big for the local service so it's an adventure we can't undertake. We occasionally go to the supermarket, but pushing him and dealing with a shopping basket or trolley – as well as stares from certain slack-jawed, thoughtless shoppers – makes me prefer to nip in on my own. Nick longs for our old flat... ignoring or not understanding the severity of his injuries. He doesn't want a castle, a penthouse or a mansion he just wants our scruffy little nest. I'd love us to

have a night together, not for x-rated sexytime, but to have a few hours of closeness without a bed rail between us. What could be more normal than going to stay with friends for the weekend? For us, at the moment, it's an ordinary pleasure that would be so expensive, stressful and complicated that it would be less of an expedition and more of an ordeal.

For her and Nick, this 'captures the essence of what good care, whether it's medical or social, should be. The chance for anyone who has been struck down to have the chance to live a normal life' (ibid).

Together, these quotes further emphasise the points made previously, bringing into relief the complexity of people's experiences and the 'ordinariness' of the outcomes they articulate, against the backdrop of current service provision, interacting across all levels in the hierarchy set out in Figure 2.1.

Neuro in the Programme and the research

The Programme was set up as a commissioning-led initiative to address workforce, service and outcome issues in this specialist area of practice. It emphasised the social model (Oliver, 2013), reinterpreted here through the research emphasis on the people and practitioner levels in the inverted hierarchy. The core of this research is to understand how an intervention worked in this specialist area, at these individual-interpersonal levels.

Having set out details of the framework relating to health and care as a complex and dynamic infrastructural and institutional system, and neuro as a specialism within it, the final key descriptor in this chapter introduces developmental mentoring as an intervention and an approach.

2.4 Mentoring in specialist workforce development

2.4.1 Developmental mentoring defined

Mentoring is a particular interpersonal developmental intervention. It involves a 'form of training, learning and development' (CIPD, 2009, p.1) transacted between a more experienced and a less experienced individual to enable the latter's learning, development and change.

Despite the introductory value of such a broad definition, as Netemeyer, Bearden and Sharma (2003) state 'the importance of a well-defined construct cannot be overstated' (p.89). This ensures that researchers and practitioners specify, practice and measure the same thing. To start this process, the researcher has reviewed four definitions of mentoring from which elements are presented in a logic model format; an explanatory pattern of associated means and ends that is summarised in Figure 2.2. A fuller

description of mentoring follows these definitions.

In the first definition, Megginson, Clutterbuck and Garvey (2006) restate the 'few words' of their 1995 mentoring definition as 'off-line help by one person to another in making significant transitions in knowledge, work or thinking' (p.4). This short definition brings attention to three key elements; first, the centrality of the relationship or dyad; second, mentoring's contribution at 'significant transitions'; and third, the way these transitions or changes are situated in 'knowledge, work or thinking'. The term 'off-line' confirms that mentoring is undertaken outwith a line management or supervisory relationship. This is intended to minimise the risks associated with importing established, formalised, hierarchical power differentials into the relationship where the mentor remains situated in their organisational context. Here they may directly or indirectly maintain status over their mentee by perpetuating established institutional structures and processes, along with existing interpersonal dynamics. They may also bring their performance management role into the relationship instead of creating the conditions that enable the mentee to learn, develop and change in the broad and complex circumstances and different ways that are meaningful to them. The sixteen words of this definition establish the intent of mentoring and the centrality of the relationship and change. Short and understated, this is still a rich definition.

Turning to mentoring with health practitioners, Bhatti and Viney (2010) offer a more extended definition, encompassing process, participant attributes and purpose, and highlighting proximity to and interaction with credible experience:

The process whereby an experienced, highly regarded, empathetic individual (the mentor) guides another individual (the mentee) in the development and re-examination of their own ideas, learning, and personal and professional development (p.761).

This shares some common elements a third definition from Roberts (2010):

A formalised process whereby a more knowledgeable and experienced person actuates a supportive role of overseeing and encouraging reflection and learning within a less experienced and knowledgeable person, so as to facilitate that persons' [sic] career and personal development (p.162).

Apart from underscoring some of Megginson et al's (op cit) terms, what do these definitions add? Taking the mentee's perspective, they establish that the mentoring process encompasses both person and profession, life and career, but perhaps without the specific change focus captured in Megginson et al's phrase 'significant transitions'.

Interestingly, both definitions bring attention to ‘development’ as a prime goal, sufficient in itself. However, the researcher is keen to understand what that development then enables the mentee to go on and do; the outcomes achieved. This is part of the researcher’s wider interest in new learning, development or change, the impact it has, and how.

In addition, both definitions add detail about the mentor and mentee, individually and together. First for mentees, ‘development and re-examination of their own ideas’ and the associated ‘reflection’ may already point to one way mentoring might work. Turning to mentors, the terms ‘experienced, highly regarded, empathetic’ highlight the resource of credible specialist experience and expertise offered by the practitioner-cum-mentor and their distinguishing personal attributes, qualities or behaviours.

The final mentoring definition comes from the European Mentoring and Coaching Council (EMCC) (2013):

Developmental activities within relationships based on trust and established through conversations. These activities aim to develop the personal or professional competencies of the client. The focus is on the individual or the team and the resources and solutions they generate for their specific personal or professional context (p.1).

Much of this terminology lends itself more to a management discourse, emphasising professions, competencies and teams. It again situates developmental mentoring in collaborative relationships and in techniques, specifically conversations that are of necessity, ‘purposeful’ (Burgess 1984, p.102). This is the way the mentee’s own resources and solutions are accessed to develop personal and practice competencies, although none are specified. It is a valuable prompt about the mentee focus in the dyad and in the process, and the role of the mentor in enabling the mentee to do the work, own the change and sustain their personal agency, resourcefulness and development in the longer term.

2.4.2 Developmental mentoring in the research

Exploring definitions

Mentoring informed the Mentoring Programme’s approach and was the intervention that gave purpose and meaning to individual and interpersonal relationships and conversations throughout. This research aims to understand how this intervention worked at this individual-interpersonal level, influenced by the changing conditions in which it was delivered and as outcomes evolved over time. This is being undertaken using an appropriate methodology (Chapter 5) to understand complexity and causality

within developmental mentoring based on the literature and expert opinion (Chapters 7, 8 and 9). This leads to the evaluation of the intervention in Chapter 10 based on participant accounts.

However, even at this early stage, can the distinguishing mentoring characteristics from these definitions be combined to begin to inform this research, in explanatory rather than descriptive terms? To do this, they have been analysed in three ways: using a logic model; setting out a summary of that model in words; and illustrating the model as a figure.

First, the key characteristics have been presented in a logic model format that links inputs, activities, outputs and short and longer term outcomes (Patton, 2008). These characteristics are sourced from the abovenamed authors as follows: Megginson et al¹, Bhatti and Viney², Roberts³ and EMCC⁴:

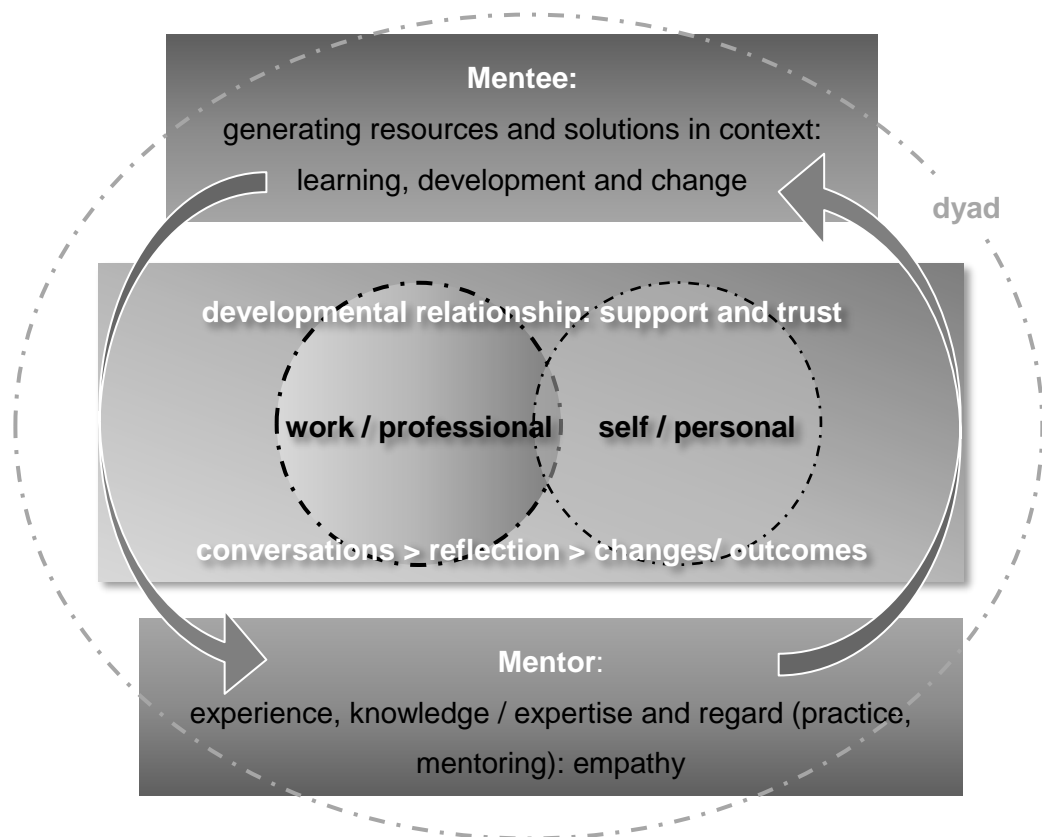
- **inputs:**
 - dyad¹: a supportive / encouraging³, trust-based relationship⁴
 - mentor: experienced, highly regarded and empathetic², more knowledgeable³
 - mentee: less experienced and knowledgeable³
- **activities / processes:**
 - formalised process³ (mentoring), involving developmental facilitation³ and developmental activities⁴
 - conversations⁴
 - reflection⁴
 - guidance²
- **outputs / products:**
 - development and re-examination of ideas²
 - resources and solutions mentees generate for their specific context⁴
- **outcomes: short term:**
 - significant transitions in knowledge, work or thinking¹
- **outcomes: longer term:**
 - learning²
 - personal and professional development², career and personal development^{3,4}.

Second, the logic model has been summarised as follows: within the setting of the dyad, the mentor and mentee have particular contributions to make; the mentor offers expert and experiential resources and personal qualities, and the mentee on whom mentoring centres contributes generative potential and motivation to learn, develop and change.

This is the focus of their work together, individually as mentee and mentor, and interpersonally in whatever they establish mentoring to be for them, perhaps involving a space and time out, collaboration, developmental goals. It is enacted in the context of a trust relationship, expressed through conversations that enable reflection and as a result, the achievement of changes and outcomes that are personally defined and meaningful to the mentee.

Finally, this is illustrated as follows:

**Figure 2.2: Developmental mentoring model:
initial definition-sourced characteristics**



This establishes some preliminary, distinguishing features of developmental mentoring, even from limited sources, capturing the premise of mentoring, involving reflective change conversations in a developmental alliance, distinguishing it from, for example, management or supervision that might be understood as reasoned performance conversations in a hierarchy. However, having set out the distinguishing characteristics of developmental mentoring from these definitions, the next section extends these with details of mentoring's functions, levels, relationship phases and conversational processes.

Summarising descriptions

The purpose of this section is to bring sufficient detail to the characteristics of developmental mentoring to make them practical.

Functions: work / professional – self / personal: Garvey (2011) describes the scope of developmental mentoring with reference to Clutterbuck's 1985 ground-breaking work *Everyone Needs a Mentor* that contributed to mentoring's migration from the United States. His work extended mentoring's reach from career sponsorship to a broader developmental approach embracing work (practice, career) and self (personal). This subsequently framed its European evolution. In this transition, Garvey acknowledges career sponsorship's known, embedded benefits, annotated here in parentheses to link them with the model, such as 'extending knowledge (learning), improving problem solving and decision making (development) and enhancing leadership and organisational productivity (development and change)' (ibid, p.11). Nonetheless, he also points to potential risks in this more prescribed approach and particularly those associated with senior staff as mentors, hierarchically linked, influential and potentially invested in promoting conformity amongst mentees who might hold or aspire to hold power in an organisation whether by affiliation or through progression. Mentoring's migration fortuitously came with both re-definition and guidance, appreciating its contribution to cognitive, emotional and social domains (development) and underscoring the need to move it beyond established organisational hierarchies; 'off-line' (Megginson et al, 2006, p.4). This broader developmental approach countered such concerns.

Although Ragins and Kram (2007) focus on workplace mentoring in earlier writing, they also scope mentoring's dual function, highlighting the importance of the mentor-mentee relationship and reciprocal behaviours invested in 'career development and growth' and psychosocial functions, between mentor-protégé as they refer to participants:

First, mentors may offer *career functions*. Career functions involve a range of behaviors [sic] that help protégés "learn the ropes" and prepare them for hierarchical advancement within their organizations. These behaviors include coaching protégés, sponsoring their advancement, increasing their positive exposure and visibility, and offering them protection and challenging assignments. Second, mentors may provide *psychosocial functions*. Psychosocial functions build on trust, intimacy, and interpersonal bonds in the relationship and include behaviors that enhance the protégé's professional and personal growth, identity, self-worth, and self-efficacy. They include mentoring behaviours such as offering acceptance and confirmation and providing counselling [sic], friendship, and role modelling (p.5).

According to these authors, career and psychosocial functions are inextricably linked, albeit with some distinctions, summarised in the following table.

Table 2.1: Career and psychosocial functions in developmental mentoring

(developed from Ragins and Kram, 2007, pp. 5-7; Megginson et al, 2006, p.20)

	Career functions (work / professional)	Psychosocial functions (self / personal)
Key dependencies	On the mentor : their position and influence in an organisation, leading to mentee advancement.	On the relationship : the quality of emotional bonds and psychological attachment, leading to mentee satisfaction.
Key relationship functions	Vary as it evolves, subject to the mentee's identified goals and needs, the relationship quality, the characteristics and abilities of the mentor and mentee, and context.	
Key phase-related functions	Reflect 'the experiences and patterns of interactions' in each phase in the relationship as it evolves, underpinned by the mentor's facilitation ('support and challenge', Daloz, 2012, p.208) and progressing into 'more mutual exchange and reciprocity' (Ragins and Kram, 2007, p.5). Phases are discussed in more detail below.	

In as much as the mentee may seek to address career issues than more personal or psychosocial concerns, it is evident that both functions share a similar dynamic in the mentor-mentee relationship, across mentoring phases. Nonetheless, there does appear to be a distinct difference in expectations of the mentor between these functions. In terms of career functions, the mentor's work and career are pivotal, with their external role, profile and networks providing a source of experience and expertise as well as a potential resource for the mentee to be accessed for their benefit. In terms of personal functions, this relies on both the mentor and the mentee, and their capacity to establish and maintain an appropriate relationship through each episode and associated conversations that enable the mentee to 'explore, gain new understanding and act' (Megginson et al, 2006, p.23), to their own satisfaction as meaningful outcomes are achieved.

In the Mentoring Programme, mentoring was similarly defined and offered as a way of addressing 'work and self' issues that were identified by each mentee within their mentoring relationship, but acknowledging that each impacted on the other, routed through self.

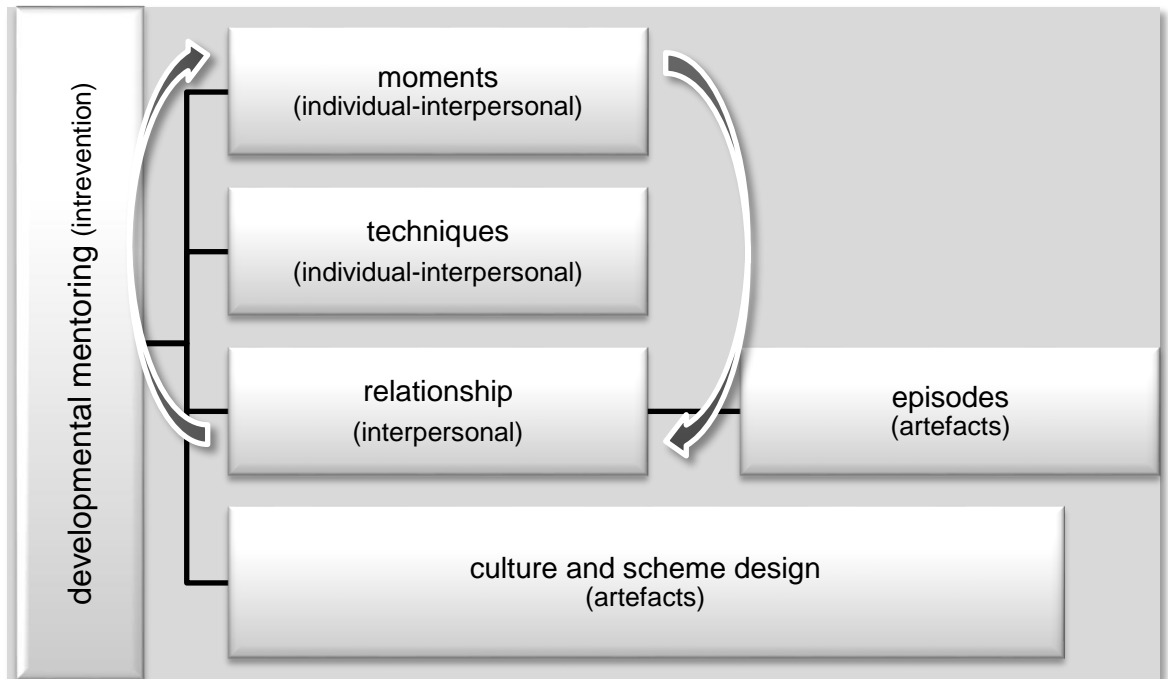
Developmental mentoring levels: Megginson et al (ibid) present a useful framework of integrated levels within developmental mentoring, illustrated in Figure 2.4. It gives primacy to the developmental mentoring relationship, established within a mentoring culture and scheme design, and experienced through a series of mentoring episodes in which appropriate techniques are used to enable the mentee to move to a 'moment' or potentially many moments at which 'transitions, change and transformation' (ibid, p.28) happen. Although the mentoring culture and programme design might be influenced by evidence or policy, both may be re-interpreted at an institutional level, perhaps within an organisation, service or team and thereby suited to their purposes. Nonetheless, it is the mentor's experience and expertise in terms of practice as well as in developmental mentoring that initiates the relationship, resonating between the mentor and mentee in the interpersonal space between them. They also sustain it through episodes; the meetings or contacts where the mentee becomes a more equal collaborator over time. Within this developmental relationship, the mentor uses phase and purpose-specific techniques, expressed in the conversations that are tuned to the mentee's needs, issues and progress. This is summarised in Figure 2.3: the developmental mentoring intervention in five levels: three personal individual-interpersonal levels (relationship, techniques and moments), as well as two artefact levels (culture and scheme design, and episodes). Thus mentoring is evoked in a people-and-development focused relationship, evolving through personalised, individual-interpersonal, complex iterations of techniques and moments. It is transacted under the enabling conditions established through more formulaic artefacts, whether simple, such as a contract between mentee and mentor, or complicated in terms of evidence of good practice. Most important, these mentoring 'moments' are the juxtaposition of past circumstances, a preferred future and the present, where mentees find meaning and decide to act; insights and tipping points (Gladman, 2001) that blend experiential understanding of the past with a perception of future possibilities. It brings together the internal and external self, as mentee and mentor interact with the bricolage of mentoring and the world as they experience it, so that insight about what has passed and what is possible become a platform for change. It fully engages the mentee's quality of thinking.

The aim is for the mentee to 'apprehend reality more fully and comprehensively' (Daloz, 2012, p.222) so that change is fully integrated with self and context as they make authentic choices:

The decision to make major changes on one's life is often made intuitively; but to think about the meaning of the decision in the larger context of one's life is critical if one is to integrate a decision well and construct of it a foundation for further growth (p.226).

Figure 2.3: Developmental mentoring levels

(adapted from Megginson et al, 2006, p.4)



In the Mentoring Programme, mentoring was the core learning, development and change intervention, offered within the scope and purpose of the Programme. The artefacts were prescribed and communicated through training in the modules. The personal levels emerged through practice within each dyad.

What more is known about the developmental mentoring relationship as it evolves?

Relationship phases: Building on Kram's four phases (1985), Megginson et al (op cit) identify five phases in a developmental mentoring relationship, distinguished by the work that gets done in each and the way progress is negotiated in the move from one phase to another:

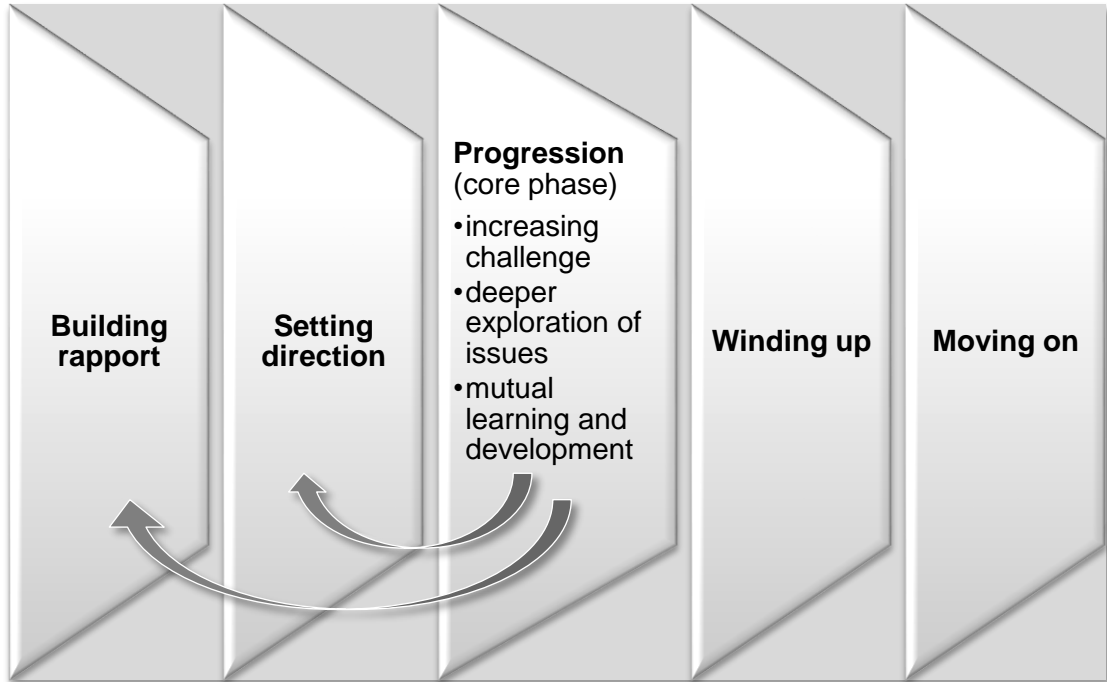
- **building rapport:** exploring capacity for collaboration and committing to the process and the relationship, establishing trust, including some degree of 'emotional bonding' (Colley, 2002, p.7);
- **setting direction:** enabling the mentee to identify issues to be considered and to set goals that are meaningful;
- **progression:** the core phase in developmental mentoring where the work gets done in an increasingly equal relationship in which both mentee and mentor learn and develop through shared knowledge, reflection and insight, moving to change and meaningful outcomes in ways that they have established, together;
- **winding up:** reviewing and celebrating what has been achieved and changes made. This mirrors 'setting direction'; and

- **moving on:** leaving the relationship. This mirrors 'building rapport' as participants leave but with a changed relationship intact.

These phases are illustrated in Figure 2.4.

Figure 2.4: Developmental mentoring relationship phases

(adapted from Megginson et al, 2006, p.20)



This figure sets out a purposeful process rather than a number of discrete events; developmental mentoring has a 'process-form' as opposed to an 'event-form' (Roberts, 2010, p.153). Within a mentoring relationship that is working well, each of these phases would be achieved to the satisfaction of the mentee and mentor before moving forward. This would be fundamental to quality mentoring: that both mentee and mentor, individually and together, appreciate and own each phase in which respective needs are met. Earlier phases might need to be revisited if challenges or changes at a later phase undermined prior phase-specific achievements. Accordingly, the researcher has added arrows from the progression phase to indicate the possibility of returning to earlier phases of setting direction or building rapport in order to accommodate potential challenges experienced by the mentee as well as between mentee and mentor. Two examples are offered to explain this. First, the mentee might become aware of the presence and impact of adjunctive issues from work or self, or perhaps fundamental underlying concerns that require attention, previously unrecognised but that subsume all else. In this, the mentor and mentee may need to go back to consider their priorities and therefore the direction and purpose of the relationship. Second, there is the possibility that progress might confront the mentee with issues that challenge the relationship

between them and their mentor. As a result, they might need to re-build rapport before returning to working on that challenge, together.

In the Mentoring Programme, these phases were managed and progressed confidentially within the arrangements in each dyad and needs of each participant.

Conversational processes (techniques): Mentoring offers the ‘bubble of concentrated conversational energy in the soup of a working environment’ (Megginson et al, 2006, p.21). This is the expression of the mentoring relationship, the shared process of support and challenge, where ‘the knowledge changes, and we change’ (Daloz, 2012, p.245). It is also the medium in which the mentee’s capacity to respond is enhanced and thus their resourcefulness increased, moving to a ‘moment’ where the mentee’s and mentor’s individual contributions converge, crystallising what is important; a product of their collaboration and an indicator of its success.

Conversational processes can be understood in a number of ways, including stages, strategies and methods, with examples illustrated overleaf. Formulaic though this appears, conversation nonetheless remains deeply personalised, purposeful and variable in content:

- to the mentor through their individuality and authentic mentoring style linked to their capacity, confidence and experience, as an expression of the process, enabling the mentee to reflect and gain greater insight within a safe space and over time;
- to the mentee through their story, personality, previous experience, thoughts and feelings about an issue, responses to support or challenge, and capacity for reflective, reasoned and reflexive insight and expression, as they move to meaning and action; and
- to them both, evolving interpersonally within the unique nature and phases of their relationship.

The mentor’s role is pivotal in this as they initially facilitate these conversations. They role model this way of collaborative working, encourage curiosity about new ways of operating beyond the acquisition of new knowledge, informing mentees’ developmental mapping and finding new language and metaphors, while providing feedback; ‘the entirety based on trust’ (Daloz, 2012, p.229). In this, the mentor expresses support by ‘bringing boundaries together’ and challenge ‘to peel them apart’ (p.206), creating the optimal conditions for growth and the ‘crucial leap into contextualism’ (p.208). It is illustrated in the support-challenge matrix, below. Conversations and the listening that is an integral part of them are the developmental relationship made practical, overt and accessible through a shared narrative experience.

Table 2.2: Conversational processes: stages, strategies and methods

(developed from Megginson et al, 2006, pp.22-25; Clutterbuck, 2006, pp.23-24)

Stages (examples)			Strategies	Methods
Exploration New understanding Action	Identify need, gather evidence, motivate and set targets, plan how to	GROW: Goals Reality Options Will	Attending to the relationship and its development, initiating discussion, identifying learning and development styles and needs, clarifying aims and objectives, extending support and challenge, examining options and consequences, encouraging new ideas and creativity, negotiating an action plan, problem solving, giving feedback	Role modelling, questioning (open and closed – PRAIRIE: personal, resonant, acute/incisive, reverberating, innocent and explicit (Clutterbuck, 2012), listening to what the mentee says and how, reflecting back and summarising, negotiating, giving information and advice, sharing experience and storytelling
Re-affirmation, building mutual understanding, identifying the issue, exploring alternative solutions, final checks	achieve, create practice opportunities, observe and give feedback, support through setbacks	OSKAR: Outcome Scaling Know how Affirm and action Review		

Conversation is also the medium of shared responses, where knowing, feeling and meaning can be accessed by both mentee and mentor, and supported and challenged as noted above. It is where the mentee's responses are articulated, from reflex to reasoning, and from reflection to reflexivity, illustrated in Figure 2.6. This highlights the mentee's progression towards quality thinking, rather than persevering with a reflex response, thinking and acting as they might always have done. It might be of particular value where the mentee identifies chaos in change, ambivalence, a sense of being overwhelmed or a loss of resilience under their perception of enduring pressures. In such situations, their ability to respond in a considered and purposeful way is vital,

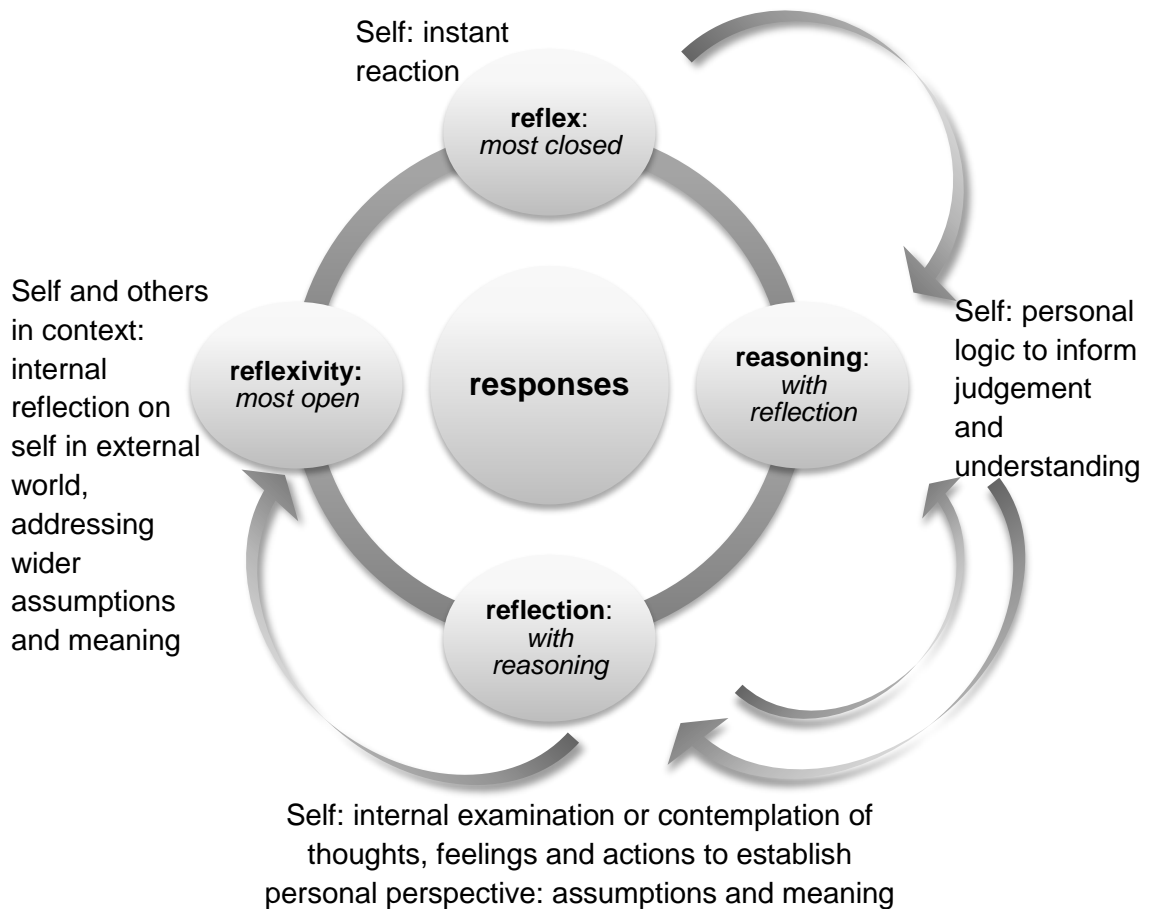
Figure 2.5: Support-challenge matrix

(developed from Daloz, 2012, p.208; EMCC, 2009, p.3)

Challenge: 'opening a distance...drawing them inward to fill the gap' (p.216) by setting tasks, engaging in discussion, heating up dichotomies, constructing hypotheses, setting high standards.	High	Retreat Conformity, defence, stress, under-achievement, withdrawal, burn out <i>(abrasive, confrontational vs informing, directive)</i>	Growth Empowerment, change and risk tolerance, development / achievement: self-efficacy, agency and agentic collaboration <i>(attuned, inquisitive and mutually progressing)</i>
	Low	Stasis Apathy, boredom, low expectation, low morale, change avoidance, disengagement <i>(meaningless, chatty vs relationship building)</i>	Confirmation Disempowerment, complacency, ambivalence, 'comfort zone', stasis <i>(sameness, purposeless, cosseting vs reassuring)</i>
Aim: that the mentee outgrows the mentor (Daloz, 2012, p.210), independent and interdependent Building the relationship, enabling insight and learning, outcome and action orientation (EMCC, 2009, p.3)	Low		High
	Support: safe space, listening / engaging with the other's inner world by providing structure, expressing positive expectations, serving as an advocate, sharing ourselves, making it special.		

moving away from an impulse-reflex associated with a childlike state, a fight or flight response, or where behaviours are dissociated, habituated and risk averse. Quality thinking responses might be the way they engage in more purposeful reasoning, reflection, or reflexivity, contextualising self to time, place, situation and person, including others, to access and utilise their agentic selves.

The Johari Window (Luft and Ingham, 1955) provides a useful tool to consider what this enhancement of responses might enable, as the mentee explores and articulates what

Figure 2.6: Responses: from reflex to reflexivity

is known and unknown about self and others. Based on a four square grid, the window is framed by one axis for 'self' and one axis for 'others', both subdivided by what is 'known' or 'unknown'. Thus each square has distinguishing properties relating what is known or unknown to self or others:

- the 'open' area where the individual and others know;
- the 'blind' area where others know but not the individual;
- the 'hidden' area known by the individual but kept from others; and finally
- the area that is 'unknown' to all and thus a place of discovery.

Based on this interpretation, the mentor's use of techniques or conversational processes might enable the mentee to extend their own reach into as many of these areas as appropriate, practicable, useful and tolerable in terms of the issues they have chosen to work on.

In the Mentoring Programme, this was confidential to those involved. However, in reporting what they valued in mentoring in their exit interviews, several participants acknowledged the importance of changing how they thought and how that enabled them to make changes and reach the outcomes that they wanted to achieve (Lawson, 2011).

However, as a caution to further exploration of mentoring definitions and descriptions, Bozeman and Feeney (2007) state: 'multiple meanings have added complexity and in some instances ambiguity. Conceptual clarity seems to have hampered theory development' (p.724). Thus, at this stage, the requirements of this framing chapter are met.

Having framed the research through selected descriptors, covering health and care, neuro and finally mentoring, the next chapter sets out key concepts that are situated in each descriptor and woven through this research. Taking the same approach as before and pursuing Netemeyer et al's (2003) view about 'the importance of a well-defined construct' (p.89), attention briefly turns to the concepts of complexity; partnership and collaboration; change and outcomes.

Chapter 3

Framing the Research: key concepts

3.1 Chapter overview

Having set out the scope of the research and key descriptors, this chapter extends the research framework, exploring key concepts and their interpretation within the Programme and the research. The way these concepts and key descriptors in the previous chapter combine to frame the research is illustrated in Table 3.3.

The concepts covered here are: complexity in social systems (3.2); partnership and collaboration (3.3); and change and outcomes (3.4). These are integrated and interpreted as an underpinning model within the research (Figure 3.1).

Having completed the scoping and framing work in this and the previous chapter, this chapter concludes with the research question (3.5).

With the scoping and framing complete and the research question in place, Chapter 4 tells the story of the intervention: the Mentoring Programme and mentoring within it.

3.2 Complexity in social systems

The world is real, complex and organised in social systems. Complexity is an underpinning, dynamic system property that informs an understanding of the real world in non-reductionist ways i.e. not equilibrium-based, linear or predictable but involving:

complex phenomena... characterized by nonlinear interactive components, emergent phenomena, continuous and discontinuous change, and unpredictable outcomes (Zimmerman, Lindberg and Plsek, 1998, p.263).

This complex reality is interpreted and evaluated by those within it and can be explained by 'identifying underlying causal mechanisms and exploring how they work under what conditions' (Rycroft-Malone, 2012, p.2).

Complex systems have common properties (Santa Fe Institute, 2013) three of which are considered here and interpreted in terms of the research:

- **they have simple components or agents, relative to the whole system:** in this research simple components are particularly associated with artefacts in health and care and some aspects of mentoring as a workforce intervention, noted previously. However, the researcher identifies the people in the system, operating as agents individually and together, as more complex because of their capacity for complex behaviours. These may be understood from the literature,

for example through psychological theory (Michie et al, 2005), or in practice, from narrative accounts (Chapter 10);

- **agents interact in ways that are non-linear and dynamic, leading to emergent behaviour:** the researcher understands that within a social system people's behaviours, their interactions, are informed by the political-managerial artefacts that drive performance at institutional and infrastructural levels but also by the generative potential of their own expertise and experiences, individually and collectively (Bandura, 1989 and 2001, and discussed in Chapter 7). People have dynamic change capacity to adapt their behaviour, mediated by their responses to interventions and change opportunities, drawing on new information or developing new perspectives on historic information in ways that are deeply personal. Thus people establish meaning and make decisions in a series of iterations as they reflect on what they know, what they anticipate, what they come to know and what they then experience; and
- **agents operate without central control:** in this research this encompasses the decentralised, self-organising qualities of agents, albeit exposed to contextual influences from different sources, varying in strength and direction. In practice it reflects the immediacy of the front-line work that occurs between practitioners and people using services and, extended to mentoring, the relationship and conversations in the dyad; essentially 'off-line' (Megginson et al, 2006, p. 4). Agents work individually and together to organise the system through a 'web of connections' where 'change [is] induced by choices' (Miller and Page, 2007, p.19).

This developing knowledge of complexity will be extended in Chapter 5 where the research methodology is explored. This in turn informs the review of the literature (Chapters 7 and 8) and is used to evaluate the intervention from the varied perspectives of those who took part (Chapter 10), with its 'double and triple doses of complexity' (Pawson and Tilley, 2004, p.16)

However, this emerging knowledge has already impacted on the research in three areas: the development and design of the research; being able to appreciate and make sense of developmental mentoring as a complex intervention in other complex systems; and challenging the researcher to structure her understanding of complexity as it might be understood in her systems of interest (sections 3.2.1-3.2.3). To bring this together, she has addressed both hierarchy and complexity in health and care as a model that she applies in subsequent chapters (section 3.2.4). These areas are explored in the paragraphs that follow.

The first impact has been on the development and design of this research. The researcher's participation in an Introduction to Complexity Massive Open Online Course (Santa Fe Institute, 2013) introduced aspects of complexity that challenged her to think differently about her approach to this research, underscoring a causal perspective. Having been encouraged to consider using realist evaluation methodology and done some early reading, her interest was reinforced by learning more about the common properties of complexity summarised above but further fired by ideas accessed through the course, including Crutchfield's exploration of complexity's 'sophisticated causal architecture that stores and processes information' (ibid); Kraukaur's reflection on the way 'systems encode a long history...used to behave adaptively' (ibid); Page's description of 'agents respond[ing] to the environment they are in... under a meta-rule' (ibid); and above all, Bettencourt's reference to 'chains of causation... mechanisms that make things happen, that are circular with positive and negative feedback loops' (ibid). These ideas began to attach themselves to the researcher's developing knowledge of the methodology, particularly around contextual change, mechanisms, influences over time and causal iterations. They are developed further in Chapter 5. The researcher believes that even with this novice's understanding of complexity, this has been sufficient to establish some confidence in her choice of methodology. Further, she anticipates that applying it to a longer term evaluation will enable more congruent engagement with the topic as well as the ways systems might be influenced, managed or led, and how they might change or be changed over time. However, it requires a very different mind-set, a 'dynamic, emergent, creative, and intuitive view of the world (to) replace traditional "reduce and resolve" approaches' (Plsek and Greenhalgh, 2001, p.625). This has been the researcher's approach here.

Second, in terms of framing the research, complexity is clearly evident in the infrastructural and institutional structures and processes associated with health and care (2.2), as well as neuro (2.3). However, it also extends to interventions in those systems, in this case developmental mentoring (2.4) since, according to Pawson (2013), policies and programmes are essentially theories of what might happen within the systems they create because 'every programme is a complex system inserted in to a complex system' (p.82). Thus mentoring in specialist workforce development is being evaluated here as a complex social system and an intervention in other complex systems.

The third impact of developing knowledge about complexity has been to challenge the researcher to make it more visible and accessible in this research. This began with work on an inverted hierarchy (Figure 2.1) in the previous chapter. However, the researcher perceived gaps between this inverted perspective and the breadth of complexity as a concept. This raised the question about how to reconcile them, perhaps by introducing

some degree of structure to her understanding of complexity that would support this evaluation. In this, she has drawn on three sources: Pawson, (2006) writing about individual, interpersonal, institutional and infrastructural levels; Bronfenbrenner's micro, meso, macro environments (1994); and Glouberman and Zimmerman's simple, complicated and complex levels (2002). These terms are summarised, interpreted and integrated here to inform the development of Figure 2.1 into Figure 3.1, stratifying complexity and hierarchy in the research.

3.2.1 Individual, interpersonal, institutional, infrastructural (after Pawson, 2006)

Starting with the first source and in contrast with a linear perspective that situates interventions in a closed system of individual responses and consequent behaviours, Pawson's (2006) realist perspective is notably broader, embracing open systems in which 'interventions are embedded in multiple social systems... entire systems of social relationships' (p.30). Pawson identifies four layers and their interactions in such systems: 'the action of layer upon layer of contextual influences' which can be explored through realist analysis (p.31). Partially evident in Figure 2.1 these levels are interpreted as follows:

- **individual:** their capacity, for example qualities and behaviours, motivations, experience and expertise. In this research, this is the level of people as individuals and particularly as mentors or mentees;
- **interpersonal:** their relationships within the terms of the intervention, as shared meaning-making and the qualities of the developmental relationships, for example. This is the level of collaboration such as in dyad or networks;
- **institutional:** the operational organisational settings or circumstances, including participants' services or organisations, or the mentoring scheme design. This is the level of institutional artefacts; and
- **infrastructural:** strategic influences and particularly evidence and policy. This is the level of infrastructural artefacts.

Although Pawson states that an intervention is 'the product of its context' which he illustrates in his Figure 2.4 (p.32), the researcher emphasises that people's responses to those interventions are also contextually mediated. This underscores the realist view that it is not interventions that work but the 'causal powers within the agents' (p.21) that effect change because 'programmes work only if people choose to make them work' (p.24). Thus people respond to the resources offered by an intervention, albeit influenced at multiple contextual levels. This is discussed in more detail in Chapter 5.

3.2.2 Micro, meso, macro (after Bronfenbrenner, 1994)

Turning to the second source, Bronfenbrenner's work on human development is modelled on an ecological system which guides and supports change. It is built on two key premises. First, he states that human development is a life-long, contextualised attribute, occurring through regular, enduring 'proximal processes' which involve:

progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects and symbols in the immediate environment (p.38).

Second, Bronfenbrenner adds that these processes have a reciprocity of 'form, power, content and direction' (ibid) in relation to the characteristics of the person as they develop, the immediate and remote environments in which these processes occur and outcomes. This has a causal resonance. Within such a system, Bronfenbrenner identifies five environments that are nested one within the other 'like a set of Russian dolls' (p.39), three of which are highlighted here:

- **micro:** the 'activities, social roles and personal relations' (ibid) through which the individual engages with their immediate environment. The researcher associates this level with mentor or mentee at the individual and interpersonal levels noted above;
- **meso:** 'the system of microsystems' (p.40) in which the individual is engaged across more than one environment. The researcher associates this with the local team, service or organisation including those same artefacts associated with the Programme, and from which participants make contextual links. This appears to align with Pawson's institutional level; and
- **macro:** 'the overarching pattern (of system) characteristic of a given culture or subculture... the societal blueprint' (ibid) that impacts on the nested systems it encompasses. The researcher identifies this with the infrastructural, strategic level, and primarily policy and evidence (2.2.1 above).

Bronfenbrenner also identifies an exosystem, 'linkages and processes between two or more settings... at least one of which does not contain the developing person' (ibid) and chronosystems as 'change or consistency over time' (ibid). The researcher has situated these outwith this discussion of levels, as dynamic system properties that can be understood in terms of change processes as they evolve, relevant to the evaluation of emergent outcomes over time, situated in a dynamic change environment. However, it is the links between highlighted aspects of Bronfenbrenner's work and Pawson's levels that resonate here.

3.2.3 Simple, complicated, complex (after Glouberman and Zimmerman, 2002)

The final source is Glouberman and Zimmerman who state that complexity can be understood at three levels: simple, complicated and complex, generalisable to both systems and problems within systems. The following table summarises these in terms of this research, developed from this source and further interpreted through the work of Plsek and Greenhalgh (2001) and Plsek (2003):

Table 3.1: Complexity: features of simple, complicated and complex systems
(developed from Glouberman and Zimmerman, 2002; Plsek and Greenhalgh, 2001; and Plsek, 2003)

	Simple	Complicated	Complex
System descriptor	Single and linear	Multiple and linear	Multiple, diverse and divergent
Reference example	Following a recipe	Sending a rocket to the moon	Raising a child
Protocols and guidelines	Tested and easily replicated, assuring a standard process and result	Necessary, within an overall process. One success assures the likelihood of repeated success	Limited application. One success does not assure continuing or repeat success.
The value of expertise	Some knowledge and skill needed to follow a protocol	High levels of expertise and experience across diverse fields essential	Expertise and experience, collaboratively harnessed to achieve outcomes
Outcomes	Outcome certain and consistent, every time	Outcomes certain within known risk parameters	Shorter term outcomes more certain, in the context of longer term uncertainty

The researcher has interpreted these features within developmental mentoring as a complex intervention that also has both simple and complex elements within it, providing illustrative examples:

- **simple:** setting up a mentoring contract using a pre-existing format from good practice guidelines which requires process-related skills to produce a suitable version as an artefact or output;
- **complicated:** establishing scheme design that ensures the integrity of the mentoring dyad as a confidential relationship, as well as acknowledges the employer's interest and engagement in development of their workforce. This second artefact might draw on evidence of good practice about ways of establishing effective mentoring relationships, as well as workforce development policy and practice. To satisfy all parties, this requires cross-system negotiation to produce a scheme design in which both participants and stakeholders are confident; and
- **complex:** enabling a mentee to make significant transitions in their life and career through an unique and meaningful mentoring process, incorporating individual and collaborative effort, illustrated in Figure 2.2. This draws on the mentor's credible specialist expertise and experience as well as the mentee's voice and story to bring about learning, development and change.

How might these three sources combine in this research to bring clarity to complexity and hierarchy as an emergent, underpinning model?

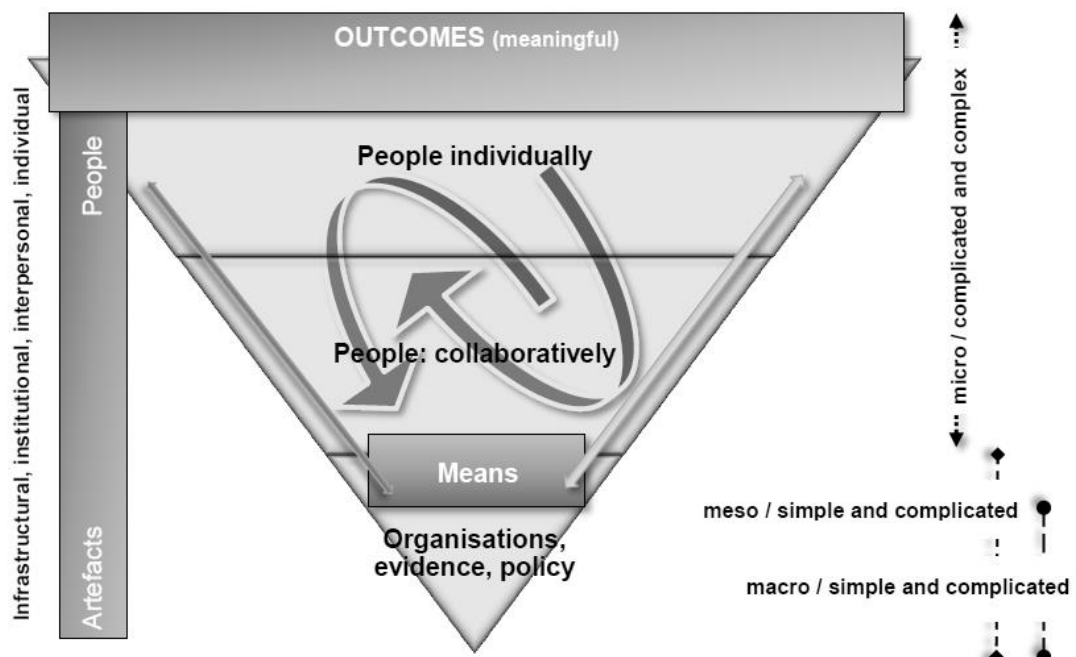
3.2.4 Stratifying complexity and hierarchy in the research

Augmenting Figure 2.1, the researcher can now include levels and details associated with each of the three sources described above to enhance the dimensions of the inverted hierarchy as a model, set out in Figure 3.1 below. The researcher believes this clarity makes the model more useful within the research, satisfying Netemeyer et al (2003).

There have been two revisions to Figure 2.1. The first involves the identification of the infrastructural and institutional levels, replacing the original terms 'managers, executive, government' with 'organisations, evidence, policy'. These are more clearly associated with artefacts and as such with simple and complicated properties at macro and meso levels. These continue to be the source of 'means' and support in the system, as set out originally. The second, important revision involves replacing the terms 'people' and 'practitioners' with 'people: individually' and 'people: collaboratively' to accommodate Pawson's individual and interpersonal levels. This brings attention to the complexity of what happens in the relationship, individually and together, through conversations and

reflection where, as stated previously, interventions work 'only if people choose to make them work' (Pawson, 2006, p.24). In such a hierarchy, people do the work that leads to meaningful outcomes, personally defined and characterised by complicated and complex properties at the micro, individual and interpersonal levels.

**Figure 3.1: Inverted hierarchy model:
stratifying complexity and hierarchy in the research**



Apart from raising issues about how this inverted hierarchy might better inform practice and change in health and care which largely lies outside the scope of this research, it does bring attention to those levels that reflect the researcher's interest in causal explanations of developmental mentoring. For her these are primarily situated at individual and interpersonal levels, highlighted in the juxtaposition of the mentor and mentee in Figure 2.2 and influenced by personal as well as wider circumstances. This is where individual and collaborative work happens and learning, development and change emerge, and where this evaluation of developmental mentoring needs to focus.

Figure 3.1 is a transferable model. It is used later in the research such as in Chapter 6 to support the discussion of the methodology by re-interpreting causality (Figure 6.2) and Chapter 8 to contribute to the literature review by summarising work on motivation (Figure 8.2).

Before concluding this chapter, two other concepts require a short explanation in terms of this model, the intervention and this research.

3.3 Partnership and collaboration

This section adds more substance to the interpersonal level, identified as ‘people collaboratively’ in the inverted hierarchy. This is pivotal to an evaluation of developmental mentoring, whether enacted in a dyad or in wider networks.

Since participants found this to be an influential and challenging aspect of one of the Programme modules, this section begins with the work of Arnstein (1969), making the levels of participation explicit. Illustrated in Table 3.2, Arnstein’s work identifies different types of participation, from non-participation to citizen power, exploring them along a continuum that runs from manipulation to citizen control. She extolls ‘a redistribution of power’ (p.1) to enable participants who lack expertise or a position in the traditional hierarchy to be ‘deliberately included’ (ibid).

Table 3.2: Arnsteins’s ladder: levels of citizen power, participation and non-participation (after Arnstein, 1969)

Levels	Explanatory notes	Participation
Citizen control	Participants have the majority in decision making or full power	Citizen power
Delegated power		
Partnership	Participants negotiate and trade-off with powerholders	
Placation	Participants advise but the powerholders decide	Tokenism
Consultation	Participants hear and have a voice but without follow through and no assurance of changing the status quo	
Informing		
Therapy	Powerholders educate or cure participants	Non-participation
Manipulation		

Arnstein acknowledges the way that complex dynamics have been simplified in this ladder but also the reality of people’s experiences that arise from entrenched positions that perpetuate structural inequalities. Her attribution is that ‘the have-nots really do perceive the powerful as a monolithic “system” and powerholders view the have-nots as a sea of “those people” with little comprehension of the... differences among them...

roadblocks lie on both sides of the simplistic fence' (p.3). In the Programme, this concept was particularly challenging to the large proportion of therapists who were participants. Initially, they genuinely believed themselves to be patient-centred in their work which they were confident to espouse and defend. However, as they were exposed to these ideas and reflected on their experience of the processes and outcomes of power redistribution through their mentoring relationships and conversations, many came to question their practice and identity. This is discussed in Chapters 4 and 10. Despite being published almost 50 years ago, there is still currency in Arnstein's work

Turning to another source, the value of partnership and collaboration is underscored by Lasker, Weiss and Miller (2001). Although they write about the complexity of dynamic health systems in which people make decisions, across levels from practice to policy, they identify the potential in partnerships 'that enable different people and organisations to support each other by leveraging, combining and capitalising on their complementary strengths and capabilities' (p.180), engaging 'the parties closest to the problems in the design and implementation of solutions' (ibid). Gaining an advantage over 'single agents' and insinuated between partnership functioning and effectiveness, they propose synergy as the value-adding element in this process (p.184). Their work is explored in more detail in Chapter 7.

Reflecting the importance of partnership and collaboration in the Programme's aims to effect learning, development and change through developmental mentoring, these sources amplify the understanding and valuing of 'people collaboratively' in the inverted hierarchy model. This underscores its significance within the research

3.4 Change and outcomes

These two final concepts require terminological clarification but little more at this stage.

Change is understood in this research as the difference that occurs in something. The assumption might be that it is effected by an intervention although it has already been established that it is the way people respond to the intervention that leads to change. The change may be in the way people vary their responses even though this might lead to stasis. The term merely denotes something different, not necessarily purposeful, explanatory or causal.

Outcomes capture the impact of the work that is done, aligned with the intervention goals (Patton, 2008). They are qualitatively different to outputs, products or artefacts such as a report or a Programme that has been set up; both are the means to an end. As previously established in relation to developmental mentoring (section 2.4), outputs and then outcomes, whether short and longer term, intended and unintended, are produced

through inputs and activities, occurring one after the other that can be mapped out in a logical process.

In the Programme, some time was spent engaging the group with the conceptual differences between changes, outputs and outcomes, distinguished in practice in the following ways:

- a **change** might involve using a new assessment tool in day-to-day practice that is different to the one used previously (a change of artefact);
- an **output** might be the report of functional scores based on that assessment or running a six week programme in which that assessment is used (the product of using the first artefact to generate another); and
- an **outcome** might be that Mr Smith who took part in that programme is now able to walk to the shop to buy his daily paper. This is what he wanted to achieve and is therefore a result that he values, personally and socially (a meaningful outcome defined by the person).

In this process, many recognised that they regularly performance-reported changes and outputs but less so outcomes, often citing a lack the methods to do this. Whilst accepting the importance of working within the evidence and guidelines and therefore being accountable, institutionally and infrastructurally for changes and outputs, those participants who were able to accept, articulate and accommodate this distinction in practice and in the Programme, and adopted an outcome-focus, appeared able to work more collaboratively across systems and with those who accessed their services. This is discussed further in Chapter 11.

This research is primarily focused on the individual and interpersonal levels of developmental mentoring and how it works. The outcomes of concern are therefore those that are meaningful to participants within the broad aims of learning, development and change, as opposed to services, for example. Actual outcomes are more personally defined (Chapters 4 and 10), reflecting the individuality of those taking part and the causal choices they made. The research addresses how these outcome-convergent processes work (Chapter 11). Further work on outcomes is also included in Chapter 5, specific to the research methodology.

3.5 The research question

Within the scope of the research presented in Chapter 1, these latter chapters have set out the research framework by drawing attention to:

- **descriptors** (Chapter 2): health and care: policy and evidence, provision and practitioners; neuro: specialism and experience; and mentoring; and

- **concepts** (Chapter 3): complexity in social systems; partnership and collaboration; and change and outcomes.

This has enabled the development of a model that integrates complexity and hierarchy to support further work in the research (Figure 3.1).

This framing work is drawn together in the following table:

Table 3.3: Assimilating descriptors and concepts in the research

Levels						
People Complicated, complex Simple, complicated Artefacts	↑	micro	Individual Interpersonal	Partnership and collaboration	Mentoring	Outcomes
	↓	meso	Institutional	Health and care Neuro		
		macro	Infrastructural			
Complexity						

The aim of this research is to understand what participants derived the Mentoring Programme and mentoring within it, and how both contributed to those outcomes. This will establish new knowledge about the way an innovative, collaborative approach to learning, development and change might contribute to the development of non-medical health and care practitioners. As a research question, this is set out as follows:

How does mentoring work as an intervention and as an approach within a Mentoring Programme offered to a group of specialist practitioners as an opportunity to learn differently, work differently and make a difference?

This concludes the scoping and framing of the research. The next chapter sets out the detail of the intervention. This completes the immersion in the topic, before exploring realist methodology in Chapter 5 in order to evaluate how this intervention worked and from that to generate transferable theory about the way developmental mentoring might work, as an intervention and an approach.

Chapter 4

Describing the intervention

4.1 Chapter overview

Having established the scope and framing of the research, this chapter describes the intervention: the Mentoring Programme and mentoring within it. It amplifies the short overview of this project-in-practice set out in section 1.3.

The chapter draws on contemporaneous documents to furnish relevant data (4.2). It begins with some background to interventions in general before setting out the parameters of the Mentoring Programme and mentoring as presented in the Bid; a statement of intent (4.3). This is followed by a description of intervention defined by distinct implementation phases; an account of performance and experiences (4.4).

This aim of this chapter is to bring the details of the intervention into relief, offering an overview of what it was, as intended and as experienced. To move from a broad understanding, immersion in what it was to how it worked requires an appropriate methodology and this is set out in Chapter 5; realist evaluation.

4.2 Data

This part of the research draws on published and unpublished documents, as well as the narratives of people associated with the Programme; stakeholders and participants.

Stakeholders are the people in key roles in strategic organisations who had influence over the Programme. They were not participants in it. They represent infrastructural and institutional interests in workforce policy and funding as well as operational leadership, including commissioning and management. Some stakeholders also made expert contributions to the Programme through module facilitation and research based on their role, experience and expertise. Ten consented to take part in audio recorded, semi-structured interviews as part of this research to gather stories of their involvement in the Programme. The interview schedule is in Appendix 1. Regrettably, a number of stakeholders who had taken retirement, redundancy or redeployment during reform and reorganisation could not be traced. Further, extensive Programme records that the Co-ordinator handed over to the host in 2011 could not be located by current staff. This was also attributed to reform and reorganisation.

Participants are the practitioners who were seconded to the Programme as mentors and mentees. Eighteen took part in the evaluation of the Programme as it ended through

exit interviews and questionnaires (Lawson, 2011), data from which is used in this chapter. Data sources are summarised below.

Table 4.1: data sources used in the description of the intervention

Documentation	The Bid (unpublished)
	Mentoring Programme reports (Akhurst, 2011; Carson, 2011; Lawson, 2011)
	Akhurst and Lawson, 2013
Stakeholders and participants:	Stakeholders: interviews (ten) carried out by the researcher post-Programme, 2013-14. These were consented, audio-recorded and semi-structured. Stakeholders were encouraged to describe and share their reflections on their involvement, their knowledge of the Programme and their experiences of it as it progressed. All data are anonymised.
	Participants: focus group (eighteen participants) as part of the action research that was part of the Programme, facilitated by Akhurst, (2011). Exit questionnaires (eighteen participants) were distributed, analysed and reported by Lawson (2011). All data are anonymised.

4.3 The Mentoring Programme and mentoring: set out in the Bid

This section sets out some general background to interventions, followed by a description of the Mentoring Programme and mentoring as understood from the Bid; a statement of intent.

4.3.1 Interventions in general

Pawson (2006, p.26) states that the term ‘intervention’ is a ‘useful catch-all [for the] totality of activities subsumed across social and public policy’, including the ‘collections of resources, equipment and personnel’ associated with programmes. Termed intervention, programme or policy, all are ‘hypotheses about human betterment... a perceived course whereby wrongs might be put to rights, deficiencies in behaviour corrected, inequalities of condition alleviated’ (Pawson and Tilley, 2004, p.2). In this research, this intervention includes mentoring as an intervention per se and as an approach within a Mentoring Programme that was offered to a group of specialist

practitioners as an opportunity to learn differently, work differently and make a difference. The 'inequalities' (ibid) were the gaps in neuro services in the north east of England, experienced by people living with a long term neurological condition and evidenced by a lack of progress in meeting the Quality Requirements in the National Service Framework for long-term Conditions (DH, 2005).

Pawson (2006) identifies seven intervention characteristics:

- **interventions are theories** (p.26): this recognises that the simplistic, linear premise of doing 'x' to change 'y' in order to produce an improvement does not always hold true, more so in situations that are complex. Thus any intervention can only be a theory of what might make a difference and how it might work. In terms of the subject of this study, the implied theory that underpinned the Bid was that the provision of a mentoring opportunity for specialist practitioners would improve their practice, the services in which they worked and thus the outcomes for people who used those services; filling gaps and meeting Quality Requirements, and by implication, alleviating inequalities;
- **interventions are active** (p.27): this occurs through the offer of 'active interventions to active subjects' to which they respond and bring about change. The intervention here is a Mentoring Programme and mentoring within it to which a group of specialist neuro practitioners was seconded for a sustained period of time;
- **intervention chains are long and thickly populated** (p.28): Pawson acknowledges the extended timeline associated with an intervention and the mix of differing interests along that timeline, from policy makers to the people who are the intended beneficiaries. Each has their own perspective on how it might work for them. The Mentoring Programme ran from November 2009 until the end of March 2011 although the impact of it is being evaluated up to 2016, by engaging with stakeholders and participants, reflecting a range of interests in what it achieved;
- **intervention chains are non-linear and sometimes go in reverse** (p.29): this reflects the way that people's responses to the intervention 'have the power to shape and re-shape' (ibid) what happens, influencing it as it progresses. This is a valuable characteristic that draws attention to the generative potential of those who took part in this intervention and the way their responses were influenced, internally and externally over time, thereby changing its anticipated progress;
- **interventions are embedded in multiple social systems** (p.30): these are the 'entire systems of social relationships', the contextual influences that exist in

people's social reality and the way they resonate to bring about change. Pawson sets out the four levels of these influences, extending from the individual to the infrastructural. These are presented in section 3.2.1 and discussed at length in Chapters 9, 10 and 11 based on the literature, and expert and participant accounts;

- **interventions are leaky and prone to be borrowed** (p.32): Pawson acknowledges that interventions evolve through the influence of participants and stakeholders as problems are resolved using tried-and-tested ways of working from elsewhere or as new ideas are introduced or as circumstances change. Internally, the Programme developed and was influenced by those involved, through the decisions they made and the actions they took. An example of this includes the way the Programme's Steering Group was set up, dominated by the third sector in response to their anticipated financial contribution to the creation of ten new posts. In the end, these did not materialise. However, it did bring a particular culture and way of working to the day-to-day oversight of the intervention. Externally, a key change affecting the Programme was the reorganisation of health and social care, discussed in section 2.2.1; and
- **interventions are open systems and change the conditions that make them work in the first place** (p.33): this accommodates the 'morphogenic' principle (Archer, 1998) that society has no preferred state and is dynamic, influenced by the intended and unintended outcomes of what people do.

The untimely end of this intervention in the turbulence of the re-organisation noted above mitigated the strategic impact that had been anticipated. Nonetheless there is evidence of continuing individual-interpersonal benefits, reported in Chapter 11. Thus, the researcher believes that it still has potential to inform specialist workforce development based on understanding how it effected outcome-focused, collaborative working across sectors and organisations, in small groups and wider networks. This is justified in section 1.4.

With these characteristics in mind, the next section describes the intervention that is the topic of this study: the Mentoring Programme and mentoring within it, before locating both in the research. This account draws on the Bid document (NENN, unpublished) in order to establish what it was intended to involve.

4.3.2 The Mentoring Programme

There is no definition, detailed description or evidence for the Mentoring Programme in the Bid document submitted by the North East Neurosciences Network (NENN) to NHS North East in December 2008 as an application for innovative workforce development funding. However it refers to several elements that allude to its purpose and content:

- building innovative capacity within the specialist workforce over a minimum of two years by seconding ten experienced specialist practitioners as mentors and twenty less experienced or aspiring practitioners as mentees to a Programme to:
 - develop confidence and community working skills and behaviours, including a self-management model;
 - create leaders and partners... many of the current specialists do not recognise themselves as leaders / role models;
 - build team work through positive learning relationships... breaking down established elitist professional barriers... building up the possibility of a virtual team in neurosciences;
- training for staff groups along the whole spectrum of the on-going pathway for people with neurological conditions to be able to cascade knowledge, skills and support to other staff in the community and integrated health and social care systems; and
- establishing academic rigour and quality through a working relationship with an education provider experienced in action research in workforce and neurological issues to build the credibility of the Programme, as well as the potential to roll it out on a national basis.

The emphasis in the Bid is on clinical or practice issues: 'hands on experience and time spent in clinical situations so clinical interventions can be applied and outcomes for patients recorded... clinically driven' (ibid).

From this, the Programme appears to be envisaged as the main learning and change strand with a strong clinical emphasis for specialist workforce development, combining elements of community-based neuro practice, leadership development and team building, as well as personal development through confidence building. There is a sense that what comes out of the Programme would be quality assured through action research and generalisable to underpin future roll-out to other geographies and specialisms such as stroke and spinal conditions.

4.3.3 Mentoring

As with the Programme, there is no definition, detailed description or evidence for mentoring in the Bid document. However, it makes reference to:

- flexibility: the mentoring approach will respond to individual learning needs and abilities;
- a patient focus: the mentoring role will include hands on experience and time spent in clinical situations so clinical interventions can be applied and outcomes for patients recorded; and

- relationship-building: the mentor relationships will build working relationships beyond the tertiary specialist team and support changing practice by working together on caseloads, sharing practical experience and reflective practice.

Mentoring appears to be the main development and change strand in this intervention, responding to learning needs and building working relationships. Again, outcomes are to be quality assured through action research. It continues the clinical emphasis of the Programme.

As set out in the Bid, this combined approach of a Mentoring Programme and mentoring within it envisages using ‘the regional skills that exist within specialist centres and specialist staff at present’, enhancing their skills through teaching and mentoring, and promoting ‘life-long learning and sharing’. It is ‘primarily about developing the capacity across the region to be able to shift services out of tertiary centres closer to home for patients and their carers’, through a strategic approach to ‘enhancing the range of professionals, broadening the scope and level of knowledge, and being able to apply the skills in community settings’ by ‘working in partnership arrangements and committing to service outcomes that make a real difference by working together’. It is intended that this should deliver increased capability (knowledge and skills) and capacity (workforce numbers), along with improved services and outcomes.

4.3.4 The Mentoring Programme and mentoring in the research

The Mentoring Programme and mentoring within it are perceived in the Bid as an integrated intervention and approach that effect learning, development and change, for and with those who participated in them. The researcher believes these purposes overlap and reinforce each other. As set out, the Programme appears to be the main learning and change opportunity designed to generate development in those taking part, while mentoring is the main development and change opportunity that also has opportunities for learning within it. Despite a strong sense of the Network’s ambition in this document, the Bid does not provide details of what either might include or how they would have an effect. However, it seems to suggest that these changes would start at the individual and interpersonal levels where the work is done, extending to the institutional or organisational through teams and services, and possibly even to the infrastructural level by generating new evidence for practice through action research. This is explored in more detail in the sections that follow.

However, devoid of evidence and without any causal explanation, even tentative, the Bid raises a number of questions:

- how would highly specialist clinicians working in the rarefied atmosphere of specialist tertiary centres within the NHS gain the very different, community-

nuanced knowledge and skills to those used in their day-to-day practice and work environment, and impart them in ways that would be credible and practicable across all other sectors and by a range of practitioners?

- how would mentors from different practitioner backgrounds, career stages and varying experience of policy, provision and providers ensure consistency of approach and content, while flexing their input to the needs and circumstances of a diverse group of mentees?
- how would the wider developmental needs of those highly specialist practitioners be met in a Programme with a potentially hierarchical dynamic where attention would be focused on the needs of those with less experience?
- how would mentoring, applied to the achievement of developmental outcomes, be meaningful to the mentee when framed solely within a clinical perspective? and
- how would evidence about practice and clinical performance be reconciled with policy, orientated strategically and managerially to inform and support participants' learning, development and change to meet the Programme's stated aims for workforce, services and outcomes?

Clearly such a strong clinical emphasis lies outside the definitions of mentoring presented in section 2.4. Nonetheless, such a clinically-driven, knowledge and skill-based application of mentoring is described in a report by the Nursing and Midwifery Council (NMC) (2008). In it, the NMC associates the term mentor with practice teacher, sharing the role 'to make judgements about whether a student has achieved the required standards of proficiency for safe and effective practice for entry to the NMC register' (p.6). Such a role is contrary to the non-hierarchical, mentee-focused and mentee enabling stance of the mentor defined by Megginson et al (2006, p.4), as discussed in section 2.4. The way this resolved in practice is described in section 4.4.

Turning to the intervention, the next section offers a short commentary on the intervention that situates it in relation to the descriptors set out in Chapter 2. It highlights significant changes since the Programme ended that may have influenced the way that outcomes evolved.

4.4 The Mentoring Programme and mentoring: performance and experiences

4.4.1 Overview

The sections that follow set out the details of the intervention as it was delivered. They combine the Programme with mentoring since the purpose here is to understand them as an intervention and associated characteristics, identified with the artefacts and people

involved. It provides an account of performance (sections 4.4.2) as well as the experiences of those involved (section 4.4.3). The latter are linked to the phases through which the Programme progressed. It draws on contemporaneous documentation, participant stories and stakeholder accounts that are noted in section 4.2.

The Bid was approved for work to begin in April 2009, with a two year funding stream of circa £400,000. With a dedicated Steering Group already in place, the Bid was translated into a project-in-practice by the Co-ordinator following her appointment in August 2009. All developments were agreed between the Co-ordinator and the commissioning lead for this work in their day-to-day management contacts and regular supervision. Progress reports were made to the Programme Steering Group, highlighting any changes for their consideration. The Group's Chair made regular progress reports to the Network. The Network's Chair and commissioning lead who attended the Network meetings kept senior commissioning managers advised and through them, regional directors of commissioning and social services. The Co-ordinator met regularly with staff from NHS North East to discuss progress that was recorded in project documentation, noted as milestones, planned and achieved.

4.4.2 The Mentoring Programme and mentoring: performance

This section draws on Programme reports (Akhurst, 2011; Lawson, 2011). It is structured using the taxonomy of characteristics for developmental interactions set out by D'Abate, Eddy and Tannenbaum (2003). This covers participant demographics, purpose of the interaction, interaction characteristics, degree of structure, organisational distance / direction and behaviours exhibited. Disparities between data presented below and those associated with the Bid that were described in section 4.3 are clarified through personal accounts in section 4.4.3 that provide an account of the way the intervention evolved over time.

Participant demographics: age, experience, career.

The intention in the Bid was to recruit a diversity of practitioners to the Programme that would reflect and capitalise on the diversity of the current regional neuro workforce in as much as it contributed to the NSF pathway and the associated Quality Requirements.

Following a regional recruitment process, eighteen practitioners from thirteen organisations were seconded to the Mentoring Programme as mentors and mentees, under the aegis of the NHS commissioning trust that was host to the Network. Secondments were used to cover legal and financial requirements because the Network was not a legal entity. Of those taking part:

- six practitioners were working in acute health, five in community and two in tertiary services, with four from the independent and one from the third sectors;

- twelve were occupational therapists and physiotherapists. There was also one dietician, two independent consultants, a community development officer, a nurse and a psychology assistant;
- all but one of the Programme participants were female; and
- ages ranged from 20's to 60's.

In addition, experience and expertise varied: the group of eight mentees were generally younger (20's-30's) with less specialist work experience and the ten mentors had a greater age range (30's-60's), with a breadth and depth of specialist knowledge and skills gained over many years' of post qualification training and practice in neuro.

Purpose of the interaction: object, time frame, beneficiaries.

The Programme offered a different approach to learning and working than that identified in Chapter 2. There was a strong outcome focus, articulating the clear link between the learning, development and change activities on the Programme and making a difference for and with those living with a long term neurological condition. Mentoring was offered as an approach and a one-to-one intervention within the Programme, integrated with other experiential learning, development and change opportunities for participants to undertake together, elements of which were validated through University-mediated accreditation.

The internal beneficiaries were the mentees (as foci), mentors (as enablers) and the wider community of learning, practice and discovery in the diverse group of participants that took part. External beneficiaries were primarily and purposefully the people living with a long term neurological condition with whom participants worked, as well as the participants' services and teams who were able to access new knowledge, skills, perspectives and networks through them.

Interaction characteristics: duration, regularity, medium or means of communication, span or interaction dimensions.

The purpose of the Programme as set out in the Bid was to create a community in which individual and shared learning, development and change would evolve over an extended period, two years, based on formal and informal learning and development opportunities.

Organisations that released mentors to the Programme received backfill funding to enable them to make arrangements for service continuity that acknowledged the significant loss of staff time. There were no similar arrangements to cover mentee secondments.

Capacity for teaching and facilitation came in two ways. First, two separate consultants were recruited to provide mentoring and action learning input for the whole Programme,

working closely with the Co-ordinator throughout. Second, local expertise was identified amongst senior commissioners, workforce leads and academics in policy, evidence and practice who were then invited to contribute to particular sessions.

Six modules were completed between December 2009 and March 2011, set out in Table 4.2. Participants met weekly as a group for formal sessions. Mentors were available two days per week and mentees only one. This was originally based on each mentor working with two mentees.

Within these modules and a range of inputs, workshops on community and partnership evidence and practice led to the generation of Reference Statements (Appendix 2) to inform participants' work on the Programme including their change projects, influencing their practice. In addition, these change projects provided the opportunity to take new learning into participants' own work situations, anchoring their learning and development into their own organisations (Lawson, 2011).

The development of mentoring knowledge and skills began as soon as mentors were recruited, starting with an Introduction to Mentoring and Action Learning. Additional sessions were attended jointly by mentors and mentees covering Neuro-Linguistic Programming (NLP), emotional intelligence, Myers-Briggs-Type Indicators (MBTI) and political intelligence. Once the mentees joined the Programme, mentoring was available for fifteen months, its regularity and means of delivery determined in each dyad. The mentoring facilitators were also involved in planning and reviews with mentors, in mentor-mentee matching and facilitating mentors' action learning sets (Carson, 2011)

Action research was conducted throughout the Programme. By introducing this form of research to participants, some of them also chose to apply it to the evaluation of their change projects. It contributed to the Mentoring Programme's evolution in the way issues were identified and fed back, so that research evidence could inform discussions about its evolution as it progressed. This research was also reported at the end (Akhurst, 2011).

All these strands are illustrated in Figure 4.1, highlighting the interlinked and reinforcing opportunities within the intervention as a whole.

Degree of structure: formality, coordinator, choice to participate, matching, preparation / support, evaluation, termination.

This aspect relates to the formal arrangements put in place to make the Programme happen and through which the Co-ordinator worked as project manager, facilitator, informal mentor and on occasions, participant.

Participants were recruited to the Programme by competitive interview and seconded to the host as a legal entity. Organisational decisions to second staff to take part in the

Table 4.2: Mentoring Programme Modules

Module	Title		Taught and Facilitated Elements
1	Mentor Induction and Programme Preparation		<ul style="list-style-type: none"> • Mentor Induction • Government Policy into Practice • Mentoring and Action Learning • Action Research • Mentor Change Projects (initiated) • Organisational Link Meeting: Secondment and Expectations • Personal Mentoring Planning Review
2	Mentee Induction (mentored) and Introductory Practice Skills	1:1 mentoring	<ul style="list-style-type: none"> • Mentor – Mentee Matching (also in Module 3) • Mentee Induction (also in Module 3) • LOVLE training (IT system) • Neuro Linguistic Programming • Work Based Learning Competencies for Self-Management • Mentee Change Projects (initiated) • Action Learning Sets for Mentors
3	Practice Skills and Change Agency 1		<ul style="list-style-type: none"> • Emotional Intelligence • Myers Briggs Type Indicators • Partnership Working (strategic and practice): Reference Statement • LEAN and Change Agency • Accreditation of Work Based Experiential Learning (AWBEL) Introduction • Action Learning Sets for Mentors
4	Practice Skills and Change Agency 2		<ul style="list-style-type: none"> • Political Intelligence • Accreditation of Work Based Experiential Learning (AWBEL) Mentee Assignment • Mentorship 1 Assignment • Action Learning Sets for Mentors • PROGRESS EVENT
5	Extended practice Skills and Additional Learning		<ul style="list-style-type: none"> • Community Models (strategic and practice): Reference Statement

		<ul style="list-style-type: none"> • Accreditation of Work Based Experiential Learning (AWBEL) Mentee Assignment Marking and Mentor Assignment • Mentorship 2 Assignment • Appreciative Inquiry based Evaluation and Exit Planning • Action Learning Sets for Mentors
6	Outcomes, Review and Sustainability Planning	<ul style="list-style-type: none"> • Social Enterprise • Commissioning • Change Projects (completed) • Action Research • Personal Mentorship Exit Review • Organisational Link Meeting: Changes and Benefits • FINAL CONFERENCE
<p>Accreditation options:</p> <ul style="list-style-type: none"> • Mentorship 1 (mentors only): 40 credits combined with Mentorship 2 at masters (level 7) / degree (level 6): Teesside University (TU) • Mentorship 2 (mentors only): 40 credits combined with Mentorship 1 at masters (level 7) / degree (level 6): TU • Accreditation of Work Based Experiential Learning: facilitators (mentors only): 20 credits at masters (level 7) / degree (level 6): Northumbria University (NU) • Accreditation of Work Based Experiential Learning / Self-Management in Long Term Neurological Conditions (mentees only): 20 credits at masters (level 7) / degree (level 6): NU 		

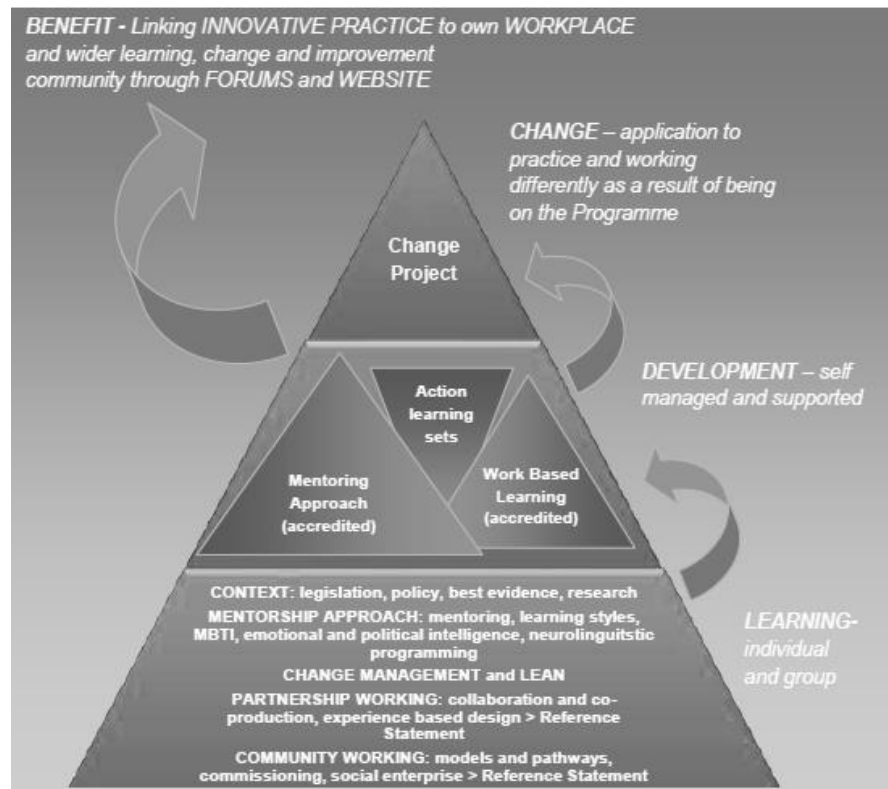
Programme were enabled through the Network's collaborative work with local managers on workforce issues that continued over several months. This started with consulting them on local issues at the workforce event, then pre-briefing them as the Bid progressed, on-site presentations once funding was approved and in the later stages, targeting individuals.

The Programme encompassed a range of purposeful adult learning, development and change opportunities for all participants, with shared learning opportunities for the whole group; mentoring within dyads; action learning sets for mentors offering peer support; and other emergent informal learning and development opportunities, increasingly organised by participants in response to their needs and wishes.

Mentors (experienced practitioners) were matched with mentees (emerging specialists) outside of their own organisation and practitioner group as far as this was practicable.

Figure 4.1: Mentoring Programme: Learning, Development and Change Model

(Lawson, 2011, p.19)



This is discussed by Akhurst (2011) and as an aspect of the Develop and Deliver Phase: Matching mentors and mentees, below.

The end of the Programme in March 2011 was determined by the extent of the annual funding streams over two financial years. Evaluation was a contractual requirement, covering three areas: the mentoring module (Carson, 2011); the action research findings (Akhurst, 2011); and the overall changes and benefits from the intervention (Lawson, 2011). In addition, as many of those involved in the Programme would no longer be available, these reports also became the legacy documents to record what had been done and to support the work to carry this initiative forward in whatever form might be possible at a time of great change across health and care.

Organisational distance / direction: location, hierarchy.

The seconding organisations, local employers of neuro practitioners across the region and all sectors were actively engaged with the Programme at key points.

The Programme was delivered in a neutral setting, regionally accessible, away from health or care premises although dyads chose when and where to meet or what media would work best for them, whether face-to-face, by e-mail, Skype or phone, negotiated by each dyad within their own contracts.

Organisational support was enlisted from the outset through their involvement in a workforce planning workshop soon after the Network was established in 2008. Following the Network's successful application for funding for this project, organisations were revisited and presentations made, inviting closer involvement. These links continued through recruitment and were sustained at review meetings held part way through the Programme. To bring these relationships to a conclusion, a formal exit interview was carried out with each participant at the end of the Programme, prior to a final conference that was intended to acknowledge achievements, to appreciate all the organisations' support for the secondments and to enable the transition of participants' learning, development and change into their services, teams and practice.

Behaviours exhibited: learning, emotional support, career progression.

Based on the evaluations carried out at the time, the Programme's structures and processes appeared to change the ways practitioners learned and developed, individually and together as individuals engaged, cognitively and affectively, in an emergent, diverse network characterised by a mentoring approach. They learned and developed collaboratively, accessing new knowledge including policy, experience-based design and self-management, while gaining a greater understanding about working with self and others. They reported making a difference by bringing about change through new ways of working and new roles, leading to better outcomes. However, these evaluations did not address which structures and processes contributed to these results and therefore how these impacts came about. This is the purpose of this research.

4.4.3 The Mentoring Programme and mentoring: experiences

This section sets out the timeline of the intervention, its chronosystem (section 3.2.2, after Bronfenbrenner, 1994). It explores the way the Programme evolved in three distinct phases, based on distinguishing aims and emergent characteristics of the intervention and the changing environment in which these came about, mapping out both 'change and consistency over time' (ibid, p.40). It encompasses the Bid Phase, the Develop and Deliver Phase and the Adopt and Share Phase (Table 4.3 below). It provides an account of the way the Programme progressed and as people experienced it, highlighting some of the contributory factors and interactions associated with different levels of this complex system in a larger complex system (section 3.2.1, as described by Pawson). It adds to the explanatory account of what happened as well as raising issues that might inform translational recommendations. These are considered in Chapter 11.

This section draws on Programme reports as well as stakeholders' and participants' narrative accounts, with their 'structures and plots' (Brinkman and Kvale, 2015, p.254).

These accounts go some way towards explaining the difference between what was proposed in the Bid and what emerged in practice.

Because of the small numbers of stakeholders and participants involved and the need for anonymity in the writing up, statements are attributed to either the stakeholder or the participant group and numbered in sequence, for example Stakeholder 1: S1 or Participant 3: P3. Regrettably, this limits the potential to identify underpinning characteristics that may influence the content and context of some people's stories such as variations in power and influence at institutional as well as individual / interpersonal levels (Raven, 2008).

Each Programme phase is considered in turn, identifying the background to it; the aim of the work done within it; who was involved, doing what (activities); and what was achieved (outputs and outcomes). This reflects parts of the logic model format used previously (section 2.4). Sections conclude with a brief commentary written by the researcher. Overall, the intention is to highlight the way a relatively small number of people act, individually and together, to make a difference through shared concerns and values, decisions and actions that deliver the spread, impact and ownership of change: the law of the few, the stickiness factor and the power of context (Gladman, 2000). Although full narrative accounts contain additional rich and interesting data beyond what is included here, this lies outside the scope of this research.

Bid Phase (4 months)

Background: In this phase, the newly formed Network responded to an invitation from NHS North East to apply for Workforce Development Innovations Funding. The Network drew on regional concerns about gaps in services and future challenges that were raised at a workforce event they hosted earlier in the year.

Aim: The Network's aim was to secure funding for an innovative workforce programme to address these issues through an application generated by stakeholders.

Activities: The key areas are as follows, each explored through stakeholder narratives: a strategic innovation initiative and writing and submitting the Bid.

A strategic innovation initiative: The Workforce Development Innovations Fund (WDIF) that resourced this Programme was an unique, regional workforce development initiative: *to develop and train staff to deliver excellent patient care* (Stakeholder 1: S1). Already in its third year, WDIF was receiving fewer applications: *I think that in the first couple of years is where the true innovation came out – it's hard to keep being innovative* (S1). However, the framing of WDIF was seen as meeting that criterion:

Table 4.3 Mentoring Programme Timeline

Year	Phase	Key activities	Institutional/ infrastructural context
2008-09	Bid	Neuro Workforce Event Bid submitted (early December 2008) Bid approved (end February 2009): 2 years' funding	North East Neurosciences Network (the Network) established and Network lead appointed. Network hosted by Primary Care Commissioning Trust (PCT).
2009-10	Develop and Deliver	Funding commenced (April 2009) Coordinator appointed (August 2009) Mentors and mentees recruited Mentoring Programme starts	Network lead leaves and functions absorbed by PCT commissioner
	Mentoring Programme	Mentors (November 2009) Mentees (December 2009)	
2010-11			Change of Government: policy and provision (section 2.2.1)
		Final Conference. Reports completed (Akhurst, Carson, Lawson). Co-ordinator contract ends. Funding ends (March 2011). Mentoring Programme ends	[PCT moved functions to shadow Clinical Commissioning Group, rescinding hosting of Network]
2011-12	Adopt and Share	Work halted (February 2012)	[Network re-hosted by Cardiovascular Network] [Cardiovascular Network moved functions to Clinical Senate and Clinical Network for Mental Health, Dementia and Neurological Conditions: the Network dissolved]

the commissioners at that time were very much wanting to involve the third sector – and independent and everybody else in what we were doing, thinking outside the box (Stakeholder 2: S2).

The turn-round associated with the funding process was particularly rapid, lasting only a few weeks with associated Bank Holidays, and relying to a significant degree of preparedness, commitment and close collaboration between the applicants on behalf of the Network. NHS North East promoted this opportunity after budgets were set in late November or early December, for April the following year leaving only a small gap to process approvals to start in the new financial year.

What was wanted from every project was to have a very clearly defined plan, objectives and goals – to understand why, when they were meeting them or why they weren't meeting them – and to have an end of project report from them – because some of the projects were inevitably going to experience challenges along the way – it was their goals, it was for their purposes they were doing it – we just wanted their methodology of the project or their methodology of delivering it – we wanted to learn from that and to share it with other people (S1). This provided the rationale for evaluation and reporting what worked and perhaps, what didn't work as well as anticipated.

Overall, *the projects were all very good (S1)*, albeit in smaller numbers than in previous years, but organisations were still coming forward with different approaches to workforce development. However, in terms of planning to achieve a wider strategic gain in the longer term, it is unclear how that was negotiated with applicants as part of the approval and delivery of these schemes. Reflecting this to some degree, another stakeholder commented: *you had a huge amount of money but to me, there actually wasn't enough – because you were creating something incredibly innovative and it just needed the time, afterwards really, to bed in, that we just didn't get – and that was the shame of it (S2).*

- **Writing and submitting the Bid:** This was undertaken by *an embryonic Steering Group (Stakeholder 3: S3)* within the Network, with the outline written by one stakeholder and then *checked out with other people (S3)*. It was informed by an earlier workforce event run by the Network where attendees, including workforce leads, managers and practitioners, identified routes to becoming a specialist practitioner: *we learn from each other... [it's] about who you work with, and their level of expertise, and working alongside people (S3).*

With this perspective established, the choice of mentoring as the core relationship and Programme activity was made by a stakeholder, linking what came out of the workforce event with her own experiences of having mentors, validating the view that: *we learn*

from people we respect and spend time with – those people with a broader experience... to bring about change (S3).

At the time that the Bid was being developed, third sector organisations were involved in their own annual planning activities that they were able to share as part of this process: *mapping specialist nursing posts, looking at specialist services – where the gaps were – to identify where... to put places for nurse posts, to pump prime (Stakeholder 4: S4).* In fact, one stakeholder noted that: *we were still funding posts – and we did have one that was about to happen – so that post was identified as being one of the first mentees (Stakeholder 5: S5).* This post would be one of ten new posts identified in the Bid, all of them intended to be third sector funded.

Generating the Bid *relied on individuals – quite a lot of momentum from people who thought it was important (Stakeholder 6: S6).* Working across sectors, they established a process: *we met a couple of times, maybe three times to go through the Bid, portion off areas of responsibility before shaping off terminology – working to a deadline (S2).*

Reflecting on cross-sector contributions to this process overall, third sector stakeholders recognised their potential influence: *it looked good that there was that third sector involvement... we were influential in terms of some of the funding streams [proposals to pump prime ten posts] although ironically as it turned out, none of the nurse posts actually successfully went through to be part of the Programme (S4).* This is covered in Develop and Deliver below.

Although the Bid's aims were about delivering workforce development that would increase capacity and capability as a way to improve services and outcomes, the commissioning-led Network also had a vision that the Programme would generate recommendations for commissioners for *community neurological teams – the skills, aptitudes and experience the team would need to include, better informed by the Programme... it was more than multidisciplinary – an emerging neurological team where people could blur roles (S3).* Despite this apparent clarity, perspectives on what the Programme might achieve extended from the vague: *I didn't know when I wrote the Bid exactly what I wanted (S3) to seeing an opportunity to marry up some of those outcomes, both workforce planning and service user outcomes, so they could run in parallel – that was my contribution (S2).* In this latter case, the Programme was about developing *practitioners who understood that [their practice] was a pattern of negotiation with service users as opposed to care-done-to (S2).*

Acknowledging the value of this collaborative, purposeful and innovative approach and despite a lack of detail *about the training side of this... the learning side (S1),* the Bid

was well received: *it was great to have something from a network – a regional perspective, a regional project – long term conditions – and mentoring (S1).*

Outputs and outcomes: The Bid was successful in securing circa £640,000 over two years for the whole Workforce Innovations Programme (section 1.3). This included circa £400,000 for the Programme. Of this £300,000 contributed to mentor 'backfill', the funding that was allocated to enable highly specialist practitioners to be released from work whilst minimising disruption to service continuity: *we wouldn't have got the project off the ground at all if [a stakeholder] hadn't written in the backfill (Stakeholder 7: S7).* Through this process the formative Steering Group for the Programme was set up, comprised of third sector representatives reflecting their indicative commitment to fund ten new posts as part of the Bid. The Group was supported by the Primary Care Commissioning Trust, the Network's host, through the attendance of staff from Finance, Human Resources and Public Relations / Communications at regular Group meetings.

Commentary: The Bid Phase embodies Gladman's 'law of the few' (2000, p.30) and the way the artefacts of the proposal were assembled by a small group of key individuals with 'knowledge and influence' (p.22) who singly and together created a critical mass to make a difference. It resonates with the way the Network was set up and performed, and the purpose of the Programme to work with individuals, interpersonally, and across boundaries between sectors, providers and practitioners as agents of change who would improve services and outcomes. The proposal was informed by the stakeholders' personal contexts such as prior experiences of mentoring and a life-long commitment to working towards people's outcomes, as well as their institutional contexts that reflect diverse but apparently compatible visions and purposes, situated within their associated discourses and manifestations of influence and power.

Develop and Deliver Phase (17 months)

Background: This phase began in the new financial year as the Network Lead formally established the Programme Steering Group to provide project oversight. This was followed by the commissioning of facilitators for the mentoring module and to deliver the action research. In August that year, the Co-ordinator was appointed. The latter then became responsible for translating the Bid proposals into a Programme that would run for the remaining 20 months of the contract, initially with the support of the Network Lead and, after she left a few months later, a generalist commissioner. This phase involved the recruitment of additional facilitators, contributors and participants and from late November 2009, the start of the Programme that ran until March 2011.

Aim: The aim was to develop the Bid into a working Programme and deliver it, meeting all contractual obligations and milestones, from recruitment to final reporting, on time and on budget.

Activities: As with the previous phase, the key areas are set out below and explored through stakeholder as well as, in this phase, participant narratives: recruitment; backfill; new posts; Mentoring Programme; local expertise; mentoring; matching mentors and mentees; accreditation; change projects; and action research.

- **Recruitment:** This was a prolonged and somewhat fraught activity, described by Akhurst (2011) involving something in the order of forty participant interviews. Despite efforts to recruit widely, most participants came from a health background (section 4.4.2). None came forward from social care organisations despite making direct approaches to them. Anticipating this health bias, one stakeholder stated: *we knew we could pick easily the ten mentors, although it was a bit bumpy – enough senior people we could find – what we didn't have was the sign up from the larger acute trusts – they would have released [less experienced] staff (S3)*. Apparently, expectations about the ease of recruitment had been raised at the workforce event but were later dashed: *there may have been some misconception about the event as a barometer of commitment to the Programme – I took people's level of frustration with their current situation as a readiness for change which even with management and financial support did not translate into releasing staff to take part as readily as expected (S3)*.

At one stage, in response to these difficulties and to make partnerships more authentic the Programme, the Co-ordinator approached third sector stakeholders *to ask them to sponsor someone who they might know, not staff, so they could join the Programme... to contribute equally and maybe move on to further study or work as a change agent in the system... it felt like the way partnership should go in the way we learn, develop and change together (Stakeholder 8: S8)*. Despite third sector capacity to innovate, the strength of their local networks and expertise in engaging and working with people living with long term neurological conditions, none of the third sector organisations took up this opportunity.

- **Backfill:** Mentors attracted backfill funding, £20,000 per annum pro rata, although in one organisation's case this was not sufficient to sustain two mentors on the Programme, despite attracting £60,000 over two years. This is discussed in detail by Akhurst (2011). A stakeholder who was closely involved at the time commented that this was about uncertainty about *how they use the backfill money – for the nurses particularly that felt a real problem – they weren't open to really looking at that in a very innovative way and maybe needed more help (S4)*. Support in this area might have already been available from other participants and managers. At its simplest and most direct, some of

them had opted to use these funds for short periods of locum cover or to offer short contracts at the same or lower grades. However, one participant went further by creating an upskilling cascade within her service, across professions:

- identifying some of her day-to-day management activities that she would struggle to cover with two fewer days per week at work; and
- through a fair and transparent process, offering these as a time-limited, management development opportunity for someone at the grade below hers; then
- repeating this process with some of the specialist clinical aspects of this second person's role to enable another practitioner to gain experience of this area of practice.

A total of three levels benefitted in this situation, maximising the opportunity in the short term as well as in the longer term by investing in staff development and through that, retention.

In terms of the mentees, there was no backfill, as their one day per week on the Programme was believed to reflect a reasonable time commitment to staff training and development that could be accommodated by their employers. However, as an example of another locally-generated initiative outside the Programme but in response to it and informed by local needs, one commissioner decided to enable a potential mentee in her locality to join the Programme by funding her hours. Her aim in doing this was to build local capacity and capability where there were currently service gaps: *we actually paid for some backfill [for a mentee outside the Programme's funding] because people had to have the time [to attend]* (S6). This enabled a mentee to be released by one of the smaller Trusts.

- **New posts:** During the Bid phase, the third sector appeared to make a significant staffing and financial commitment to Programme. This involved ten new posts to be pump-primed by five of the bigger charities; £420,000 across each of two financial years, in excess of WDIF strategic funding, providing a significant multiplier to their investment. According to the Bid, recruitment to these new posts would be completed by September 2009 and appointees automatically seconded to the Programme as mentees, making up fifty percent of that group. However, posts would in reality be filled and seconded to the Programme on an as-and-when basis: *they would have come up over a varying period – they wouldn't arrive as the Programme started – they would start up as the funding was released by the third sector – you wouldn't have mentors matched with two mentees on day one* (S4). The consequences of this were not considered. However, in terms of the third sector contribution, there is some disparity in the accounts of what happened. As one statutory stakeholder remembers it: *these were real bids or real proposals that*

came from workshops we had – and bids for new posts they already had in. They would pump prime posts (S3). However, a third sector stakeholder saw it differently: there was no contractual commitment – there was sign up as such – it was verbal, a partnership – intent rather than anything formal – nothing happened (S4). Nonetheless, this funding strand was signed off in the proposal and approved as part of it, to start in April 2009. The Co-ordinator remembers that whenever it became evident that this was not forthcoming, as would have been evident by the August when she came into post, this had not been formally fed back to commissioners: and I think the commissioner and I were both a bit stunned when we worked it out in a meeting one day – both new in post and both a bit shocked – and nothing we could do at that late stage (S8). Making up 50% of the mentee cohort, this impacted on recruitment and the structure of the Programme, reported by Akhurst, (2011) and Lawson (2011).

Taking all these circumstances into account late in 2009, the recruitment difficulties including the 'loss' of ten mentee posts and the pressure to launch a working Programme that was already delayed by eight months, the Co-ordinator proposed reducing mentee numbers to ten and matching one mentee with one mentor, and to utilise the capacity this created, introducing 'change projects'. These are discussed later in this section. This was approved by the Steering Group and commissioners.

- **Mentoring Programme:** The vision for the Programme, emerging as it progressed was captured by one stakeholder: *patients would benefit from having more effective practitioners, more effective care – better services or improved services (Stakeholder 9: S9), the first part of the long chain of decisions and actions that might bring about change over time. Another perspective from a different stakeholder was that it was intended to sensitise [participants] to a wider range of networks to link in with for the benefit of their clients... [and developing] practitioners who understood that it was a pattern of negotiation with service users as opposed to care-done-to (S2).*

In this phase, the delivery of the Programme relied on *just-in time working (S8), according to the Co-ordinator: it happened with such speed once we got started, and there was no detail in the Bid - I worked really hard with the key facilitators to push their core modules forward and hang the other elements on that – and then it took off and the momentum and what happened came from the mentors and mentees – I took a back seat (S8). For her this is where collaboration really came to the fore – the relationships, behaviours and language people were learning about and using in mentoring came into the body of the Programme – and they talked about their change projects and work in the same way – it got its own identity and culture, I suppose (S8). As one stakeholder noted: the lack of detail was an advantage as the Programme unfolded (Stakeholder 10: S10).*

The experiences of the Programme are reported in detail by Akhurst (2011) and Lawson (2011), highlighted here in quotes from participants and one manager:

- **clinical and practitioner development:** *nothing clinical skills-wise that I gained from the Programme – a misconception that you were going to come on this Programme to become a clinical specialist – it was always about what other skills can I gain to become a better clinician and to be able to take some of these [change and improvement] ideas forward – those were the skills that I got... and that made me a much better clinician – in my eyes, that's what made me a little bit different [holistic, collaborative, broader vision] (Participant 1: mentee);*
- **enabling different ways of accelerating learning:** *coming to a new specialist field and not a specialist practitioner – and being able to sit down in a room with lots of different healthcare professionals, independent and third sector as well – and hear a lot of different people's viewpoints – what they are doing, the challenges, how they're tackling things – and I don't think I would have got that in the same way anywhere else – a head start and a bunk up the ladder, a green card – especially for non-NHS staff (Participant 2: mentee)*
- **personal development:** *it has been a totally life-changing experience for me... just what I've been looking for, for years... this whole mentoring experience has been what I'd hoped for... and the learning and attending the workshops... gave [what I've been doing for years] credibility... the importance of understanding the Neuro-Linguistic Programming – the Myers-Briggs type indicators, the personalities – and then, most of all, the emotional intelligence... just such a massive change for me, within myself... and the biggest area for me has been [gaining and increasing] confidence... not, 'we will empower people' but having the equipment and tools to 'be empowered'.(Participant 3: mentor); and*
- **manager benefits:** *it has been a most interesting journey, not just for the mentor but for me – when there's been enough time for us to have those conversations – and I don't think we're done with that, I think we're going to have more of that, in this setting and based on huge respect – even dipping into her mentoring skills myself – and I'm more challenged by her than I ever have been before but in a really good way – where does that come from if you're the boss in an organisation? (Manager 1).*
- **Local expertise:** The Programme drew on expert facilitators in established developmental roles for mentoring and action research, as well as local expertise for contributions to particular modules. A stakeholder commented on the significance of this for participants: *they really valued a sense of being important enough for those people to be brought in (S10)*. One stakeholder remembered: *I did actually do a couple of*

sessions – a session on commissioning and a session on service improvement methodology as well (S6). Another talked about her role with a colleague *in a combined workshop – bringing policy into their practice in relation to involvement, collaboration and partnership* (Stakeholder 11: S11). She also, unknown to the Co-ordinator, extended her contribution to the Programme through *several meetings in [a mentor's] kitchen [to discuss a change project] – mentors involved me in their discussions as a critical friend* (S11). This individual's support for the Programme *came in lots of different ways – based on long-standing relationships [neuro as a small, specialist field] many of us know each other, have known each other for a very long time – we act as a resource, completely informally* (S11). In addition, their workshop also gave participants access to the practical resources they needed to take key principles of community working and collaboration forward, for example learning about Appreciative Inquiry and narrative interviewing: *both narrative methods - different ways of capturing the voice - talking with your participants from deep experience of involvement with examples of how it had happened in our workplace and the effects it had had through partnerships based on a sense of a developing relationship and a continuing relationship and a building relationship* (S11). Participants developed Reference Statements for both community and partnership working from this and other sessions (Appendix 2), setting out the guiding principles and specific behaviours they could sign up to in order to enact them in change projects and their practice (Lawson, 2011).

- **Mentoring:** This was seen as the way to *grow those professionals and leaders* (S6) in neuro. The summary report on the mentoring module embraces this broader view of mentoring in its account of the development of 'confident, competent' mentors and practitioners (Carson, 2011, pp. 12-13). A stakeholder was clear that the purpose of the mentoring module was *about leadership, management, service improvement – and probably their own thinking about their own careers – and then their need to grow – and developing in some shape or form, whether that was through service improvement, through mentoring, through other aspects of their work* (S9). The mentoring approach was seen as more broadly developmental, about work / practice, career as well as self /personal (Figure 8.1) at variance with the Bid's overt emphasis on the acquisition of clinical knowledge and skills. However, to accommodate the clinical interest, it was always stressed by the Co-ordinator that this aspect of learning and development about improved practitioner knowledge and skills, might be identified by a mentee as a goal in which they could be coached by their mentor or enabled to identify other suitable learning routes to increase their expertise. In as much as this was believed to have occurred in some dyads, it was not disclosed by participants due to confidentiality in the mentor-mentee relationship.

Some stakeholders initially struggled with the way mentoring would operate across practitioner groups. Adopting a broader developmental approach to mentoring contributed to their reconciliation of this possible conflict: *I couldn't get, in my own head, how specialist physio's, say, could mentor a generic nurse – and I couldn't, I just couldn't get it - my head was stuck on the kind of medical, practical skills of the profession rather than the culture and the way you work with people and the way that you work within systems – [it became clear] when we started the Steering Group (S5).*

Nonetheless, participants valued mentoring's contribution to their development: *to be able to say, I've had this idea or I'm thinking about this and for them, with all their experience and skills, and have that angle or viewpoint... to bring it to a very realistic level as well, the practicalities (Participant 2: mentee); including learning how to manage relationships in a different way – using different approaches... developing others (Participant 4: mentor).*

- **Matching mentors and mentees:** This occurred at an event designed by the facilitators: 'the approach was to ensure that as far as possible a mentor and mentee were matched from different practitioner backgrounds / sectors' (Carson, 2011, p.10). The format was informed by their extensive mentoring experience, evidence of good practice and their interpretation of the vision of the Programme. In practice, matching consisted of something akin to 'speed dating' as mentees circulated the group of mentors, each in turn, making short presentations and having equally brief conversations in which mentees identified their needs and preferences and mentors made their offer, highlighting experience, expertise and personal attributes. At the end, mentees listed their top three matches and to ensure the purpose of 'difference' was adhered to and that all mentors and mentees were matched, choices were confirmed by the mentoring facilitators and Co-ordinator following discussion. All participants were offered an option to re-match if necessary, without blame.

Not all stakeholders accepted this approach to capitalising on difference as advocated in the evidence on mentoring, one identifying that an exception might have helped in one situation: *if we had allowed the mentor and mentee to be of the same discipline [and in the same team, hierarchically linked] and somehow through bringing them out, do the training, do all of that stuff that was happening in the Programme... because you might have shifted and got some change – whereas I think what happened was they resisted at the beginning and that was it, we lost them completely (S4).*

- **Accreditation:** There was no accreditation for the Programme overall and no plan to include accreditation in the Bid. The Co-ordinator commented: *there was nothing in the Bid – some managers were not happy to let staff out of work for this length of time, over a year, and not have a piece of paper to justify their release – we needed*

accreditation for recruitment, for practitioners to have evidence of training to keep their registration and to validate the work and effort participants made (S8). As a result, negotiations were undertaken to get two elements of the Programme accredited and these were offered at degree or masters level, accruing points that could be carried forward to further academic study. The mentoring facilitators secured mentoring accreditation through a university by as part of their contract to be awarded to mentors based on assignments. In addition, an accredited module on self-management was introduced that fitted with the Programme's emphasis on community-based working, to enable mentees to leave the Programme with evidence of competence to validate fitness to practice. This was a new unit designed by the Co-ordinator with another university as part of its Accreditation of Work Based Experiential Learning programme (AWBEL); only the second unit that had been validated by them this way. Mentees were accredited as students and mentees could opt to follow a route to be accredited as facilitators.

- **Change projects:** As stated previously, these were introduced by the Co-ordinator because of excess capacity secondary to recruitment difficulties: *in theory I had spare time in the Programme but not in reality – and I was struggling to see how people were going to get their new thinking into the work, what they did, and their teams – and get evidence to convince their managers it was possible in the real world, not just on Monday when we met – so change projects seemed a way forward – a chance to pilot ideas, maybe decided on a project with their own teams or managers, making it practical – working differently, working collaboratively (S8). A stakeholder endorsed this strand in the Programme: the projects in particular gave people a real structure within which, over a short period of time, to make quite structured reflections on the changes they were hoping to make - valuing that specialist practice and providing support for the articulation of practice – the container for those discussions was the change project itself (S11). It was also valued by a participant: stepping outside organisational constraints and doing it the way I wanted to do it – a radical change in what I do and a radical change in understanding what that would mean (Participant 5: mentor).*

Twenty change projects were carried out (Lawson, 2011), most individually but two collaboratively, involving five participants, all mentors. In these latter projects, mentors took mentoring into practice. One project looked at Mentorship for Self-Management with three mentors mentoring people living with Multiple Sclerosis. The second project on Mentoring in the Workplace involved two mentors recruiting their own mentees at work. All were reported as posters for an interim event and later, the final event, identifying how their work was situated in the changed policy context following the election of a new Government (section 2.2.1 and Table 4.3). Reflecting on these projects, one stakeholder noted that *the outcomes were always for patients – they were always focused on their*

client group (S11) through which they got a sense of the collaborative endeavour that had gone into the posters – that ethos of collaboration was there (S11). As another development of the Bid, these projects became an important vehicle for translating the Programme aims into practice and engaging people living with a long term neurological condition as collaborators in the change process.

- **Action research:** Bringing credibility to the evaluation of the Programme (Akhurst, 2001) and a methodology for participants to use in practice, this also aligned with the Programme vision: *the underlying philosophy around action research as a potential tool for change – of people’s practice – invested in the sense of collaboration and somehow evening the power relations as having potential for transformative learning... this approach worked so well with the approach to Programme development – I don’t think it was pre-planned that way but I think the two things worked together in a way that I think was serendipitous (S10). The Co-ordinator noted the way participants linked action research with the action learning sets they took part in to support their development as mentors: they seemed to be exposed to multiple opportunities to do things, reflect on them, and make changes as a result – and then go back round the loop again... and they did it together in a way that felt safe – it made them braver to change what they did and how they behaved – a different style of working, together (S8).*

In the following example, one participant quickly adopted this into her practice: *use action research to capture what people are saying all the time and for that process to be credible – and developments – the enabling service, case management, specialist advocacy have all come out of that process to capture all the ideas, thoughts and suggestions as evidence for commissioners (Participant 2: mentee).*

Outputs and outcomes: The Steering Group was in place for almost twenty four months and the Co-ordinator employed for twenty months, the final two months at a university following a wave of redundancies at the host Trust as part of re-organisation, restructuring and austerity measures in 2011.

The anticipated two year Programme actually ran for seventeen months for almost all the ten mentors and for sixteen months for the majority of the eight mentees, reflecting recruitment difficulties. Two additional mentees were involved through change projects but did not participate in the Programme. The details of what participants achieved and their experiences are set out in summary reports by Akhurst, Carson and Lawson all completed as the Programme ended in 2011 and, in the case of two mentees and two mentors, set out as short studies in Chapter 10 to inform the evaluation of the intervention; how the Programme and mentoring within it worked.

Commentary: The story of the Develop and Deliver Phase confirms the experience of innovation and opportunism in practice, framed by a collaborative, developmental intent. An eight page Bid prepared over a matter of weeks evolved as it was delivered through the motivation, shared focus and flexibility of all who took part, as they responded to internal opportunities, challenges and changes as well as the impact of significant external factors. Within the scaffolding of the Programme, mentors and mentees became the dominant influence and power in this phase, establishing the identity and culture of the group and controlling the way these infiltrated what they did during the Programme and to an increasing degree, in their place of work. The developmental, collaborative, outcome-focused conversations in one-to-one relationships informed the wider conversations in increasingly diverse networks as they extended their reach and celebrated their successes, less mindful of what originally divided them. The shared commitment, focus and energy that resulted from collaborative learning and practice were noteworthy aspects of what evolved.

Adopt and Share Phase (11 months)

Background: This final phase progressed without the Co-ordinator or any of the staff, facilitators, contributors or participants who had been involved in the Programme as there was no funding on which all contracts had depended. Hosting arrangements for the Network also changed as it moved out of the PCT and became aligned with the Cardiovascular Network. A residual group of stakeholders, NENN members, worked on the Programme reports, engaging with other stakeholders and a few practitioners who were available to inform a process that would translate evidence of learning, development and change into recommendations, practicable and relevant to a very different and still fluid infrastructural and institutional context.

Aim: The stakeholders' aim was to negotiate the adoption and roll out of the learning from the Programme.

Activities: As with previous phases, the key areas are set out below and recounted from stakeholder narratives: external changes; mentors and mentees; and capturing and disseminating the learning.

- **External changes:** The end of work on the Programme was framed by the impact of infrastructural and institutional changes associated with nationally imposed restructuring, reform and austerity measures: *suddenly we were negotiating round gaps (S7) in a new environment where you need a map and compass to work your way around it all (S5)*. One stakeholder who had gone through previous reorganisations commented: *this massive change – and I think we can't underestimate that – we were left at the end of the Programme with none of the key players at any level from where the Bid originated*

from – the people sitting on the Network had changed – the commissioner who had had the vision originally on this had gone – there were mentors and mentees who had been involved in the Programme were undergoing change – the third sector were looking at what were the priorities for us right now – and there was nobody really, in a key place, to go with it (S4). This was endorsed by another stakeholder: anybody who was anybody really – all the senior people in those roles, everybody was gone (S6). There was a sense of inevitability: the same old thing – if one or two individuals go, the whole thing's going to be lost (S5).

- **Mentors and mentees:** Despite efforts to engage those stakeholders and participants who remained in identifying what could be taken forward, these were difficult times: *it was not just the memory bank that had gone, the strategic impact that (the Programme) could have made was being delivered at the very worst time (S7)*. Aware of this, they suggested that in response to the loss of key commissioners and managers: *you can only fall back on the individuals in the Programme, both mentors and mentees to continue it and make it work (S7)*. However, this would be without any structure, networks or funding. Reflecting this, another stakeholder was adamant: *those mentors and mentees – they've got to be pretty strong characters to go out there and make that difference – and there will be one or two of them who probably do succeed with that but if you're talking about a wider cohort, I don't know that that would happen – everybody was in a corner (S4)*.

- **Capturing and disseminating the learning:** Those stakeholders who remained did make a sustained effort: *a sub-group was established to look at where we go – so we had a session with mentors and different people involved in the Programme that were still left and we came up with short, medium and long term priorities – an action plan – and whilst there was not a commitment to whether it would be done in the same way, [something] could be put into an existing training programme or something – something in training that we could actually use what we'd learned about mentoring and mentorship and the value of that (S4)*. However, a single, externally facilitated workshop proved to be a pivotal point in what happened next: *that one – I just lost the plot because there weren't all of the key people that should have been there, and the way it was structured didn't work. I think we lost a lot at that meeting (S4)*.

Thus, despite a project and a process in which *quite senior and diverse professionals were involved - I think that actually people eventually started to struggle – the regional structure was starting to come apart, CCG's emerging and people's roles were changing – people then found it difficult to place a priority on things [and] all the people who were leading it – they'd gone as well – and actually, it wasn't left with anybody who felt that they were in a position to take it forward – it just sort of floated off (S6)*.

Outputs and outcomes: All work on the Programme was halted in February 2012. The Network also dissolved. Under Governmental legislation a raft of new organisations came in to being on 1st April 2013.

Commentary: The Adopt and Share Phase confirms the way the translation of learning from the Programme was frustrated by external changes that led to the loss of key, influential people in conjunction with their knowledge and ownership of this intervention, the depletion and fragmentation of well-established formal and informal networks, and a marked shift in priorities. The potential value and utility of the Programme's message in whatever way it came to be understood and defined was swamped by the institutional and infrastructural changes playing out at that time (section 2.2).

To conclude, this chapter provides a summative account of the Mentoring Programme and mentoring within it. It does not address questions such as whether it worked or not, or whether it was value for money. It does however bring together both performance and experiential data that better inform this research, foundational to its evaluation and to the appreciation of the conditions that findings and recommendations will need to address.

With the scoping and framing of the research complete and the detail of the intervention in place, the next chapter attends more fully to the evaluation and addresses issues of methodology.

Chapter 5

Realist Approaches to Evaluation

5.1 Chapter overview

Having established the scope, framing and story of the intervention, this chapter describes the research methodology being used to evaluate it. It is couched in terms that support the application of realist approaches to the research focus on how mentoring works. It is not a philosophical treatise on the approach which lies outside the scope of this evaluation.

This chapter draws on selected literature and other resources garnered from workshops, courses, conferences and through the electronic discussion group Realist And Meta-narrative Evidence Synthesis: Evolving Standards (RAMESES). Particular reference is made to the body of work generated by those leading the continuing development of these approaches with a wider community of practitioners and academics, acknowledged here alphabetically by surname: Greenhalgh (J and T), Jagosh, Pawson, Tilley, Westthorp and Wong.

The chapter begins by locating realist methodology in complexity (5.2), building on section 3.2, before considering its ontology (5.3) and epistemology (5.4). Realist evaluation and realist review are defined next (5.5), followed by key concepts applicable to both (5.6): causality (explaining context; mechanism; outcome; and context, mechanism, outcome configuration), and theory. This section ends by linking theory and causality as a process. The chapter concludes by mapping the data sources and sets that are included, analysed and reported in the evaluation of the intervention (5.7).

This chapter is foundational to the evaluation that follows in Chapters 6 to 10.

5.2 Realist methodology in complexity

In this research, the researcher is pursuing the lines of reasoning generated by Pawson and Tilley's (1997) framing of scientific realism 'concerning the nature and operation of causal forces' (p.55) in the social world, further developed by Pawson in books published in 2006 and 2013.

Realist methodology encompasses:

An interpretative, theory-driven approach to evaluating or synthesising evidence from qualitative, quantitative and mixed methods research... in the assessment of complex evidence for policy implementation, programmes, services and interventions (Jagosh, 2017).

It supports understanding the way complex interventions work in real world situations that are also complex: 'real social systems often result in complex worlds' (Miller and Page, 2007, p.26).

Building on the account of complexity in section 3.2 and setting it in the context of Pawson's (2013) work, it is suggested that evaluators and researchers need to address seven 'contours of complexity' (p.34). These develop some basic system properties identified previously: individual behaviours, non-linearity, lack of central control and emergence:

- **volition:** 'programmes subjects are active agents, not passive recipients' (ibid) and peoples' responses, the range and stability of the choices they make, are multifaceted, serial and potentially inconsistent. Hence the researcher's focus in the individual and interpersonal levels in the inverted hierarchy (Figure 3.1);
- **implementation:** programme implementation builds and evolves over time as does people's engagement with it. This validates carrying out a evaluation over a longer time frame;
- **contexts:** layers of contextual factors effect what is done, how it is done, how people react and therefore what the results are. The specific interpretation of contexts is set out in section 5.6.1;
- **time:** interventions have a history, sequence and may offer time as a resource; The evolution of the intervention was set out in Chapter 4 and the impact of events and changed circumstances over time is addressed in Chapter 10;
- **outcomes:** the identification and measurement of outcome patterns, including the measurement of all components of the intervention's logic model are part of the embodiment of complexity. As contexts, above;
- **rivalry:** integration and competition between similar policies or programmes blurs boundaries and frustrates evaluation. This was covered in Chapter 4 in relation to policy changes and implementation; and
- **emergence:** the progressive generation of intended and unintended changes, including no change at all, further impacting on the intervention, the social systems it is situated in as well as individuals and groups involved in it.

These are part of the 'complex social messes' (Horn, 2001, p.1) characterised by ambiguity, uncertainty and conflicts, which are also 'bounded by great constraints and... tightly interconnected, economically, socially, politically, technologically, and seen differently from different points of view, and quite different world views' (ibid).

Open to such real world complexity, the need to locate it in evaluation research and distilled to its essence, realist methodology addresses: 'what works, how, for whom, in

what circumstances and to what extent' (Pawson and Tilley, 2004, p.2).

In the process of answering these questions, the researcher or evaluator is able to examine what happens in a programme's hidden cause and effect processes; 'the black box problem' referred to by Astbury and Leeuw (2010, p.364). This involves deconstructing the programme to identify its component elements and links, and then reconstructing it in ways that establish how the intervention worked through 'the causal webs that led to the observed outcome' (Marchal, van Belle, Hoeree and Kegels, 2012, p.195). In this research, such 'deconstruction' begins in Chapter 7 with the exploration of substantive theory that the researcher has associated with the intervention. However, this chapter is also the beginning of 'reconstruction' as theory and the literature on mentoring in Chapter 8 are used to build a CMO configuration framework to inform the evaluation in Chapter 10. From this process, knowledge is accumulated.

5.3 Ontology

Ontology explores the nature of reality as we know it. Realism is ontologically objectivist: social reality exists and has effects, independent of human cognition but interpreted through it. Reality is organised into systems, embedded, connected and subject to change. Examples have already been identified in the research; the health and care system in Chapter 2 and the intervention in Chapter 4, including the way the anticipated trajectory of the Programme was affected by strategic reorganisation and restructuring.

There are both causes and consequences:

Its philosophical basis is realism, which assumes the existence of an external reality (a 'real world') but one that is 'filtered' (i.e. perceived, interpreted and responded to) through human senses, volitions, language and culture. Such human processing initiates a constant process of self-generated change in all social institutions, a vital process that has to be accommodated in evaluating social programmes (Greenhalgh et al, 2011, p.2).

Knowledge and agency are thus situated at the personal level, individually and collaboratively.

5.4 Epistemology

Epistemology encompasses the way things can be known. Realist methodology is epistemologically subjectivist: social reality is accessed and understood individually and collaboratively. In this research, the narrative accounts of stakeholders and participants are reported in Chapters 4 and 10, the latter being central to the evaluation of the intervention. Individuals and communities engaged across a range of social systems

recount and share alternative accounts of the same phenomenon, making what is assumed and how it is interpreted explicit.

Such an approach requires collaborative and iterative processes of data gathering and analysis as a way of moving closer to a consensus understanding, improved knowledge and transformation of this reality, that is, emancipatory change.

To locate both aspects of realism in a simplified continuum of research approaches, from positivist to constructivist, interpreting key characteristics across all three, the researcher has developed the following table from Westhorp (2011, p.5), enhanced with course materials from Pawson (2012) and Jagosh (2017).

Table 5.1: Positivist, realist and constructivist research approaches

	Positivist (reductionist)	Realist (real)	Constructivist (holist)
Ontology: what exists	Reality is objective and exists independently of us	There is a material and social reality that we interact with	Reality is subjective and created by us
Epistemology: what can be known about what exists	Truth and final knowledge exist	Truth and final knowledge don't exist but improved knowledge does	Truth and knowledge exist as what we believe it to be
Examples of methodology	Randomised control trial (experimental and quasi-experimental approaches)	Realist evaluation	Phenomenological research (approaches to the study of experience)
Causation in interventions	Interventions cause outcomes	Causality comes from people and their contextualised responses to resources offered. Generative mechanisms	Interpretations lead to actions and outcomes

		operate differently in different contexts, resulting in patterns of outcomes	
Data gathering and reporting: purpose, typical methods and reporting	To describe and analyse the results of controlled inputs-outputs Quantitative, experimental methods in controlled situations e.g. randomised control trials Theory testing by deduction Report facts – generalisable knowledge	To accumulate knowledge from theories of causality Mixed methods to inform theories of what works, how and for who Generatively theory-driven, by retroduction Report transferable theories – accumulating knowledge	To interpret inputs-action-outcomes Qualitative methods to explore experiential narratives Theory building by induction Describe participant interpretations - meaning

Despite the apparent distinctions in these approaches, they nonetheless have blurred boundaries between them. This highlights the need for each to co-exist and contribute to knowledge based on their particular ontology and epistemology, relevant to the topic of interest. Together they are the sources of valuable and valued research or evidence-based knowledge. Each generates ‘good research...research that works’ (Kvale and Brinkman, 2009, p.56).

5.5 Realist methodologies: evaluation and review

Methodology is the translation of ontology and epistemology into a system of methods. Realist methodologies share the basic premise that:

Underlying entities, processes, or structures operate in particular contexts to generate outcomes of interest. Different contexts interact with different mechanisms to make particular outcomes more or less likely (Astbury and Leeuw, 2010, p.368).

There are two realist methodologies, unified by their theory-driven, causal focus, but distinguished by the levels of data they interrogate; realist evaluation focusing on primary data and realist review or synthesis exploring secondary sources.

5.5.1 Realist evaluation (primary data)

According to Sayer (2000), this is a form of evaluation research which is 'somewhat specialised in the range of questions it asks but that makes it a rather more simple kind of example of realist research than most and hence a good place to begin' (p.22).

In summary:

A realist evaluation examines how different programme mechanisms, namely underlying changes in the reasoning and behaviour of participants, are triggered in particular contexts. Thus programmes are believed to 'work' in different ways for different people in different situations (Wong, Westhorpe, Manzano, Greenhalgh, Jagosh and Greenhalgh, 2016, p.2).

They continue:

- social programmes (or interventions) attempt to create change by offering (or taking away) resources to participants or by changing contexts within which decisions are made (for example, changing laws or regulations);
- programmes 'work' by enabling or motivating participants to make different choices;
- making and sustaining different choices requires a change in a participant's reasoning and/or the resources available to them;
- the contexts in which programmes operate make a difference to and thus shape the mechanisms through which they work and thus the outcomes they achieve;
- some factors in the context may enable particular mechanisms to operate or prevent them from operating;
- there is always an interaction between context and mechanism, and that interaction is what creates the programme's impacts or outcomes (Context + Mechanism = Outcome);
- since programmes work differently in different contexts and through different mechanisms, programmes cannot simply be replicated from one context to another and automatically achieve the same outcomes. Theory-based understandings about 'what works, for whom, in what contexts, and how' are, however, transferable; and
- one of the tasks of evaluation is to learn more about 'what works for

whom', 'in which contexts particular programmes do and don't work' and 'what mechanisms are triggered by what programmes in what contexts'.

The details of the specific terminology used above are set out in section 5.6.1.

Based on the research topic and the confirmation of the researcher's interest in understanding how mentoring works (section 1.6), acknowledging complexity in this intervention and the circumstances surrounding it (Table 3.3) and gaining an increasing understanding of this methodology through reading and other learning opportunities, the researcher chose to undertake this research using realist evaluation. For her this appeared to be aligned ontologically and interpreted epistemologically and as a methodology, in ways that were congruent with her values, experience of the programme and the lines of interest she had from the outset. These encompassed unpacking how the Mentoring Programme in this study and mentoring had worked and learning from it as a collaborative endeavour. The evaluation is reported in Chapter 10.

5.5.2 Realist review (synthesis) (secondary data)

Realist review was originally developed by Pawson to understand complex social interventions by systematically exploring how contextual factors influence the link between an intervention and associated outcomes, summed up in the question "what works, how, for whom, in what circumstances and to what extent?" Greenhalgh et al, 2011, p.1.

In summary:

A realist synthesis (or realist review - these terms are synonymous) applies realist philosophy to the synthesis of findings from primary studies that have a bearing on a single research question or set of questions. Methodologically, reviewers may begin by eliciting from the literature the main ideas that went into the making of a class of interventions (the program theory). This program theory sets out how and why a class of intervention is thought to 'work' to generate the outcome(s) of interest. The pertinence and effectiveness of each constituent idea is then tested using relevant evidence (qualitative, quantitative, comparative, administrative and so on) from the primary literature on that class of programs. In this testing, the ideas within a program theory are re-cast and conceptualized in realist terms (Wong et al, 2013, p.2).

Sharing many principles with evaluation, a review or synthesis is a systematic review methodology that typically explores its research question through programme theories generated at the level of classes of interventions, searching different sorts of data to test that theory with a view to refining it. The search considers the appropriate breadth and depth necessary for the topic 'that may cross traditional disciplinary, programme and

sector boundaries' (Wong, Greenhalgh, Westhorp and Pawson, 2014, p.7) while selecting and appraising of documents for their relevance and rigour (p.8). Data is extracted 'to support the use of realist logic to answer the reviewer's question e.g. data on context, mechanism and outcome configurations' (p.9).

In light of the researcher's discovery that there was a lack of theory about how mentoring works, 'limited progress in theory for a topic that is obviously important and amenable to convenient measurement' (Bozeman and Feeney, 2007, p.719), the researcher uses the principles of realist review to explore the literature on this topic in Chapters 7 and 8. Not a full review, the aim in these chapters is to elicit configured data that is applicable here, bringing together the key elements and links associated with mentoring in practice, translating it forward into this evaluation and thereby accumulating further knowledge on the subject. This is a realist-informed literature review for the purposes of CMO configuration framework building and therefore it is not therefore presented in line with the reporting standards for this methodology.

5.6 Key concepts

As this methodology is causally focused and theory-driven, key concepts are set out under these two headings. This section confirms the way terminology is understood and interpreted in this research.

5.6.1 Causality

Pawson (2006) sets out the premise of causality and its significance in realist methodology:

Interventions offer resources which trigger choice mechanisms (M), which are taken up selectively according to the characteristics and circumstances of subjects (C), resulting in a varied pattern of impact (O). These three locations are the key sources of evidence... all three elements must be considered in order to address the master question, 'what works?' (p.25).

The way these terms are understood and applied in this research is set out below.

Contexts

These are the circumstances, conditions or factors, the 'conducive settings' (Pawson and Tilley, 1997, p.216) that operate in the background of any programme and its participants. Contexts power mechanisms to make them work, perhaps strengthening one or a few over the many that might exist. However, they might, with equal power, inhibit others (Westhorp, 2011). Accordingly, the 'knowledge of contexts is absolutely crucial' (Pawson and Tilley, 2004, p.8).

Contexts include:

features of participants, organisation, staffing, history, culture, beliefs, etc. that are required to 'fire' the mechanism (or which prevent intended mechanisms from firing). Population groups ('for whom' a program works) are one aspect of the context. Other contextual elements might include geographic and community setting, nation, culture, religion, politics, historical period, events, organisational setting, key attributes of workers, and so on (Westhorp, 2011, p.8).

Pawson usefully groups contexts under the 4 i's: the individual, interpersonal, institutional and infrastructural (section 3.2.1 and Figure 3.1) and these levels inform the way realist methodology is interpreted and applied in this research.

In realist methodology, since contexts power mechanisms, it is important to understand how different contexts change the way interventions work and further, how they might be modified to produce a different outcome (Westhorp, 2011).

Mechanisms

According to Westhorp (2012b, slide 10) '...mechanisms are how programmes work', where people, the individuals and communities react or respond to the resources or opportunities introduced by the intervention. Pawson and Tilley (1997) describe mechanisms as 'the choices and capacities which lead to regular patterns of social behaviour' (p.216). Accordingly, 'mechanisms are often hidden' (Pawson and Tilley, 2004, p.5)

Mechanisms capture the interaction of people and programme as they respond to the resources offered by the programme and identifying them 'pinpoint[s] the way in which the resources on offer may permeate into the reasoning of the subjects' (Pawson and Tilley, 2004, p.7). They are context sensitive, 'active only under particular circumstances' (ibid) and thus need to be activated by relevant or meaningful contexts in order to lead to outcomes.

In realist methodology, the mechanisms that are expected to operate are described in the programme theory along with the contextual factors that determine whether they are activated or not and the outcomes that result. This enables the evaluator to identify what people might do in response to the opportunity on offer, what they chose to do, and how those choices might be altered (Westhorp, 2011).

Outcomes

Outcomes are the mixed pattern of results, impacts and effects generated by mechanisms and contexts together: 'different mechanisms in different contexts' (Pawson

and Tilley, 2004, p.8) evolving across contexts and over time. They can be 'intended or unintended and can be proximal, intermediate, or final' (Jagosh, 2013, p.4). They are often taken the key evidence about an intervention's effectiveness although 'realism does not rely on a single outcome measure to deliver a pass/fail verdict on a programme [but more] variegated patterns [to elicit causality, with] more sensitive evaluation of complex programmes' (Pawson and Tilley, 2004, p.8 and p.9).

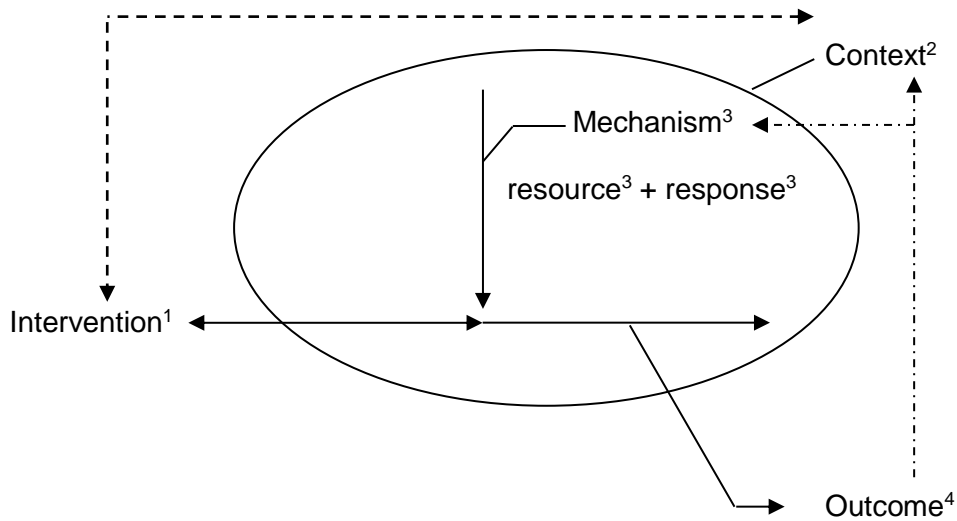
There are two other aspects to be aware of at this point. First, in the cycles of change triggered in any programme, it is possible that some outcomes may become the context or part of the mechanism for further change. This is about the gradual or serial evolution of changes over time, acknowledged in this research by carrying out an evaluation that engages with a more extended timescale than is usual for funding-constrained, short term programme evaluations. Second, is the question of whose outcomes are taken into account in an evaluation? Here, the main focus is on the experiences of participants who joined the Programme as mentors and mentees in as much as their narrative accounts describe the way mentoring worked for them as an intervention and an approach.

Context Mechanism Outcome Configuration

A context, mechanism, outcome configuration (CMO) encompasses the 'basic realist formula', also termed the 'generative model of causation' (Pawson and Tilley, 1997, p.58) and expounded in later writing (Pawson and Tilley, 2004):

CMO configurations comprise models indicating how programmes activate mechanisms amongst whom and in what conditions, to bring about alterations in behaviour... these propositions bring together mechanism variation and relevant context variation to predict and explain outcome variation... the 'findings'... thus always try to pinpoint the configuration of features needed to sustain a programme (p.9).

The increasingly accessible language that has developed around this core concept is reflected in Figure 5.1, adapted from Pawson and Tilley (1997, p.58, Figure 3.1) and Pawson (2006, p.75). It can be understood through a series of premises: an intervention¹ is generated in context² (dashed arrow); an intervention introduces new opportunities or resources³; people respond³ to these resources; the resource³ and the response³ are the mechanism³; the particular way people respond, from the many different ways that might be possible, is influenced by context² and these are the circumstances that have meaning for them; this contextualised response to the resource leads to an outcome⁴; and outcomes may become a context or mechanism for a further change iteration, emphasising non-linearity and emergence (dot-and-dash arrow). Interventions¹ can therefore change contexts².

Figure 5.1: The basic realist formula and generative causation

This encompasses the ‘configurational approach to causality’ (Pawson and Tilley, 2004, p.10), which ‘render[s] the programme theory into its constituent parts and interconnected elements’ (Pawson and Manzano-Santaella, 2012, p.184). The process of establishing the key elements and links brings the constituents of change together as a pattern of occurrences, as opposed to lists of single items. Pawson and Manzano-Santaella (2012) emphasise that the generation and testing of contexts, mechanisms and outcomes should be configured, linked in causal patterns, not as disconnected elements ‘atomised and disconnected... unconfigured and transform[ed] into CMO catalogues’ (p.185). A simple, static and relatively linear configuration framework is set out in Table 5.2:

Table 5.2: The context, mechanism, outcome configuration (CMO) - static

The intervention		
Context	Mechanism	Outcomes
	Resources and responses	

There is value in Figure 5.1 and Table 5.2’s simplicity but it should be remembered that both represent a methodological contrivance that scaffolds data gathering and analysis, a point underscored by Westthorp (2015) in a conference tweet: ‘we label things context, mechanism, outcome, because that has an analytic function, not because they ‘are’ that’. In addition, Manzano (2013) confirms that labelling an element as one thing or the other

does not establish permanence:

It helps to understand that these components are not fixed entities trapped in methodological cages. Elements that are called contexts, mechanisms or outcomes, in one combination, can be reconfigured in the next one, because their role is interchangeable. A process referred to by Archer (1998) as morphogenesis (slide 6).

Acknowledging the depth of mining required in establishing CMO configurations for a complex intervention, and the breadth as it evolves over time, working in configurations involves iterations of construction and challenge in which they are supported, refined or refuted, highlighting something more complex than these static illustrations suggest:

There will always be multiple M's – a proliferation of ideas within a programme, creating different resources that trigger different reactions amongst participants. There will always be multiple C's – a huge range of individual, institutional and infrastructural features that condition the action of the assorted mechanisms. There will always be multiple O's – an extensive footprint of hits and misses, an uneven pattern of successes and failures associated with the underlying causal dynamics (Pawson and Manzano-Santaella, 2012, p.184).

However, the importance of configurations, positioned relative to theory, is that they have a clear 'function in explanation and... role in testing those explanations' (p.189). Further, they also locate people centrally in the mechanism and the CMO configuration, situated in potent and dynamic systems associated with interventions through the way they make them work by interacting with the opportunities and resources the intervention creates; what they think and feel about what they see and hear; and the influence of other factors, circumstances or contexts that are significant to them, leading to decisions about meaningful change. Social systems therefore operate through very subjective, contextualised interactions and the disturbance created by an intervention can work differently for those involved in them. Westthorp comments on this in her presentation, *An Introduction to Realist Evaluation* (2012b, slide 22): 'Nothing works for everyone, many things work for someone'. However, Miller and Page (2007) make the important observation that 'people get tied to, and are influenced by, other people' (p.14) suggesting that choice and proximity of thoughts, ideas and mere presence can turn an individual event into a group activity. Thus, as much as this is about individuals, it can also be a group or social occurrence.

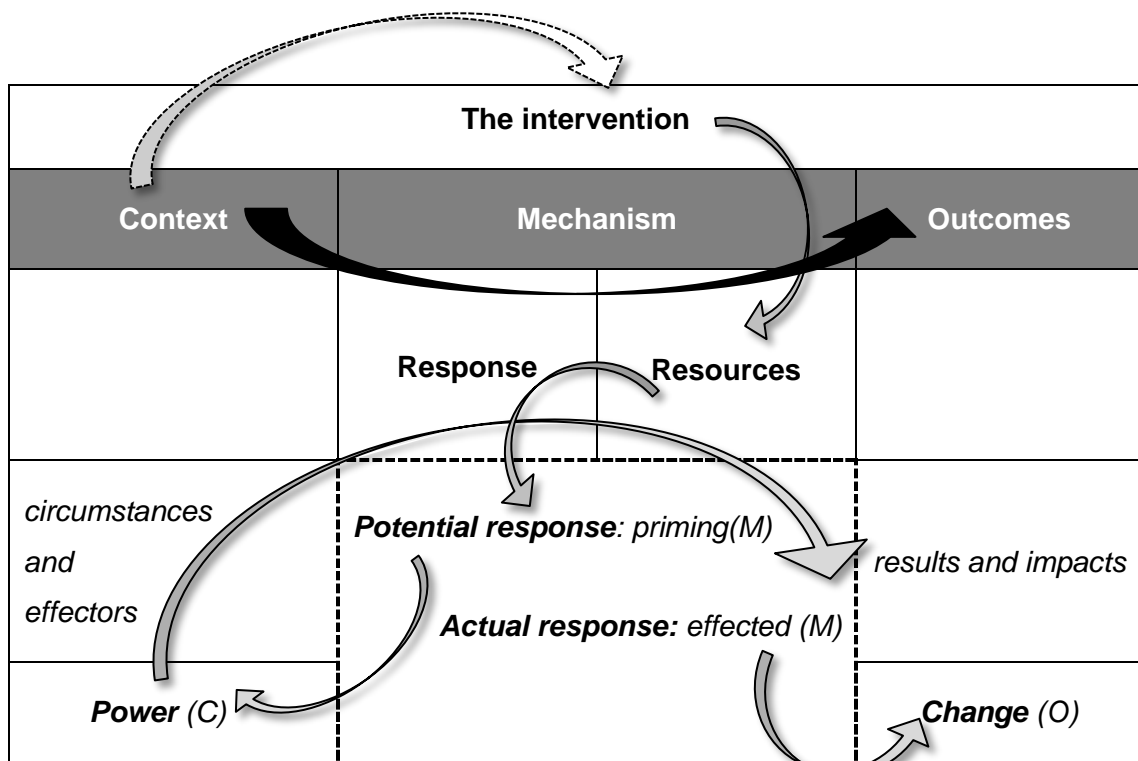
As the researcher learned more about this methodology, she began to make sense of the way it might better reflect individual and collective experiences of and responses to

an intervention over time, bearing in mind that:

Programmes seek to change minds. The likelihood of this happening depends not only on pre-existing mind sets ... but on the process whereby minds are changed... on the whole they persuade people to reconsider their options and such cognition tends to occur gradually (Pawson, 2013, p.34).

Through further reading and reflection, the researcher came to understand the processes represented by this heuristic more dynamically, and particularly complexity in people's responses. Her sense-making was informed by her specialist therapy and neuro practice knowledge. This is illustrated in Table 5.3 below, expanding the linearity of the **context, mechanism, outcome configuration** indicated above, explained as follows: the **intervention** is generated in particular **circumstances** or a **context** where a problem or an opportunity is identified and acted on through a policy or programme (dashed white arrow). This intervention offers **resources** that prime an initial, **potential response** in target individuals or groups, perhaps a cognitive or affective awareness,

Table 5.3: The basic realist formula: re-interpreting the context, mechanism, outcome configuration (CMO) - dynamic



or something more reasoned or reflective. The potential response is then powered or reinforced by meaningful elements of the **context** that make that particular resource or other resources that emerge as part of the intervention, significant to that person at that time, effecting an **actual response**, perhaps a purposeful decision to act. This

contextualised response to a resource produces a change, impacting as an **outcome**. The static linearity of context, mechanism, outcome configuration in the wording of the basic realist formula (black arrow) is replaced with something more nuanced, iterative and dynamic (grey arrows).

For the researcher, setting the configuration out in this way and drawing attention to the many possible iterations and loops that might occur within any CMO configuration was particularly useful in bringing the dynamic of a generative process to life from an individual or group perspective by acknowledging stages of processing; the individual's 'choice architecture' (Thaler and Sunstein, 2008, p.3 cited by Pawson, 2013, p.34).

Having this in the researcher's mind has informed the interrogation of the literature, the attribution of linked elements within a framework and the search for possible loops in the configuration framework that is built up in Chapters 7 and 8.

5.6.2 Theory

'Realist evaluation is about theory testing and refinement' according to Pawson and Tilley (2004, p.9). It has an innate logic: 'evaluation seeks to discover whether programmes work; programmes are theories; therefore it follows that evaluation is theory-testing' (Pawson, 2003, p.3). The researcher would respectfully suggest that 'whether' might indicate that this would be satisfied by a yes / no answer, and reflecting the tenets of this methodology, might be better substituted with the words 'how or why'.

Theory is located throughout a realist evaluation, beginning with programme theories of what might work and how. These get revised as part of the evaluation. The work on programme theory is detailed in this research in Chapters 6 and 11. There is also substantive theory that might inform the understanding of the intervention, explored in Chapter 7. However, in producing outputs from a realist evaluation, Pawson identifies a further role for theory: 'transferring knowledge in evaluation belongs to theory' (ibid, p.10). The following sections detail the two main types of theory relevant here.

Substantive theory

Independent of any particular intervention, and based on Merton's (1949) writing on *Sociological Theories of the Middle Range*, these established theories guide inquiry. They are situated between:

the minor but necessary working hypotheses that evolve in abundance during day-to-day research and the all-inclusive systematic efforts to develop a unified theory that will explain all the observed uniformities of social behaviour, social organisation and social change... intermediate to general

theories of social systems that are too remote... to account for what is observed and... those detailed orderly descriptions of particulars (p.448).

In his writing, such theory, and their empirically tested assumptions for which Merton gives the example of role-set theory, can be applied to a range of situations and groups and 'subsumed under comprehensive theories' (p.451), suggesting Marxist theory amongst others. He cautions against the search for a 'master conceptual scheme for deriving all such subsidiary theories... with all their architectural splendour and their scientific sterility' (p.457) but supports the search for and utility of 'theories of the middle range... provided that the search for them is coupled with a pervasive concern with consolidating special theories into more general sets of concepts and mutually consistent propositions' (p.458).

In this research, and against a backdrop of continuing debate on some of the terminology associated with realist methodologies, the researcher is applying the terms substantive theories to the level of theory set out by Merton and, for example listed by Michie et al (2005) and grouped by theories of motivation and action as well as organisational theories. The contribution of substantive theory to this evaluation is set out in Chapter 7.

Programme theory

This is the theory associated with the particular intervention and generated within it as an if-then proposition (Pawson, 2013). It can be indicative of the intervention mechanism: for example if this incentive is offered (carrot), then people will change their behaviour in the direction of the incentive or perhaps, if this dis-incentive is offered (stick), then people will respond by not doing what they were doing before. This if-then theory may also encompass the mechanism and outcome: for example if this learning programme is offered (opportunity), people will get involved (motivation, attendance) and learn more and become qualified, able to apply for promotion or a better job. A well-constructed programme theory would be developed further by including the circumstances in which these situations occur, specifying particular individuals or groups, geography or organisational settings, for example. Programme theories are tested for the purpose of refining them (Pawson and Tilley, 2004).

Developing programme theories involves a process of 'attribution' according to Pawson and Tilley (ibid, p.16). They describe this as where the 'action of a mechanism *makes sense* of the particular outcome pattern [through a process of] theory adjudication' (p.17). This is clarified as the 'thinking process that allows us to understand an event as an instance of a more general class of happenings... a broader explanatory schema' (Pawson, 2013, p.89).

Further, every programme and its associated theory is not ‘unique and idiosyncratic’ (Astbury and Leeuw, 2010, p.370). Indeed it has been suggested that by establishing a well-constructed programme theory and identifying and interrogating associated CMO configurations that inform modified, revised, transferable programme theories, it should be possible to identify the regular theories and CMO patterns that may repeat in certain types of initiatives, programmes or policies; Pawson’s ‘re-usable conceptual platforms’ (2013, p.129). This further contributes to the accumulation of knowledge.

5.6.3 Linking theory and causality as a process

To conclude this section, Table 5.4 sets out the key characteristics of realist methodology established here, linking them together by aligning the core question in realist methodology with theory and causality, located under the research question, derived from the intervention.

Table 5.4: Linking theory and causality as a process

Intervention / programme: Research question	
What works for who?	Emerging from and evaluated through data, retroductively
Initial programme theory: if – then	
And how?	
CMO configurations at multiple levels	
Revised programme theory	
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px;"> Informed by substantive theory </div> </div>	

These anchor points in the process emerge from and are evaluated through the data, retroductively: ‘entail(*ing*) the idea of going back from, below, or behind observed patterns... to discover what produces them’ (Lewis-Beck, Bryman and Futing Liao (eds), 2007, p.972).

Because of its association with this methodology (Jagosh, 2015, 2017), retroduction, ‘allow[s] for a more comprehensive analysis of theoretically driven data... require[ing] the researcher to move between theory and data’ (Meyer and Lunnay, 2013, p.1). Retroduction and retroductive inference however is:

Built on the premise that social reality consists of structures and internally related objects but that we can only attain knowledge of this social reality if we go beyond what is empirically observable by asking questions and developing concepts that are fundamental to the phenomena under study (p.3).

Retroduction does not follow the logic of deduction but is 'an instinctive mode of inference' (ibid). This is valuable within realist methodology's concerns with generative causation, questioning not does A lead to B but what about A leads to B, as well as with bringing hidden mechanisms and associated contexts to the surface (Pawson and Tilley, 2004). This involves the researcher or evaluator in articulating not only the evident known-knowns which are shared in the data, but also the known-unknowns which are hidden; the unknown-knowns to which those involved may be blind; and the unknown-unknowns which can be discovered. These categories are illustrated in the Johari window described by Herr and Anderson (2005), and based on the work of Luft and Ingham (1955). The researcher believes the aim should be to make this process of retroductive inference both transparent and collaborative in the evaluation.

Having worked through the levels and dimensions of this methodology, this chapter concludes by setting out an overview of data sources, both primary and secondary, used in the chapters that follow.

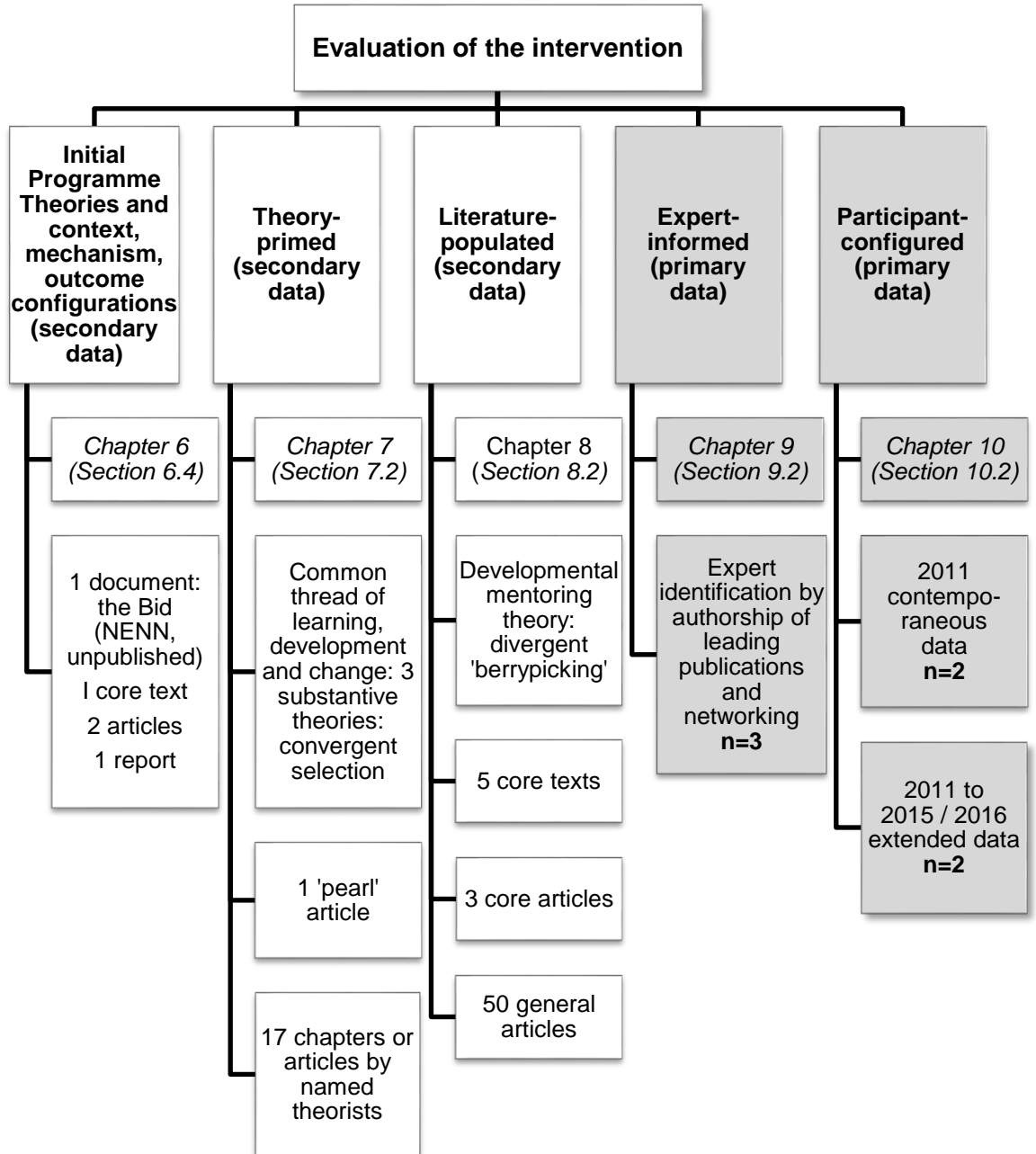
5.7 Data: mapping primary and secondary sources and data sets in the research

The purpose of this research is to evaluate an intervention, largely based on participant experiences. This primary data is presented, analysed and reported in Chapter 10. However, due to the lack of developmental mentoring theory that might inform this analysis, the researcher also undertook a realist-informed review of the literature to generate an evidence-based framework that could be applied to the analysis of these narratives and informed by expert knowledge. Thus, as a pre-cursor to the evaluation, secondary data was sourced from intervention-related documentation (the Bid, reported in Chapter 6) as well as from published sources. This enabled the researcher to explore relevant theory (Chapter 7) and the existing knowledge and practice of developmental mentoring (Chapter 8), augmented with expert opinion (Chapter 9). Combined in a framework, these data support the evaluation of the intervention through the voices of some of those who participated (Chapter 10).

These sources and data sets are illustrated in Figure 5.2, identifying primary and secondary sources. Boxes identify each chapter by topic, including the chapter and

section number where further details of data are set out. They also set out the number of documents, texts, articles (secondary) or number of interviewees (primary: n=x).

Figure 5.2: Data: mapping primary and secondary sources and data sets in the research



For the purposes of this figure, the following terms have been adopted from Booth et al (2013) to distinguish the contribution of secondary sources:

- 'pearl' article: a key work that 'acts as a retrieval point for related outputs' (p.4); and
- 'berrypicking': 'where follow up of initial searching against a broad topic leads to

further ideas and directions' [and] the concept of a query is influenced by every new item of information' (p.2).

Core and general texts or articles are those selected by the researcher because of their contribution to the understanding of the topic based the strength of their contribution to it either from content such as concepts and terms that fit the emerging elements in the framework or by association where they are referenced from other core articles or texts.

Sampling choices were made pragmatically. First, in terms of secondary sources, berrypicking was a response to the lack of mentoring theory amid an abundance of literature on the practice of developmental mentoring and the stated purpose of achieving 'clarification' of the 'essence and appearance' of developmental mentoring, above the acquisition of more information (section 8.2). Second, in terms of primary sources, experts were identified because of their acknowledged, established contribution to the knowledge and practice of developmental mentoring as well as their accessibility, while participant numbers were largely determined by availability: those who could be traced, were willing to have earlier data reported in the research, were available to take part in interviews and consented to participate in the study. Despite the apparently small numbers, consisting of four of eighteen participants but including both mentors and mentees, the researcher believes that she has nonetheless been able to achieve saturation (Guest et al, 2006). This is evident in the overlap with the elements in the framework garnered from the literature and validated by expert opinion, albeit stated in a narrative style that reflects participants' character, experiences and meaning, as well as individual saturation in terms of capturing the full scope of their experience.

Having established an understanding of the methodology, the next chapter engages with stage one of the research design set out in Table 1.1, to establish initial programme theory and context, mechanism, outcome configurations for mentoring as an intervention and an approach, based on the project-in-practice.

Chapter 6

Generating initial programme theories and context, mechanism, outcome configurations

6.1 Chapter overview

Chapter 5 set out the detail of realist approaches to this study, focusing on ‘what works, how, for whom, in what circumstances and to what extent’ (Pawson and Tilley, 2004, p.2). To begin to answer this, this chapter reports the first stage of the evaluation as set out in the research design in section 1.7. In line with the realist approach, it aims to establish the initial programme theories for this intervention and the context, mechanism, outcome (CMO) configurations derived from them.

The chapter begins by revisiting the research question (6.2), before re-interpreting the inverted hierarchy model, linking its levels with key concepts associated with causality by overlaying key concepts of a CMO configuration (6.3 and Figure 6.2). The following section establishes initial programme theories and CMO configurations from the Bid and mentoring definitions (6.4).

With these in place, the Chapter 7 sets out an evidence-informed configuration framework and starts to build it by drawing on substantive theory (theory-primed), extending the contents from the literature in Chapter 8 (literature-populated).

6.2 Revisiting the research question

The research question for this study was initially set out in section 3.5:

How does mentoring work as an intervention and as an approach, within a Mentoring Programme offered to a group of specialist practitioners as an opportunity to learn differently, work differently and make a difference?

The first step in this realist evaluation is to establish the initial programme theories and CMO configurations as described in the previous chapter. This pursues the integrity if not the exactitudes of the methodology, reflecting Pawson and Manzano-Santaella (2012):

The immediate priorities of empirical research are to respond to the research brief, to deal with the substantive issue, and to contribute to policy development – rather than to aim for methodological purity’ (p.189).

Acknowledging the lack of theory or evidence about how mentoring works or about how the intervention, the Mentoring Programme and mentoring within it was intended to work,

this chapter draws data from the Bid (section 4.5.2) and earlier writing on mentoring (section 2.4), sufficient to satisfy the purpose of this stage (see section 5.7 and Figure 5.1). To support this, the inverted hierarchy is re-interpreted to map the concepts of a CMO configuration and thus the route of this retroductively inferential process.

6.3 Re-interpreting the inverted hierarchy model

The inverted hierarchy model was developed in Figure 3.1 to stratify complexity. It emphasises the researcher's focus on individual and interpersonal levels, and agency and outcomes associated with each. A simplified version is presented here:

Figure 6.1: Inverted hierarchy model



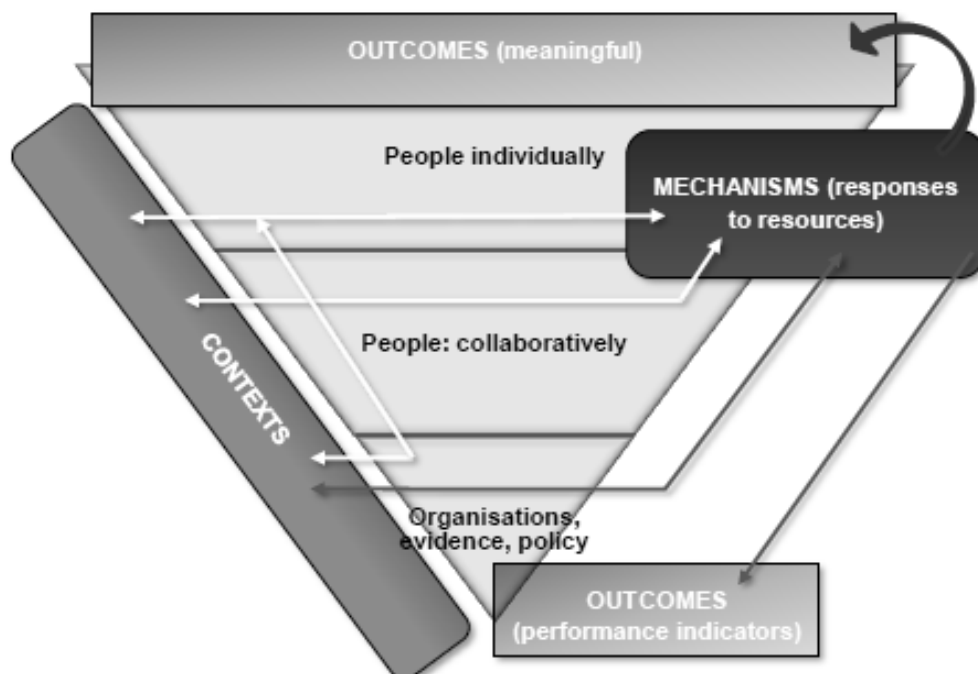
This lends itself to re-interpretation for the purposes of this chapter, overlain with the core causal concepts in Figure 6.2. It highlights the importance of individual and collective agency, the potential range of levels from which contextual influences might effect a response, as well as the pattern of links between people-based and artefact-based elements and, in addition, key distinctions and separation between them:

- **At the level of the organisation, evidence and policy** (dark arrows): the intervention is contextually informed and generates resources that become part of the mechanism, responded to by individuals and groups. Associations between elements are often expressed in relatively linear terms, for example that increased investment in training leads to more qualified staff. These might be reported quantitatively such as numbers of practitioners gaining particular types of certificates or accreditation. However, at this level, the outcomes are likely to

be artefact-based and expressed as milestones (formative) or performance indicators (summative), for example.

- **At the individual and interpersonal levels** (light arrows): this is where the CMO configuration plays out most clearly. People respond to intervention or programme resources (mechanism - M), informed by factors that may be situated at any or all levels that have meaning to them (contexts - C). These enable or inhibit particular responses that, in turn, lead to outcomes (O). Associations are non-linear, expected and sometimes unexpected, expressed here as notional narratives: *training lets me learn new skills, makes me more confident in my work, gives me the skills to apply for promotion, provides an escape from the day-to-day routine for a few hours each week, lets me meet up with friends for coffee and lunch on training days or gets me better pay so I can work less hours or save up and retire earlier*. Not all of these may have been intended at the organisational level in terms of the purpose of the policy and funding. However, this is the level at which individual and collective agency is expressed and outcomes are meaningful.

**Figure 6.2: Inverted hierarchy model:
re-interpreting the context, mechanism, outcome configuration**



The 'outcome' dichotomy and potential tension that exists between the different levels at which outcomes are located, identified here, is noted by Pawson and Tilley (2004):

Programmes are products of the foresight of policy-makers. Their fate though ultimately always depends on the imagination of practitioners and participants. Rarely do these visions fully coincide (p.3).

In terms of this research, this is demonstrated in stakeholders' and participants' accounts of their experiences of the Programme in Chapters 4 and 10. It is evidenced amongst stakeholders, with their different visions, priorities and expectations (section 4.4.2) and between stakeholders' intentions and the experiences of participants (sections 4.4.2 and 4.4.3).

6.4 Initial programme theories and CMO configurations

This section sets out the process followed by the researcher to establish initial programme theories about the way the intervention was intended to work, inferred from the data (section 6.4.1 below). This is drawn from the Bid (NENN, unpublished) and evidence from the mentoring definitions in section 2.4. It informs the generation of initial CMO configurations (section 6.4.2 below).

6.4.1 Initial programme theories

The theory must be cast as an if-then proposition
(Pawson and Manzano-Santaella, 2012, p.184)

In order to write initial programme theories, the researcher returned to documents discussed previously in order to work up provisional theories on which they could be based; the Bid (NENN, unpublished) and the source documents informing the mentoring definitions set out in section 2.4. They are discussed in turn to identify their association with learning, developing or changing.

The Bid: the aim of the intervention being evaluated is to enable specialist practitioners to learn, develop and change by participating in an innovative Mentoring Programme that has mentoring within it. As a result, the increase in individual and collective capacity and capability should lead to improved services and outcomes.

Further analysis of the detail in the Bid has enabled the researcher to identify thirteen provisional programme theories set out as if-then statements, grouped by their alignment with learning, developing and changing differently, and distinguished by those that appear to be associated with the Mentoring Programme and those with mentoring (see Appendix 3). As the Bid lacks any clear theory of change, these provisional programme theories appear to indicate that mere participation in the Mentoring Programme will lead to the achievement of Programme aims, essentially clinically-driven through collaborative case working and reflective practice, but with little other detail of how change might occur. Mentoring is equally generally scoped, suggesting that access to

mentoring relationships over time will enable mentees to learn the intended clinical skills and meet their and the mentors' learning needs, while building and sustaining relationships. It is not clear what resources in mentoring might contribute to this.

The following points arose from this first level analysis:

Learning: for many practitioners with a professional, clinical background, there appears to be little difference in this way of learning from their experiences of continuous professional development in their own careers and settings. Further, from what has already been established about mentoring in this research, a clinical emphasis, unless requested by the mentee to enable them to meet their learning needs, does not align with developmental mentoring as an approach and its more extended reach across career and self. Nonetheless, some key elements can be identified, including mentor and mentee, mentoring role, mentoring approach, specialist experience, spending time together, sharing experience, reflective practice, collaboration and individualised learning outcomes. The unique learning resource being made available through the diverse and collaborative qualities of the Programme participants' as a cross-sector, cross-organisational group of specialist practitioners (section 4.4.2), brought together in this intervention in different relationships and conversations, is not evident in the Bid, evidencing that its potential may not have been appreciated fully by its authors;

Developing: as above, the ambition in the Bid does not align fully with developmental mentoring's capacity to address career and self, including the resonance between work/practitioner and self/personal development. This is reflected in the provisional programme theories that unexpectedly locate developmental activity in the Mentoring Programme than in mentoring;

Changing: in the Bid, change is envisaged as emerging from the Programme with its strategic, organisational aspirations, noted in section 4.4.2, than with developmental mentoring and more personalised experiences expressed in participants' outcomes, identified in section 4.4.3. The change perspective appears artefact-based and performance-driven than individually or interpersonally meaningful. The potential conflict between outcomes has been identified previously (section 6.3). In addition, apart from the generation of the model and standards that would emerge through the Programme's evaluation at the time, along with building working relationships, many of the outcomes would evolve over a timescale in excess of the Programme's twenty four months duration. These would evolve from the initial achievement of increased workforce capacity and capability, and to capitalise on it, work done by stakeholders to adopt, sustain and capitalise on the investment in participants, including employer organisations and commissioners. Without a theory

of change or causal explanation, this appears to be a noteworthy leap of faith. In part, this may well have been seen as a consequence of the Programme being part of the wider Workforce Innovations Programme, with its Forums in particular (section 1.3), each complementing the other. However, it almost certainly assumed stability in the wider circumstances surrounding the Programme that would enable it to follow its anticipated trajectory. This was acknowledged by some stakeholders (section 4.4.3).

Source documents and mentoring definitions: turning to the mentoring definitions in section 2.4.1, the researcher has reformulated the four definitions into if-then provisional programme theories (see Appendix 3). They are all associated with developing differently. These appear to reflect an inward-looking, mentoring-practice perspective encompassed by the definitions and much of the writing on the topic (section 2.4), neither supported by theory nor causally explicit:

Developing: the provisional programme theories draw on extended experience of mentoring-in-practice, cross referenced with a body of literature on the topic. They should align with ‘developing differently’ based on the Bid, had it been evidenced or theorised. The scope of developmental mentoring does not appear to have been fully appreciated by stakeholders yet was seized on by the Programme participants (Chapters 4 and 10). However, these theories underscore the developmental focus of mentoring and, evidenced by experience, also begin to point to causality amongst the elements identified within them.

With seventeen provisional programme theories in draft, the researcher needed to consider what initial programme theory or theories could be devised from them to contribute to understanding how mentoring works as an intervention and an approach within a Mentoring Programme in specialist workforce development, and situated in the narrative on the topic thus far. To answer this, the researcher reflected again on the different levels in the inverted hierarchy and, pursuing her primary interest and the focus of causality at the individual-interpersonal level above the institutional-infrastructure, set out three initial programme theories:

Initial programme theories at the individual and interpersonal levels

Inferred from the Bid: If a diverse group of specialist practitioners participate in and collaborate on a clinically orientated Mentoring Programme that uses a mentoring approach to accommodate their individual learning and development **then** they will increase individual and collective capacity and capability by acquiring clinical skills through others’ experience and expertise, developing themselves as role models and leaders, building and sustaining working relationships that break down barriers, and committing to service outcomes that make a real difference;

Inferred from source documents and mentoring definitions: If a mentor and mentee establish a trust-based, developmental relationship through conversations, so that mentee is supported in a mentoring process by the mentor's experience and expertise to reflect on their own thinking and ideas **then** they will generate their own resources and solutions to make key transitions in their learning and development, both personal and professional.

Initial programme theories at the level of the organisation, policy and evidence

Inferred from the Bid: If there is more capacity and capability in the specialist workforce through their participation in a clinically orientated Mentoring Programme that uses a mentoring approach **then** appropriate stakeholder organisations can work strategically in a more co-ordinated and effective way on investment, commissioning, workforce and provision to match national policy and local need, and extend this same model and standards to the learning and development of other specialist workforce groups.

These three initial programme theories are believed to reflect the integrity of the Bid, the detail of the definitions, and provide a suitable basis for evaluation. Following further work in Chapters 7-10 in line with the research design (section 1.7), final programme theories are presented in Chapter 11.

However, it is important to note some tensions within and between these initial programme theories. First, there is a strong clinical emphasis in programme theories inferred from the Bid that has been insinuated into the terms of the Programme's learning and the mentoring approach, without evidence or justification in the proposal. Despite the intention to support moving services to the community and align practice with that setting, this clinical focus has a strong association with the medical than the social model (section 2.2.2). To some degree this also resonates with the term 'professional' used in some of the mentoring literature. This is contrary to the anticipated community orientation of services (Chapter 2), the broader developmental emphasis in mentoring (section 2.4) and the way the Programme evolved (Chapter 4).

Second, there is a clear distinction between individual-interpersonal and organisational outcomes already been identified in Figure 6.2. In both the Bid and the definitions, individual outcomes are largely situated within the intervention, with an intention that they will continue to evolve outwith the Programme in the way participating mentors and mentees sustain the developmental mentoring approach, for themselves individually and in wider networks, including those they work with in their practice.

Collaborative working within enduring learning and developmental networks appears to scaffold this process, at least in part. Regrettably, it has already been established that external circumstances changed significantly, frustrating this anticipated trajectory

(section 2.2.1) the impact of which will be considered in Chapter 11. In addition, organisational outcomes sit outside the intervention, being invested in external structures, processes and timelines. Importantly, since the initial programme theory for organisations, policy and evidence does not relate directly to the research question that is specifically about the way mentoring works as an intervention and an approach, it will not be evaluated in the following chapters.

Thus, returning to the purpose of this chapter and the realist evaluation process being followed, the two initial programme theories that will inform this evaluation are set out in Table 6.1 and will be used as the foundation for the generation of initial CMO configurations in the section that follows.

Table 6.1: Initial Programme Theories

Initial Programme Theories: at the individual and interpersonal levels
<p>Mentoring as an approach in the Mentoring Programme</p> <p>If a diverse group of specialist practitioners participate in and collaborate on a clinically orientated Mentoring Programme that uses a mentoring approach to accommodate their individual learning and development then they will increase individual capacity and capability by acquiring clinical skills through others' experience and expertise, developing themselves as role models and leaders, building and sustaining working relationships that break down barriers, and committing to service outcomes that make a real difference.</p>
<p>Mentoring as an intervention</p> <p>If a mentor and mentee establish a trust-based, developmental relationship through conversations, so that mentee is supported in a mentoring process by the mentor's experience and expertise to reflect on their own thinking and ideas then they will generate their own resources and solutions to make key transitions in their learning and development, both personal and professional.</p>

6.4.2 Initial CMO configurations

The idea is to render the programme theory into its constituent and interconnected elements (Pawson and Manzano-Santaella, 2012, p.184)

Initial CMO configurations develop from the initial programme theories, here confirming the way causality is located at the individual and interpersonal level and the work that people do, individually and collaboratively in response to the resources available through

this intervention. The initial programme theories suggest that as an approach in the Mentoring Programme, mentoring relationships and conversations might inform the group's culture and behaviours, within a shared, evolving, applied, specialist knowledge framework. Also, as an intervention, mentoring relationships and conversations might support the enhancement of thinking, including the templates of experience that inform it as well as the way practitioners apply and enhance their specialist way of reasoning to address their goals about personal and professional change that impacts for and with those accessing their services. This might be reflected in the way quality thinking might improve the quality of doing and thus the quality of outcomes, based on a consciously and collaboratively purposeful perspective, than one that is merely performance-focused.

Considering how to turn these initial programme theories into initial CMO configurations, the next stage is to identify what resources participants respond to and how (M), contextually-informed (C) and with what outcomes that matter to them (O), based on the components of the intervention as they exist at different levels, illustrated in Table 6.3.

Although elements are listed below, developed from the sources noted previously, it is important to remember that they are configured, i.e. linked together. Equally, attributing elements to particular aspects of causality at this stage of the research does not mean that they will necessarily stay there, as knowledge is developed from the literature in the following chapters, suggested by Manzano (2013). Further, it is possible that mapping participant configurations may well reveal that one person's context is another person's mechanism. However, what will be important is that this will have helped develop deeper understanding of the way mentoring works and the generation of transferable theory in a process of accumulating knowledge about it.

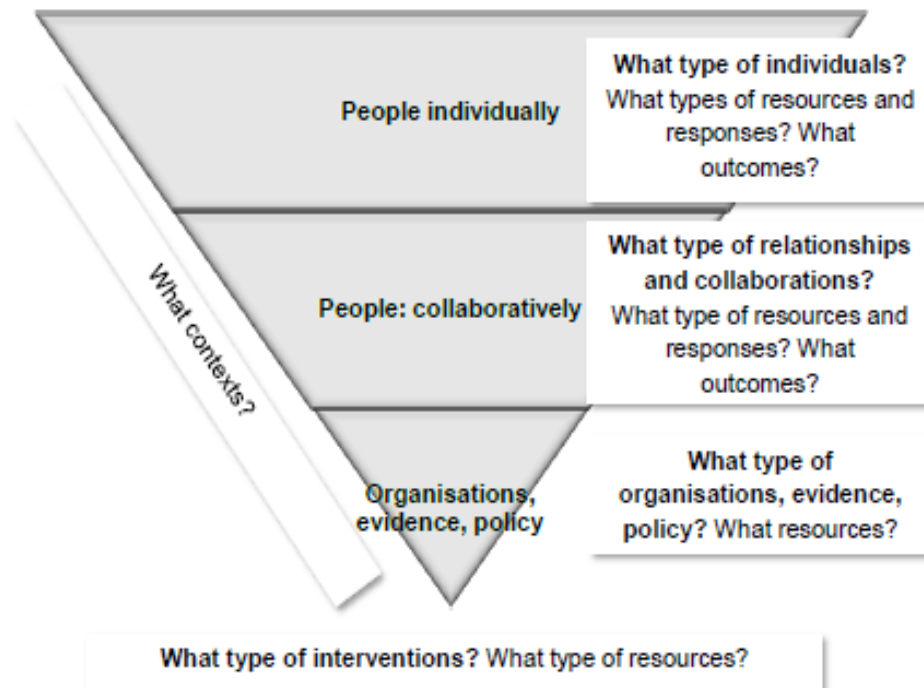
As with the initial programme theories, this work has required the researcher to review the Bid and source documents and mentoring definitions, noting elements associated with each part of the CMO, before being able to configure them in ways that clarify the essence of mentoring and the Mentoring Programme (after Colley, 2002, and Roberts, 2000, noted in section 8.2), as set out in Figure 6.3, overleaf.

Mechanisms: resources and responses

The mechanism is where the work gets done. Resources are identified at all levels but responses are associated with people, individually and collaboratively.

- **Resources:** at the individual level, mentor resources might include specialist as well as developmental mentoring experience and expertise, and in the less

Figure 6.3: Inverted hierarchy model: developing CMO configurations
(developed from Jagosh, 2017)



experienced mentee, their own experiential narrative, the story with which both the mentor and mentee become engaged through their relationship and conversations at an interpersonal level. At the institutional and infrastructural level (organisations, evidence, policy) resources might include new knowledge;

- **Responses:** highlighting the mentee, responses might include reflex, reasoning, reflection or reflexivity as a way of thinking and generating ideas, options and solutions as discussed in Chapter 2 and set out in Figure 2.6. The particular response might be determined by the issue being considered or an expression of the approach typically adopted by the mentee.

Contexts

These are the circumstances that can enable or inhibit responses. These might include mentor behaviours at the individual level such as being empathetic, and at the interpersonal, the circumstances associated with the mentor and mentee working together in a dyad such as support, trust and time. These characteristics may also extend to mentoring-informed developmental networks as they emerge, whether formal such as an action learning set or informal, such as a small group of practitioners discussing a similar interest to share their experiences and expertise, or collaborating on a change project. At an organisational level this might include Programme artefacts such as secondment opportunities and accreditation that enable people to participate. As stated

previously, for some, these may also be resources, perhaps when support and challenge is recognised as the opportunity that a mentee responded to in a way that moved them forward from an impasse.

Outcomes

These are the collective impacts for the individual, aligned with the intervention aims around learning, development and change, and defined in ways that would be meaningful to that person. Here, under the broad ‘transitions and changes’ umbrella noted above, these might include acquiring clinical skills, developing themselves as role models and leaders, building and sustaining working relationships and changing practice by committing to service outcomes that make a real difference.

Having listed the elements, Table 6.2 sets out these contexts, mechanisms and

Table 6.2: Initial CMO configurations: framework

Levels	Contexts	Mechanisms	Outcomes
Individual People individually	Mentor behaviours	Resources: Specialist and developmental mentoring experience and expertise (mentor) Experiential narrative (mentee)	Learning e.g. clinical skills Development e.g. becoming a role model or leader Change e.g. practice more outcome focused
		Responses: Reflex, reasoning, reflection, reflexive	
Interpersonal People collaboratively	Dyad e.g. support and trust, time Developmental networks	Resources: Mentoring relationship and conversations	
		Responses: Sharing experience	

Institutional / infrastructural Organisations, evidence, policy	Secondment opportunities Accreditation	New knowledge	
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outcomes by levels, in a way that enables the reader to consider, ‘what makes sense to me?’ This resonates with Pawson and Tilley’s statement regarding programme theories and attribution where the ‘action of a mechanism *makes sense* of the particular outcome pattern’ (2004, p.16), referred to in section 5.6.2.

This table could be written out as a series of possible configurations, such as in the security and space of the dyad, the mentoring relationship is where mentees and mentors share clinical experience and the mentee learns new practice skills (an individualised-experiential learning configuration) or, having the time, space and support to reflect on the breadth of the mentor’s experience and expertise enables the mentee to develop their identity as a leader (a role modelling configuration). Taking these as exemplars, they are mapped onto Table 6.3: the individualised-experiential learning configuration (solid line) and the role modelling configuration (dotted line).

Nonetheless, this leaves a number of questions unanswered. Some of these have been provoked by participant narratives in Chapter 4, on a continuum from those associated with people to those with artefacts. In terms of mechanisms these might include: what other resources do people bring, offer and engage with; what other learning, development and change resources are made available through mentoring experience and expertise; and what different responses do people make or learn to make? Turning to contexts, there are questions about the characteristics of individuals recruited to the Programme; what are the collaborative qualities of the formal and informal relationships created on the Programme; and what are the organisational contributions and engagement? Finally, in terms of outcomes and particularly with a more extended evaluation, what outcomes do people identify, initially and over time?

To answer these questions and having established initial programme theory and associated CMO configurations, the next chapter starts to build Table 6.2 into an evidence-informed CMO configuration framework from diverse sources. This starts with the literature on substantive theory.

Table 6.3: Mapped initial CMO configurations: exemplars

Levels	Contexts	Mechanisms	Outcomes
Individual People individually	Mentor behaviours	Specialist and developmental mentoring experience and expertise (mentor) Experiential narrative (mentee)	Learning e.g. clinical skills Development e.g. becoming a role model or leader Change e.g. practice more outcome focused
Interpersonal People collaboratively	Dyad e.g. support and trust, time Developmental networks	Reflection	
		Mentoring relationship and conversations Sharing experience	
Institutional / infrastructural Organisations, evidence, policy	Secondment opportunities Accreditation	New knowledge	

Chapter 7

Configuration framework building: choosing and using substantive theories (theory-primed)

7.1 Chapter overview

Informed by realist evaluation methodology, Chapter 6 established the initial programme theories and context, mechanism, outcome configurations (CMO's) for the intervention; mentoring as an intervention and an approach. The aim of the next two chapters is to build the initial CMO configuration from the literature into an evidence-informed CMO configuration framework that could be used to evaluate how mentoring works as an intervention and an approach. This is stage two of the research design.

This chapter explores the literature on substantive theory. Unlike programme theory, substantial theory is external to the Programme but generalisable to it, hence the term 'theory-primed' in the chapter title. Theories have been selected because they align with the Programme aims of learning, development and change, and because they contribute to understanding how the intervention might be expected to work. Some generate elements to be included in the CMO configuration framework, or revise some that are already there. Although the strength of association at this level is variable, some theories do however begin to evidence causal patterns between the elements identified within their scope.

Guided by the intervention's aims, this chapter starts by setting out the process by which theories were identified (7.2). It then continues with summaries of the three theories of choice: Bandura's Social Cognitive Theory (7.3), May's Normalisation Process Theory (7.4), and Lasker, Weiss and Miller's Theory of Partnership Synergy (7.5). It concludes by locating substantive theory in the research, theory-priming the CMO configuration framework (7.6).

This is stage two of the research design (section 1.7). This continues into the next chapter where the framework is further extended with evidence from the mentoring literature.

7.2 The process of theory review and identification

Substantive theory is referenced in section 5.6.2, confirming its location between programme theory and all-inclusive or comprehensive theory (after Merton, 1949). One

of the values of such theories is that they contain evidenced propositions that might explain how an intervention works and, because of their generalisability, such propositions do not have to be developed from scratch on each occasion as with programme theory.

The researcher's process of theory identification began with Pawson and Tilley's (1997) writing about the need to establish a 'common thread' in an evaluation 'traceable to the more abstract analytic framework' (p.124). In this research, the 'common thread' is a collaborative learning, development, change continuum, engaging people and practice and for this to be innovative and different.

There were five stages in this process, adding detail to the mapping of secondary data sources and sets in the research (see section 5.7 and Figure 5.1), and characterised by separate but cumulative decisions, derived from the experience of the Programme itself. Much of the detail was informed by Michie, writing in collaboration with others (such as in 2005, 2011) on the translation of psychological theory on behaviour change into evidence for practice.

Stage 1

The researcher began by reading Michie et al (2005) writing on behaviour change in healthcare professionals. Two particular elements stood out.

First, she noted the identification of twelve domains that explain behaviour change: knowledge; skills; social/professional role and identity; beliefs about capabilities; beliefs about consequences; motivation and goals; memory, attention and decision processes; environmental context and resources; social influences; emotional regulation; behavioural regulation; and nature of the behaviour (p.30). The researcher recognised these domains from her own training and practice. She could also readily associate them with the Programme as its Co-ordinator and believed these might inform the analysis and understanding of personal, individual and interpersonal contexts and mechanisms in the evaluation. This appeared to offer a valuable domain-based vocabulary to support configuration framework building.

Second, her attention was drawn to the three sets of associated psychological theories extrapolated from these domains (p.32):

- **personal motivation:** how people learn and develop the capacity to change their behaviour;
- **personal action:** how those who are committed to change behave differently; and
- **organisational change:** focusing on change at a system or organisational level.

The researcher could relate these to the intervention with its aims to enable behavioural change through individual and group learning and development, having both practice and personal dimensions.

Stage 2

In this next stage, the researcher reflected further on this formative learning-development-change (practice and person) continuum as a behavioural change opportunity. She did this informed by her reading of Michie's body of work, her own experience of the Programme and the participants' and stakeholders' experiential narratives she was beginning to collect. This enabled her to unpick the continuum by distinguishing two discrete areas which were nonetheless complementary, as they encompassed individual motivation, action and change in a social context: Learning and Change (practice) through which practitioners gain specialist knowledge and skills, and Development and Change (personal) linked to people's broader development:

- **Learning and Change (practice):** developing capacity, capability and mastery through instruction, experiential learning in a practice context and role modelling, linked primarily to work and career, engaging with teams, services and organisations:
 - new knowledge (cognition);
 - new skills (cognition and behaviour); and
 - new values, perspectives and motivations (affect).

For the researcher, this aligned primarily with the Programme's andragogic and heutagogic approaches to adult learning (Kenyon and Hase, 2001), increasingly led by the group and contributed to by sharing experience and expertise. 'Change' is included here as it specifically highlights the accommodation of new learning into day-to-day practice than merely achieving learning per se; and

- **Development and Change (personal):** realising individual potential, meaningful to them in their own context, through support and challenge within developmental relationships, involving conversational techniques and role modelling that lead to efficacy and agency, individually and together, with further personal, practice and career dimensions:
 - new values, perspectives and motivations (affect);
 - new knowledge and awareness (cognition, including reflection that links to affect); and
 - new resourcefulness and resilience (cognition, behaviour and affect).

These dimensions appeared to align more with mentoring, with its mentee-led agenda, but nonetheless contributing to further development of the mentor, internalised in both

individuals through reflection and insight, and externalised in the dyad and other formal and informal developmental networks within the Programme. Change here is about personal and interpersonal adaptation and accommodation of new cognitive, affective or behavioural potential in social contexts of choice.

These are key distinctions in the intervention within this study, separating yet linking aspects of the Mentoring Programme and mentoring with specialist workforce development, individually and collectively. At a personal level, each area engages any or all domains dynamically, fluctuating in significance and impact over time and in response to different opportunities or resources, and in different contexts.

However, the researcher felt there was a gap between these domains at a process level. Following her own learning from the Mentoring Programme based on Kolb's (1984) work on the 'divergent (concrete and reflective) factors in adaptation' (p.16) of which learning is the major process, and Argyris and Schön's (1974) work on single loop learning as problem solving and double loop learning as a broader, developmental process, the researcher believed that reflection was a key process situated between cognition, affect and behaviour, common to both practice and more so, personal development. Her own thinking about this in relation to the configurational interest in realist evaluation was that this would be a key part of the conscious or subconscious responses that initially alert the individual to a range of resources in an intervention and then, by engaging with and acknowledging the contextual factors of significance to them, leads to a further response that generates an outcome. This could be an immediate, proximal impact or occur distally, through further adaptations or new applied iterations in the longer term. This reflects the cyclic process identified earlier by the researcher in relation to the methodology (Table 5.3).

In order to capture this non-linear dynamic in complexity, the range of potential opportunities or resources and contexts in which this may occur and the link between each activity e.g. learning and the change associated with it, the researcher associated these terms in Table 7.1 as Learning and Change, and Development and Change.

Having established these two key areas, the researcher needed to choose a relevant substantial theory that would inform them and turned again to articles by Michie et al and the theories covered in each. As a result, the researcher identified Social Cognitive Theory (Bandura, 1989) in which he explores how people learn through observation, and role modelling in particular, but also instruction and social persuasion. Bandura goes beyond stimulus-response, acknowledging the way people are active agents in learning, development and change through the interaction of cognition and social factors in particular. Underpinning this, he identifies reciprocal potential between three key groups of factors: personal, behavioural and environmental, whose resonance contributes to the

development of human capabilities. At the higher level, these capabilities lead to mastery, self-efficacy and agency. This theory is therefore identified in Table 7.1:

Table 7.1: Theory identification: learning and development

Learning and Change (practice) (Bandura)
Development and Change (personal) (Bandura)

The key aspects of Bandura's theories relevant to this research are covered in section 7.3.

Stage 3

Inasmuch as the researcher felt that Bandura's theory was sufficient to encompass individual learning and development, including the complex micro level, individual and interpersonal changes resulting from them, it was insufficient to explore the translation of this learning and development into action and change, for example operationally, through the change projects that became part of the Mentoring Programme, or strategically, as participants actively sought out and exploited higher level opportunities to network and influence. This is where individuals would use their internal resources, both learned and developed, to implement interventions and effect change in more extended and challenging settings at institutional and infrastructural levels. The researcher's decision was to distinguish this translation-into-practice separately as Operational Change and Strategic Change. Focusing on identifying substantive theory for both, the researcher followed the same process as before, selecting Normalisation Process Theory (May and Finch, 2009) , noted in Table 7.2:

Table 7.2: Theory identification: learning and development, operational and strategic change

Learning and Change (practice) (Bandura)	Operational Change (May)
Development and Change (personal) (Bandura)	Strategic Change (May)

May's (2009a) work seeks to explain how 'new technologies, ways of acting, and ways of working become routinely embedded in everyday practice' (p.1). His writing on the implementation and integration of innovative change draws on a broader understanding of people's behaviours in complex settings, including circumstances that involve change or challenge, self-initiated or imposed. May identifies underpinning processes based on

specific individual and group work to define and differentiate new activity from what was happening previously; to commit to working differently; to invest effort in making it happen; and finally, to monitor how it is understood to operate. These are agentic processes and as such, may point to a link between his theory and Bandura's to be considered later.

The researcher chose not to include May's more recent development of this theory, Implementation Theory, preferring to work with the key principles established in Normalisation Process Theory on which there is also more extensive literature. The key aspects of May's original theory, relevant to this research are covered in section 7.4

Stage 4

Although the researcher was satisfied that Bandura's and May's theories met the stated aims of the intervention, she felt they failed to engage all the Programme aims and capture potential elements in a way that was dynamic or causal, reflecting what she had observed as Co-ordinator. She could conceive that each area in Table 7.2 might have its own context, mechanism, outcome configurations primed by each theorist's writings that could then be configured in relation to the data, but this did not answer her question about how this emerging model would reflect a more comprehensive, collaborative, integrated approach to specialist workforce development as she had experienced it. She could also conceive that this four box format represented activities that were conditionally or serially linked in that one activity or activities in combination would need to be in place to create the context, whether capacity or capability, knowledge, skills or values, for others to be fully activated. She did not feel it would be sufficient to state that the boundaries between each box would need to be porous for this to happen. There needed to be something more tangible, a bridge between what participants learned and the way they developed together within a shared vision, and how this would become active in delivering real operational and strategic change in practice. Two lines of thinking emerged.

First, there was resonance with the researcher's developing thinking on methodological issues and the way that CMO configurations might have within them proximal outcomes from one aspect or stage of an intervention which might become the context or mechanism for further cycles of linked configurations leading to distal, longer term outcomes. Having noted that agency was a shared concept within Bandura's and May's work, the researcher was able to relate this to participants' original feedback on their experiences. In this, many had acknowledged that they had become more confident and empowered during the Programme or as a result of the Programme. She felt that this might be a potentially significant proximal outcome from learning and development that went to the heart of the work to introduce, implement and embed new practices.

Individual and collective agency could conceivably be the bridge. She therefore incorporated it in a further revision of Table 7.2, as Table 7.3 below.

Second, agency alone did not fully account for what she felt was a powerful collaborative intent and gestalt-like property of the Programme, performing as a generative community of learning, practice and discovery. These characteristics permeated the group and extended to the relationships established with other practitioners, managers and academic experts locally who supported group learning and development through their particular expertise and experience. In the researcher's experience as Co-ordinator, these collaborative, resourceful partnerships had been a pivotal aspect of the way the group's diversity, expertise and collective motivation had enabled it to function effectively and innovatively, beyond what was conceived in the Bid or might have been anticipated from its individual membership. This warranted incorporation in the model.

At this time, she was fortunate to be present at a workshop discussion which referenced published research (Jagosh et al, 2012) that used Partnership Synergy (Lasker, Weiss and Miller, 2001) as its substantive theory. Initial reading of this article highlighted the need for collaboration in real world complexity and change to enable 'different people and organisations to support each other by leveraging, combining, and capitalising on their complementary strengths and capabilities' (p.180). Despite this being an American study, the underpinning health and social care drivers mirrored conditions in the England: rapid economic and technological change, including increasing specialisation reflected in greater differentiation amongst providers; a shared expectation that they would do more with less money; and a strong focus on outcomes although these might be influenced outwith the health and social care system. The response to this challenge, a proposed synergy of thinking and action would enable partners to do more than they might individually: 'the power to combine perspectives, resources and skills of a group of people and organisations' (p.183). This was immediately recognisable to the researcher. She had appreciated collaboration as a core characteristic of mentoring and an emergent and increasingly pervasive quality of the Mentoring Programme as it assimilated the values of a mentoring approach; the platform on which it was founded and subsequently evolved. It was also embedded in the group's work as a Reference Statement on Partnership Working (Appendix 2) that was readily translated into change projects. Based on further reading, she was able to locate Partnership Synergy as the missing aspect of this complex project. Accordingly, the revised table was set out with the addition of agency and partnership, presented overleaf:

Table 7.3: Theory identification: with agency and partnership (collaboration)

Learning and Change (practice) (Bandura)	Operational Change (May)
Individual and Collective Agency (Bandura, May)	
Development and Change (personal) (Bandura)	Strategic Change (May)
Partnership Synergy (Lasker, Weiss and Miller)	

Stage 5

Finally, to complete this work, the researcher considered the purpose of learning, development and change in this specialist workforce, individually and together, operational and strategic, with its agentic and partnership underpinnings. This was about the way the work in each area would make a difference, not just amongst those participating directly in the intervention but for and with those with whom they worked. Purposefully and overtly linking change to outcomes had been a theme in her facilitation of the Mentoring Programme and covered previously in this research, noted in section 3.4. Accordingly, Outcomes is the last element to be included in the final revision of the table (Table 7.4).

In order to apply this to this evaluation, it is necessary to clarify how substantive theory contributes to the understanding of these areas at their level of abstraction. This is done by identifying elements and links within the originator's accounts of them to build into the CMO configuration framework, making it theory-primed.

Whilst not intended as a lengthy, prescriptive treatise on the work of each theorist, and all the complexities within their writing, the following sections provide a summary of selected aspects of their work, highlighting concepts and vocabulary that contribute to elements and links for CMO configuration framework building to be added to those previously set out in Table 6.2. These are highlighted in the text in bold.

**Table 7.4: Theory identification: with outcomes:
the Mentoring Programme and mentoring: core aims and underpinning
principles**

Outcomes	
Learning and Change (practice) (Bandura)	Operational Change (May)
Individual and Collective Agency (Bandura, May)	
Development and Change (personal) (Bandura)	Strategic Change (May)
Partnership Synergy (Lasker, Weiss and Miller)	

7.3 Social Cognitive Theory-Social Learning Theory (Bandura)

This section draws on some of Bandura's extensive writing on theories of learning (1971) and cognitive development (1989), its application in a wider social environment (2001a, 2002) as well as agency (1992, 2000 and 2001b).

7.3.1 Learning and Development

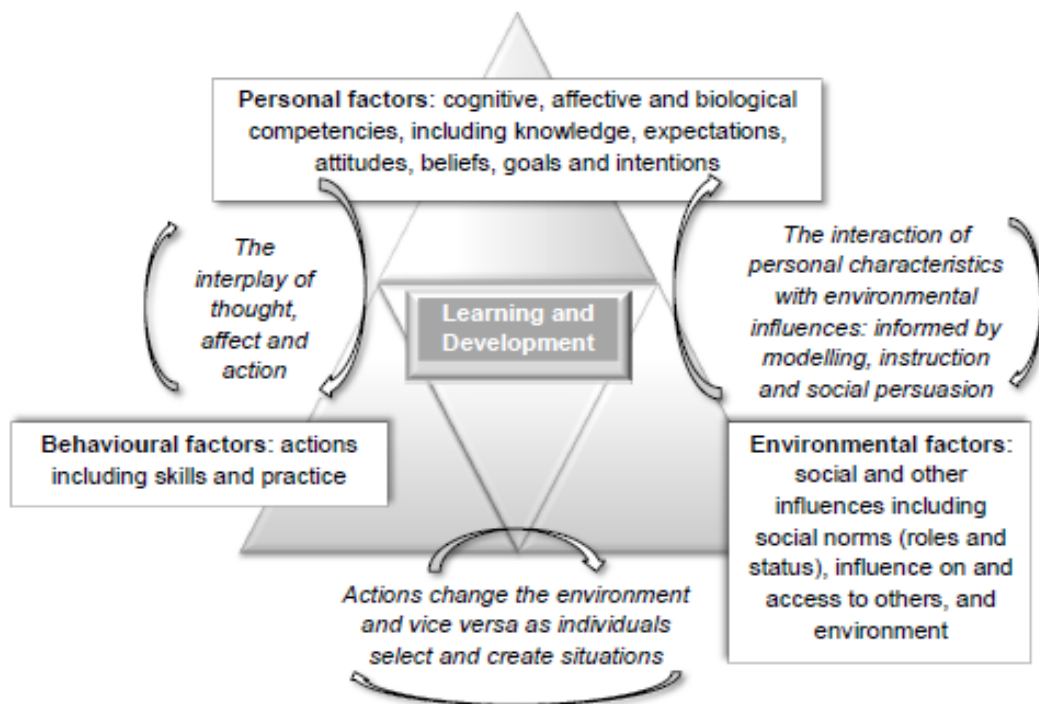
Both Social Learning Theory and Social Cognitive Theory, into which it evolved, focus on how people learn, develop and change their behaviour, cognitively-mediated and socially influenced or reinforced. People learn through their experiences but also by observing and interacting with others, mindful of both expectations and consequences. As an approach, this validates the principles of adult learning and development identified in the Bid and which emerged in the Mentoring Programme as a social learning environment, integrated with mentoring, one-to-one in dyads. With its social perspective, it also supports the individual and interpersonal focus in this evaluation. Based on the areas identified above (Table 7.4) this is translated into the CMO configuration framework at the level of individual, longer term or distal outcomes, as **learning and change / outcomes** and **development and change / outcomes**.

In these theories, Bandura attributes causality to the interplay of personal factors such as previous experience and attitudes; behavioural factors such as skills; and environmental factors including social norms and values. His dynamic perspective is

based on the 'complexity of human responsiveness' (1971, p.1) to possible combinations of factors in which 'varying the postulated determinants produces related changes in behaviour' (p.2). This dynamic interplay that resonates with concepts of causality in the methodology is termed 'triadic reciprocal determinism' and is illustrated below in Figure 7.1.

In this he also recognises the importance of reflection as a way of gaining understanding but also 'to evaluate and alter their own thinking' (1986, p.21). The significance of reflection has already been established (Figure 2.6). However, the researcher proposes to extend this element in the framework based on Bandura's identification of a broader range of 'personal factors' more aligned with her

**Figure 7.1: Causality in learning and development:
triadic reciprocal determinism (after Bandura, 1989, p.2)**



previous description of responses. Thus, reflection is revised to include **reflex, reasoning, reflection and reflexivity**, individual and shared, and therefore included at both individual and interpersonal levels. This revision raises the possibility that by engaging with particular mentoring resources, mentees might improve the quality of their responses to resources and opportunities and in doing so, create ways to improve the quality of outcomes. This would require mentors to hear or share in those thinking processes in order to challenge the mentee's persistent synergies of prior thinking, their personal processing algorithms that anticipate and then determine the same outcomes.

As a result, mentees might achieve some level of insight, a point of recognition and choice; a 'moment' (Megginson et al, 2006, p.29) where they understand what can be different and how. Based on this interpretation, the researcher intends to include **insight / moment** as an individual proximal outcome. For the researcher this justifies revising the framework, addressing participants' responses and an associated outcome by specifying them more clearly in the CMO configuration.

Bandura underpins his original Social Learning Theory with four additional concepts:

- **behavioural capability:** having the knowledge and skills to perform a behaviour;
- **observational learning:** by observing preferred or modelled behaviours in which role modelling, 'the influence of example' (p.5) leads to reproduction or matching of behaviours through four processes: attention, retention, reproduction and motivation;
- **expectations:** the anticipated consequences (personal) or perceived value of a behaviour (personal or environmental) largely based on previous experience that affects whether people choose to start to behave in a new way, do so for a limited time or persevere; and
- **reinforcements:** the 'informative feedback' (p.3), whether internal (personal) or external (environmental). Beyond stimulus-response, this is the way success is confirmed and failure avoided. It also determines the likelihood that behaviour will continue or not.

Reflecting on these concepts to the experience of mentoring in the Programme, mentors might be seen as enabling their mentees to identify their capacities and capabilities and supporting their enhancement as needed. They might also help them to make their expectations and the anticipated reinforcements that inform their thinking, decisions and actions explicit as they progress to improve the quality of their thinking. Based on trust, support and challenge in the relationship, the mentor can, for example test out the mentee's expectations as they encourage them to consider a range of possible occurrences and consequences that might be equally likely to happen, changing what they think about and how. These are considered to be accommodated in the element of **specialist and developmental mentoring experience and expertise (mentor)** already identified in Table 6.2.

However, reflecting further on Bandura's concepts, it is the way the mentor behaves as an **exemplar and role model**, and thus provides the influence of example, that accords more closely with the intention of the Bid and the Programme. This may be associated with specialist experience and expertise as a practitioner or with developmental mentoring. This warrants its inclusion as an additional element in the CMO configuration framework as an individual, mentor resource. Further, **motivation** in observational or

experiential learning is recognised by the researcher as an important context. It is discussed further in section 8.4.2, referencing the work of Ryan and Deci (2000). Drawing on Bandura's theory, these elements, **exemplar and role model** as well as **motivation** are being added to the CMO configuration framework.

Extending the dimensions of his work, Bandura states that people's insightful behaviours and foresight enable them to be active learners in anything from simple techniques to sophisticated behaviours embedded in more complex environments. In this way, they achieve mastery. Attainment secures a **belief of self-efficacy** that leads to agency, discussed next, expanding the understanding of this element within the Programme model (Figure 7.1).

Finally, Bandura states that 'most aspects of the environment do not operate as an influence until they are activated by the appropriate behaviour' (1989, p.4), and that 'it takes time for a causal factor to exert its influence and activate reciprocal influences' (p.3). Although the latter point is recognised in the iterations that occur as people engage with and respond to resources generated by interventions and move towards meaningful outcomes over time, illustrated Table 5.3, it also highlights the need to evaluate interventions over the longer term to be able to identify the fuller impact as it emerges.

7.3.2 Self-efficacy and Agency

Introduced in Social Cognitive Theory, Bandura (2000) describes these elements as follows:

Social cognitive theory adopts an agentic perspective in which individuals are producers of experiences and shapers of events. Among the mechanisms of human agency, none is more focal or pervading than the belief of personal efficacy. This core belief is the foundation of human agency. Unless people believe that they can produce desired effects and forestall undesired ones by their actions, they have little incentive to act (p.75).

Agency is defined as 'the intention to make things happen by one's actions' (2001b, p.2) and the belief that this will have an effect. It enables people to 'play a part in their self-development, adaptation and self-renewal' (p.2) so that their accomplishments 'give meaning, direction and satisfaction to their lives' (p.4). Referencing Bandura (2000), there are two types of agency relevant to this intervention:

- **personal:** when people choose to act for themselves; and
- **collective:** through 'interdependent effort' as 'an emergent group level property' (p.76).

Agency by proxy, Bandura's third type, may fall outside the more overtly agentic presumption in mentoring as this occurs when people do not see themselves as having influence or might seek to avoid the responsibilities of control by getting others to act on their behalf. Participation in mentoring may however enable mentees to acknowledge when and where this might be a conscious decision about how they choose to behave in a particular situation and the resulting implications and impact of that choice.

Agency impacts directly, influencing for example whether people think and act reactively or strategically, or when they make the decision to act, the amount of effort they apply and sustain and therefore what they achieve. It also has indirect effects such as influencing the strength of aspirations and expectations, positive and negative, mediated through perceptions of risk, and thus the choice of behaviour, from initiating change to adapting to it. This is not only relevant to individuals but also, secondary to 'the growing interdependence of human functioning' to collective action (p.2). For the researcher, these concepts of **belief of self-efficacy** and **personal and collective agency** are important elements in this evaluation, aligning with the generative, developmental intent of mentoring, individually and interpersonally, and particularly collective, collaborative agency. This is developed further in the discussion of other theorists' work in sections 7.4 and 7.5. However, at this stage the researcher has chosen to include belief in self-efficacy and agency as individual proximal outcomes, with agency also included as an interpersonal proximal outcome. In the way Bandura associates this with 'self-development, adaptation and self-renewal', these are believed to be foundational to the work that mentees and their mentors might undertake to achieve more specific learning and development changes / outcomes. However, they need to be acquired or confirmed through mentoring and hence their location as outcomes.

Finally, at a group level, Bandura states that apart from generating efficiency in group performance, 'a high sense of efficacy promotes a prosocial orientation characterized by co-operativeness, helpfulness, and sharing' (p.77). These **prosocial qualities and behaviours** appear to align with the collaborative intent of the Mentoring Programme, sought during recruitment and nurtured throughout, influencing group culture and the collective work effort. This element is therefore included as a revision to 'mentor behaviours' in the CMO configuration as an individual context.

The researcher believes that Bandura's work on belief of self-efficacy and the individual and group agency that emerges from it is an important aspect of his theory and, evidenced in the Programme in terms of her research, perhaps linking cycles within and between each area, as it expounds the existence and vitality of a 'multi-causal model that integrates sociocultural and personal determinants' (p.77):

A full understanding of human adaptation and change requires an integrating causal structure in which sociocultural influences operate through mechanisms of the self system to produce behavioural effects. However, in agentic transactions, the self system is not merely a conduit for external influences. The self is socially constituted but, by exercising self-influence, human agency operates generatively and proactively on social systems, not just reactively (ibid).

7.3.3 Initial CMO configuration framework: revisions and inclusions

Even at this higher level of abstraction, Bandura's theories validate the individual-interpersonal, social dimensions of adult learning and development, and the reciprocally causal factors that contribute to it. This aligns with the Bid, the methodology and the initial CMO configuration generated in Chapter 6 (Figure 6.2). Acknowledging the depth and breadth of Bandura's work, it provides a broad causal architecture for this evaluation associated with Learning and Change, as well as Development and Change. It has also enabled the researcher to add some key elements to the framework which are now evidence-informed, as well as extending the vocabulary available to her, sensitising her to nuances in the data that might reinforce existing elements and links or perhaps extend their interpretation.

The revisions and inclusions in Table 7.5 are being made to the initial CMO configuration framework, identified here by a 'B' that associates them with this source. In addition, the distal outcomes are now included using the language of the Programme aims and the model: Learning and change/ outcomes and Development and change / outcomes.

With this in place and moving forward to other theories, it is important to note that this evaluation research is also concerned with how practitioners, individually and as a specialist workforce deliver changes and improvements in practice at the meso and macro levels, institutionally and even infrastructurally. This is not covered by Bandura. Therefore, the researcher has turned to May's work to address these gaps and develop an evidence-informed understanding of Operational Change and Strategic Change areas and their associated activities.

7.4 Normalisation Process Theory (May)

Based on articles written between 2009 and 2013, this section explores May's Normalisation Process Theory and the way it explains how practice is changed by those involved. It draws on two key articles written by May and others (2009a, 2009b), as well as presentations (2010 and 2013). This section also considers May's perspective from his writing on Agency and Implementation (2012).

Table 7.5: Initial CMO configuration: revisions and inclusions after Bandura^B

	Revisions and inclusions
Contexts	Prosocial qualities and behaviours ^B (individual) Motivation ^B (individual)
Mechanisms	Resources: Exemplar and role model ^B (individual) Responses: Reflex, reasoning, reflection and reflexivity ^B (individual and interpersonal)
Proximal outcomes	Insight ^B (individual) Belief in self-efficacy ^B (individual) Agency ^B (individual and interpersonal)
Distal outcomes	Learning and change / outcomes (individual) Development and change / outcomes (individual)

7.4.1 Operational and Strategic Change

Normalisation Process Theory seeks to explain the structures and processes that bring about change. In this evaluation, this contributes to understanding the work associated with Operational and Strategic Change.

May is concerned with the social organisation of work to introduce new practices (structures), as well as the embedding work that makes these new practices routine and the integration work that then sustains them (processes). This occurs as individuals and groups are engaged along 'interaction chains... socially patterned points in time and space which are connected by the flow of social processes' (May and Finch, 2009, p.539), speaking directly to causality. This work is understood as:

material practices... the things people do to perform certain acts and meet specific goals... produced, reproduced and transformed in relatively formal settings, within an institutional or organisational framework, which are consciously composed and purposefully directed (ibid).

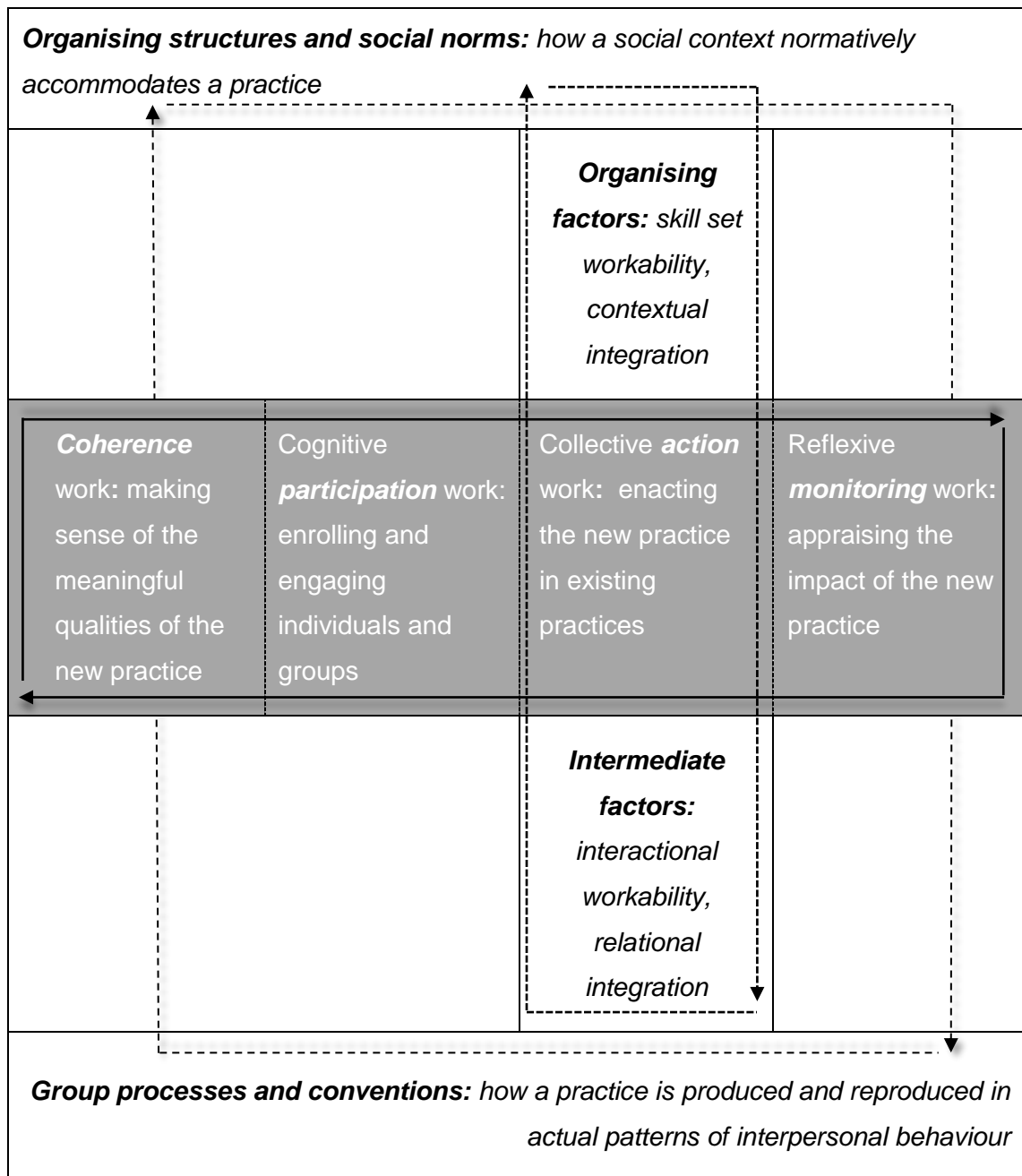
This resonates with the processes to initiate, implement and sustain the Mentoring Programme as an innovative change intervention, as well as with participants' change projects and other change initiatives they undertook with the support of other Programme participants and resources.

This theory has a complicated terminology, beyond what is needed in this evaluation. However, salient points have been summarised here to make the theory more accessible and therefore to be able appreciate and distinguish the simple, complicated and complex change activities associated with effecting change in the intervention. For the researcher, this helps her understand, post hoc, the work associated with the Programme, for example during the Bid Phase, the Develop and Deliver Phase and throughout the Adopt and Share Phase, or within it, the work participants did in response to new knowledge to bring about changes that would make a difference.

According to May, the structures and processes that support change delivery, including enabling what is new to become routine, encompass complex links or interactions between individuals and groups, the objects or means they use and the circumstances or contexts in which they operate. These are both complex and causal, moving across individual and interpersonal levels to the institutional and even infrastructural where this type of change might be initiated or delivered. May explores the way change is made to existing 'material practices' in social contexts, the latter characterised by emergence and plasticity. People work agentially, both individually and interpersonally, to introduce, embed and integrate these practices in their day-to-day work through action and reflection, over time and space. This process advances through 'generative mechanisms' underpinned by four areas of work, summarised in Figure 7.2. Each area answers a particular question, with associated attributes and language:

- **coherence:** 'what is the work?'. This is how the work is scoped and differentiated from what is already being done. This requires distinguishing the new from the old and attributing meaning to it. Useful language about the coherence mechanism includes distinguishing, collectively agreeing, and individually understanding and constructing potential value (May et al, 2010, Slide 17). For the researcher, this resonates with thinking processes and meaning-making;
- **cognitive participation:** 'who does the work?'. This is how the community of practice is built, along with securing endorsement of the new way of working, legitimising or validating people's involvement and contributions, and clarifying what they will do to sustain it. This requires commitment from those involved. Useful language about the cognitive participation mechanism includes initiating, agreeing, joining in and supporting (May et al, 2010, Slide 18);

Figure 7.2: Normalisation Process Theory as a model
(after May and Finch, 2009, p.541)



- **collective action:** ‘how does the work get done?’. This is how people change behaviours, reorganise relationships and artefacts such as new procedures. It involves ‘collective, purposeful action aimed at some goal’ (May and Finch, 2009, p.544). It requires collective, collaborative effort. Useful language about the collective action mechanism includes performing tasks, maintaining trust, allocating work and organisational support (May et al, 2010, Slide 19). For the researcher, this resonates with decision-action; and
- **reflexive monitoring:** ‘how is the work understood or evaluated?’. This is how judgements are made about the effectiveness and utility of what is now routine;

its impact. Useful language includes accessing information, assessing work individually and collectively, and modifying work as a result (May et al, 2010, Slide 20).

Within this figure, the 'mechanisms' as May and Finch define them are understood as stages of a process associated with complementary groups of activities that move from establishing purpose, to collaboration, action and finally evaluation. At this level, the researcher acknowledges this theory's value in bringing a different lens to the work that gets done within an intervention, by whom, influenced how and for what purpose; here relating to operational and strategic change. May's theory emphasises the importance of change interventions that overtly pursue aims beyond mere participation but are clearly orientated to actively achieving a purpose, specifying how the work within them contributes to this. In addition, and relevant to contexts, May identifies, first, organisational structures and social norms, and second, group processes and conventions that may facilitate or inhibit this process. They also identify specific factors that impact on 'action' (p.544). These are the 'intermediate factors' that include the knowledge and reinforcements that operate between people, artefacts and practice, identifying who incorporates the new practice, as well as the 'organising factors' which situate this work at an institutional level by, for example allocating work amongst staff and resourcing policies and procedures.

With reference to particular elements and revisions and inclusions from May's work, it is important to note that his use of the term 'mechanism' may not align with the specific definition associated with realist methodology. That accepted, several elements do translate into the initial CMO configuration framework. The researcher therefore proposes to include **meaning-making** and **decision-action** noted under coherence and collective action as individual responses, with a shared equivalent at the interpersonal level. Again, as part of collective action, May's **maintaining trust**, which may associate with the mentoring phase of 'building rapport' at the heart of the way mentoring relationships evolve (Megginson et al, 2006, p.19), is included as an interpersonal outcome, while **commitment to the process** is added as an interpersonal context. The researcher envisages this as the collective equivalent of individual motivation, already included.

This theory resonates with several aspects of the Mentoring Programme: from the Programme itself to participants' change projects that piloted new ways of working in practice, engaging their teams and services in working differently and making a difference. In addition, it strengthens the emerging model as a representation of the Programme in the way it complements and extends the micro level learning and development activities informed by Bandura (1989) that start with individual and group

learning, development and change, towards meso and macro level change, emerging from what people do both operationally and strategically. It points to the importance of being exposed to new knowledge about change opportunities or requirements and how change is then initiated, effected and embedded as a key resource in interventions that have an operational and strategic change agenda. This further validates the Mentoring Programme as the vessel for delivering such knowledge and the value of formal and informal opportunities to explore the learning that comes from it and the personal and practice development opportunities that might ensue through mentoring in the dyad and mentoring-informed conversations in topic-specific, informal networks.

So, turning to agency, how does May describe it within Normalisation Process Theory?

7.4.2 Agency

This section is largely based on May (2012) in which he describes the way individual beliefs, cognition and action are engaged as people work to effect change: ‘what people *do* – their agentic contributions to the social processes by which innovations are implemented, embedded and integrated in their social contexts’ (p.26). This puts agency at the heart of his work and extends the understanding of it established from Bandura (7.3.2).

May identifies individuals as agents of change, attempting to ‘impose order and direction on contending, conflicting, contingent, and sometimes very turbulent patterns of social action, and their distribution across social time and space’ (ibid). As well as working individually, May recognises the potential of purposeful collective action, the ‘agentic contributions of others that may modify, confound, or amplify their own’ (ibid) operating within the group’s culture, norms and rules. In terms of the Programme, this is interpreted as **collaborative agency** and included in the framework.

Agency is thus an aspect of the person and their behaviours which engages individuals and groups in ‘complex and non-linear’ relationships with the objects or practices possessed, accessed and used to ‘meet their goals and frame their identities’ (ibid). According to May, part of the role of agency is to reconcile the disparity between what is believed will happen at the outset and what actually happens during implementation. Agency is where the underpinning ‘generative mechanisms’ explored earlier, are acted on and made visible in what people choose to do to achieve what matters to them, through ‘investments in the meaning, commitment, effort and appraisal of innovations’ (p.27).

For the researcher, May’s theory informs her experience as Programme Co-ordinator. It draws attention to responses of meaning-making and decision-action in change implementation. It also confirms the need for individual and collective agentic capacity to

exist as proximal outcomes from learning and development activity in the Programme, as a context for engaging in operational and strategic change. In addition, it highlights the covert and overt processes in which some participants might have engaged and through which their behaviours might have changed; an agentic response to an opportunity to work differently and make a difference. The group's introduction to partnership working is an example of this. It began with their exposure to new knowledge in the form of evidence about the use and efficacy of experience-based design. This would have been followed by coherence, participation, action and monitoring work in the context of, amongst other factors, the processes and conventions, structures and norms of the group and their teams and services. This may reflect the way they made partnership working operational in their change projects. It changed their behaviours and led to working differently on their projects, more genuinely collaborative in ways that impacted for and with people accessing their services and those they engaged in service re-design. These change projects piloted the way to introduce, embed and integrate innovation in the group, their own practices, teams and services.

7.4.3 Initial CMO configuration framework: revisions and inclusions

This theory contributes to understanding the way operational and strategic change occurred in the Programme, and associated activity in both. It underscores that this happened in an adjunctive but significant process to the learning and development work in mentoring and the ways these might be understood, causally. However, it also begins to identify how mentoring might support the learning of new knowledge about change, and the process of applying this to practice and personal development. This might extend to exploring the way different types of mentoring-informed relationships and conversations might be invested in change processes to disturb the inevitable hierarchies and power structures that can become associated with inter-organisational or inter-practitioner projects, to make them more collaborative and developmental reflecting the way this was experienced through the Programme.

This theory also highlights the importance of new knowledge as a resource, here about the theory and practice of change, beyond the knowledge and skills of mentoring or clinical practice that were envisaged in the Bid. Accordingly, revisions and inclusions are made to the initial CMO configuration framework; increasingly theory-primed.

Finally, to conclude this exploration of substantive theory relevant to the Programme and this evaluation, attention turns to collaboration and partnership, and Partnership Synergy.

Table 7.6: Initial CMO configuration: revisions and inclusions after May^M

	Revisions and inclusions
Contexts	Commitment to the process ^M (interpersonal) Organisational support ^M (institutional)
Mechanisms	Responses: Meaning-making ^M (individual and interpersonal) Decision-action ^M (individual)
Proximal outcomes	Maintaining trust ^M (interpersonal) Agency ^M (individual and interpersonal)
Distal outcomes	Operational change / outcomes (institutional) Strategic change / outcomes (infrastructural)

7.5 Theory of Partnership Synergy (Lasker, Weiss and Miller)

The final theory is the work of Lasker, Weiss and Miller (2001), supported by further writing by Weiss, Anderson and Lasker (2002) and Lasker and Weiss (2003). These reflect the Programme's focus on collaborative working which originally developed from Arnstein's (1969) work on the Ladder of Citizen Participation discussed in section 3.3.

7.5.1 Partnership and collaboration

Partnership encompasses 'all types of collaboration' according to Weiss et al (2002, p.683) and partnership synergy, in seeking to explain how collaboration works, is identified as 'the power to combine the perspectives, resources and skills of a group of people and organisations' (Lasker et al, 2001, p.183). It is situated between what is already known about 'partnership functioning' i.e. how a partnership is set up and works through its membership, leadership, support and resources for example (p.182), and its 'effectiveness' i.e. what it achieves, such as plans, changes, satisfaction and sustainability. These are set out in Figure 7.7 below. It is 'the pathway through which partnership functioning influences partnership effectiveness... the mechanism that enables partnerships to accomplish more than individuals and organisations on their own can' (ibid). At its core, it is the 'primary characteristic of a successful collaborative process' (Weiss et al, 2002, p.684). These properties are woven through the accounts of intervention in previous chapters, captured in Figures 6.1 and identified in Tables 7.3 and 7.4, and validate the choice to locate it as a key element in this evaluation.

Table 7.7: Components of the Partnership Synergy Pathway

(after Lasker et al, 2001, pp. 188 and 189)

Partnership functioning dimensions that contribute to and strengthen the group, determining synergy	Partnership synergy	Partnership effectiveness (outcomes)
<p>Resources: money, space / equipment / goods, skills and expertise, information, connection to people / organisations / groups, endorsements, convening power</p> <p>Partner characteristics: heterogeneity, level of involvement / participation including benefit/risk perception, representative delegation</p> <p>Partner relationships: (challenging aspect): trust, respect, power differentials, conflict and challenge</p> <p>Partnership characteristics: structure, leadership, management and administration, communication, governance where working is more formalised, efficiency</p> <p>External environment: community characteristics, public and organisational policies</p>	<p>The product of group co-operation, combining the perspectives, resources and skills of a group of people and organisations through:</p> <ul style="list-style-type: none"> • thinking about goals, plans and action (creative, comprehensive, practical and transformative): meaning-making; and • behaviours / actions which are comprehensive, connected and anchored to the community of interest: decision-action 	<p>Improved indicators</p> <p>Stakeholder satisfaction</p> <p>Partnership sustainability</p> <p>Changes in programmes, policies and practices</p> <p>Quality of partnership plans</p> <p>Improved use, responsiveness and costs of services</p>

More than the exchange of resources, it is also characterised by the merging of 'perspectives, knowledge and skills' (ibid). This aligns with the interpersonal work on the Programme and mentoring, increasingly aligned with a mentoring approach. Thus, for the authors, working collaboratively in partnerships establishes the capacity to address complex problems in a sustained way, generating a functional, emancipatory advantage. Despite the fact that 'building effective partnerships is time-consuming, resource intensive, and very difficult' (ibid) and beset by delays before the benefits of partnership activities become evident, it is particularly suited to working in complex environments such as health and social care where interests are diverse, change is accelerating, demand increasing and resources limited. Such complex challenges require partnerships that bring people and organisations together to support 'leveraging, combining and capitalising on their complementary strengths and capabilities' (Lasker et al, 2001, p.180).

However, the caution about such partnerships is that they also have 'the potential to be destructive, particularly for weaker partners' (p.181).

For Lasker et al, partnership synergy is 'manifested in the thinking and actions that result from collaboration, and also in the relationship of partners to the broader community' (p.184). The 'thinking' advantage in synergy comes from creativity, comprehensiveness, practicality and transformation that enable participants to conceptualise problems and solutions in new ways through exposure to those who might operate under different assumptions and ways of working. The 'action' advantage is effected by both the similarities and differences of those involved and the broader and deeper understanding of complex issues they bring to their work. This combination of knowledge, skills and resources is what leads to breakthroughs (Lasker and Weiss, 2003, p.122). Translating this into the Programme and mentoring within it, this thinking and action advantage is reflected in the participants' individual and collective capacities to take a broader view in ambiguity and complexity, initiated by access to new knowledge and new combinations of knowledge. Initially envisaged as drawing only on the clinical knowledge and skills of the more experienced practitioners, an emergent and extended perspective on the Programme's purpose created the possibility of establishing it as a platform for all to contribute more equally, including those less experienced practitioners from different practice situations. For the researcher, this speaks to a synergistic advantage being created in the shared space where mentoring occurred, formally as an intervention or informally as an approach.

7.5.2 Leadership and agentic collaboration

According to Weiss et al 'leadership effectiveness [is] the dimension of functioning most closely related to partnership synergy' (2002, p.693), associated with diverse partner

engagement and creating the environment for productive interaction and meaningful participation. Within synergy, they identify particular behaviours associated with formal and informal leadership, including taking responsibility for the partnership; inspiring, motivating and empowering partners; working to develop a common partnership language; fostering respect, trust, inclusiveness and openness; creating an environment where differences of opinion can be voiced; resolving conflict; combining partners' perspectives, resources and skills; and helping the partnership to look at things differently and to be creative (p.688-689).

These leadership attributes facilitate partnership effectiveness by enabling productive interactions amongst those involved, bridging diverse cultures, sharing power and enabling open dialogue, while revealing and challenging assumptions that limit thinking and action. Leaders therefore need to 'understand and appreciate partners' different perspectives, and empower them while performing boundary-spanning functions' (p.693). Lasker et al (2001) endorse this, including the need to 'foster respect, trust, inclusiveness and openness amongst partners; create an environment in which differences of opinion can be voiced; and successfully manage conflict amongst partners' (p.194).

In the Programme, in mentoring and in this evaluation, the intention has been to avoid top-down hierarchy and indeed invert it (Figure 6.1). Thus the concept of leadership appears alien. Avoiding a lengthy discussion of this issue, the researcher's position is therefore to acknowledge the characteristics of leadership noted above but to do so in a way that interprets them within parameters defined by partnership or collaboration and therefore more synergistic principles. Reflecting other theorists' engagement with the term agency noted earlier in this chapter relevant to this Programme and the evaluation, leadership is subsumed under the term **agency** as an individual element with the addition of **agentic collaboration** as its interpersonal equivalent, as described by Spender (2011). He defines agency as 'the difference we make in the world, intentionally rather than by accident' (p.5), bridging reason and imagination. In conjunction with this, he notes the social dimensions of individuals as 'inherently social and collaborative' (p.8) such that: 'human organisation springs from and demands agentic collaboration, it is its raison d'être as well as its strength... that is why man's imagination becomes harnessed to the process of changing the human condition' (p.10). Organisations are seen as an artefact and 'powerful instrument' (p.10), containing 'specifically constructed and bounded agentic spaces and collaborative practices' (p.11). Spender proposes that organisations become reconstructed from being 'an apparatus which harnesses people's rationality to the organisation's purposes and moves towards being also an apparatus for harnessing people's agency' (p.6).

For the purpose of this research, organisation is perceived not just as a structure but a process, effected in the Programme and in mentoring. Therefore here, **agentic collaboration** is about recognising the agency of self and enabling the agency in others, a manifestation of many of the characteristics noted above. As with agency described by Bandura and May, this may not exist per se but may come into existence through the work that gets done. Therefore, it is included in the CMO configuration framework as a proximal outcome, being achieved and then applied as context to further purposeful work.

7.5.3 Initial CMO configuration framework: revisions and inclusions

The theory of Partnership Synergy makes a valuable contribution to understanding and working with the concepts of partnership and collaboration as enacted through the Mentoring Programme and mentoring within it. It gives due prominence and substance to these key aspects of the intervention. With its particularly accessible structure and vocabulary, it is readily translatable to the intervention and this evaluation. Based on the above, the following revisions and inclusions are made to the initial CMO configuration framework.

Table 7.8: Initial CMO configuration framework: revisions and inclusions after Lasker et al^L

	Revisions and inclusions
Mechanisms	<p>Resources: Broad view, making links in ambiguity and complexity^L (individual)</p> <p>Responses: Meaning-making^L (individual and interpersonal) Decision-action^L (individual and interpersonal)</p>
Proximal outcomes	Agency ^L (individual) and Agentic collaboration ^L (interpersonal)

7.6 Substantive theory in the research: configuration framework building (theory-primed)

The aim of this chapter has been to build on the initial CMO configuration framework from the literature, in this case from that relating to substantive theory, and thus to develop it, evidence-informed. Building on elements identified in Table 6.2, designated with an ^O, revisions and inclusions are shown on Table 7.9 (overleaf), referencing the

sources: Bandura^B, May^M or Lasker et al^L, including some that are referred to by several sources: the thinking cluster associated with individual and interpersonal resources generated collectively, as well as agency and agentic collaboration as proximal outcomes.

Reflecting on this process of working with substantive theory, the researcher acknowledges what it has enabled her to do in three related areas:

- **validation:** it has extended her understanding of key theories in ways that are attuned to her field of interest and in doing so, added to her appreciation of the Programme and mentoring within it, albeit in generalised terms;
- **provocation and clarification:** it has challenged her vocabulary and knowledge of key elements and the way they might be applied in this evaluation, enabling her to begin to address them in the research process, for example, the dimensions of agency and agentic collaboration; and
- **contribution:** it has evidenced some elements and their links, although she would emphasise that this has been to a limited degree, as noted above.

This has endorsed the researcher's view that the contribution of substantive theory at this stage has been to prime the CMO configuration framework and that populating it is best achieved through a review of the mentoring literature. This follows in Chapter 8.

Table 7.9: Revised CMO configuration framework: theory-primed

Levels	Contexts	Mechanisms	Outcomes
Individual People individually	Prosocial qualities and behaviours ^B Motivation ^B	Resources: Specialist and developmental mentoring experience and expertise (mentor) ^O Experiential narrative (mentee) ^O Role model ^B Broad view, making links in ambiguity and complexity ^L Responses: Reflex, reasoning, reflection, reflexivity ^{O, B} Meaning-making ^{M, L} Decision-action ^{M, L}	Proximal outcomes: Insight ^B Agency ^{B, M, L} Distal outcomes: Learning and change Development and change
Interpersonal People collaboratively	Commitment to the process ^M Dyad e.g. support and trust, time ^O Developmental networks ^O	Resources: Sharing experience ^O Mentoring relationship and conversations ^O Responses: Shared reflex, reasoning, reflection, reflexive ^O Shared meaning-making ^{M, L} Shared decision-action ^{M, L}	Proximal outcomes: Agentic collaboration ^{B, M, L} Maintaining trust ^M
Institutional / infrastructural Organisations, evidence, policy	Secondment opportunities ^O Accreditation ^O Organisational support ^M	New knowledge ^O	Distal outcomes: Operational change Strategic change

Chapter 8

Configuration framework building: reviewing the mentoring literature (literature-populated)

8.1 Chapter overview

Following the principles and process of the methodology, the aim of this and the previous chapter is to build the initial CMO configuration framework from the literature that can be used to evaluate how mentoring works as an intervention and an approach, evidence-informed. This continues stage two of the research design.

Chapter 7 provided a theory-primed perspective on the intervention aims of learning and change, development and change, and operational and strategic change that are both collaboratively generated and anchored to outcomes. In addition, the appreciation of agency and collaboration were enhanced. As a result, some revisions and inclusions were made to the initial CMO configuration framework. This chapter follows a similar process, on this occasion by reviewing the mentoring literature.

The chapter starts by setting out the process by which relevant literature was identified and reviewed (8.2). It then revisits the model of mentoring in specialist workforce development from Chapter 2, restating the model descriptor and initial programme theories (8.3). Acknowledging the poverty of theory on how mentoring works, the next section reviews the mentoring literature to identify elements and links from mentoring definitions and descriptions (8.4). New inclusions, revisions and in some cases explanatory dimensions are added to elaborate elements identified previously, while pointing to possible causal links between them. A number of 'outliers' are included in the next section that are practice-derived and associated with quality mentoring (8.5). The chapter concludes by consolidating the inclusions and revisions in the CMO configuration framework, making it theory-primed and literature-populated (8.6).

Before this study moves forward into stage three of the research design and the evaluation of the intervention in Chapter 10 using the revised CMO configuration framework, Chapter 9 brings an expert perspective on developmental mentoring to this research.

8.2 The process of literature review and identification

This part of the research involves a review of the mentoring literature, highlighted in the mapping of secondary data sources and sets in the research (see section 5.7 and Figure

5.1). It is a pragmatic review of the mentoring literature which has been informed by realist methodology's focus on understanding how interventions work, purposefully seeking out explanations of causality in complexity. It does not purport to be a realist review as described in section 5.5.2. It has not been undertaken with the precise terms a review (Wong et al, 2014), nor is it being reported under the associated publication standards (Wong et al, 2013).

Thus the approach to this realist-informed literature review has been to identify elements and links that occur consistently, inferring causality; have relevance, by contributing to theory building, as well as rigour in that the 'method to generate that particular piece of data is creditable and trustworthy' (Wong et al, 2014, p.8); and has resonance with the experience of the intervention as expressed by stakeholders and participants, as well as the knowledge of the Co-ordinator.

To meet the needs of this evaluation, the search has been restricted to the developmental mentoring literature which appears to be a relatively underused but potentially rich resource for programme theory generation (Bozeman and Feeney, 2007). Referencing the amount of writing on the topic, they provide a succinct commentary on this situation, reflecting that despite 'the publication of hundreds of studies... findings are abundant, explanations are not' (p.720). They also note that 'more than a few researchers fail to even provide a definition of mentoring [*and thus*] conceptual development of mentoring has for some time been stunted' (p.721). Despite these limitations, the needs of this research are met within this search boundary.

Some sources were identified through the researcher's initial reading on developmental mentoring and particularly the substantial body of work from Clutterbuck, Garvey and Megginson in various combinations and collaborations, as leading academics, writers and practitioners in mentoring in the UK. This includes Clutterbuck (2004) *Everyone Needs a Mentor: Fostering talent in your organisation*: the formative text on mentoring in the UK updated from its first edition in 1985; Megginson et al (2006) *Mentoring in Action*: a seminal text and particularly Chapter 1, introducing the Mentoring Framework (p.4); and Garvey (2014) *The Fundamentals of Coaching and Mentoring*: an extensive resource, enriched by contributions from a diverse range of authors. This has been augmented with other texts such as Daloz's (2012) elegant writing on adult learners, Pawson's (2004) realist synthesis of mentoring relationships as an intervention and Ragins and Kram's (2007) writing on mentoring at work. Despite having read widely, the researcher acknowledges the core contribution from Clutterbuck's, Garvey's and Megginson's well recognised body of work. It illuminates both theory and practice, in some texts by accessing other authors' writing on mentoring thereby enriching them as a resource. In addition, and fortuitously, all three individuals generously made

themselves available for interview, reported Chapter 9. This has enabled the researcher to engage directly with the way these key individuals' experience and breadth of knowledge has informed the central research issue, how mentoring works, and their current thinking on it.

Articles on mentoring were sourced through on-line searches for 'developmental mentoring', 'mentoring theory' and 'mentoring in workforce development'. From these, three articles in particular are noted here. Despite their promising titles, two articles, Bozeman and Feeney (2007) *Theory of Mentoring* and Scandura and Pelligrini (2007) *Workplace mentoring: theoretical approaches and methodological issues*, focus more on how mentoring is done rather than how it works, consolidating practice than identifying causality. However, Dominguez and Hager (2013) provide a synthesis of mentoring's theoretical underpinnings and in so doing identify the way mentoring is understood in relation to learning theories (p.175 and Table II, p.177) and developmental theories (p.173 and Table I, p.174). Although they do not reference Bandura, they do cite Social Learning Theory (p.176). Their tables of theories highlight components and contributions to mentoring, adding to the vocabulary of elements.

This pragmatic research strategy enabled the researcher to identify some particularly valuable articles such as those noted in the previous paragraph, amongst others. In addition, they then provided a route to further resources by following up relevant references and bibliographies. Finally, the researcher sought guidance from the mentoring experts whose interviews are reported in Chapter 9, to identify texts and articles that they considered contribute most to a causal explanation of the way mentoring works, based on their extensive experience in this field.

The researcher can confirm that in describing and explaining how developmental mentoring is done, fortuitously, many authors have also pointed to chains of events, precursors and consequences that infer causality. Where these resonate with the researcher's experience of the Programme and knowledge of the data presented so far in the research, she infers a potential causal link.

This is not an exhaustive literature review, searching out all sources, but a pragmatic one intended to distinguish mentoring's 'essence and appearance' (Colley, 2002, p.5). Roberts citing Wittgenstein (2000, p.145) articulates this issue of purpose and 'whether the puzzles one is faced with require *information* (more facts) or require *clarification* (sorting out)'. At this stage of the research, the intention is to address the issue of 'clarification'. Theorising and configuring are establishing a better understanding of 'essence'.

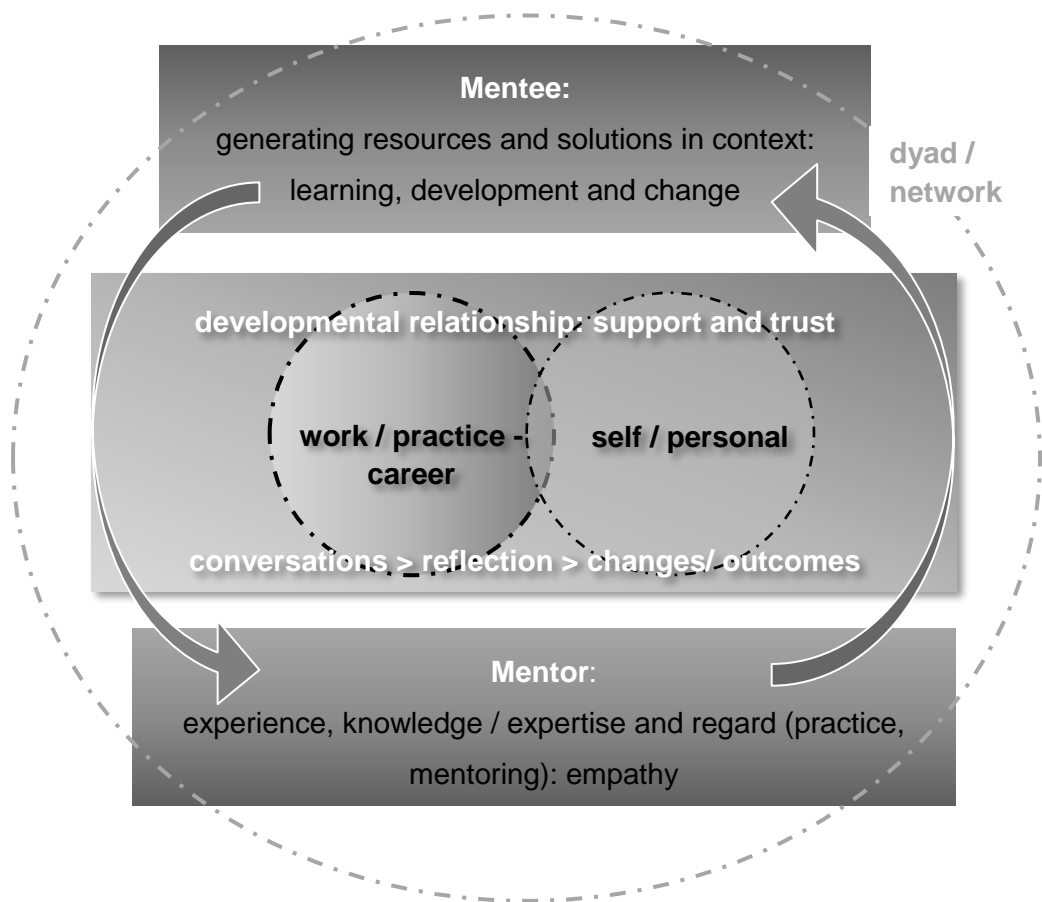
The mentoring literature has contributed directly to CMO configuration framework

building and clarification, and findings are presented in section 8.4 below. However, this is briefly preceded by revisiting some of the work on mentoring definitions undertaken earlier in the research.

8.3 Revisiting mentoring in specialist workforce development

In Chapter 2, the researcher analysed a small number of developmental mentoring definitions from which she was able to set out a model (Figure 2.2). Re-presented here, Figure 8.1 amends this to reflect the language of the Programme, replacing the phrase ‘work / professional’ with ‘work / practice – career’ as well as including ‘network’ with

**Figure 8.1: Developmental mentoring model:
definition-sourced elements (revised)**



dyad, acknowledging the way mentoring can occur in a group setting. As stated previously, the researcher believes it highlights the core qualities of mentoring as ‘reflective change conversations in a developmental alliance’ (section 2.4.2).

For clarification, the model descriptor, along with the initial programme theories are presented in Table 8.1, highlighting the evolution of one to the other, filtered through the Bid and mentoring definitions.

**Table 8.1: Mentoring in specialist workforce development:
model descriptor and initial programme theories**

Chapter	Detail
Chapter 2 section 2.4	<p>Describing the model from definitions (Figure 2.2, revised Figure 8.1)</p> <p>Within the setting of the dyad, the mentor and mentee have particular contributions to make; the mentor offers expert and experiential resources and personal qualities, and the mentee on whom mentoring centres contributes their generative potential and motivation to learn, develop and change. This is the focus of their work together, individually as mentee and mentor, and interpersonally in whatever they establish mentoring to be for them e.g. a space and time out, collaboration, developmental goals. It is enacted in the context of a trust relationship, expressed through conversations that enable reflection and as a result, the achievement of changes and outcomes that are personally defined and meaningful to the mentee.</p>
Chapter 6 section 6.41	<p>Initial programme theory</p> <p>Mentoring as an approach in the Mentoring Programme</p> <p>If a diverse group of specialist practitioners participate in and collaborate on a clinically orientated Mentoring Programme that uses a mentoring approach to accommodate their individual learning and development then they will increase individual and collective capacity and capability by acquiring clinical skills through others' experience and expertise, developing themselves as role models and leaders, building and sustaining working relationships that break down barriers, and committing to service outcomes that make a real difference.</p>
Chapter 6 section 6.41	<p>Initial programme Theory</p> <p>Mentoring as an intervention</p> <p>If a mentor and mentee establish a trust-based, developmental relationship through conversations, so that mentee is supported in a mentoring process by the mentor's experience and expertise to reflect on their own thinking and ideas then they will generate their own resources and solutions to make key transitions in their learning and development, both personal and professional.</p>

Although elements and tentative links that may contribute to the CMO configuration framework have been identified in Chapter 7 from substantive theory, the sections that follow extend the evidence-informed contribution to this process.

8.4 Elements and links in definitions and descriptions of mentoring

The researcher reviewed definitions and descriptions in selected literature that reflect the scope of this evaluation to add clarity from a range of perspectives that come from practice and research, some complementary and some contrasting. The results of this are presented next, some elements added as inclusions to those identified in Table 7.9 and some as revisions. In this latter case, these involve either re-titling the element to make it more precise, adding material that amplifies the dimensions associated with that element and therefore how it might be understood or, where possible, highlighting emerging links from one element to another to reflect a step-wise understanding of causality, nonetheless partial.

Bozeman and Feeney (2007) provide a valuable summary of mentoring definitions (p.723, Table 1). These broadly align with those cited in Chapter 2 and the elements already identified in previous chapters. However, the authors also note that there is generally a lack of 'careful causal explanation' about how mentoring works in the literature (p.719). In part, they attribute this to 'avoiding troublesome conceptual and analytical problems [*due to*] the difficulty of using existing research and theory to answer fundamental questions about mentoring' (p.720). This evaluation is addressing these difficulties.

In terms of making potential links, Ragins and Kram (2007) is a particularly useful text, and within it the figures set out by Fletcher and Ragins in their Relational Cultural Theory Model of Relational Mentoring (p.380); Hall and Chandler, mapping Developmental Networks and Career Learning Cycles (p.477); and Kalbfleisch, capturing Mentoring Enactment Theory from the Perspective of Mentor and Protégé (p.502). In general, these appear to substantiate inferences made in the previous chapter.

Elements are presented below as proposed revisions or inclusions and, for the sake of clarity and convenience, grouped under contexts (8.4.1), mechanisms, as resources and responses (8.4.2) or outcomes (8.4.3), summarised in section 8.4.4. The section that follows (8.4.5) presents 'outliers' which are process-specific relating to levels and phases. They are noted separately as the reasoning for their inclusion has been generated by the researcher, informed by her experience of the Programme and increasing confidence in the patterning associated with the emerging CMO configuration framework and therefore the 'sense' behind their inclusion at this stage. However, it is to be remembered that all elements noted in these sections are provisional and further,

that they are part of 'configurations not catalogues' (Pawson and Manzano-Santaella, 2012, p.183). To assure this, they are finally built into the revised CMO configuration framework at the end of the chapter, numbered in sequence so they can be referenced to authors and sources. This final step makes this revised version of the CMO configuration framework both theory-primed and literature-populated.

Contexts

8.4.1 A revision of individual prosocial qualities and behaviours to **Prosocial, adaptable, congruent qualities and behaviours**¹: Scandura and Pelligrini's (2007) writing on workplace mentoring highlight the significance of 'personality characteristics [as] antecedents to effective mentoring relationships [associated with] personality and other individual differences' (p.19). The researcher notes the term 'antecedents' as validation of her decision to locate this element as a context. They consider the way dimensions of this element might influence the mentoring relationship, identifying for example, extraversion and Type A personality (citing Aryee, Lo and Kang, 1999), the need for affiliation and achievement (citing Fagenson, 1992) and attachment behaviours linked to issues of dependency and counter-dependency where the mentor enables the development of an 'interdependent stance (secure attachment) within an effective mentoring relationship' (2007, p.19).

Adding to the understanding of dimensions of prosocial qualities, Hall and Chandler (2007) identify the 'protean career orientation' which they explain as 'a proactive stance toward the career characterized by self-direction and a strong concern for acting on one's values' (p.479). This may also point to motivation as a separate element. Boyatzis (2007) appears to associate these with the quality of 'compassion [*which*] incorporates the desire to reach out and help others' (p.452), evident in three integrated dimensions, all of which must be present:

- empathy or understanding the feelings of others;
- caring for the other person (e.g. affiliative arousal); and
- willingness to act in response to the person's feelings.

Cherniss (2007) describes the element of **adaptability** which is now included here as including capabilities in problem solving, reality testing and flexibility (p.429). This same element is identified by Boyatzis' (op cit) in his Theory of Intentional Change through which adaptability is demonstrated in five 'discovery' processes associated with a mentoring-type relationship, beginning with what the mentee wants or desires (ideal self); recognising the 'real self' with strengths and gaps; setting a learning agenda to build on those strengths while gaps are reduced; and experimenting with new behaviours and 'practicing to mastery'. All are centred on the discovery of 'trusting relationships that help,

support, and encourage each step in the process' (p.451). As an adjunct to this, Hall and Chandler (op cit) note that 'supportive relationships and personal flexibility' (p.472) or adaptability are important in making progress. Significantly, Boyatzis (op cit) also confirms from a study he conducted that participants noted that their 'increase in self-confidence was due to an increase in the confidence to change' (p.463), possibly linking adaptability with belief in self efficacy and agency.

In terms of the Programme, participants were recruited, in part, because of their prosocial and adaptable qualities and behaviours, linked to their capacity to cope with change and uncertainty, and the congruence of such qualities and behaviours across their practitioner and personal selves. In addition, motivation was also included. This is already present in the CMO configuration framework as a separate element. The Programme involved modules that offered opportunities to augment their awareness of these attributes in themselves and others as foundations for development and collaborative change:

- **emotional intelligence:** self-awareness, self-management, social awareness and relationship management (Goleman, 2001, p.2) which Cherniss (op cit) identifies in both the mentor and mentee as a key influence on the quality of mentoring and subsequent social and emotional competence (p.432), despite the presence of undermining qualities and behaviours such as ambivalence:

it often is emotional intelligence that enables mentors or protégés to develop positive mentoring relationships even when they possess personality traits that might be inhibiting. Emotional intelligence encompasses those abilities that enable one to be aware of one's underlying personality traits and to assess the degree to which they might impede desirable action. It also is emotional intelligence that enables one to use this knowledge to modify one's behaviour and to act in ways that run counter to those underlying personality traits (p.437);
- **Neuro-Linguistic Programming (NLP):** communication and personal development linking internal experience with language use and behaviour in self and others (Bandler and Grinder, 1975); and
- **Myers-Briggs Type Indicators (MBTI):** an evaluation tool to assess personality linked to Jungian theory, based on aspects of **Extraversion-Intraversion** - where people focus their attention: outwardly to people and things or inwardly to their own ideas and impressions; **Sensing-iNtuition** - the way people take in information: sensing the immediate or big pictures and future possibilities; **Thinking-Feeling** - decision making: objectively or subjectively; and **Judging-**

Perceiving - dealing with the outer world: preferring organisation and resolution as opposed to flexibility, options and spontaneity so that they are identified with each e.g. ENFJ: extraversion, intuition, feeling, judging (Myers Briggs and Myers, 1995).

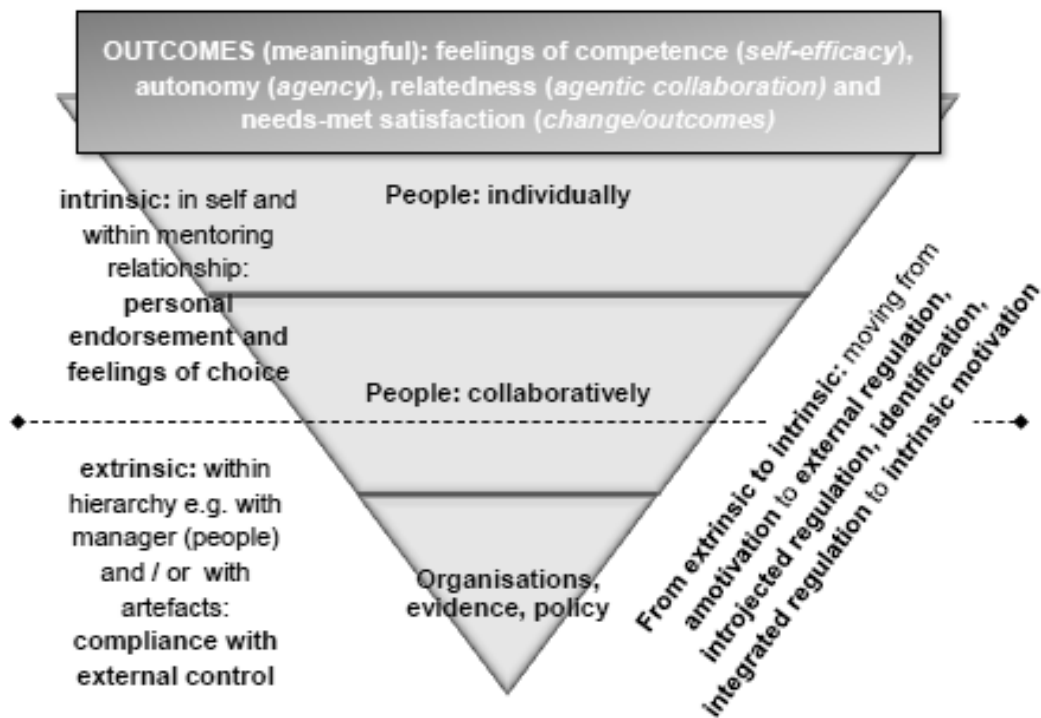
This validates the identification of personality and motivation as relevant individual enabling contexts that might empower participants to respond positively and effectively to resources offered in the Programme and mentoring.

Finally, the researcher acknowledges that in as much as the presence of these contexts might be identified as enablers, the lack of any of them might have an inhibitory effect on the responses of some individuals. To prevent the table becoming unwieldy, this is noted here in the text rather than repeating each element in the context column. Nonetheless, there are two inhibitors the researcher has chosen to include; the first, ambivalence noted here and the second, hierarchy noted below in relation to the dyad or network (8.4.4). With reference to ambivalence, despite participants being selected because of their prosocial qualities, this would not preclude them experiencing it, perhaps as a result of external circumstances, affecting their responses to particular aspects of the Programme. Equally, they may have a sense of impasse or ambivalence in terms of translating their intentions or plans into their own their situation at work, preventing them from bringing about changes in their practice or service. **Ambivalence^x** is therefore included as an inhibiting context, denoted with an ^x.

8.4.2 A revision of Motivation to **Intrinsic Motivation²**: as an individual context, reflecting the way people are 'moved to do something' (Ryan and Deci, 2000, p.54), albeit in different ways. This was originally identified in Michie et al (2005) and noted in section 7.2. Motivation is recognised as intrinsic or extrinsic: in the former, it is associated with a feeling of control being with the individual, having choice and yielding satisfaction: 'doing something because it is inherently interesting or enjoyable... resulting in high quality learning and creativity' (2000, p.55); and in the latter, it is associated with a feeling of control from the outside being impersonal or where issue lacks relevance yet demands compliance: 'doing something because it leads to a separable outcome' (ibid).

Ryan and Deci set out a full taxonomy of human motivation (p.61-62), pointing to support and facilitation as 'processes through which extrinsically motivated behaviours become more self-determined' (p.65), strengthening the move toward internal motivation, illustrated in Figure 8.2 and explained below:

**Figure 8.2: Inverted hierarchy model:
motivation, extrinsic to intrinsic (developed from Ryan and Deci, 2000, p.61)**



As a process, this starts with extrinsic motivation:

- amotivation (external): lacking an intention to act because of not valuing an activity, not feeling competent or not believing that it will lead to a preferred or meaningful outcome; to
- external regulation (external): behaviours are performed to satisfy external demands or rewards; to
- introjected regulation (internal): behaviours are 'driven' to maintain self-esteem by avoiding guilt or anxiety or sustain pride; to
- identification (internal): the personal importance of a behaviour is subsumed by the person as their own; and to
- integrated regulation (internal): 'self-examination and bringing new regulations into congruence with one's other values and needs' .

The next level in the process is intrinsic motivation.

Although the authors use the term 'regulations' in their description, the researcher would include the assimilation of new knowledge or new ways of learning or working in this, including accommodating a more collaborative, outcome-focused approach in relationships and conversations and how mentoring might work as an intervention and an approach to support this move from what is external to internal.

For the researcher this resonates with the participants' recruitment process, identifying their motivations for taking part in a Programme that might bring about personal and other changes as a result. It also contributes to understanding the way external motivators such as new knowledge about policy provided as a Programme resource might have been processed and responded to in order to be accommodated internally, meaningful to participants' own situations.

8.4.3 A revision from interpersonal Commitment to the Process to **Belief, commitment to and investment in the mentoring process, relationship and conversations**³: this is a revision of the view that 'the production and reproduction of a practice requires that actors collectively invest commitment in it' (May and Finch, 2009, p.544) as part of cognitive participation, covered previously in Figure 7.3 It is the interpersonal equivalent of motivation, anchored into the participants' purpose to participate in developmental mentoring. This adds to key dimensions to mentoring's collaborative, interpersonal characteristics described by Megginson et al (2006).

8.4.4 A revision of the interpersonal context of the Dyad e.g. support and trust, time to **Dyad: voluntarism, mutuality and reciprocity**⁴; **trust, support and challenge**⁵; **diversity**⁶; **safe space, time out**⁷: these elements associated with the dyad are also associated with developmental networks which share a mentoring approach. They are the key interpersonal qualities and characteristics associated with 'connection as the primary site of human growth' (Fletcher and Ragins, 2007, p.373), and need to be in place to generate specific resources and responses that distinguish this as mentoring, whether as an intervention or an approach, as opposed to any other working relationship or conversation. Having previously noted the important elements of support, trust and time associated with the dyad, these additional elements, albeit from different sources, further distinguish key properties of mentoring relationships, whether in dyads or networks, starting with **voluntarism, mutuality and reciprocity**⁴:

- **voluntarism** is identified by Megginson et al (op cit) as a key condition for mentoring to be effective in which mentors and mentees engage in it as 'a voluntary activity' (p.32). This aligns with the need for it to be 'off-line' (p.4) and for arrangements put in place to protect participants such as regular reviews and 'no-fault divorce clauses' (p.33);
- **mutuality** is the quality where individuals are highly motivated to help one another. Fletcher and Ragins (op cit) develop the dimensions of this element further, writing about mutual influence, with 'movement towards mutual authenticity (bringing one's authentic self to the interaction), mutual empathy (whereby one can hold onto one's self but also experience the other's reality) and finally to mutual empowerment (whereby each person is in some way influenced

or affected by the other, so that something new is created)' (p.383). Thus, as well as having an individual perspective, each individual fully engages with the other. This might find expression in the shared time and space into which the mentee's voice and story might flow, in response to the mentor's expertise in initiating the relationship and building trust; and

- **reciprocity** is the shared experience of learning and developing from one another, also reflected above. As a result, both parties benefit: 'the process is not all one way and mentors learn, acquire insight and challenge along with their learners...the developmental process is contagious and the mentor is not immune' (Megginson, 1988, p.39); a process of mutual exchange.

Higgins and Kram (2001) underscore mutuality and reciprocity as 'characteristics of strong-tie relationships' (p.277), 'situated in the present and sourced for the future' (p.268), perhaps enhancing and embodied in prosocial qualities and behaviours noted previously.

A further addition to the elements of the dyad and developmental networks is **challenge**⁵ in combination with trust and support to reflect Daloz's (2012) work which was presented in Figure 2.5, extending the internal properties and dynamic of the relationship.

Diversity⁶ is also included as 'everyone appreciates that one learns from experiences and so much the better if one can trade in the wisdom of others' (Pawson, 2006, p.122). This arises through access to 'the power of distributed expertise and developmental support within organisation's or individual's many social networks' (Dominguez and Hager, 2013, p.183), contributing to learning, development and change. Diversity was built into the Programme in the strategy, opportunity and conditions that enabled mentees to meet potential mentors and identify a match. Indeed, Dominguez and Hager highlight the importance of 'effective matching strategies and the evaluation of a mentoring relationship for proper fit is vital to relationship success' (p.173). A good match in the eyes of those taking part appears to be an important foundation for a relationship to thrive.

Higgins, Chandler and Kram (2007) highlight the advantage of diversity in 'the range of sources from which individuals receive developmental help' (p.355) within and across networks; the strength of ties; and the 'emotional closeness and frequency of communication' (ibid) that characterises them, in combination with 'information-seeking, help-seeking, feedback-seeking, and initiating behaviours' (ibid). Further, the more diverse the members of the communities of learning, practice and discovery where proportionally more diverse knowledge is both sourced, exchanged, extended and embedded across traditional boundaries, the more likely it appears that traditional working silos become more porous. This was a key premise behind the Programme and

mentoring within it, noted in the Bid (section 4.4.3) and participants' feedback (Chapter 10).

The final revision is to Time to include **safe space and time out**⁷. This extends the dimensions of time associated with the duration and regularity of interaction (D'Abate, Eddy and Tannenbaum 2003) to the 'personal reflective space' identified by Clutterbuck (2010, p.2) and the investment of 'enough time listening to me and inviting me to reflect' spoken about by Kram in her interview with Chandler (2011, p.27). This is endorsed by Garret-Harris and Garvey (2005): 'adequate time for *reflections and evaluation, to plan and review... more time with individuals as well as time and support to put development into work-based practices*' (p.38), and noted as a key aspect of the mentoring environment by Viney (2013) that needs 'time, a private setting, and freedom from interruptions' (p.16).

While the elements set out above encompass enabling contexts, the researcher also proposes to include **hierarchy**^x as an inhibiting interpersonal context, based on cautions by Megginson et al (op cit) in their 'off line' (p.4) definition, noted previously. This addition is included with ambivalence noted above.

Mechanisms: Resources

8.4.5 A revision of the individual Experiential narrative to **Voice and story of the Mentee**⁸: Parkin (2004) writes about storytelling as an aspect of the role of the mentor, part of their contribution as an exemplar and role model identified by Bandura and discussed in section 7.3.1. Stories would be nuanced to the relationship between each mentor and mentee, and appropriate to individual needs and learning styles.

Participants share stories to engage in 'sharing values, knowledge, experience, and so forth' (Scandura & Schriesheim, 1994, p.1589). It is part of what defines the shared space inhabited by both mentee and mentor, in which the work gets done. The purposeful exchange of stories is the transaction where 'change occurs through critical dilemmas or accumulation of experience' (Dominguez and Hager, 2013, p.176). Part of the mentor's role is to establish, with the mentee, 'the difference between what is *expressed* in the [story] and what the [story] might mean' (adapted from Bruner, 1991, p.7).

Considering this within the CMO configuration framework, the researcher acknowledges the mentee contribution by identifying it as a resource, ensuring that the work in the developmental relationship and mentoring processes is personalised and purposeful to their needs, relevant to their own circumstances. She gives this prominence in as much as the mentee has prominence in the relationship. In addition, she sees this as the way the mentee brings the mentor closer to their reality as they perceive it but also where the

mentee can begin to see their own situation anew, through their own ways of telling, hearing and reflecting. This is also where ‘a skilful mentor can help the mentee to analyse and “re-author” their experiences, and subsequently change their beliefs about themselves’ (Parkin, 2004, p.135). In terms of externally derived changes, it is also where the mentee can explore new knowledge in context to extend their learning, and where they can work with problems and opportunities prior to acting on them, by considering options with their mentor’s support.

8.4.6 A revision to separate two distinct elements contained in the Specialist and developmental mentoring experience and expertise (mentor) as **Credible specialist experience and expertise**⁹ and **Developmental mentoring expertise**¹⁰: the former attests to the mentor as a specialist in their field of practice, that was a key recruitment criterion for the Programme based on their extended, expert careers. In terms of the latter and developmental mentoring expertise, this was a product of the Programme achieved through taught modules, action learning sets and accreditation to ensure that mentors were competent in their role, albeit lacking experience. This increased the likelihood that they would mentor in ways that was consistent with the evidence, good practice and as a group.

In addition to mentoring knowledge and skills in the mentor, Clutterbuck (2012) points to the need for mentoring training to be extended to mentees, citing their need to learn how to gain the confidence to ‘be proactive in managing the relationship and/or inject sufficient positive challenge into the learning conversations’ or to ‘engage in and sustain learning dialogue’ (p.1). This might be achieved through the experience of being mentored as well as by directly learning about it as an intervention and an approach to collaborative learning and development, engaging others they work with in practice but also wider organisational networks associated with practice, provision and change. Thus, although mentees were not involved in the mentor training that was needed prior to their recruitment, their mentor-led induction provided a useful introduction and they participated fully in all subsequent, associated learning opportunities such as the workshops on emotional intelligence.

8.4.7 A revision by distinguishing Mentoring relationship and conversations into **Conversations: developing a shared language**¹¹, in an equalising developmental relationship¹²: starting with conversations, these are the ‘proactive communicative strategies that can be used by mentors and by protégés to initiate, develop, maintain, and repair mentoring relationships... through strategic and routine communication’ (Kalbfleisch, 2007, p.499) enacted symbolically, verbally and non-verbally. Lane and Clutterbuck (2004, p.199) explore a sophisticated repertoire of conversational techniques and dialogue available to the mentor and mentee, extending those presented

as ‘conversational processes (techniques)’ in section 2.4.2, and linked here to elements in the existing CMO configuration framework as explanation:

Table 8.2: Conversational levels referencing CMO configuration framework elements (developed from Lane and Clutterbuck, 2004, p.198)

Levels of dialogue	Purpose
Social	Developing the relationship and providing support or encouragement: trust ^M
Technical	Meeting mentee learning need about processes, policies: new knowledge ^O
Tactical	Working out practical ways of dealing with issues e.g. managing time and priorities, dealing with a difficult situation, managing: developing self-efficacy ^B and agency ^B
Strategic	Helping the mentee to put problems, opportunities and ambitions into context and envision what they want to achieve through the relationship and their own endeavours: broad view, making links in ambiguity and complexity ^L
For self-insight	Enables the mentee to understand their own drives, ambitions, fears and thinking patterns: reflection ^B , meaning-making ^M and insight ^B . This is a critical precursor to:
For behavioural change	Allows the mentee to meld insight, strategy and tactics into a coherent pattern of personal adaptation: development and change / outcomes
Integrative	Helps the mentee develop a clearer sense of self and the world around them, what they contribute and how they fit in; greater balance in their life; and to resolve inner conflict. It explores personal meaning and a holistic approach to living: insight ^B , agency – individual ^B and collaborative ^L , development and change / outcomes

In terms of extending the understanding of the developmental relationship, this is where the intervention is personalised and equalised, in ‘mutual transformations [as *the mentee*] is no longer understudy but peer’ according to Healey and Welchert (1990,

p.19). This encompasses 'mutual growth in connection' according to Fletcher and Ragins (2007, p.382-383) where, paradoxically, mentors must be comfortable showing their own needs, lack of competence and vulnerability, and mentees must be able to acknowledge their own expertise and be willing to share it with their mentors as they work through disconnection to connection together. This involves being able to flex between expert and non-expert roles and to admit not knowing, acknowledging help and giving credit to others without the loss of self-esteem (p.384). It is an important component of how developmental mentoring works or, if the relationship proves unsatisfactory, the way it does not work. Amplified by the qualities of the dyad or developmental network as context, this reflects the actual practice of mutuality and reciprocity that are foundational to any equalising process. In addition, Fletcher and Ragins acknowledge another dimension of non-hierarchical, more equalising relationships when they write about the ability to function in interdependence through 'self-in-relation' (p.380) and 'growth in connection' (p.377). This results in 'increasingly complex states of interdependence and connection with others, as well as to the acquisition of relational skills and competencies' that benefit self, self-in-work and other non-work relationships (p.389). Rather than striving for outcomes of autonomy and independence, this appears to speak to co-responsibility and agentic collaboration as a way of working and as a developmental outcome, linked with the achievement of agency and agentic collaboration as proximal outcomes, to be invested in further outcome-focused work.

8.4.8 Extending the understanding of **New knowledge**¹³: this might initially have been about the information provided within the Programme where, as Pawson (2006) notes 'mentoring works better if it is embedded in a programme offering further support, in terms of some of the loftier training and career aspirations of mentoring programmes' (p.149). In this study, this is about different ways of learning, development and change in a more heutagogic environment. Transferring this from Pawson's youth mentoring focus to that of specialist workforce development, it may point to the advantage of situating mentoring (as an intervention) in a Mentoring Programme (applied as an approach) in which new knowledge, and particularly policy and evidence is structured and made available to participants to interpret and apply in ways that reflect their needs, circumstances and increasingly broad perspective, collaborative intent and outcome focus, so they can more fully engage with a more complex and ambiguous world.

Mechanisms: Responses

In exploring responses, the researcher acknowledges her own predominantly cognitivist approach to the elements identified below. These reconcile with her work as a practitioner.

8.4.9 Extending the understanding of **Reflex, reasoning, reflection and reflexivity (individual and shared)**¹⁴: according to Dominguez and Hager (2013) citing Driscoll (2000), this diversity of responses is about cognition: 'information processing and memory functions [*where*] meta-cognition and assigning meaning to past and present experiences help determine future behaviour' (p.176), validating their inclusion.

8.4.10 Extending the understanding of **Meaning-making (individual and shared)**¹⁵: Dominguez and Hager identify this within a constructivist approach, and 'thinking about thinking [*and the way learning occurs*] when we compare our real-world experience to our past frames of reference and consequently reconstruct our knowledge' (p.177). McGowan, Stone and Keegan (2007) add to this understanding as they describe the 'deep, pervasive mental structures that shape how we construct our experience' (p.400). The researcher explores this in Chapter 11 in terms of the templates and algorithms that are engaged in quality thinking (section 11.3.2 and Figure 11.2). Mentoring in this situation involves (researcher's italics) 'good 'holding' (confirmation - *support*), good 'letting go' (contradiction - *challenge*), or reliable 'sticking around' as the relationship is reconstructed as one between colleagues (continuity – *regular, collaborative contact in an equalising developmental relationship*) or all three' (p.406).

8.4.11 Extending the understanding of **Decision-action**¹⁶ (**individual and shared**): the individual behavioural approach 'conceptualises learning as observable changes in behaviours and behavioural patterns' (Dominguez and Hager, 2013, p.175), in which the change results from what is learnt. The researcher identifies sources of reinforcement in this process such as role modelling by the mentor or the acknowledgment of self-generated achievements in the dyad which contribute to the mentee's emerging sense of self efficacy and agency. This is how the mentee both learns and develops 'by doing and frequent dialogue... in a continuous process of action, critical reflection and double loop learning' (p.176). According to McGowan, Stone and Keegan (op cit) mentoring thus enables mentees to 'chose to make decisions for (themselves), but not always by (themselves)' (p.416).

8.4.12 Revised CMO configuration framework: further revisions and inclusions

Table 8.3 is a summary of the inclusions and revisions established above, presented here for clarification, following the letters and numbers set out in the text.

8.5 'Outliers' to be included

This section includes elements that are considered to be 'outliers' by the researcher as they come from the practice-based literature and therefore are subject to some degree of inference to secure their place. However, she is keen to ensure that they are included

Table 8.3 Revised CMO configuration framework: further revisions and inclusions from the mentoring literature

	Revisions and inclusions
Contexts	<p>Prosocial, adaptable, congruent qualities and behaviours¹ (individual)</p> <p>Ambivalence^x (individual) – inhibiting context</p> <p>Intrinsic motivation²</p> <p>Belief, commitment to and investment in the mentoring process, relationship and conversations³ (interpersonal)</p> <p>Dyad: voluntarism, mutuality and reciprocity⁴; trust; support and challenge⁵; diversity⁶; safe space, time out⁷ (interpersonal) – all dimensions reflected in developmental networks</p>
Mechanisms	<p>Resources:</p> <p>Voice and story of the mentee⁸ (individual)</p> <p>Credible specialist experience and expertise⁹ (individual)</p> <p>Developmental mentoring expertise¹⁰ (individual)</p> <p>Conversations: developing a shared language¹¹, in an equalising developmental relationship¹² (interpersonal)</p> <p>New knowledge¹³ (institutional-infrastructural)</p> <p>Responses:</p> <p>Reflex, reasoning, reflection and reflexivity¹⁴ (individual-interpersonal)</p> <p>Meaning-making¹⁵ (individual-interpersonal)</p> <p>Decision-action¹⁶ (individual)</p>

for their contribution per se but also because these elements have resonance with mentoring practice and would be easily recognised by practitioners.

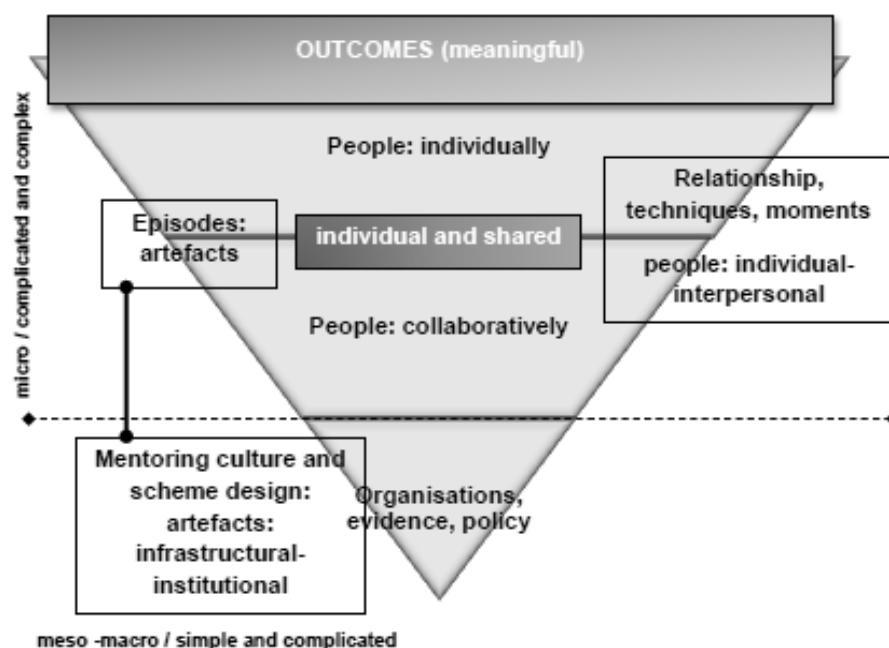
The following elements are largely practice-derived and appear process-specific, often with descriptive than explanatory properties. They are grouped here under Developmental Mentoring Levels and Relationship Phases, previously identified in

section 2.4. However, they are frequently evidenced in the mentoring literature as being essential to quality mentoring, signifying good practice. Thus, to some degree and within the limitations of this evaluation, their causal contribution is being teased out as well as integrated here.

Developmental Mentoring Levels

These were set out in section 2.4 and summarised in Figure 2.3. They include mentoring culture and scheme design, episodes, relationship, techniques and moments. They are illustrated in Figure 8.3, highlighting the way the artefacts of mentoring culture and scheme design that come from the level of organisations, evidence and policy provide the means for people, individually and collaboratively to engage in the relationships and techniques that lead them to the moments where change happens. This emerges through episodes as linked artefacts of scheme design but also delineated at the interpersonal level as regular and shared safe space and time out.

**Figure 8.3: Inverted hierarchy model:
developmental mentoring levels (developed from Megginson et al, 2006, p.4)**



The following inclusions are proposed with any associations noted, excluding Relationship as this has previously been included as the **equalising developmental relationship**¹⁴.

8.5.1 Mentoring culture and scheme design¹⁷: to be included as a context at both the institutional (operational) and infrastructural (policy, evidence) levels, acknowledging that each level may be the source of evidence or policy but also interpreted to local

conditions. There may however be a tension between these contextual levels such as where evidence of good practice endorses non-hierarchical and closed dyads but where an organisation requires supervisors to be mentors, reporting outcomes externally as part of a wider workforce development strategy;

8.5.2 Episodes¹⁸: to be included as an interpersonal resource. Here, the regularity and content of contact is important to participants, along with the safe space and time out attached to it, for example. Episodes or meetings or contacts may also be associated with developmental networks depending on how they are constituted, whether formally as regular action learning sets or informally, through as-and-when communications;

8.5.3 Techniques¹⁹: to be included as an individual resource, linked to developmental mentoring expertise, with a range of strategies and tools, and particularly associated with conversations; and

8.5.4 Moment²⁰: 'a moment in time where our pasts confront our presents' (Megginson et al, 2006, p.29) to be included as an individual proximal outcome and associated with insight.

Relationship Phases

There are two significant aspects to these phases that have guided the researcher's decision about where to locate them. First, good practice in developmental mentoring points to these being achieved in series and sustained, and transitions managed, as discussed previously (section 2.4). Second, they are achieved as the result of the work that is done in the relationship and thus, for example, rapport is built or direction is set. The researcher has therefore situated them as proximal outcomes, associated with individual or interpersonal levels as appropriate to the work being done.

8.5.5 Setting direction²¹, progression²², moving on²³: these phases are individual proximal outcomes, acknowledging that it is the mentee's goals that set direction, progression can be individual and that moving on from the mentoring relationship is also an individual outcome, for the mentee and the mentor; and

8.5.6 Building rapport²⁴, progression²⁵, winding up²⁶: these phases are interpersonal proximal outcomes, reflecting the work done together. However, 'progression' is located at two levels, informed by Megginson et al (2006):

The mentor and mentee become more relaxed about challenging each other's perceptions, explore issues more deeply and experience mutual learning. The mentee takes more and more of the lead in managing the relationship and the mentoring process (p.20).

This is where a distinct piece of developmental work happens, a process phase which might be equated with a moment or insight where belief in self-efficacy, agency and agentic collaboration occur. For some mentees, the moment in that progression may be of itself the learning or developmental outcome that has meaning for them and sufficient as an outcome of their mentoring experience. For others, it might be a gateway to further work in which their individual and collective agency is invested to achieve meaningful learning, development or change. Thus, progression might be both individual and interpersonal.

Informed by this new appreciation of relationship phases configured within other causally linked elements, the researcher believes developmental mentoring can be conceived of, at least, a double loop process which would reflect the characteristic of non-linearity in complex interventions discussed in section 3.2:

- **foundational loop:** would be about the work that is done to establish a secure and stable mentoring relationship through all its associated elements that enable the mentee to achieve their proximal or short term outcomes. It would lead to insight and agency that then effect the mentee's potential to bring about meaningful change. This then leads to:
- **applied loops:** would then be about the work that follows as the mentee and mentor work collaboratively, in an equalising developmental relationship to achieve what matters to them in the longer term; distal outcomes. In this Programme, these would be the mentee's specific learning, developmental or change goals to be achieved together or in series, over time.

For the researcher, this reflects and extends the causal dynamic illustrated in Figure 5.3. It indicates the way potential and actual responses to a resource are powered by contexts that lead to change in ways that may be phased or staged. Distinguishing foundational and applied loops in mentoring, has enabled her to consider the way some patterns of elements are configured in ways that explain how good mentoring might be established and then sustained as the foundation for the achievement of meaningful goals, shown previously in Figure 2.4, as well as patterns that reflect the way the mentee might progress to insight as a foundation for the work that follows. This is explored in the evaluation of the Mentoring Programme and mentoring in Chapter 10.

8.5.7 Revised CMO configuration framework: further revisions and inclusions

Table 8.4 that follows is a summary of the inclusions and revisions proposed above, following the letters and numbers set out in the text.

Bringing Tables 8.3 and 8.4 together with the revised CMO configurations in Table 7.9, the next section presents the complete, revised CMO configuration framework, built from

**Table 8.4 Revised CMO configuration framework:
further revisions and inclusions from outliers**

	Revisions and inclusions
Contexts	Mentoring culture and scheme design ¹⁷ (institutional – infrastructural)
Mechanisms	Resources: Episodes ¹⁸ (interpersonal) Techniques ¹⁹ (individual)
Proximal outcomes	Moments ²⁰ Setting direction ²¹ , progression ²² and moving on ²³ (individual) Building rapport ²⁴ , progression ²⁵ and winding up ²⁶ (interpersonal)

both substantive theory and the literature.

8.6 Mentoring literature in the research: the revised CMO configuration framework (theory-primed and literature-populated)

To draw the work of this and the previous chapter together, this section sets out the revised CMO configuration framework from identified sources (Table 8.5). The researcher believes that this framework, with its elements and potential patterns of non-linear links and associations, begins to evidence the ‘essence and appearance’ (Colley, 2002, p.5) of mentoring as an intervention and an approach, meeting the challenge of ‘clarification’. This is sufficient to support data analysis in a coherent and structured way, drawing on people’s experiential narratives and thereby achieving the ‘analytic function’ identified by Westorpe (2015). It will inform the development of more detailed CMO configurations that explore how mentoring works and through them, revisions to the initial programme theory set out in Chapter 6. However, there are two cautions to the way this might be used. First, the identification of any element as context, mechanism or outcome in the framework is neither absolute nor permanent. For example, one person’s outcome may be another person’s context, or their own context to further change loops associated with other goals they wish to achieve. The fluidity of this was noted previously in Chapter 5, referencing Westhorp’s (2015) comment that this labelling did not mean that an element ‘was that’, to paraphrase her quote, and Manzano (2013) who advised that

**Table 8.5: Revised CMO configuration framework:
theory-primed and literature-populated**

	Contexts		Mechanisms		Outcomes	
	Enabling contexts	Inhibiting contexts	Responses	Resources	Proximal outcomes	Distal outcomes
Individual People individually	Prosocial, adaptable, congruent qualities and behaviours ^{B, 1} Motivation ^{B, 2}	Ambivalence ^X	Reflex, reasoning, reflection, reflexivity ^{O, B, 14} Meaning-making ^{M, L, 15} Decision-action ^{M, L, 16}	Voice and story of the mentee ^{O, 8} Credible specialist experience and expertise ^{O, 9} Developmental mentoring expertise ^{O, 10} Developmental mentoring techniques: a range of strategies and tools ¹⁹ Exemplar and role model ^B Broad view, making links in ambiguity and complexity ^L	Insight ^B , moment ²⁰ Belief in self-efficacy ^B Agency ^{B, M, L} Setting direction ²¹ Progression ²² Moving on ²³	Learning and change / outcomes Development and change / outcomes
Interpersonal People collectively	Belief, commitment to and investment in the mentoring process, relationship and conversations ^{M, 3} Dyad ^O : • voluntarism, mutuality and reciprocity ⁴ ; • trust, support and challenge ⁵ ; • diversity ⁶ ; • safe space, time out ⁷ Developmental networks ^O : as Dyad	Hierarchy ^X	Shared reflex, reasoning, reflection, reflexive ^O Shared meaning-making ^{M, L} Shared decision-action ^{M, L}	Sharing experience ^O Conversations: developing a shared language ¹¹ , in an equalising developmental relationship ^{O, 12} Episodes ¹⁸	Agentic collaboration ^{B, M, L} Maintaining trust ^M Building rapport ²⁴ Progression ²⁵ Winding up ²⁶	
Institutional Organisations	Secondment opportunities ^O Accreditation ^O Organisational support ^M Mentoring culture and scheme design ¹⁷			New knowledge ^{O, 13}		Operational change / outcomes Strategic change / outcomes
Infrastructural Policy, evidence	Mentoring culture and scheme design ¹⁷			New knowledge ^{O, 13}		

'components are not fixed entities trapped in a methodological cage'. Second, the identification of an element or pattern of elements in the framework is merely seen by the researcher as an anchor point which does not preclude embellishing it with the richness that comes directly from people's accounts. Thus the framework provides a means by which to identify elements that establish causality within people's stories but also to associate these with their actual words where these add further understanding. This is the approach used in Chapter 10.

With the revised CMO configuration framework in place, theory-primed and literature-populated, Chapter 9 brings an expert perspective into this research that includes commentary and reflections on mentoring definitions and descriptions, as well as causality.

Chapter 9

Definitions, descriptions and configuring: bringing an expert perspective (expert-informed)

9.1 Chapter overview

With the revised CMO configuration framework in place, theory-primed and literature-populated, the aim of this chapter is to bring an expert perspective to the mentoring definitions and descriptions covered in section 2.4, as well as the CMO configuration framework set out in the last two chapters. This is the final step in developing a more nuanced, evidence-informed CMO configuration framework to support the analysis of participants' stories about the Mentoring Programme and mentoring (Chapter 10).

Three mentoring experts have contributed to this chapter, purposefully sampled because of their contribution to the knowledge and practice of mentoring in the United Kingdom (UK) and abroad.

From a short overview of the way these experts contributed to this research (9.2), the next section provides a review of definitions and descriptions of developmental mentoring in workforce development, elicited through interviews with each expert (9.3). The section that follows presents their explanations about how developmental mentoring might work (9.4). In addition to their narrative accounts, salient points have been translated into the terminology developed in Chapters 7 and 8 and mapped onto a CMO configuration framework (Table 9.3). The chapter concludes with a summary of their contributions (9.5).

With the final CMO configuration framework in place, it is used in Chapter 10 to undertake the evaluation of the intervention, a Mentoring Programme and mentoring within it, based on the participants' experiential stories.

9.2 Data

The researcher interviewed three mentoring experts noted individually and together for their extended careers as academics, writers and practitioners in the field: David Clutterbuck, Bob Garvey and David Megginson. Their work has informed the way developmental mentoring is practiced in the UK and significantly influencing the teaching and practice of mentoring in the Programme. Their contribution as a primary data set is mapped out in section 5.7 and Figure 5.1.

Data was gathered through audio-recorded, semi-structured interviews using Skype,

each interview lasting about an hour. The interview schedule is in Appendix 1. All experts consented in writing to being identified. The interview style was conversational and generative, engaging the interviewees with the research and the methodology, encouraging them to reflect on the subject and enabling the researcher to seek clarification and develop lines of thinking as they emerged. Experts were not asked to comment on or trial a draft CMO configuration framework as it was not available at the time. Also, their contributions were intended to add to the understanding of mentoring per se and, in terms of theorising about how it might work, not be constrained at this stage by the researcher's inference of what would be relevant to causality. This issue is discussed in Chapter 11.

Interviewees were initially invited to talk about their own working definitions and descriptions of mentoring (section 9.3). They were asked to identify examples of programmes similar to the one being evaluated and then to consider how mentoring might work in specialist workforce development. The interview then progressed through a series of linked questions that took each interviewee through a process intended to elicit simple configurations based on their expert knowledge and extensive experience. They were encouraged to identify and integrate elements, not merely list them as contexts, mechanisms and outcomes, establishing causal patterns and highlighting any combinations that might be more powerful in effecting change (section 9.4). The interviews concluded by inviting interviewees to add any further thoughts triggered by their engagement with this perspective on mentoring.

Despite the wealth of rich data, only narrative which contributes to scoping and configuring is included here, with quotes and paraphrasing approved by each interviewee. The aim is to enhance the definitions and descriptions of mentoring, and validate elements in the framework, with some amplification of dimensions and new elements added to it, establishing tentative links from their accounts that contribute to understanding how mentoring works.

9.3 What is developmental mentoring: definitions and descriptions?

Based on years of collaboration, the starting point suggested by each of these experts was the *standard, technical definition of off-line help* as David Clutterbuck described it: 'off-line help by one person to another in making significant transitions in knowledge, work or thinking' (Megginson et al, 2006, p.4). However, as clarification, he emphasised that *off-line*, originally intended to highlight the importance of a non-hierarchical relationship between mentor and mentee is now becoming confused with *off-line* in the context of information technology. Nonetheless, sharing this definition, each interviewee brought their particular perspective to it.

David Clutterbuck

David Clutterbuck elaborated the 'standard definition' with the following: *helping you re-think through your identity, your values, where your energy lies, where you want to go, both as a person and your career - the two obviously need to be looked at together. The core purpose is to help somebody with the quality of their thinking about issues that are important to them [in which] the relationship becomes one in which it feels good to help.* This may involve someone's immediate personal life, their career in the long-term, relationships and key people, but *it's about having that space to do quality thinking.* He also identified *safety* as another important dimension of the mentoring space where *interpersonal connection and quality thinking* can grow as part of an enabling process that has a longer term, developmental impact *by building reflective space into everything people do.*

From the research perspective, David Clutterbuck's contribution aligns with and reinforces previous definitions and descriptions (section 2.4), summarised in the developmental mentoring model (Figure 8.1). His reference to *quality thinking* underscores the significance of reasoning, reflection, reflexivity and meaning-making as responses and precursors to decision-action (Figure 2.6). Also, *feels good to help*, resonates with the prosocial qualities and behaviours, as well as motivation at the individual level, and voluntarism, mutuality and reciprocity at the interpersonal. In the CMO configuration framework, these are set out as the common characteristics of the dyad or developmental network. In the way the Programme was designed, the safe spaces and the time out provided in the dyads and networks are physically and cognitively separated from the mentee's external world but anchored to it. However, they are distinguished by their slower pace and reflective space compared with the immediacy associated with a performance-driven work culture to which the Programme and mentoring offered a counterpoint. Removing the reflex pressure to adhere to the norm whether personal or organisational, coming to conclusions and making decisions that deliver results in whatever way these are defined, liberates people to do the quality thinking, the reflective and reflexive exploratory work, and make the changes that he appears to endorse. Thus, the creation of *time and space for quality thinking* link context and mechanism, initially generated and maintained by the mentor in the relationship as it develops over time, but increasingly sustained and accessed by the mentee in the work they go on to do.

In his interview, David Clutterbuck concluded that *mentoring is a black box* due to a lack of research in general, including over time, and more specifically, studies that look at the interaction of the mentor and mentee, particularly the internal dynamics of the relationship influenced by its purpose, and the behaviour and skills of participants. Where

there is evidence, he identified difficulties in translating research outputs from American ‘sponsorship’ mentoring to the European ‘developmental’ model in which this current research is situated. Even by clarifying the definition and description of mentoring, a task that remains contentious (Garvey, 2011, Chapter 2), he suggested it would not be sufficient to observe an effective mentoring conversation and extrapolate mentoring’s structure as a proxy. Thus, despite mentoring’s superficial simplicity, he emphasised that it is characterised by complexity: *there are so many variables, making predictions quite hard - we don’t really know a lot about what is going on*. This aligns with the researcher’s understanding of the dearth of causal theory about how mentoring works, validating the aims of this more extended, causally-focused, realist evaluation research.

Bob Garvey

Bob Garvey described mentoring as *a way of life – a way of being for people more than a skill-set that you pick off the shelf*. He noted that *it’s mostly personal factors that push people in the direction of a particular outcome, on the basis that every single human being eventually does exactly what they want to do – it’s just that we don’t always know what we want to do*. From this, he suggested that mentoring’s key contribution might be seen as *enhancing knowing*; perhaps reflecting David Clutterbuck’s reference to *quality thinking*.

He eschewed definitions, cautioning against positivistic or static phraseology: *mentoring is a very dynamic process, so definitional statements don’t necessarily help the dynamism of it because you tend to get as many exceptions as there are compliances*. However, noting developmental mentoring’s application to learning and development, transition and change, Bob Garvey scoped its core characteristics, the researcher paraphrasing his explanation of each point:

- *mentoring is a learning relationship between two people*: it has reciprocity in terms of benefitting learning and development in which expertise and experience are shared, and where mutuality contributes to the way it works, yet conducted in ways that avoid dependency;
- *it involves trust, commitment and emotional engagement*: all three elements are essential, while also acknowledging the significance of emotion. For him this is seen in the way the mentor cares about the mentee and their work with emotional issues: *as arguably, almost everything human is emotional, about everything*, with the result that *people in mentoring kind of grow to like each other*;
- *it involves listening, questioning, challenge and support*: listening is key since questioning is based on it, and challenge is offered in a supportive way, for example with questions, with disagreement or by inviting reflection. These *distinguish mentoring from a friendly chat*; and

- *it has a timescale: from long to short. However, the way the mentoring comes to an end, the winding up, is an important part of the process.*

From his perspective on mentoring, he identified it as being:

an antidote to the management discourse of rational pragmatism which is, you're not a human being, you're a cog in the wheel, you're an economic item, dehumanising and making it okay – and when we do that in the workplace – talking about performance management and objectives and targets and measurement, we're dehumanising and de-professionalising.

Nonetheless, he still acknowledged people's independent thought and behaviour in these circumstances:

making a nonsense of the whole managerial discourse because actually what goes on in the workplace is a whole load of game-playing underneath this managerial discourse and the game-playing is a kind of pretence of compliance, or downright defiance, or interpretations to suit oneself – and some get tolerated and some don't – and these are the things we construct, via ourselves, in the place we work – [as practitioners] you will make decisions based on your experience and knowledge as to what's right for [people], irrespective of anything else.

Bob Garvey explored this perspective further as he reflected on mentoring outcomes:

there are a lot of unexpected ones which is one of the interesting and exciting things about it which is contrary to the management discourse of cause and effect – creating an agenda, talk to people about it, have pre-specified goals and outcomes – and lo and behold in mentoring, they don't achieve them – but what they do achieve is something more meaningful to them.

For him, mentoring creates the opportunity to break away from management informed *strategic reasoning* to *collaborative reasoning* as an alternative:

we are social beings and we interact socially and we learn socially and, if you really want to ask me about how mentoring works, that's how it works – [in] those kind of developmental alliances... because professional identity is confirmed by language, by discourse, by behaviours, by interacting with those professionals that you respect and you value – you learn that from each other. I think it was Vygotsky who called it the zone of proximal development – and Lave and Wenger meant the same thing – that you learn stuff by being in that environment.

From the research perspective, Bob Garvey's phrase, *enhancing knowing* appears to resonate with the model of the Johari window (Herr and Anderson, 2005, based on the work of Luft and Ingham, 1955), referenced in section 5.6.3. Following the way the model is constructed, the mentor might be seen as enabling the mentee to acknowledge and celebrate those areas that are known-knowns, share those areas previously hidden (known-unknowns), move into those areas to which they may have been blind (unknown-knowns) or even, with support, engage in discovery (unknown-unknowns). This underscores the importance of David Clutterbuck's *quality thinking*, a phrase that will be considered further in Chapter 11.

In addition, Bob Garvey appears to see mentoring definitions and descriptions through a particular lens, positioning mentoring in a significantly wider context, contrary to the prevailing management discourse. This perspective appears to reflect some aspects of the researcher's thinking on the existing hierarchical, political-managerial discourse that permeates health and care (section 2.2) which she has inverted as a conceptual shift in this research (Figure 2.1). The researcher considers that locating mentoring within this as an intervention and an approach might be a way to translate this paradigm shift into practice by bringing attention to the individual and interpersonal levels, and facilitating different relationships and conversations within and between them, in dyads and developmental networks, as combined communities of learning, practice and discovery. This emerged to a degree through the Programme (Chapters 4 and 10). However, according to Bob Garvey, this might not be without risk: *because we're humans - which should keep us alert and aware - the risk is that it can go well and can go wrong.*

In identifying mentoring's *core characteristics*, Bob Garvey reflects elements already situated in the CMO configuration framework. Nonetheless, he also brings attention to the importance of *listening* that the researcher associates with 'developmental mentoring techniques' in the framework, a key resource, but has not made explicit. Bob Garvey might prefer to see this embedded as a personal characteristic, part of the *way of being* as a mentor, than a *skill set*.

David Megginson

David Megginson restated the 'off-line help' definition of developmental mentoring, with the added comment that: *the wonder of it is, that's enough to lead to major transformations.* However, he cautioned about being prescriptive about outcomes, noting that when *organisers over-control the process, specifying the competencies to be gained, stuff like that – paradoxically, the more you control and specify, the less likely you are to get the outcomes you want.* This point was also made by David Clutterbuck and Bob Garvey.

He then introduced the concept of *the skilled mentee*. He confirmed that most conventional programmes concentrate on training the mentor but that *a case can be made that what is neglected is supporting the mentee to be a skilled mentee preparatory to mentoring, although it may be that some mentors will help mentees develop*. He cautioned that in some circumstances the mentor's involvement in this can perpetuate disempowerment where it appears that *it is the mentor who is the active agent and that all the mentee has to do is respond*.

In terms of this research, David Megginson's concept of the *skilled mentee* appears to align with the foundational work in quality mentoring identified by the researcher that brings the mentee to a point of readiness for further applied work and changes. In practice, the learning opportunities for this to happen were included in the Mentoring Programme and became evident as mentees achieved sufficient insight and agency on which their progression and change could be built. At the same time and in parallel, the experience of mentoring as an agentially collaborative, equalising relationship supports the applied work that the mentee then goes on to do, with the continuing involvement of the mentor as a more equal partner. These processes flow around the voice and story of the mentee as a resource. Interestingly, David Clutterbuck has also written about the need to 'train mentees sufficiently' (2002, p.1).

Summary of definitions and descriptions from the interviews

The table, overleaf, was initially informed by Bob Garvey's reference to the *developmental alliance* in mentoring and was subsequently built from the contributions from David Clutterbuck and David Megginson. It links to the Developmental mentoring model (Figure 8.1) and the revised CMO configuration framework (Table 8.5), setting out key elements as contexts, mechanisms and outcomes, albeit in simplified form.

Starting with a focus on self and work, person and career (together), **alliance** resonates with collaboration and the interpersonal dynamic of mentoring in the dyad or network, while **developmental** underscores its purpose and processes, acknowledging its broader aims around learning, development and change. Key elements identified in all three interviews are set out against this backdrop. Based on these experts' general accounts that can be linked to the Programme's aims, the essence of mentoring might therefore be captured in the phrase **change conversations in a developmental alliance**.

9.4 How might developmental mentoring work?

The experts' appreciation of causality was specifically elicited as they continued to reflect on their extensive experience and expertise in mentoring. Following a brief presentation on the realist approach, they were asked questions that, in effect, began to construct a configured account of the way mentoring might work: what do people get from

Table 9.1: Developmental mentoring summarised from expert contributions

A summary of the expert contributions to mentoring definitions and descriptions, loosely configured.

Developmental focus: self and work, person and career (together)				
Developmental alliance		Change conversations		Outcomes
Contexts		Mechanisms		
Interpersonal connection Learning relationship (mutuality and reciprocity)		Responses	Resources	Meaningful issues
Dyad	Developmental network	Quality, collaborative thinking and reflection	Questioning	Learning and change / Development and change
Commitment, emotional engagement, trust, support and challenge			Listening	
Space, timescale			Building a reflective space	

developmental mentoring (outcomes) and, thinking about examples from your own experience and taking each outcome in turn, then what in mentoring (resource) might people have responded to and how (response) to have this effect, and what might have made them respond in that way at that time as opposed to any other way (context).

This had mixed success. As with the literature, what emerged were key elements that were important to each expert along with some links that established some tentative causal explanations of mentoring but not expressed fully as configurations. These are reported below for each expert, working back from outcomes, to mechanisms and contexts as was done in the interview. Their descriptions are assigned to elements already set out in the revised CMO configuration framework (Table 8.5) with links inferred by the researcher, based on their comments.

David Clutterbuck

Encouraged to engage in configuring building, David Clutterbuck added some new dimensions to existing elements and extended understanding of others.

Outcomes

9.4.1 Insight / moment and setting direction (proximal outcomes)

As you begin to understand your internal context and the external context, it's inevitable that that understanding will shift – will cause you to shift what it is you are looking to achieve in the medium to longer term.

This appears to link with progression and agency as people better understand themselves, in their personal life and at work, and how they construct and might influence their reality.

9.4.2 Belief in self-efficacy and agency (proximal outcomes)

Emotional – a sense of self-efficacy, self-determination.

Although responses may be interpreted as largely cognitively determined (Figure 2.6), this underscores the importance of emotion with reasoning, in reflection and reflexivity, including the way that for some people, knowing and feeling they are making the right choices or doing the right thing is important in anticipating or implementing change.

9.4.3 Learning and change / outcomes; development and change / outcomes (distal outcomes)

Developmental – the learning that took place... through enabling which related to, for example, having a really good career development plan or personal development plan – or building a network – or understanding the politics – all those sorts of things... [and] the career ones – so what actually did this enable you to do in terms of your career – a shift in terms of your career of that took place.

Adding details by offering examples of outcomes, this validates those identified for the Mentoring Programme (section 4.4.2, Purpose of the interaction) and its aims (Figure 7.1).

Mechanisms: Resources

9.4.4 Developmental mentoring expertise; developmental mentoring techniques; exemplar and role model; broad view, making links in ambiguity and complexity

Mentor behaviours, the things that mentors do – like asking the critical questions, being a role model, helping network the politics – the absorption of ethicality – when someone is developing in a professional area, it's part of role modelling really – but the discussions around what they are doing – and absorbing ways of thinking about it that are ethical and human, building ethical resilience in the mentee.

David Clutterbuck's list of resources match those already included in the revised CMO configuration framework, while introducing the concept of *ethicality* that may be the basis of trust in the dyad as well as translated forward into the development of *ethical resilience* in the mentee.

9.4.5 Sharing experience

Formative moments – the critical incidents – when it was that the conversation with your mentor had a substantial influence on you – and it could have been in the moment.

This appears to link conversations and sharing experience through critical incidents as resources that lead to an insight or moment as a proximal outcome from which further outcomes evolve directly or through additional applied work.

Mechanisms: Responses

9.4.6 Reflection

So it forces you to think, to step back and reflect – it could be subsequent – so that there was a memorable question, or story that the mentor produced that has sunk into the grey matter and incubated – frequently the case – that key question that gets you thinking about what you're doing.

Here, reflection is identified as a key response to mentoring resources. It is already highlighted in Figure 2.6. However, this comment underscores the time needed for reflection to progress. This confirms the importance of the way mentoring provides not only time out but operates over time.

9.4.7 Meaning-making and decision-action

If you start talking about something, you become mindful of it – you are more likely to make it happen – it's what you're attentive to – and it's this creation of attentiveness.

This validates meaning-making as a response, including the importance of the decision to act, but also links responses to insight / moments as a proximal outcome.

Contexts

9.4.8 Prosocial, adaptable, congruent qualities and behaviours; motivation

A sense of purpose is more important than specific goals because goals change.

Inasmuch as this seems to align with making the mentoring relationship and conversations purposeful, perhaps by setting direction, it might also be linked with the

personal qualities and behaviours that mentees have and for which, in the Programme, both they and their mentors were selected at interview. It further extends to motivation.

9.4.9 **Belief, commitment to and investment in the mentoring process, relationships and conversations**

Needs but not needy – if the mentee is too needy, it's dangerous. But it's a sense that we've all got needs and therefore we can work with somebody who will actually take account of our needs, needs that we can't – that we don't want to express in any other environment.

Although not overt in the definitions of mentoring, this does alert those involved to be clear that mentoring is a developmental and not a therapeutic intervention, associated with the realms of self and work. However, within those boundaries, it validates the elements associated with the dyad in particular, already listed in Table 8.5.

9.4.10 **Dyad: time out**

Time for thinking.

Again, this reflects the characteristics of the dyad noted previously, in association with time out and occurring over time.

CMO configuring from the interview

David Clutterbuck appears to confirm many elements and links already included in the researcher's revised CMO configuration framework, drawing attention to particular ones while adding subtle but significant dimensions to the way they are understood. He appears to distinguish proximal and distal outcomes and potentially the foundational and applied loops that the researcher has proposed are associated with their achievement. Although he identifies resources with the mentor and with the use of techniques such as questioning, he emphasises the mentee's response through reflection and associated emotion, and the way it might continue to evolve where there is continuing *incubation space* or by *building reflective space* that he talked about previously. All this appears to be conditional on positive personal qualities and behaviours, invested in mentoring and subsequently in self, where time is made available for this to play out. Time, as a dyad or network characteristic, is perhaps the most elusive and one of the most valuable of all contexts in what is perceived to be an increasingly demanding, fast-paced and changing world.

This might be summarised as follows, broadly configured:

- having regular time out to think in a developmentally focused dyad, in which both mentee and mentor are invested, enables

- shared conversations in which the mentor's expertise and broader view are reflected in their questions and the way they role model as an exemplar, to enable the mentee to step back, think and reflect, bringing their attention to what matters, so that
- as they become increasingly agentic, they come to know what they want to happen in the longer term, and through this process, generate a way forward from a deeper understanding of self and career.

This appears to take a process view, endorsing the relationship-evoked and relationship-bounded foundational work that is established through a quality mentoring process and conversations. Despite referring to outcomes that are about learning or development, it does not fully extend to the applied work such as operational changes that were possible in the Programme and that might be supported in a more equalising developmental relationship that purposefully benefits others, in their terms.

It does however make a significant advance in the direction of a richer causal explanation of developmental mentoring as an intervention from the original mentoring definition set out in section 9.3 above.

Bob Garvey

In exploring definitions and descriptions, Bob Garvey emphasised the personal and interpersonal dimensions of mentoring as a way of being, expressed within a learning relationship between two people, over time, based on trust, commitment and emotional engagement and involving questioning, listening, challenge and support. He located mentoring as a counterpoint to the management discourse.

Following the same interview pathway and provoked to explore causality, he contributed to the understanding of elements noted below.

Outcomes

9.4.11 Insight / moment; progression (proximal outcomes)

Through that exploration, you can make new choices and that's what, operationally, insight means... [it] can be quite big or it can be quite small – so we can all have ah-ha moments but we often have little mini ones, little mini ones that go on. I'm a great believer that emotion comes first and rationality comes second. I think that because it's in a relationship that people value and like and enjoy and all those nice things, then there is opportunity for inside impact, transformation, change, on a small, medium and large scale.

Mentoring can help trigger insights – which enable them to resolve things

for themselves – and because there's this type of resolution and decision-making – because it comes from within, there is in-depth understanding and desire to make the change and make it happen – it actually comes from within that person – and therefore it has impact for that individual.

If there is something I understand or I view differently or I know about that is different to what I did yesterday, then I've changed.

Underscoring David Clutterbuck's reference to emotion (section 9.4.2), Bob Garvey also references insight / moment (section 9.4.1) as a point of transition or a tipping point that leads to further outcomes; the change in self that may precipitate change for and with others. He also appears to validate the focus on the individual and interpersonal levels in mentoring and the resourcefulness that exists and is augmented through the mentoring relationship.

9.4.12 Learning and change / outcomes; development and change / outcomes (distal outcomes)

Oodles of stuff, oodles of things that mentees get from it – like developing a sense of who they are – like improving motivations – like resolving issues and challenges – like learning new skills and abilities – like having new ideas and thoughts they can take forward – like getting to understand the cultural environment they find themselves in – enjoying it.

This contribution points to a multiplicity of outcomes that might evolve at the individual level, potentially linked to agency as a proximal outcome. It accords with the broad aims of the Mentoring Programme (Figure 7.1).

9.4.13 Development and change / outcome (distal outcome)

Developing this sense of identity – in this context, professional identity – pretty key, pretty key... being authentic and genuine – being yourself and not some kind of construction of yourself – which is why mentoring is also linked to self-insight, because you develop that.

Linked to the capacity to reflect about self as a response, and insight / moment and agency as proximal outcomes, this references the developmental goals of mentoring identified in literature (Chapter 8) and the developmental mentoring model (Figure 8.1).

9.4.14 Development and change / outcomes (distal outcomes): mentor

And mentors get things like satisfaction from participating in someone's development – feeding the generativity motivation which is a core motivational driver, generativity – mentors also learn about other people and learn about their own behaviour.

This draws attention to the gains for mentors through their involvement in mentoring, in addition to those for mentees, reflecting the characteristics of mutuality and reciprocity in the dyad.

9.4.15 **Operational change** (distal outcome)

Organisational benefits tend to be about improved retention, improved relationships, that kind of thing – both mentor and mentees... [although] people sometimes choose to leave the organisation they are in – and if people are going to engage in mentoring in an organisational context, they have to be aware that's one of the potentials.

This points to organisational or infrastructural level outcomes from mentoring associated with workforce development, acknowledging that outcomes can be both anticipated and unanticipated, intentional or unintentional.

Mechanisms: Resources

9.4.16 **Voice and story of the mentee:**

Mentoring explores the possibilities and options around the incidents that have gone on in people's lives... [because] solutions lie within – so the mentee is an expert in their own life and work because they live it.

This was a particularly welcome contribution from Bob Garvey that has resonance with David Megginson's previous comment about *the skilled mentee* in section 9.3 above. For the researcher it underscores the importance of identifying the voice and story of the mentee as a resource within mentoring in which they are the focus and to which they also contribute.

9.4.17 **Developmental mentoring expertise; developmental mentoring techniques; exemplar and role model; sharing experience**

Offering listening, commitment, challenge – and listen, and listen a bit more. They would question, they would support, they would encourage, they would value, they would care, they would be generous with their time, thoughts, ideas and experience, they would be empathetic, they would be human and humane, and they would be focusing on that human being, not on the cog in the wheel – and on the basis that everybody likes to talk, and everybody likes to be listened to, what mentors do is be generous with the listening side of things.

By language, by discourse, by behaviours, by interacting with those professionals that you respect and you value... it's that emotional engagement.

Language – that mentoring is a discursive relationship – and as Vygotsky says, language is the scaffolding of meaning.

In the context of the dyad, and extended to developmental networks, this is a valuable overview of the mentor's contribution as they embody mentoring in practice. It accords with the previous description from this same expert that mentoring is *a way of being for people more than a skill-set that you pick off the shelf.*

Mechanisms: Responses

9.4.18 Meaning-making and shared meaning-making

What you are doing in mentoring? You are having discussions which are exploring meanings – which are generally transitory, often created in the moment and not necessarily shared either, very fluid – it develops and it grows, as things move in and out of focus.

Collaborative reasoning... [and] what you do is you kind of practice for moments, and choices at those moments – to deny it and make no progress – to live in the past with it as 'just the way it is and stays' – to profoundly understand who you are, where you come from and what these experiences have done for you – and in profoundly understanding something, next time round, you may make a different and perhaps better decision.

This is in line with the inclusion of individual and shared meaning-making in the revised CMO configuration framework, reflecting the dynamic responses to conversations between mentor and mentee. It validates the interpersonal work that is done in the dyad or network, linked to the voice and story of the mentee as they move to agency. It also acknowledges the potential and capacity of the mentee to achieve outcomes that have meaning for them.

Contexts:

9.4.19 Prosocial, adaptable, congruent qualities and behaviours; dyad

The coming together of knowledge and skill, and emotion – the whole self – you have somebody acting in a state of genuine, what Aristotle calls 'autopoiesis' – so you are automatically enacting, behaving in a particular way, within a particular context.

There are qualities and personal attributes that go with [mentoring] – if you're not doing those quality things that are part of a mentor, you're just being instrumental, you're not living it.

Look at something like Roger's core conditions of learning for example – you've got things in there like unconditional positive regard – like openness – like open exchange of information and knowledge – like commitment and trust.

Together, these comments emphasise the way personal, individual qualities and behaviours complement and potentially augment the characteristics of the dyad, and potentially extended to developmental networks that are informed by a mentoring approach.

CMO configuring from the interview

As with David Clutterbuck's account, Bob Garvey's narrative appears to endorse the inclusion of many of the elements and links already in the revised CMO configuration framework. The importance of emotion is underscored and insight appears to be identified as a key proximal, foundational outcome. He appears to emphasise positive attributes, experiences and expertise in both the mentee and mentor, including a sense of resourcefulness in the mentee, integrated through authentic selves, and shared through conversations and language that generate meaning-making, in particular. For the mentee, this moves them to action and the change that follows. However, he extends the scope of outcomes to include mentee and mentor, as well as the mentee's organisation.

This might be summarised as follows, broadly configured:

- based on positive and shared qualities and behaviours that flow into the enabling potential of the dyad, both mentor and mentee engage in ways that are genuine and authentic, where
- the language of conversations, questioning and listening, as well as role modelling through which the mentor's expertise and specialist experience become invested in the mentee's story, their emotion and reasoning, so that meaning is established and decisions are made, leading to
- insight and understanding in the mentee, new learning, change and resolution, clarifying their sense of self, resolving what is past and making new choices about what might be. The mentor also learns. Gains may extend to their organisations.

For the researcher, this is more closely focused on the potential of the people who are engaged in developmental mentoring as a platform for meaning-making that invests and integrates experience, expertise and, at least at the outset emotion, in what exists now and what might exist in the future. This would work at the individual and interpersonal levels. It validates the identification of agency and agentic collaboration as key elements and proximal outcomes in the revised CMO configuration framework where the self is

invested in the mentoring process, relationship and conversations, but in doing so, enabling the same in others. As a result, what emerges for those involved can be less defined or prescribed but deeply personal and riven with meaning. For her it confirms that generativity lies not in mentoring per se but in those participating in it; in the people who engage in change conversations in a developmental alliance (section 9.3 above). In this way, it becomes clear that it is not the intervention that works. People do the work as they respond to the resources offered or taken away, or as they identify the contexts that inform and influence their decisions. This thread of causality is at the heart of change.

David Megginson

Turning to the final interviewee, David Megginson's definitions and descriptions highlighted two aspects of mentoring in particular: first, individualised transformation; and second, the development, role and potential of the *skilled mentee*. By engaging in configuring building, he extended these concepts as follows.

Outcomes

9.4.20 Learning and change / outcomes; development and change / outcomes (distal outcomes)

Quite modest, down-to-earth changes which might seem trivial but somehow they move the mentee on in a significant way. Typical issues – confidence, time management which crops up very often – e-mails that are time-gobblers – people feel they're having stuff done to them than taking hold of their lives and using their time well for their own projects – relationships with your boss – those kind of issues – difficult subordinates.

Raising energy.

Autonomy is a colossal issue – and mentoring really helps reframe that sense of autonomy – important for many mentees... sometimes using professionalism as a means of reclaiming it, reclaiming agency if you like – from a sense of disempowerment, of going through the motions, of it not being like it was – of filling out ludicrous forms.

The great thing is a reappraisal of their lives.

In this broad sweep, David Megginson suggests a range of possible outcomes that a mentee might achieve from mentoring to which they may attach meaning, some practical and some about self and work on which basis, further applied loops may occur.

9.4.21 Learning and change / outcomes; development and change / outcomes (distal outcomes)

It's by learning how to help that the mentors are increasing their skill and contribution – and learn to listen – and humility – and then, even better, the mentee can go far beyond what the mentor has imagined for them.

This brings attention to the mentor and what they achieve through making their experience and expertise available, translated through mentoring techniques.

Mechanisms: Resources

9.4.22 Developmental mentoring techniques

Sometimes just being present is as important as action-planning – most mentoring models have a commitment to action – that underplays the importance of stillness – and stopping – of being present. People are increasingly not being able to do it.

Although this speaks to mentoring technique, it also reflects the characteristics of the dyad, for example, safe space and time out, and the way that context and this resource might work together.

9.4.23 Exemplar and role model

People respond to what we are as mentors as much as or more than what we say.

This resonates with Bob Garvey's previous comments about mentoring being lived than merely a bundle of knowledge and skills (section 9.4.19).

Mechanisms: Responses

9.4.24 Reflection

An opportunity to sit back and reflect and to put things into perspective – as people get stuck with big things in their lives and unravelling them is relatively simple if they allow themselves the time and the space – and time to think.

This occurs in the context of the dyad or developmental network which enables this to occur, specifically encouraged and facilitated through the way mentee's respond to mentoring resources. Similarly, it also points to people's capacity and resourcefulness to bring about change where this is permitted, encouraged and enabled.

9.4.25 Meaning-making; decision-action

A skilled mentee can sometimes make a significant shift even if they don't

particularly trust or like the mentor. The mentee comes up against the challenge that 'it's down to them' – they need to take action or nothing is going to happen – and actually having a quiet mentor is potentially an advantage. If you have a good mentor you may say 'well, I had a wonderful mentor and that helped me'. It's much less empowering than 'I was a wonderful mentee and I sorted something out for myself. Skilled mentees recognise this for themselves.

Continuing the lines of thought in the previous section, and expanding his thinking on the importance of *the skilled mentee* set out in section 9.3, this underscores the key contribution of the mentee's response to their own voice and story in the circumstances afforded by this intervention.

9.4.26 **Decision-action**

What's important is that the mentee gets moving – and once they get moving, you don't have to stay there fussing around. Let them get on with it. The difficult thing is to get them into motion.

This is a useful prompt to the change dynamic in mentoring that moves mentees forward from *quality thinking* to quality doing.

Contexts

9.4.27 **Belief, commitment to and investment in the mentoring process, relationship and conversations:**

Necessary for 'good work' – it matters that you're for it and that there's not too much of it – that's important contextually.

In the revised CMO configuration framework, this is might be associated with an interpersonal context about belief, commitment to and investment in the mentoring process, relationship and conversations, acknowledging that this is enabling and not engulfing.

9.4.28 **Dyad: safe space, time out**

A place to go to get a good listening to – and being heard – and a place for voicing... allow themselves the time and the space – and time to think... an opportunity to think and to make choices.

An audience of one who is single-mindedly and whole-heartedly there for you.

Together, these validate the characteristics of the dyad already included in the revised CMO configuration framework.

CMO configuring from the interview

As with the previous experts' accounts, these excerpts appear to align with and validate the elements already included in the revised CMO configuration framework. Equally, the contents of this narrative have enabled potential links to be identified and broadly configured, below.

Although David Megginson highlights autonomy as an outcome, the researcher retains her interest in the conjunction of autonomy and 'interdependence' (Fletcher and Raggins, 2007, p.389), noted in section 8.4.7. She identifies agentic collaboration as key proximal outcome in this regard, enacting partnership synergy, described by Lasker et al (2001) and set out in section 7.5. Within the dyad, space and time appear as key elements, as endorsed by other experts, while listening and the stillness are identified as important resources, perhaps associated with shared responses and the way these are transacted to meet the needs of the mentee.

This might be summarised as follows, broadly configured:

- where there is commitment to use the mentoring time and space, and where
- the mentor's focused presence and stillness are offered in ways that create the platform for the increasingly skilled mentee to think, choose and act, the mentee is able to
- make meaningful changes, from the smaller down-to-earth issues that are significant to them, to the bigger re-appraisal of their lives, raising their energy, reclaiming agency and increasing their sense of autonomy.

From the research perspective, this contribution underscores what can be unique and valuable in mentoring, including the space and time to reflect and be heard, purposefully, developmentally and with others. This may be an important and valued contrast with the complexity and speed of the lives, specialist roles and routines, and decision-making expected of those involved. These aspects of the dyad are actually personified in and effected by the mentor's qualities and behaviours, enabling the mentee to explore, to understand and know, and to make changes in ways that matter to them, with light-touch support as needed. This might be a way the mentee learns to invest time in their real world situation as they become more reflective and reflexive while *building reflective space* as suggested by David Clutterbuck, confident in it as an aspect of their own resourcefulness, agency and interdependence with others.

9.5 Summary of the experts' perspectives

In individual interviews, these experts have made a valued contribution to the definition and description of mentoring. They have built on their *standard, technical definition of off-line help*, referred to by David Clutterbuck, and enhanced the researcher's

Table 9.2: Summary: expert-informed elements

Element	Expert vocabulary as dimensions
Contexts	
Prosocial, adaptable, congruent qualities and behaviours	Living it: knowledge, skill, emotion ^{BG}
Dyad	Human focus ^{BG} ; unconditional positive regard and openness ^{BG} ; time for thinking ^{DC,BG} and making choices ^{DM}
Mechanisms	
Developmental mentoring techniques	Sense of purpose ^{DC} ; exploratory questions and listening ^{BG} ; emotional engagement ^{BG} ; stillness ^{DM}
Exemplar and role model	Ethical and human ^{DC} ; in language, discourse and behaviours ^{BG} ;
Meaning-making	Being attentive to something ^{DC} ; emotion then reasoning ^{BG}
Outcomes	
Insight / moment	Understanding critical incidents ^{DC} ; new choices ^{BG}
Agency	Self-determination ^{DC} ; having new ideas and choices, better decisions ^{BG}
Learning and change / outcomes	New skills and abilities ^{BG} ; learning about self and people ^{BG} ; time management ^{DM}
Development and change / outcomes	Building networks ^{DC} ; understanding politics ^{DC} ; ethical resilience ^{DC} ; identity ^{BG} ; motivation ^{BG} ; resolving issues and challenges ^{BG} ; understanding the cultural environment ^{BG} ; becoming more authentic, genuine ^{BG} ; confidence ^{DM} ; better relationships at work ^{DM} ; autonomy ^{DM}

understanding of this intervention, developed from theory and the mentoring literature (Chapters 7 and 8). They have set out some shared lines of thinking, augmenting them with their individual perspectives that appear to focus on process and practicalities

(David Clutterbuck); people (Bob Garvey); and the challenge of being more present (David Megginson). All three experts have talked about elements already in the configuration framework, adding to the dimensions associated with them. These are set out in Table 9.2, attributed by the initials of each expert. In terms of configuring, the researcher has analysed these expert accounts in order to populate Table 9.3, identifying key elements and links associated with mentoring. Of those elements identified by all three experts, seven are highlighted in bold and linked with lines or arrows, indicating a core causal pattern in the framework. The line that goes between resources and responses follows the methodology's basic realist formula set out in Figure 5.1 in which people respond to resources (line) generated within an intervention, informed by contexts (line), leading to outcomes (arrow).

Focusing on the seven key elements that have emerged by combining the expert contributions, and highlighted in Table 9.3, they appear to suggest that within mentoring as an intervention, in the context and characteristics of the dyad with its safe space and time out, and with access to a range of developmental mentoring techniques, strategies and tools offered by an exemplar and role model, the mentee engages in meaning-making and decision-action, leading to learning, development and change. This develops the earlier CMO configurations set out in Figures 6.2 and 6.3.

In addition to these seven key elements, the experts also identify a further eight elements to which this core pattern might be linked. These are written into Table 9.3 in italics. In terms of contexts, these include individual, prosocial qualities and behaviours, along with a shared belief, commitment to and investment in mentoring. This would establish a positive milieu, individually and interpersonally, in the context of the dyad to inform people's responses. Turning to mechanisms, developmental mentoring expertise is noted as an individual resource as are techniques, as well as sharing experience at the interpersonal level. These appear to capture the dynamic of mentoring in which the general characteristics of the dyad inform responses to specific resources, meaningful to the mentor-mentee and purposeful in terms of intended outcomes.

Although the experts focused on meaning-making and decision-action as responses, reflection is still seen as important and part of a response pathway, with other cognitive-affective capabilities: reflex, reasoning and reflexivity (Figure 2.6).

Of the distal outcomes the experts identified, a proximal group includes those the researcher has located as foundational for the applied work that flows from them, namely insight / moment, agency and progression.

Table 9.3: Summary: expert-informed CMO configuration framework

Levels	Contexts	Mechanisms	Outcomes
Individual People individually	<i>Prosocial, adaptable, congruent qualities and behaviours^{DC, BG}</i>	Resources: <i>Developmental mentoring expertise^{DC, BG}</i> Developmental mentoring techniques including a range of strategies and tools^{DC, BG, DM} Exemplar and role model^{DC, BG, DM}	Proximal outcomes: <i>Insight / moment^{DC, BG}</i> <i>Agency^{DC, BG}</i> <i>Progression^{DC, BG}</i>
		Responses: <i>Reflection^{DC, DM}</i> Meaning-making^{DC, BG, DM} Decision-action^{DC, BG, DM}	Distal outcomes: Learning and change / outcomes^{DC, BG, DM} Development and change / outcomes^{DC, BG, DM}
Interpersonal People collaboratively	<i>Belief, commitment to and investment in the mentoring process, relationship and conversations^{DC, DM}</i> Dyad: safe space, time out^{DC, BG, DM}	Resources: <i>Sharing experience^{DC, BG}</i>	

In concluding this summary, the researcher acknowledges the richness of language and therefore the way the appreciation of elements has been extended by these experts, summarised in Table 9.2 and configured in Table 9.3. In both these areas, they appear to have validated the research findings to date.

With valuable and rich data from experts, it has been possible to use the revised CMO configuration framework to make sense of their contributions in a way that is consistent and transparent, validating the inclusion of some elements, while enhancing associated

dimensions. It has also made it possible to identify causal patterns that reflect their particular perspectives and experiences of developmental mentoring that go some way to explaining how mentoring works.

The conclusion to this chapter this marks the completion of stage two of the research design (section 1.7). From this, a CMO configuration framework has been set out and built from diverse sources, bringing together the elements and links that provisionally express causality in mentoring: theory-primed, literature-populated and expert-informed. In the next stage, Chapter 10 uses this framework to evaluate the intervention, based on participants' experiential narratives.

Chapter 10

Evaluating the intervention: mentee and mentor experiences (participant-configuring)

10.1 Chapter overview

The aim of this chapter is to use the CMO configuration framework to evaluate the intervention, developmental mentoring in a Mentoring Programme. This will contribute to understanding how mentoring worked as an intervention in its own right and as an approach within a Programme to inform wider learning, development and change. This is stage three of the research design. In addition, it will enable the initial programme theories (Table 6.1) and CMO configurations for this intervention in specialist workforce development to be revised. This is stage four of the research design.

This chapter reports and analyses data collected in 2011 and 2015 or 2016 from two mentees and two mentors who took part in the Mentoring Programme, providing a more extended perspective.

Starting with an account of how and when data has been sourced and analysed (10.2), the next section explores data from one mentee and one mentor, collected through exit interviews when the Programme was ending in 2011 (10.3). It uses the CMO configuration framework developed in Chapters 6 to 8 to conduct this analysis, evaluating of the way this intervention worked for them. The section that follows takes a longer term perspective (10.4). The same framework is used to analyse the narratives of another mentee and an additional mentor, using their exit interview data from 2011 and data from interviews carried out in 2015 in one example and 2016 in the other, to evaluate the way the intervention worked in the longer term (10.4). The chapter concludes with a summary of findings from all four evaluations (10.5).

Based on this work, Chapter 11 focuses on the process and outcomes from this accumulation of knowledge and what is now known as a result of this study. Three issues are discussed; first, how this intervention worked for those who took part; second, the revised and transferable programme theories about mentoring in a Mentoring Programme and how it might work in specialist workforce development; and third, the research methodology.

10.2 Data

The data used in this chapter comes from a group of four participants, two mentees and two mentors who took part in the Mentoring Programme (2009-11), their characteristics described in section 4.4.2. Since this is a small group, little additional information is provided to ensure anonymity. Their contribution as a primary data set is described and justified in section 5.7 and Figure 5.1.

Each narrative account is presented as a short study in the sections that follow, highlighting their own explanations of the way this intervention worked for them, at the time and over time; from one mentee and one mentor (2011), one mentee (2011-2015) and one mentor (2011-2016).

The number of interviewees was determined pragmatically, largely based on their availability at the time. This was for similar reasons to the stakeholders set out in section 4.2. Many practitioners had moved to new employers and were now working with managers with no prior involvement in the Programme. There was a sense of reluctance to release staff to take part. Nonetheless, the researcher believes there is sufficient data within this sub-set to achieve individual and topic saturation for the intention in this research to establish the 'essence' and 'clarification' (section 8.2) of developmental mentoring as an intervention and an approach that has been primed from theory, populated from the literature and informed by experts.

Methods and timing: Data gathering was done in two phases: contemporaneously, associated with the end of the Mentoring Programme; and several years later, by following up four participants. The interview schedule is in Appendix 1.

In 2011, all participants provided information about the Programme through an exit questionnaire that captured statistics, for example length of involvement in the intervention, practitioner group, number of mentoring contacts and accreditation achieved. They were also invited to contribute short statements about their experiences: to identify key modules or topics in the Mentoring Programme that contributed to learning or development and, more generally, what they valued in the Programme; and to indicate what aspect of mentoring they felt made a difference and what they valued in it (Lawson, 2011, pp. 20-32). They also took part in an exit interview with the Co-ordinator and their manager in the case of mentors, or their manager and mentor in the case of mentees. This was an audio recorded, semi-structured interview to which all consented. Data have already been published (*ibid*). As part of this interview, they were asked about what they had got out of the Programme and mentoring and, fortuitously for this research, how they thought that had come about. Although not guided by realist evaluation methodology,

this has provided a useful dataset about how mentoring in a Mentoring Programme worked for them. Data from one mentee and one mentor are presented in section 10.3.

In 2015, the mentee and mentor from one dyad were interviewed as a result of the researcher being invited to contribute a chapter to a mentoring text book (Lawson, 2017). The mentee interview is reported here. Finally, in 2016 one mentor who had intended to take part in a focus group but was unable to attend on the day, agreed to be interviewed. Data from this mentee and mentor, extending from 2011 to 2016 are presented in section 10.4.

Where appropriate to the evaluation of the intervention, some additional data has been sourced from published and unpublished documents associated with the Programme.

Process and purpose: In 2011, participants completed the exit questionnaires and consented to audio recorded interviews to capture their experiences as part of the evaluation of the Programme for funding purposes, identifying what they had got out of the Programme and what had contributed to it. In 2015-16, interviewees consented to provide a short account of their experiences as well as take part in a facilitated CMO configuring process based on a short presentation about realist evaluation methodology by the researcher. The facilitation followed a 'set of linked questions' described previously in section 9.2. As with those experts, they were not asked to comment on or trial a draft CMO configuration framework as it was not available at the time.

This group of participants has proved to be a source of rich data that goes beyond the boundaries of this research. However, only narrative data that contributes to CMO configuring is included here. Quotes and paraphrasing have been approved by each interviewee as required.

Analysis: In preparation for this evaluation, the researcher reviewed the audio recordings, field notes and initial thematic analysis carried out at the time the recordings were made. She then followed a step-wise process to enable her to identify causality in participants' accounts and thus their evaluation of how the intervention worked:

- the researcher chose to work directly from the original recordings, informed by her preparatory work, noting key words and phrases that participants used to describe their outcomes and make attributions of how these came about through their experience of the Mentoring Programme. This use of the recordings ensured she stayed close to the data;
- based on these notes, she then made associations between them and the terminology she had established for elements that she had set out in the revised CMO configuration framework (Table 8.5), translating key words and phrases into

that vocabulary, mindful of the definitions and dimensions of elements she had previously identified;

- this then enabled her to map participants' outcomes and attributions into a framework, a table. Each table was unique to each participant and each outcome, as an un-associated pattern of elements, perhaps ten or fifteen, set out in rows and columns;
- in order to establish links, the researcher reflected on the attributions made by participants in their own words. However, to make sense of this in terms of configuring, she needed to relate these attributions to the patterns and flows in a basic realist formula (Figure 5.1). For this, she turned to her own re-interpretation of the CMO configuration as 'dynamic' (Table 5.3) that highlights the way an intervention generates resources, while the context powers people's response to them to bring about an outcome. She used this pattern to inform the attributions of links between elements in each participant's table. She did this in two ways: first, identifying and the resources generated by the intervention to which participants said they responded and what that response was (priming); and second, identifying the context that participants associated with that response, inserting another link from contexts to responses (power). These were reviewed and reappraised as other arrows were added, informed by the narrative, linking responses to changes / outcomes (effected), whether proximal or distal. Once mapped, she reviewed the recording to ensure that the resulting CMO configuration reflected the participant's 'sense' of causality in the narrative. This appears to establish a causal 'choice architecture' (Thaler and Sunstein, cited in Pawson, 2013, p.34) from the data.

Using the revised CMO configuration framework in this way brings the advantage of consistency in the terminology that has been evidenced through work undertaken in Chapters 6 to 9. It also ensures that the causal link between resources and response, and contexts and responses are established as anchor points from which outcomes emerge, resonating with the participants' own accounts. However, guided by Manzano (2013), referred to in section 5.6.1, it offers the flexibility to adjust CMO configurations through the interchangeability of contexts, mechanisms and outcomes in order to accommodate individuality in participants' experiences.

Each table is followed by a Preliminary analysis, clarifying what is now known about mentoring and the Mentoring Programme as a result of this process, highlighting how people responded to the resources associated with these interventions, in ways that had meaning or influence contextually, and with what effect. In addition, the analysis includes a reflection on the contents and use of this framework. To bring each participant's

contribution to a conclusion, there is a Summary analysis that sets out: first, what this evaluation contributes to understanding how mentoring works as an intervention and an approach within a Mentoring Programme; second, what it contributes to theory development as a potential CMO configuration type; and third, what is now known about using the methodology this way. The aim of presenting this series of participant experiences and their analyses is to show how new knowledge is being generated throughout the realist evaluation process.

Finally, section 10.5 draws these accounts together as a summary of findings. The findings are discussed in Chapter 11.

10.3 How does mentoring work as an intervention and an approach? Contemporaneous participant data (exit questionnaires and interviews, 2011)

These data were originally contributed to the evaluation of the Mentoring Programme, analysed here for one mentee and one mentor. At the time, they were asked to identify what changes and outcomes they had achieved through the intervention and what they attributed those to. Incomplete from a configuring perspective, the researcher nonetheless considers these to be valuable, rich data. The outcomes and attributions are set out in the accounts that follow, and mapped out as elements and links in a CMO configuration table for each participant and each outcome.

Mentee 1

This mentee, a less experienced specialist practitioner at an early stage in their career and working in the non-statutory sector, identified three outcomes.

10.3.1 Outcome 1: *increased my awareness of a lot of the factors that are influencing the people we work with at the moment [in other sectors]: (learning and change / outcome, development and change / outcome).*

Attributions made by the mentee:

- *third sector organisations can become a little island at times from NHS policy and some of the drivers in the service – because a lot of them are devised for the NHS;*
- *being able to tap into them [policy and drivers] has been fab because regardless of whether people are being supported by us or someone else, they're still going to be affected by changes in the NHS and government policy as a whole – that has really helped; and*
- *issues like funding [in some localities] – being able to understand on one side how they're failing to meet the government agendas – but also some trying meet*

one part of it but not another – and may not understand the balance required – it's given me more insight into why some decisions are made.

The outcomes and attributions have been mapped onto Table 10.1, following the step-wise analysis process set out above.

**Table 10.1: Mentee 1: CMO configuration framework:
Outcome 1: learning and change / outcome, development and change / outcome**

Levels	Contexts	Mechanisms	Outcomes
Individual People individually		Response: Meaning-making	Proximal outcome: Insight / moment: policy informs provision, practice and what people experience Distal outcomes: Knowledge of current policy, funding and strategic decisions Broader view
Interpersonal People collectively	Developmental networks: diversity		
Institutional Organisations	Mentoring scheme design		
Infrastructural Policy, evidence		Resource: New knowledge: government policy and drivers	

Preliminary analysis: In order to make sense of the data, elements associated with the mentee's response and the insight / moment in the table are inferences made by the

researcher based on the data, informed by learning theory and literature, for example Bandura's work (section 7.3).

The causal pattern in the table appears simple (Glouberman and Zimmerman, 2002) and linear, reflecting the pedagogic processes associated with some workshops that were designed into the Programme, in this example to establish a common policy framework in Module 1 (Table 4.2). Facilitated by the scheme design and the support available within the diversity of the group, this mentee establish the meaning of this new knowledge within their own situation, in ways that reflected their personality and learning style: *I see the big picture rather than small details*. This contributed to the mentee's learning (new knowledge) and development (broader view).

Outcome 2 that follows is a further example of changes and outcomes for the mentee that are associated with learning and development.

10.3.2 Outcome 2: *a key part was understanding co-production – and personalisation: that's been a big change for me, understanding how much people can be involved – important (learning and change / outcome, development and change / outcome).*

Attributions made by the mentee:

- *inspired my whole change project; and*
- *realised often when I'd been going along to sessions with people, I'd been going along with my own agenda – which sometimes we have to do... but at the moment I'm trying at the start of sessions to ask 'what do you want out of today, what can we be doing today' and then, if they're at loss that's when I can step in and help them with their informed choice, weighing up the options.*

Outcomes and attributions are set out in Table 10.2.

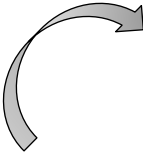
Preliminary analysis: As another learning and development process, and from the mentee's own attributions, it appears to be relatively straightforward, repeating the way they establish meaning in response to information. However, the casual pattern here is more complicated (ibid). This becomes evident in the links between new knowledge (cognitive) that appear to be associated with the mentee's values, approach and practice (cognitive-affective) and their capacity to act (praxis) by trialling something new in their change project and subsequently implementing it in practice. Collectively, these evidence possible foundational and applied loops operating together or in series, such as those inferred in Table 5.3 and developed in section 8.5.6.

As discussed in section 4.4.3, Develop and Deliver Phase, change projects were added to the Programme design, validating their inclusion as an additional self-directed learning and development opportunity.

This CMO configuration framework has underscored the way the Mentoring Programme has worked but in a more complicated, applied way. This is extended yet further in the causal account of the final outcome, associated with mentoring.

Table 10.2: Mentee 1: CMO configuration framework:

Outcome 2: learning and change / outcome, development and change / outcome

Levels	Contexts	Mechanisms	Outcomes
Individual People individually		 Responses: Meaning-making Decision-action	Proximal outcome: Insight / moment: value and use of partnership working Distal outcome: Knowledge of current evidence and good practice
Institutional Organisations	Mentoring scheme design	Resource: Change project	Distal outcome: Change of practice to partnership working
Infrastructural Policy, evidence		Resources: New knowledge: partnership, experience-based design	

10.3.3 Outcome 3: the way I work has begun to change and will change going forward... I will work it into my work (development and change / outcome).

Attributions made by the mentee:

- *ties in with the MBTI... a lot of the way I work made sense, recognising it and understanding it... and how can I work with it;*

- *MBTI... and me and my mentor being aware of that... explains my learning style and the way I work, for example the way I see the big picture, rush into things... my mentor has helped me harness it where it's an advantage and where I need strategies and skills to counteract the side of it that makes some tasks more difficult;*
- *the ongoing support in mentoring... almost confirmation... someone else saying 'that's a good idea'... a reassurance in a lot of ways... and such a good resource to draw on [in my mentor]... a lot of contacts, experience... it's not often you get to work purely for your personal development with that kind of input; and*
- *the change project.*

Outcomes and attributions are mapped into Table 10.3.

Preliminary analysis: The final CMO configuration captures the way the Mentoring Programme and mentoring provided integrated opportunities for this mentee in terms of their development; the most complex (ibid), non-linear configuration of those identified that includes multiple applied loops:

- the key resource is new knowledge gained from the MBTI scores and interpretation provided through the Programme;
- support and time out in the dyad is the main context for meaning-making, shared and individual, that is the way the mentee comes to understand and apply what they now know about their learning style and personality;
- associated resources include episodes and conversations the mentee accesses as needed;
- the insight / moment is about self (personal) on which foundation they then invest what they now know and can apply to work or practice. This reflects the dual, integrated purpose of mentoring set out in Figure 8.1;
- having been explored in the dyad and trialled in their change project, knowledge of MBTI is learnt by the mentee and applied in new ways of working that reflects their development.

In reality, this reflects the evolution of the mentee's learning and development over almost twelve months, through individual and shared meaning-making, associated with the resources offered within mentoring as an intervention and as an approach in the Mentoring Programme.

Despite the complexity of this configuration, it has enabled the researcher to explore the 'choice architecture' (Thaler and Sunstein, cited in Pawson, 2013, p.34) that links mentoring and the Mentoring Programme. A potential process has been mapped in a

way that uses terminology consistently, shows causal links that express the basic realist formula (Figure 5.1) and that enables sense making from the perspective of the mentee.

**Table 10.3: Mentee 1: CMO configuration framework:
Outcome 3: development and change / outcome**

Levels	Contexts	Mechanisms	Outcomes
Individual People individually		Resources: Credible specialist experience and expertise Exemplar and role model	Proximal outcomes: Insight / moment: understanding learning style and personality through MBTI Agency
		Responses: Meaning-making Decision-action	Distal outcome: Knowledge of MBTI
Interpersonal People collaboratively	Dyad: support, time out	Response: Shared meaning-making Resources: Conversations Episodes	
Institutional Organisations	Mentoring scheme design	Resource: Change project	Distal outcome: Changing the way I work to reflect my style, using new strategies and skills
Institutional Policy, evidence		Resource: New knowledge: MBTI	

10.3.4 Summary analysis of Mentee 1 outcomes: evaluation, theory and methodology

This summary analysis considers three areas; first, what this evaluation contributes to understanding how mentoring works as an intervention and as an approach within a Mentoring Programme in this example, beginning to articulate the response to the research question (sections 3.5 and 6.2); second, more generally, what this contributes to theorising about how this intervention works, identifying a potential CMO configuration type; and third, what is now known about using this methodology in this way. This structure is used here and in section 10.4 to summarise the two mentee and two mentor contributions. These are drawn together in section 10.5 in order to revise the initial programme theories, set out in Table 8.1.

First, this short study highlights the interrelationship between a Mentoring Programme and mentoring, the former generating resources that are then explored in the latter, contributing to the assimilation of learning and associated development. Causal patterns can be simple (outcome 1), complicated (outcome 2) and complex (outcome 3), (Glouberman and Zimmerman, 2002). The greatest complexity appears to be associated with the way knowledge about self is discovered and then applied to work through a more agentic self. In this, the support and time within the dyad are key conditions that enable personal responses and change, while the change project becomes the opportunity to try it in practice. In both examples, the mentor is identified as a resource, by example, experience and expertise, collaborating in the dyad where it appears that new knowledge, such as that relating to policy that is known to the mentor but not fully to the mentee, can be explored, while the 'unknown-unknowns' about the mentee as 'self' can be discovered (after the Johari Window, Luft and Ingham (1955), referenced in section 2.4.2). This developmental work in particular might influence the mentee's quality of thinking and resultant behaviours, in this example, supporting and challenging meaning-making where there is increased ambiguity and complexity, but as a result, the quality of what might then be achieved.

Participating in diverse, collaborative relationships as part of a combined community of learning, practice and discovery, in a dyad or network that share common qualities, behaviours and approaches appears to be important contextually, as well as for the specific resources they generate.

Second, in terms of theorising about this mentee and these interventions, it appears they might work through **meaning-making to integrate new knowledge about work and self**. Causally, these might be simple (policy) and complicated (partnership working), in pedagogic-andragogic environments, or complex (MBTI and personal

style) in more andragogic-heutagogic settings. Reflecting on the aims of the Mentoring Programme, these causal pathways lead to personal change and changes in practice that align with learning and change / outcomes, with development and change / outcomes (capacity and capability) and operational change / outcomes (services) as set out in the revised CMO configuration framework (Table 8.5).

Third, in terms of the methodology, the framework has provided a useful vocabulary of terms and associations from theory, the mentoring literature and experts, as well as formative links that have provided a consistency and transparency in analysis, without being restrictive. It has been necessary to make some inferences about the pattern of thinking, decisions and actions, particularly in relation to insight / moment, making sense of limited accounts from theory, the literature and the researcher's knowledge from practice. However, it has also become evident that the framework, developed mainly from mentoring literature, needs augmenting with elements that reflect the detail of the Mentoring Programme provided in participants' narratives. It is anticipated that further additions will be required and that possibly, from these short studies, some deletions may also be made. This will be discussed further in Chapter 11.

So, how might the experience of a mentor be understood, following this same process?

Mentor 1

This mentor, a more experienced specialist practitioner in a senior position but without management responsibilities, identified two outcomes.

10.3.5 Outcome 1: *I have a completely different outlook on my clinical practice... much more open and much less judgemental [more than diagnosis]... seeing it through their eyes... an appreciation of people... and that's the beauty of it that I didn't see before the Programme... and for me, it's a more quality service... and I feel like I'm achieving a good job... and [this person] is excited to come and see me now... we have rapport and are more comfortable to discuss the issues that are important [to them], [their] decisions and how we support [them]... led by [them]... [using all my specialist expertise] but becoming an advocate for people... I wouldn't have seen this before the Programme (learning and change / outcome, development and change / outcome, operational change / outcome).*

Attributions made by the mentor:

- *the stuff around MBTI, the emotional intelligence stuff that just helps you read people a bit better and pick up on stuff... at a more in-depth, intense level compared to what we even do for motivational interviewing... which is still quite medical model... just switched on lightbulbs – I can use it, bring it in with*

personalisation, bringing that in with co-production... co-producing care that suits [people];

- *about using language, not using 'patient' – and now we just talk about 'people'... crucial, because it lets you see the person first – and then you see the diagnosis... after clinics, the way I talk about people is completely different... having listened to what they say and what they want;*
- *personalisation... co-production... really brought it all together... the big lightbulb moment; and*
- *mentorship – giving information and helping [people] make choices themselves – facilitation of choices rather than 'this is the best one for you'.*

Outcomes and attributions are presented as configurations in Table 10.4.

Preliminary analysis: In terms of the Programme design, none of the mentors had access to mentoring. Thus, it was assumed by default in the Bid that their needs would be met primarily through the Mentoring Programme. This is reflected here in the complex causal patterns that indicate the way the mentor accesses and synthesises learning from several fields of new knowledge, impacting on their sense of self in role, their practice and the service they provide as a result. In this situation, instead of the mentor's experience and expertise being a resource as it would be in mentoring, it is situated as context, amplifying their personal qualities and behaviours. Together, these are a key influence on the way this mentor thinks and acts, implicitly through some sense of agency, congruent with self and in role as a more senior, specialist practitioner. The researcher's attributions of responses reflects the nuanced way people working at this level might make use of complex and purposeful reasoning, reflection and reflexivity, when enabled to apply it to their own learning and development as they would do to their practice.

The CMO configuration in Table 10.4 has been useful in highlighting the greater autonomy and influence of the mentor, in comparison with the mentee who seemed better able to manage complexity with the support of their mentor.

Outcome 2 sets out the way these same contexts and mechanisms are applied in the mentor's work with students.

10.3.6 Outcome 2: *much more of a mentorship role with students coming through... the mentorship skill... encouraging them and facilitating them to be independent and take control of their learning... adult learners... and working with our student training leads[to adopt this approach] (operational change / outcome).*

Table 10.4: Mentor 1: CMO configuration framework:
Outcome 1: learning and change / outcomes, development and change /
outcome, operational change / outcome

Levels	Contexts	Mechanisms	Outcomes
Individual People individually	Qualities and behaviours: specialist experience and expertise, and developmental mentoring expertise		Proximal outcome: Insight / moment: appreciates self and others, and use of co-production and mentoring approach
		Responses: Reasoning, reflection, reflexivity Decision-action	Distal outcome: Changing my approach to work, appreciating people and co-production
Interpersonal People collaboratively			Distal outcome: Changing the way I work, co-producing care with people: listening, choices and outcome-focus
Institutional Organisations	Mentoring culture and scheme design	Resources: New knowledge: language, mentoring approach	Distal outcome: Changing the way I work, co-producing care that suits people; a quality service
Infrastructural Policy, evidence		Resources: New knowledge: MBTI, emotional intelligence New knowledge: co-production, personalisation	

Attributions made by the mentor:

- *understanding the learning process;*
- *now using mentoring style and language of co-production in student training;*
- *[confidence] in risk taking... not wrapping them in cotton wool – ‘sit with Nellie and this is how Nellie does it and you’ll be able to do it’ – but saying ‘this is how it could be done’ and bringing more from the student; and*
- *a bit of the action learning – almost like an action learning set – to look through more complex cases.*

Outcomes and attributions are mapped into Table 10.5.

Preliminary analysis: For the mentor, causality is expressed in similar terms as outcome 1, establishing co-production as a way of working but then using that to inform their work as a student supervisor in the context of having extended experience and expertise in adult learning styles and action learning. This is another example of the way they are able to enhance their capacity to assimilate and amplify new information in multiple ways, across different levels, effected through their development than merely learning.

10.3.7 Summary analysis of Mentor 1 outcomes: evaluation, theory and methodology

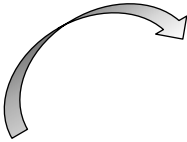
Following the same approach as used with the summary for Mentee 1 above, this section will consider first, what this evaluation contributes to understanding how mentoring works as an intervention and an approach in this example; second, what it contributes to theorising about how this intervention works; and third, what is now known about using this methodology in this way.



First, the two outcomes identified by this mentor appear to evidence the complex and nuanced thinking processes used by more experienced specialist practitioners that reflect how they work as experts, autonomously in a specialist field and at multiple levels in the system (Benner, 1982). This mentor has made links between their established and newer knowledge, contributing to their development and translating these readily into their practice, service and roles to effect meaningful outcomes that are congruent with their value base and notably, co-production. It appears that this process is enabled by their pre-existing and enhanced qualities and behaviours, experience and expertise. This resonates with their sense of agency, described in sections 7.3.2 and 7.4.2, but not expressed by them as such here.

The individual change process set out here might be aligned with the collective work described by May and Finch (2009) in their writing about Normalisation Process Theory

Table 10.5: Mentor 1: CMO configuration framework:

Outcome 2: development and change / outcome, operational change / outcome

Levels	Contexts	Mechanisms	Outcomes
Individual People individually	Qualities and behaviours: specialist experience and expertise, and developmental mentoring expertise Adult learning styles and processes: action learning		Proximal outcomes: Insight / moment: value and use of co-production and mentoring approach
		Responses: Reasoning, reflection, reflexivity Decision-action	Distal outcomes: Changing my approach to work, appreciating people and co-production
Interpersonal People collaboratively			Distal outcomes: Changing the way I educate and supervise, co-producing learning
Institutional Organisations	Mentoring culture and scheme design	Resources: New knowledge: language, mentoring approach	
Infrastructural Policy, evidence		Resources: New knowledge: MBTI, emotional intelligence New knowledge: co-production, personalisation	

(section 7.4). In order to apply it here, practitioners would be seen as making sense of new knowledge in terms of ‘the meaningful qualities of a practice’ (May and Finch, 2009, p.541), in the responses that enable them to attain insight; engaging their own efforts and others as required and enacting the new practice by applying it to their own situation, equated with distal outcomes; and evaluating its impact. Outcomes at different stages might then become contexts for further applied loops, including evaluation, as illustrated in Figure 5.1 and Table 5.3. This might extend practitioners’ experience and expertise, their capacity and capability, through engagement in integrated learning, development and change processes, with others, and framed by new knowledge and skills acquired from this type of Programme. This would go beyond the current workforce development model that focuses on training needs assessments and accessing continuous professional development opportunities, informed by workforce planning in response to current and future service provision, noted previously (section 1.2).

Second, in terms of theorising about this intervention in this study, it appears to work by **enhancing responses that translate new knowledge about self, others and work into practice**. In this example, this largely autonomous approach effects change at multiple levels as well as in capacity and capability, services and outcomes.

Third, the framework has facilitated analysis, informing findings as with Mentee 1, above. The specification of resources generated within the Mentoring Programme builds on those identified by Mentee 1. These are discussed in Chapter 11.

10.4 How does mentoring work as an intervention and an approach? Extended participant data (exit questionnaires and interviews, 2011, and interviews, 2015 and 2016).

The timeline in this section extends from 2011 when data were originally contributed to the Mentoring Programme evaluation, to 2015-16. Data are analysed for one mentee and one mentor.

In 2011, as set out in section 10.3, all participants were asked to identify what they had got out of the Programme, including mentoring, and what they attributed those outcomes to. Incomplete from a configuring perspective, these are still valuable data. The elements participants identified are set out in the accounts that follow, and mapped out as elements and links in a CMO configuration table for each participant and each outcome.

In 2015-16, interviewees were identified following their participation in a focus group to share experiences and views about how the Programme had worked in the longer term. Interviews were carried out under the same conditions as those for the experts (section 9.4). Those who consented to take part were taken through a configuring process as follows: what did they get from taking part in the Mentoring Programme

(outcomes) and, taking each outcome in turn, what was it in mentoring or the Programme (resources) they responded to and how (responses) to have this effect, and what might have made them respond in that way at that time as opposed to any other way (context). These have been mapped out in a CMO configuration table for each participant and each outcome.

Mentee 2

This mentee joined the Programme in 2011 with several years' experience and higher level expertise in their specialist area, actively seeking to develop services. They were further extending their role by taking on some management opportunities within their team. In 2011 they had stated: *I've probably always had the drive to go further in my career but I certainly think [the Programme] gave me more confidence – not necessarily clinical confidence – but more self-confidence.* By 2015, they had moved employers to take up a key clinical leadership and management position with a team of their own.

In addition to this evaluation based on the mentee's experiences, there is more extended account of their interview and one with their mentor that focus on the mentee's achievements and how they came about, published in Clutterbuck's *The SAGE Handbook of Mentoring* (Lawson, 2017).

The mentee identified two outcomes in 2011 and two in 2015.

Mentee 2 contemporaneous data, 2011

10.4.1 Outcome 1: this has three distinct but inter-related strands:

- *the way I view assessment and treatment now – I just ask questions and let people tell the story... some things I do have to ask but I don't view assessment the way that I did or the way we were traditionally taught... and I understand that if you don't address their biggest problem, you'll not move forward in what you need to do... looking at the person as a whole;*
- *making links... before I was trying to slot people, the person, in to things I knew were available... now referring people for personal assistants... to access things in the community and do things they want to do; and*
- *setting up a new service – informed by the Programme... working differently.*

(learning and change / outcomes, operational change / outcomes).

Attributions made by the mentee:

- *still adhering to evidence, standards;*
- *self-management assignment... with a progressive condition, they have to be*

able to manage themselves... and for these people, there are huge gaps [in services]... you've got to promote self-management;

- *partnership working... you were a sort of a problem solver – now it's flipped a little bit – it's like you're trying to find solutions – so I don't feel guilty any more... because I've given people options... people find their own solutions ... engaging people and involving people... joint partnership with the person;*
- *the networking side of things – having a collection of people that are from the acute sector – the independent sector – and then all the speakers – this huge network of people now... invaluable for the area I work in – realising you can link in with people from the independent sector... us-them before – but now I realise there's ways around that;*
- *mentorship - a lot of those links via [my mentor] – pointing me in the right direction; and*
- *people are happier with the quality [of what I do]... a few people have said 'thank you for listening to me... you've really listened'... and I don't treat people for as long as before – I don't feel like I need to... it's about people's confidence – if they feel more involved they feel more confident – they're more likely to go out and try new things – because they feel empowered.*

Outcomes and attributions are presented as configurations in Table 10.6

Preliminary analysis: This account, like that for Mentor 1 mapped out in Table 10.4 yet distinct from that for Mentee 1 in Table 10.2, articulates more complex, non-linear developmental processes associated with the translation of new knowledge into practice, in a reasoned way that resonates with this mentee's approach to learning as an activist and as a specialist practitioner with high level clinical reasoning skills (Benner, 1982). There are multiple applied loops in this narrative. New knowledge leads to valuing and using a different, collaborative and more holistic approach that bridges medical and social models (section 2.2.2), changing practice and work on service development through co-production (section 3.3). In terms of practice, with access to local knowledge through an extended practice network, this mentee implements partnership working through making more individualised referrals for people so they can choose how best to meet their on-going needs, in this example by accessing personal assistant support to enable them to access community opportunities. In terms of co-producing services, the mentee involves people who were attending an 'outreach programme' in decisions about what activities they would enjoy and benefit from when they met, such as reflexology, massage and exercise. In terms of 2011, the story ends there. However, in the 2015 interview, the mentee explained that when statutory funding for this service ceased in 2012, and realising how much

**Table 10.6: Mentee 2: CMO configuration framework:
Outcome 1: learning and change / outcomes, development and change /
outcomes, operational change / outcomes**

Levels	Contexts	Mechanisms	Outcomes
Individual People individually	Prosocial qualities and behaviours, with specialist experience and expertise	Resource: Credible specialist experience and expertise	Proximal outcome: Insight / moment: value and use of partnership working
		Responses: Reasoning Decision-action	Distal outcomes: Changed view of assessment, treatment and referral Different approach to setting up a new service
Interpersonal People collaboratively	Practice network (extended)		
Institutional Organisations	Mentoring culture and scheme design	Resource: Self-management assignment	Distal outcome: Changed practice : assessment, treatment and referral People co-produce and experience a quality service
Infrastructural Policy, evidence		Resource: New knowledge: partnership working	

they gained from this group, emotionally from the support of others and physically, people chose to take it over themselves, setting it up as social enterprise that continues to run.

It is interesting to note that the mentee associates these gains with the Programme and not mentoring although it was anticipated in the Bid that mentoring would be the main learning opportunity for mentees, particularly in terms of clinical knowledge and skills (sections 4.3.2 and 4.3.3).

Reflecting on the contents and use of the framework, this has brought into relief the complex way the Programme has worked for this mentee leading to important changes and outcomes from the resources generated within it as well as the associated contextual structures and processes in combination with those personal and practice characteristics for which she was recruited.

10.4.2 Outcome 2: *my mind-set as a whole... changing the way I work and the way I think... I think I may be more reflective – because I wasn't before, definitely not...an activist and like to go for it... I'll now take a step back and think 'will that work – how am I going to do this?' than doing it and going 'that didn't work' (development and change / outcome, operational change / outcome).*

Attributions made by the mentee:

- *a lot of the work we did around language – and people are people, not patients... it's just become embedded in your practice;*
- *from learning modules to reflective assignments with an evidence portfolio – you just couldn't fall back into the old ways of working; and*
- *a lot of that has come from the mentoring... a different perspective on things... discussions with the mentor about... if you empower people, you also empower yourself.*

Outcomes and attributions are presented as configurations in Table 10.7.

Preliminary analysis: The causal pattern in the table appears simple and linear, despite it being associated with an important personal change to become reflective in thinking and in practice. Primarily this appears to be about mentoring as an intervention and the context of the dyad with its particular characteristics, drawing on resources from the Programme and from within the relationship, such as mentoring expertise and sharing experiences through conversations, with individual and shared reflection as a response. The insight here appears to be that change is possible, noted in the outcome about *changing the way I work and the way I think*.

This configuration appears to build on the experts' summary presented in Table 9.2.

**Table 10.7: Mentee 2: CMO configuration framework:
Outcome 2: development and change / outcome, operational change /
outcome**

Levels	Contexts	Mechanisms	Outcomes
Individual People individually		Resources: Credible specialist experience and expertise Developmental mentoring expertise	Proximal outcome: Insight / moment: mind-set can be changed
		Responses: Reasoning, reflection	Distal outcome: Changing the way I think; reflection
Interpersonal People collaboratively	Dyad: trust, support and challenge, safe space, time out	Resources: Sharing experience Conversations	
		Response: Shared reflection	
Institutional Organisations	Mentoring culture and scheme design	Resources: New knowledge: language, mentoring approach Reflective assignments	Distal outcome: Changing the way I work, reflection in what I do
Infrastructural Policy, evidence		Resource: New knowledge: partnership working	

The utility of the framework here is in enabling sense-making, first in what is said and then in alerting the researcher to causal gaps in the mentee narrative. This begins to point to further applications of the CMO configuration framework, perhaps by making it available to interviewees with the caveat that it would be used to stimulate discussion than limit it. This is considered in Chapter 11.

As an addendum, this mentee also stated at the time that their *general strategic knowledge has improved...in terms of building a case or building an argument, if you say 'this is what should be happening, this is the evidence' then really they can't argue... can discuss with manager... can represent manager at meetings*. Despite insufficient attributions being made in 2011 to analyse this, the mentee raised it again in 2015; presented in section 10.4.5.

Mentee 2 current data, 2015

In 2015, having advanced to a key clinical leadership and management position, with her own team, the mentee identified two outcomes.

10.4.3 Outcome 3: *that whole concept around partnership working was definitely key... diversity but relationship developed over time... support and challenge...in the Mentoring Programme and mirrored in the mentoring relationship (learning and change / outcome, development and change / outcome, operational change / outcome).*

Attributions made by the mentee:

- *having that time amongst group of people that shared a similar passion for championing neuro – just having all those people together in one room was really, really powerful... not just from the NHS but from all walks;*
- *experiences and expertise complement one another – diversity but relationship [with group and mentor] – definitely need both;*
- *understanding that different sectors can complement each other [than opposition – silos];*
- *networking... every person brought something slightly different... geographical location, somebody who might know somebody else in that area... like having a link person;*
- *understanding local services made me confident.. spending time with people that worked in those service... ask about referral criteria, funded, who can make referrals;*
- *own clinical expertise but less expert in more holistic management of this particularly complex client group;*

Table 10.8: Mentee 2: CMO configuration framework:
Outcome 3: learning and change / outcome, development and change / outcome,
operational change / outcome

Levels	Contexts	Mechanisms	Outcomes
Individual People individually	Specialist experience and expertise	Resources: Credible specialist experience and expertise Developmental mentoring expertise Broad view, making links in ambiguity and complexity	Proximal outcomes: Insight / moment: value and work with contacts in more diverse, complementary networks
		Responses: Reasoning, reflection Decision-action	Distal outcomes: Changed the way I work, more holistic approach
Interpersonal People collaboratively	Dyad: objectivity, support and challenge	Resource: Conversations	
	Developmental networks: diversity	Response: Shared reflection	
Institutional Organisations	Mentoring culture and scheme design	Resources: New knowledge: shared language New knowledge: local knowledge – services, contacts	Distal outcome: Changed the way I work, more holistic practice
Infrastructural Policy, evidence		Resource: New knowledge: partnership working	

- *mentor outside [of my organisation] and objective... to see things differently by being completely impartial;*
- *informal conversations, formal conversations, learning opportunities, new ideas, discussions... sharing models and best practice – all of those things; and*
- *language... this shared language... out of 'patient' mode... it was all about the person – a huge thing, a huge thing... this common language that we shared and became familiar... and that came a lot from the mentors.*

Outcomes and attributions are set out in Table 10.8.

Preliminary analysis: This outcome is, in effect a reflection of Outcome 1 above (section 10.4.1 and Table 10.6); a reflection in terms of mirroring the causal pattern established previously through a more extended and embellished narrative, as well as a reflection in terms of the quality thinking the mentee exhibits in her account of her enduring experiences.

This configuration embodies the qualities of partnership synergy (Lasker et al, 2001) and the way the dyad and the group, as a developmental network, operate as a combined community of learning, practice and discovery. This is discussed in section 7.5 and set out in Table 7.7. In addition, this account accords with the way learning and development occur and are reinforced, identified by Bandura (1989) as triadic reciprocal determinism (Figure 7.2).

In being able to articulate this experience, the mentee demonstrates their capacity to engage in complex, quality thinking that offers a comprehensive analysis; reasoning and reflection about this situation, while taking a broad view and making links. This equates with that of Mentor 1 (section 10.3.5 and Table 10.4).

The CMO configuration framework has supported a degree of intra-participant analysis of casual patterns over time as well as inter-participant analysis, based on what appeared to be very different narrative accounts.

10.4.4 Outcome 4: *having lots of ideas about things [!] could change but the pinch point was about knowing how to do it and having the confidence to do it (development and change / outcomes).*

Attributions made by the mentee:

- *an isolated, autonomous practitioner in a [local hospital] with no team... I would go with ideas and not know how to move things forward;*
- *feeling that people could be getting a service that was so much better and that was the drive behind it all... it was the incentive... drive to improve things;*

**Table 10.9: Mentee 2: CMO configuration framework:
Outcome 4: development and change / outcomes**

Levels	Contexts	Mechanisms	Outcomes
Individual People individually	Prosocial qualities and behaviours / motivation: drive for improvement [Ambivalence]	Resources: Credible specialist experience and expertise Developmental mentoring expertise Broad view, making links in ambiguity and complexity	Proximal outcomes: Insight / moment: recognising limitations of stereotypes and tradition on self as champion
		Responses: Reasoning, reflection Decision-action	Distal outcome: Agency: knowledge and confidence to act
Interpersonal People collaboratively	Dyad: support and challenge, safe space, time, objective setting Developmental network: safe space	Resource: Conversations	
		Response: Shared reflection	
Institutional Organisations		Resources: New knowledge: language New knowledge: strategic	

- *a strong activist, I'm a doer, matched with a reflector... a huge thing, that pairing... aren't the same learning style but that complements;*
- *just knowing somebody was there to bat things out with [shared]... when all you need is a little bit of support to take things forward;*
- *having the time to sit down and do that... not an opportunity we get that often... just talking through that reflective process;*
- *we set quite a lot of objectives... a structure to it... I'm not sure I would have got to that point myself without somebody neutral asking those questions;*
- *I'd always known where the service needed to go but not understanding how you take it there... there was a huge gap in my strategic knowledge... backed up those ideas to take things forward;*
- *a safe environment so knowing that if it all goes wrong or I don't get where I need to be, I can take that back to the rest of the group; and*
- *breaking down all those invisible stereotypes and breaking the tradition.*

Outcomes and attributions are set out in Table 10.9.

Preliminary analysis: This final outcome evidences the mentee's drive for improvement, counteracting previous ambivalence from uncertainty about how to take ideas forward due a lack of support. It demonstrates the mentee's progress; joining the Programme to extend their capacity and capability as a Champion of Clinical / Practice Quality to becoming a Leader of Service Transformation (DH, 2009). These roles are presented in the context of the Programme by Lawson (2011, Diagram 6).

The causal pattern here is simple but nonetheless people-rich in resources and contexts, validating diversity in matching and in the group, and the complementary approaches and resources of the Programme and mentoring within it to enable learning, development and change.

10.4.5 Summary analysis of Mentee 2 outcomes: evaluation, theory and methodology

Following the same approach as before, this section will consider first, what this evaluation contributes to understanding how this intervention works in this short study and in the longer term; second, what it contributes to theorising about how this intervention works; and third, what is now known about using this methodology in this way.

First, the extended experience of this mentee underscores the way the Mentoring Programme and mentoring complement one another, generating opportunities and resources that they are able to integrate through reasoning and reflection, changing

self and work. A particularly competent and motivated mentee, progressing in a similar way to the previous mentor, advancing through multiple, complex, non-linear, learning, development and change loops, largely through their own motivation. Within this, new knowledge is not about clinical practice as would have been anticipated from the Bid (section 4.3) but evidence about partnership working that appears to be pivotal across outcomes and over time, whether practiced through collaborating with people accessing services to achieve their needs or other practitioners and managers to improve practice and services. An early investment in this process appears to be the way the mentor enabled the mentee to reflect, reinforced by the Programme assignments, and improve the quality of their thinking to invest in future change. From the data, and particularly outcomes 1, 2 and 3, it appears that reflection extended to reflexivity (Figure 2.6). The mentor also facilitated objective setting that for this mentee, not knowing how to take their ideas forward, appears to have supported them in turning ideas and motivation into decisions, actions and outcomes. Mentoring provides the support the mentee identified they needed, while the Programme provides the team they recognised they were working without but, in this example, also extended it in terms of sectors, practitioners, geography and contacts, unified by their specialism, values and behaviours and access to shared, new knowledge. These qualities and behaviours are reflected in aspects of the Leadership Qualities Framework (DH, 2004), relating to the transformational roles in the Programme (DH, 2009) and their associated Personal Qualities, for example self-management and drive for improvement; Delivering the Service including leading change through people, empowering others and collaborative working; and Setting Direction by seizing the future, intellectual flexibility, broad scanning and drive for results, reported by Lawson (Diagram 6, 2011): see Appendix 1.

Second, in terms of theorising about this intervention, it appears to work by **enabling the assimilation and amplification of new knowledge through quality thinking and working**. This largely autonomous, independent but interdependent, complex approach, newly framed, effects change at multiple levels as well as in capacity and capability, services and outcomes.

Third, the framework has facilitated analysis of data collected over a longer time frame and informed the generation of findings that support the more extended evaluation of the intervention that includes highlighting time-sensitive causal pathways.

Reflecting on the actual use of the framework in this third short study, it has become easier to work with due to habituation; translating the narrative of outcomes and attributions into consistent, evidence-based vocabulary and locating the resulting elements and links between contexts, mechanisms and outcomes, while identifying individual casual processes from the data. This is proving to be of particular value in

ensuring consistency, following the integrity of the 'basic realist formula' (Figure 5.1) while acknowledging the individuality of each participant. This is discussed further in Chapter 11.

Mentor 2

This mentor joined the Programme in 2011 with many years' experience and expertise as a practitioner and manager in the statutory and non-statutory sectors. At this time, they were starting to take on more strategic remit. They identified two outcomes in 2011 and one in 2016.

Mentor 2 contemporaneous data, 2011

10.4.6 Outcome 1: *the biggest for me has been confidence, increased my confidence... to be empowered...a process about building your confidence and increasing your knowledge to be able to feel empowered... the way I think, the way I do things (development and change / outcomes)*

Attributions made by the mentor:

- *my many, many years working in the statutory and voluntary sectors;*
- *my values and beliefs... advocating the need to put people first... working towards the social model... understanding through personal experience;*
- *learning – the workshops – gave credibility to what I've been doing for years;*
- *I've been listened to... able to educate the practitioners I've been working with [here]... together as a team... practitioners receptive to it and really keen to hear what we had to say – because we were on equal terms;*
- *being part of that team, working with healthcare professionals and the Co-ordinator... the strong team we formed... a close knit and powerful group... we all came wanting to make a difference – and learning together – and a lot of us really opening up in that arena – and feeling comfortable with each other;*
- *networking opportunity... the same aspirations and visions about making a difference... different backgrounds but our beliefs and values are very similar... that partnership and that sharing of the learning experience all on an equal footing... then, if somebody didn't know something, somebody else would... sharing knowledge, expertise, skills;*
- *Neuro-Linguistic Programming, Myers-Briggs Type Indicators – the personalities, and most of all, the emotional intelligence – massive change within myself – about self and others; and*
- *mentoring... the impact on me at a personal level.*

**Table 10.10: Mentor 2: CMO configuration framework:
Outcome 1: development and change / outcomes**

Levels	Contexts	Mechanisms	Outcomes
Individual People individually	Prosocial, congruent qualities and behaviours	Resource: Credible specialist experience and expertise Responses: Reflection, reflexivity	Proximal outcomes: Insight / moment: validation of the way I already work Distal outcomes: Confidence: belief in self-efficacy, agency Understanding more about self and others
Interpersonal People collaboratively	Developmental network: mutuality and reciprocity, diversity	Resource: Shared reflection	
Institutional Organisations		Resources: New knowledge: language, mentoring approach	
Infrastructural Policy, evidence		Resources: New knowledge: emotional intelligence, MBTI, Neuro-Linguistic Programming New knowledge: from workshops	

Outcomes and attributions are set out in Table 10.10.

Preliminary analysis: This framework sets out the way this individual, faced with personal and role challenges, identifies a developmental goal, followed by the way they have achieved this in the bricolage of opportunities available in the Programme and through mentoring, not as a mentee but the experience of working as mentor. Accordingly, 'shared reflection' is noted here as a resource. Apparently simple in the way it is presented in Table 10.10, this framework belies the complexity and challenges associated with recognising, celebrating and harnessing personal qualities and behaviours, resonating between cognitive and affective domains in particular, acknowledged and valued by others but unknown to self (after the Johari Window, Luft and Ingham (1955), described in section 2.4.2).

10.4.7 Outcome 2: *confident to influence services in my [strategic] roles, more appropriately and effectively... being able to ring up and say 'I would like to meet with the Clinical Director... with the Chair'... confident to negotiate and speak with people at that level... and that in turn has met my personal aspiration about making a difference (development and change / outcomes, strategic change / outcomes)*

Attributions made by the mentor:

- *a Leader of Service Transformation* (Transformational Attribute from Transforming Community Services (DH, 2009) and Appendix 2);
- *applying knowledge and new learning [from the Programme] – over QIPP – it's down to information; and*
- *emotional intelligence - understand the dynamics of a group, understand why some of the traditional people behave in the way they behave – but being able to channel those energies in the right direction to benefit the services.*

Outcomes and attributions are set out in Table 10.11.

Preliminary analysis: Similar to the previous outcome and building on it, whilst being on the cusp of leaving the Programme, the mentor brings their emerging confidence to their leadership role and particularly the way they are able to influence strategically and perhaps most importantly for them, directly. Despite the importance and potency attributed to institutional and infrastructure artefacts, this mentor is both confident (section 10.4.7) and motivated (section 8.4.2) to build on past experience and new knowledge to approach and seek to influence those who control the means through which change is effected, involving policy, funding and provision. This situates this mentor with 'people', working across the interface between the people: individually and people: collaboratively levels in Figure 3.1, using mentoring or emotional intelligence-

**Table 10.11: Mentor 2: CMO configuration framework:
Outcome 2: development and change / outcomes, strategic change outcomes**

Levels	Contexts	Mechanisms	Outcomes
Individual People individually	Motivation	Resource: Credible specialist experience and expertise Responses: Reflection, reflexivity Decision-action	Proximal outcome: Insight / moment: confidence and knowledge Distal outcome: Self as leader
Interpersonal People collaboratively			Distal outcome: Influencing directly and strategically
Institutional Organisations		Resource: New knowledge: language	
Infrastructural Policy, evidence		Resources: New knowledge: emotional intelligence New knowledge: policy	

informed and knowledge-informed relationships, conversations and language to bring about changes that better resonate with the needs and aspirations of people living with a long term neurological condition, as expressed in outcome 1.

As with the previous outcome, this appears to be another relatively straightforward causal pathway. It is possible that this reflects the way the mentor identifies how they

have progressed from new knowledge to influence in a step-wise process. Acknowledging this, it may be that the CMO configuration framework can become personalised; characterised to those attributes that are translated into linked elements, replicating some of the personal nuances in an individual's narrative, with meaningful outcomes personally defined. This is considered in Chapter 11.

Mentor 2 current data, 2016

By 2016, this mentor was recognised locally for their strategic role and influence, and their personal contribution to bringing people's voices to the decision-making process. Amid restructuring and reorganisation across health and social care (section 2.2), they were working regionally and nationally, supporting several strands of the Government's change agenda.

Locally, health and care organisations across the north east of England had been at the leading edge of transformational change in commissioning and provision, including the development of the Vanguard / Accountable Care Organisation (Northumberland NHS Trust, 2015 and 2016) and the local Sustainability and Transformation Plan (Northumbria Clinical Commissioning Group, 2017). The mentor's narrative reflects their involvement in this.

10.4.8 Outcome 3: *massive change – developed strategic role [strategic boards and groups as member, vice-chair or chair] – lead workshops on patient participation... patients would be seen as equal partners... and their views as evidence... got me involved with leaders across the system – by learning to be more focused, learning that there is a process... so we are all on the same path... whether the chief executive of the foundation trust, or a patient, or middle management... same path, we all want a really good outcome... we just get lost in our silos, even patients... I keep being invited (strategic change / outcomes).*

Attributions made by mentor:

- *confidence that I could do it – that I could work with people... regionally and nationally... making sure that patient voice was at the centre of all decisions being made by those leaders;*
- *using mentorship... delivering mentoring... as a partnership... the tools and techniques... I'm able to ask particular questions [of these leaders]... apply it in many areas [relationships, conversations];*
- *the Programme taught me to be more focused, taught me to look at outcomes... processes... taught me why we need to do certain things;*

**Table 10.12: Mentor 2: CMO configuration framework:
Outcome 3: strategic change / outcomes**

Levels	Contexts	Mechanisms	Outcomes
Individual People individually	Prosocial, congruent qualities and behaviours	Resources: Credible specialist experience and expertise Developmental mentoring expertise techniques	Proximal outcomes: Insight / moment: empowerment comes from having confidence and being informed
		Responses: Reflection, reflexivity Decision-action	Distal outcomes: Confidence in self as an informed leader wanting to make a difference
Interpersonal People collaboratively	Developmental networks: mutuality and reciprocity, diversity		
Institutional Organisations	Mentoring scheme design	Resources: Change project New knowledge: processes, language	Distal outcome: Influencing strategically to make a difference for and with people
Infrastructural Policy, evidence		Resources: New knowledge: emotional intelligence, MBTI New knowledge: policy in practice	

- *MBTI – helped me understand my strengths as well as some of my less strong... understand the way I work... and control that better;*
- *knowledge – emotional intelligence... looking at ourselves, why people behave as they behave... understanding where people were coming from;*
- *knowledge... like QIPP's... understand the system better... more informed about the structure, the difficulties, the challenges... understand why difficult decisions have to be made and articulate them in lay terms... from the presentations and the people we had there, facilitators... great learning curve for me;*
- *change project... testing out mentoring tool and techniques with a couple of people with [a neuro diagnosis] – absolutely astounding;*
- *peers on the Mentoring Programme – learned so much from the individuals – the mentors and mentees, both – we had quite a variation;*
- *talking the language of the leaders... but I'm confident enough to say, if you really want to involve people, forget your jargon; and*
- *knowing I've made a difference... because I have a process, having a system in my head.*

Outcomes and attributions are set out in Table 10.12.

Preliminary Analysis: Building on outcomes 1 and 2, the mentor has progressed from gaining confidence in self, beginning to identify self in the role of leader by understanding self and others and thus being confident to influence and work directly with other strategic leaders, and finally, being confident enough to extend her role into high level strategic working, remaining congruent with her values, qualities and behaviours. Despite the simplicity of the CMO configuration, there is complexity in the personal challenges this reflects. The configuration highlights the particular aspects of the Programme in terms of resources, as well as broader contexts that this mentor drew on to get to the identified outcomes. As noted with outcomes 2, the CMO configuration framework thus becomes overtly personalised.

10.4.9 Summary analysis of Mentor 2 outcomes: evaluation, theory and methodology

As with all previous summary analyses, this section will consider first, what this evaluation contributes to understanding how this intervention works in this short study and in the longer term; second, what it contributes to theorising about how this intervention works; and third, what is now known about using this methodology in this way.

First, the extended evaluation of this mentor's experience over time highlights the way this intervention worked over time, building personal capacity and capability from the

multiple resources directly and indirectly available. Some were generated within the Programme particularly in relation to the delivery of the change project that the mentor undertook collaboratively with two other mentors, none from the same sector or organisation, as well as through becoming a mentor. Learning about emotional intelligence and to a lesser degree MBTI led to this mentor being able to recognise and value this quality and behaviour in self and others, and as a way of building and sustaining working relationships through which their unique contribution was being recognised and amplified. Unlike the experiences of the mentor and mentees set out previously, this mentor's outcomes demonstrate step-wise progression over time than in complex internal loops. In addition, this mentor's preference for interpersonal working, bolstered by new knowledge about emotional intelligence and recognition of this as a pre-existing quality and behaviour, is evident across each and all the CMO configuration frameworks as they became more confident in self, in others and as an informed and influential leader. Initial reflection and reflexivity are invested in moving to decision-action as the mentor becomes more externally engaged.

Second, in terms of theorising about this intervention, it appears to work in this instance by **building confidence and knowledge to network and influence, purposefully**. This is a strongly interdependent approach that is effective for and with people in sustainable relationships and conversations, progressed through agentic collaboration in which the mentor's agency is evident whilst enabling the agency of others (section 7.5.2).

Third, as with Mentee 2, the framework has provided a useful tool in carrying out this extended evaluation by supporting analysis that is consistent with the methodology. It has also ensured consistency of approach and configuring in each short study and between them. In this case, it has brought clarity to the step-wise development of this individual in their strategic role. This will be considered further in Chapter 11.

10.5 Summary of findings

The aim in this section is to draw together all the summary analyses set out above in sections 10.3.4, 10.3.7, 10.4.5 and 10.4.9.

Evaluation

This section sets out what is now known about how this intervention worked in specialist workforce development; mentoring as an approach in the Mentoring Programme and mentoring as an intervention. It is based on the preceding analysis of four short studies based on participant accounts, using the CMO configuration framework developed as part of this research. It is couched within the terms of the research question initially set out in section 3.5 and reiterated in section 6.2. The findings will be discussed further and recommendations made in Chapter 11.

Causality is about a change process, whether simple, complicated or complex, and the way people work, individually and together and with artefacts, particularly at the institutional and infrastructural levels. The purpose of this section requires attention to be focused on selected parts of that process, highlighting particular characteristics already considered in the summary analyses. Whilst accepting the principle that CMO's should be configured and not listed as discussed in section 5.6 (Pawson and Manzano-Santaella, 2012), the justification for bringing focus into the particularities of the findings is that it contributes to sense-making, recognising that the lens being applied here is supporting the understanding of some key details within the bigger picture already established.

According to the Bid, the intervention was intended to increase capacity and capability and improve services and outcomes, to be delivered through learning differently, working differently and thereby making a difference (Chapter 4). This has been translated here into the intervention's core aims and underpinning principles (Figure 7.1) listed here:

- **core aims:** learning and change, development and change, operational change and strategic change; and
- **underpinning principles:** agency, partnership and outcomes.

Table 10.13 sets out a summary of the outcomes identified in the short studies, aligned with the core aims and Bid aims. Despite the latter's emphasis on clinical and practice issues (section 4.3.2) none were reported here although that is not to say that individual participants did not pursue them if identified within the confidentiality of the dyad. It might also be possible that they did achieve learning and development in this area but did not attribute importance to it in reporting the outcomes that were meaningful to them.

Learning and change / new knowledge: In these short studies, participants have acknowledged the importance of acquiring new knowledge through the Programme and from working with a diverse group of other participants who share their speciality, indeed championing it. The first area of new knowledge is related to policy, appearing to engage them in a broader, more open system and providing information and language with which to negotiate or become influential within it. The second area of new knowledge is about evidence, particularly around collaborative working that was reinforced through their experiences in the dyad and being part of the formal and informal developmental networks that emerged within the group. They translated this evidence into Reference Statements (Appendix 2) and embedded it in their change projects, confirmed in their accounts. In addition, they identified the importance of evidence that informed the way they might better understand themselves and others, such as MBTI and emotional intelligence, feeding into their development and practice changes.

Table 10.13: Summary of participants' outcomes

Core Aims	Mentor and mentee outcomes	Bid Aims	
Learning and change	<p>New knowledge</p> <ul style="list-style-type: none"> • current policy, funding, strategic decisions and processes • current evidence and good practice: co-production, personalisation, partnership, MBTI, emotional intelligence 	capacity and capability	outcomes
Development and change	<p>Enhanced perspective on self and others</p> <ul style="list-style-type: none"> • broader view • understanding more about self and others • agency: knowledge and confidence to act; confidence: belief in self-efficacy, agency • change the way I work and think, reflection in what I do • change my approach to work, appreciating people and co-production; more holistic approach • self as leader; confidence in self as an informed leader wanting to make a difference 		
Operational change	<p>Changed practice</p> <ul style="list-style-type: none"> • change the way I work to reflect my style, using new strategies and skills • changed practice: assessment, treatment and referral • change of practice to partnership working; change the way I work, co-producing care with people: listening, choices and outcome-focus; change the way I work, more holistic approach • change the way I work, co-producing care that suits people: a quality service; people co-produce and experience a quality service • different approach to setting up a new service • change the way I educate and supervise, co-producing learning 	services	
Strategic change	<p>Involvement in networking and influencing</p> <ul style="list-style-type: none"> • influencing directly and strategically; influencing strategically to make a difference for and with people 		

New knowledge is primarily invested in the individual and as such is associated with the Bid aims around capacity and capability in Table 10.13.

The resources that they appear to have drawn on, that were brought into or generated within the intervention and particularly associated with the Mentoring Programme, are set out in Table 10.14 (Mentoring Programme (evidence) and Mentoring Programme

Table 10.14: Summary of resources to which participants responded

Intervention	Resources	
Mentoring	<ul style="list-style-type: none"> developmental mentoring expertise conversations, episodes sharing experience broad view, making links in ambiguity and complexity 	people
Mentoring Programme (scheme design)	<ul style="list-style-type: none"> workshops credible specialist experience and expertise language; shared language mentoring approach change project self-management assignment; reflective assignments 	people and artefacts
Mentoring Programme (evidence)	<ul style="list-style-type: none"> MBTI, emotional intelligence, Neuro-Linguistic Programming partnership, experience-based design, co-production, personalisation 	artefacts
Mentoring Programme (policy)	<ul style="list-style-type: none"> local knowledge – strategic, services, contacts government policy and drivers 	

(policy). Here, they are linked to a continuum that highlights those that are artefact or people-based and where these might merge.

Development and change / enhanced perspective on self and others: Drawing on current evidence and good practice, this is one of the two key clusters of outcomes, along with 'operational change / changed practice' that follows.

Informed by evidence and the mentoring approach applied within the Programme noted previously, and enabled by the individual and interpersonal contexts set out in Table 10.15 as significant informants, data from the short studies highlighted the way the

purposes of developmental mentoring were met and personalised, impacting on how participants went on to better understand themselves, others and self in work (Figures 2.2 and 8.1). This appears to arise primarily through the opportunities to work with others in the Programme as well as through mentoring, highlighted in Table 10.14, bringing about changes in the content but potentially more importantly in the quality of thinking (Figure 2.6). Unlike knowledge and skill acquisition that can decay through underuse or become out-of-date, this increase in individual capacity and capability may result in an enduring enhancement of personal resourcefulness and resilience, as well as connection with others in dynamic, real world situations that have potential to continually renew themselves.

As with Learning and change, and new knowledge, this is about the individual and the group. It aligns with the Bid aims around capacity and capability. In both of these, gains are directly or indirectly linked to improved outcomes.

Table 10.15: Summary of contexts, meaningful to participants

Intervention	Contexts	
Individual	<ul style="list-style-type: none"> • prosocial, congruent qualities and behaviours • credible specialist experience and expertise • developmental mentoring expertise • adult learning styles and processes 	personally meaningful
Interpersonal	<ul style="list-style-type: none"> • dyad: trust, support and challenge, objectivity, safe space, time out, objective setting • developmental networks: diversity, mutuality and reciprocity, safe space • practice network (extended) 	
Institutional	<ul style="list-style-type: none"> • mentoring culture and scheme design 	

Operational change / changed practice: This is the second key cluster of outcomes, associated with which participants have identified a route from new knowledge, to personal and interpersonal development, to practice or service change and in some cases, directly to improved outcomes. This does not appear to be about better hands-on knowledge and skills, as well as individual competence, but a paradigm shift towards collaboration and partnership that impacts on how people establish their identity at work, what they do and how they do it with a partnership and outcome focus, and what people living with a long term neurological condition experience and achieve as a result of

accessing their service or engaging in service re-design. It also appears to impact on other areas such as developing students.

This aligns with the Bid aims around improved services in Table 10.13 and how those improvements might translate into better outcomes.

Strategic change / involvement in networking and influencing: Drawn from only one of the short studies, this might point to the way the Programme and the experience of being a mentor supports strategic networking and influencing through confidence and knowledge building.

At a strategic level, this also aligns with the Bid aims around improved services in Table 10.13 and evident in the narrative on which this analysis was undertaken, expressed in terms of outcomes throughout.

Overview: Based on the analysis of these short studies, it appears that in this intervention, mentoring and the Mentoring Programme work together; integrated developmental interventions that are purposeful and meaningful, with collaboration central to achievement in both. Together they generate a range of reinforcing learning and developmental opportunities or resources in dyads and wider developmental networks that enable people to effect changes in the ways they respond that are relevant to them, through enhanced, quality thinking that better engages them with a broader view of self, others and work to achieve what matters to them in ways that matter to them. This is represented in Table 10.16, based on the revised CMO configuration framework (Table 8.5) and the participants' versions of it in this chapter. Key points are highlighted here:

- **Contexts as significant informants:** participants are able to appreciate, use, modify or avoid those influences that inform how they respond;
- **Responding differently to resources:** resources can be designed into the Programme while others are generated within it by those taking part, recognised at a moment of insight for the way they enable participants to achieve what they need or want, and how; and
- **Achieving quality outcomes:** participants are able to meet their personal needs and wishes whether this involves self or work, or both, aligned with a broader, shared perspective in order to improve the outcomes of a wider group, in this case, people living with a long term neurological condition.

Both interventions are designed to value and harness participants' individual and collaborative agency that enables them to make a difference by improving outcomes together. In this, individuality and interdependence are central to learning, development

Table 10.16: Summarising causality: developmental mentoring in a Mentoring Programme

Levels	Contexts		Mechanisms	Outcomes
Individual People individually	Significant informants	Qualities and behaviours, experience and expertise	Resources: Mentee's and mentor's personal resources: self and work (specialist, mentor)	Proximal outcomes: Foundational outcomes, including insight / moment
			Response: <i>Quality thinking</i>	Distal outcomes:
Interpersonal People collaboratively		Dyad and developmental networks	Resource: Mentoring opportunities	Foundational and applied outcomes (loops)
			Response: Shared quality thinking	
Institutional Organisations	Mentoring culture and scheme design	Resources: Programme opportunities + new knowledge		
Infrastructural Policy, evidence		Resource: New knowledge		

Purposeful, meaningful, quality outcomes

and change, for which this type of purposeful intervention provides a haven and a platform.

Participants, from novices to experts, appear to be able to navigate their own route through the shared resources available, guided by what is important to them, at that time. Thus, as a diverse group of individuals, exposed to the same opportunities, they can

nonetheless achieve different outcomes that matter in ways that matter, with the support of their peers perhaps in the dyad or in groups such as when they might work together on change projects or support one another's practice or provision by identifying local referral routes to services and community opportunities they might not otherwise have known about. The way they respond is personal to them but appears to be able to develop as they learn to enhance the quality of thinking they bring to what they want to achieve. They also have the flexibility to layer outcomes together in foundational and applied loops as well as change their route and purpose over time. However, the experience of doing this collaboratively in diverse partnerships appears to be vital.

Apart from the self-management AWBEL, the intervention appears to have gone beyond the intended focus on clinical expertise that was identified in the Bid. This would have engaged participants in issues of competency, linked to the knowledge and skill that enable novices to become experts, underscoring a focus on work in the mentoring relationship. Apparently valued here, participants developed a broader vision of what might be achieved and how, from individual practice to service provision, sharing expertise and experience from diverse perspectives and backgrounds, through integrated processes of developmental inquiry typified in the mentoring approach. Rather than competency, this appears more aligned with individual and collective capacity and capability; their resourcefulness and resilience to improve their own and others' outcomes. As participants, they appear to have become autonomous but interdependent as part of a specialist workforce that worked together on this project-in-practice. This might be pertinent to situations characterised by change, challenge and uncertainty at the institutional and infrastructural levels (section 2.2), mindful of the change, challenge and uncertainty experienced by those living with a long term neurological condition (section 2.3) and the need for better ways to support their needs, wishes and choices.

Contributing to theorising

This section sets out what has been abstracted from this evaluation that contributes to the revision of the initial programme theories set out in Table 6.1 on which all subsequent CMO configuring work has been based. From this, and following further discussion, revised programme theories will be developed that will contribute to recommendations in Chapter 11.

Four theory-types have been identified from the CMO configurations in each of the studies, with role references based on Benner (1982):

From contemporaneous data:

- **meaning-making to integrate new knowledge about work and self** (Mentee 1): this appears to be about identity and making sense of new challenges in a

new role. Here, a novice responds through meaning-making, seeking to answer the question ‘what are the rules of work and who am I, carrying them out?’

- **enhancing responses that translate new knowledge about self, others and work into practice** (Mentor 1): this appears to relate to the way what is new is understood, analysed and operationalised into practice, opening up internal, closed systems. Here, an expert responds through reasoning, reflection and reflexivity, seeking to answer the question ‘what is different and how do I bring what is useful into what I do?’

From longer term data:

- **enabling the assimilation and amplification of new knowledge through quality thinking and working** (Mentee 2): although this comes from a mentee’s narrative, it is strikingly similar to Mentor 1 and the same theory type applies as they initially respond through reasoning to which they add reflection, and as an activist, decision-action ; and
- **building confidence and knowledge to network and influence, purposefully** (Mentor 2): this appears to be about personal resilience to engage in external, open and dynamic strategic systems. Here, an expert responds through reflection and reflexivity, seeking to answer the question ‘what is changing and how do we make that change purposeful?’.

In as much as these identify possible theory-types from the CMO configurations, they and the details of the evaluation set out in this chapter inform a discussion and presentation of revisions to the initial programme theories in Chapter 11.

Methodology and method

This section focused on what is now known about this methodology in practice, based on this evaluation. There will be a longer discussion of the methodology and recommendations in Chapter 11.

The key finding is about the process of developing and using the CMO configuration framework and its associated content as an analytical tool to support this realist evaluation. Its evolution is set out across several chapters: from the basic framework in Chapter 5; supporting initial configuring in Chapter 6; being primed from substantive theory in Chapter 7; populated from the literature in Chapter 8; and informed by expert opinion in Chapter 9.

In terms of elements: the contents of the revised CMO configuration framework (Table 8.5) has enabled the majority of participants’ attributions to be associated with and translated into the language of elements derived from the literature. As the contents of the framework came from sources linked to mentoring, it became evident that additional

elements would need to be added to encompass the resources in the Mentoring Programme, for example change projects, as well specifying areas of new knowledge such as emotional intelligence. In this format, this proved straightforward. The consistency, transparency and flexibility to map individual narratives as well as to extend or modify the format were valued by the researcher as this appeared to better reflect participants' accounts.

In terms of links: in terms of formatting, these were determined through trial and error, to find a format that followed the principles of the basic realist formula (Figure 5.1 and communicated individuals' 'choice architecture' (Thaler and Sunstein, 2008, cited in Pawson, 2013, p.34). The researcher eventually chose to represent links as set out in the short studies. For her, the decision to use straight lines brings clarity to the ties between contexts and responses, and responses and resources, while the decision to use arrows from responses to proximal and distal outcomes indicates something both personal and complex. This also enabled the researcher to distinguish possible applied causal loops within a single CMO configuration framework.

In terms of analysis: the researcher valued the way this method brought consistency, transparency and flexibility to the analysis that was evidence-based. It also enabled a degree of participants' individuality to be maintained in the configuring process. In doing this, the researcher appreciated the way it brought attention to people's insight / moment as a key stage in the process, as well as agency, individually and together, and the way their choices impact on what happens, causally and purposefully. Agency is identified in all the underpinning substantive theories to this research described in Chapter 7, and is noted by Pawson as 'volition' (2013); see section 5.2. This individual and interpersonal focus aligns with prominence given in the inverted hierarchy the researcher set out in Figure 3.1 and accords with the ontological and epistemological position of realist methodology described in section 5.6.

However, in carrying out the analysis of participant narratives, the researcher noted that the attributions they made did not enable her to 'tick every box'. This may have been for a number of reasons, such as shortfall in the data because of questions not asked or answered, or unintentional omissions in people's accounts due to the passage of time or limited attribution about what was important in informing their decisions. However, the accounts were nonetheless rich enough to base these findings on, particularly with a clear insight / moment as a proximal outcome, interpreted from the wider content of people's interviews. This is justified as reasonable retrodiction at this stage. Recommendations in Chapter 11 address this issue.

In terms of contributing to revising the programme theories: this evaluation started with initial programme theories about how mentoring worked as an approach and as an

intervention, and a data set spanning five years during which change and challenge have become culturally embedded in the sectors of interest that disrupted the trajectory of outcomes anticipated when this project-in-practice was proposed. Despite this, with the benefit of a realist-informed, evidence-based analytical tool, the researcher has been able to identify causal patterns in the accounts of those taking part. The tool has provided a structured menu of elements that reflect what is currently recognised as good practice in mentoring, and with some additions from participants, denote what they valued in the wider Programme that contributed to what they achieved. As a result, the researcher is able to propose revisions to the programme theories in the final chapter that emerge from the analysis of participants' experiences whilst being founded on evidence from the literature and experts.

This concludes the evaluation of the Mentoring Programme and mentoring within it. The final chapter that follows contains the discussion of first, how this intervention worked for those who took part; second, the revised and transferable programme theories about mentoring in a Mentoring Programme and how it might work in specialist workforce development; and third, the research methodology.

Chapter 11

Discussion and recommendations

11.1 Chapter overview

The aim of this chapter is to draw this evaluation to a conclusion, discussing the findings reported in Chapter 10 and making recommendations from them. It also draws on earlier work in this thesis that contributes to the understanding of this intervention: framed (Chapters 2 and 3); described (Chapter 4); theorised and informed by the literature in a framework, both primed and populated (Chapters 5 to 8); and finally expert informed (Chapter 9). New knowledge generated through this research is brought together here as the basis for making recommendations about its translation into practice, including further work.

The chapter starts with a restatement of the research question (11.2). In answering it, the next section (11.3) focuses on the contribution of the inverted hierarchy model, the developmental mentoring model, and finally, the evaluation of the Mentoring Programme and mentoring within it. The findings on this integrated intervention are considered following a step-wise process that starts by setting out the final CMO configuration framework, progresses to final programme theories and concludes with a model that might enable findings from this research to contribute to other mentoring-based, specialist workforce development initiatives in practice. The chapter concludes with a short commentary on the research methodology (11.4).

11.2 Revisiting the research question

The research question was initially set out in section 3.5 and revisited in section 6.2. It asks:

How does mentoring work as an intervention and as an approach, within a Mentoring Programme offered to a group of specialist practitioners as an opportunity to learn differently, work differently and make a difference?

How has this been answered? It has been addressed within the scope of the research set out in Chapter 1, following the research design (Table 1.1) and using realist methodology, described in Chapter 5. It began with existing knowledge and theory, from which initial programme theories and CMO configurations were generated, and through the analysis of data, these were refined, reformulated and finalised CMO configurations and programme theories set out, culminating in topic-specific models. In terms of following the research design, in Chapter 6, stage one, the researcher developed initial programme theories from the Programme Bid and mentoring definitions that

distinguished it as an approach within the Mentoring Programme, and as an intervention. To progress through stage two of the research design, Chapters 7 and 8 contributed to the formulation of a CMO configuration framework, primed from theory and populated from the literature. This was then informed by expert opinion in Chapter 9. In stage three, Chapter 10 reported the evaluation of the Programme and mentoring, using the CMO configuration framework to map out the accounts of mentees and mentors who took part in the project-in-practice. Data came from four short studies, two from when the Programme ended and two from contemporaneous and more recent data to establish a more extended, potentially time-sensitive perspective. This chapter marks the final stage of the research design.

The evaluation has established three key areas of new knowledge, discussed next.

11.3 Evaluation: the inverted hierarchy model, developmental mentoring model and the Mentoring Programme and developmental mentoring within it

11.3.1 The inverted hierarchy model

The inverted hierarchy model is described and justified in section 2.2.4 and illustrated in Figures 2.1 and 6.1. This inversion sets out the researcher's experiential and evidence-based perspective underpinning health and care as a single social system in terms of purpose and priorities. It locates people in the system as agentially collaborative actors (Wong, Westhorpe, Manzano, Greenhalgh, Jagosh and Greenhalgh, 2016, p.2, referred to in section 5.5.1) through which interventions work 'only if people choose to make them work' (Pawson, 2006, p.24, referred to in section 3.2.1), as opposed to 'passive recipients' (Pawson, 2013, p.34, referred to in section 5.2). It attributes greatest significance to them, individually and together, and highlights the potency of creating a diverse and integrated community of learning, practice and discovery across the levels at which they are engaged that has mentoring, its relationships and conversations at its core, as an intervention and an approach (Chapter 10). The inverted hierarchy model also underscores the way the system should operate for and with them, overtly and purposefully, so that their experiential outcomes are not subjugated to those associated with performance (Figures 6.1 and 6.2). Based on the evidence in this research, this underpinning perspective appears to have worked as a unifying conceptualisation across sectors, organisations, services, practitioners and people (Chapters 4 and 10) whilst reflecting health and care's founding principles (section 2.2); 'an expression of British values of fairness, solidarity and compassion' (NHS England, 2013, p.1, referred to in section 2.2). Thus, the more commonly used top-down 'superstructure', orientated to and informed by a politico-management discourse that emphasises and gives primacy

to the locus of power, authority and status held by the few who control ‘the monolithic system’ (Arnstein, 1969, p.3, referred to in section 3.3) and its associated performance narrative, has been re-orientated to underpin a health and care system that is more fully engaged with people’s outcomes in which the means of delivery are provided to facilitate what people need and want to achieve, individually and together. This challenges the dominant value-base and pervading culture in health and care in 2017 that has emerged through serial re-organisations, reform and the mantra of austerity (section 2.2.1) and that seeks to control what is done and how at the interpersonal level. In the inversion, people, their relationships and conversations are highlighted, and their experiences brought to the foreground. Nonetheless, this still accommodates but is not diminished by ‘performance’.

Turning to the specifics of the research and for the purposes of this final chapter, the researcher questions what the inverted hierarchy has contributed to in the research per se, to theorising about how mentoring works as an intervention and an approach, and to understanding how a Mentoring Programme and developmental mentoring with it work from a workforce development perspective. Each of these contributions is considered below.

First, the inverted hierarchy in the research: a consistent perspective that integrates concepts, supports analysis and brings clarity: as the research has progressed, the inverted hierarchy has proved useful in exploring and linking existing concepts and knowledge; for example, the stratification of complexity and hierarchy (Figure 3.1) and developmental mentoring levels (Figure 8.3). Noting congruence with Pawson’s four contextual i’s (section 5.6), the researcher has extended these levels across the whole context, mechanism, outcome configuration (Figures 6.2 and 6.3) to establish a configuration framework (Table 6.2) that elevates these individual and interpersonal levels. In Chapter 10, this framework provided a structure for the analysis of participants’ narratives to clarify their ‘choice architecture’ (Thaler and Sunstein, 2008, p.3, cited in Pawson, 2013, p.34). These express the personal, dynamic, causal patterns of ‘interconnected elements’ (Pawson and Manzano-Santaella, 2012, p.184), emphasising how ‘people choose to make [interventions] work’ (Pawson, 2006, p.24). This is a potentially useful contribution to the realist approach.

The researcher believes that making the inverted hierarchy explicit early in the research and applying it throughout has provided a clear underpinning to her work that has evolved with it, framing and integrating the theory, existing knowledge and data she has brought into the study and the concepts and new knowledge that have emerged from it. Her intention has been to enable the reader to be more engaged with the researcher’s

perspective, underscoring and validating the primacy of people, individually and together within a health and care system more frequently identified by its artefacts.

Second, the inverted hierarchy and mentoring: a dynamic model theorised from the evidence to underpin the development of practice: in lieu of the lack of theory about how mentoring works, the evolving developmental mentoring model (Figures 2.2, 8.1 and 11.1) has built on the practice-informed focus of much of the literature (Chapters 2 and 8) as well as expert opinion (Chapter 9). It has the levels of the inverted hierarchy embedded within it, elaborated in Figure 11.2. The hierarchy brings a consistency of approach and depth to this model.

The researcher believes the model adds to the understanding of the way mentoring works individually and interpersonally, in dyads and networks, articulated with a clear evidence base from diverse sources and anchored onto a consistent format that has been used throughout the research as a way of navigating complexity. This model is an important area of new knowledge that goes beyond the often-repeated tenets of good practice by articulating and substantiating its causal dynamic. It is discussed further in section 11.3.2.

Third, the inverted hierarchy and the Mentoring Programme and developmental mentoring within it: structuring knowledge from the evidence and participant experiences as a basis for understanding how it works to inform specialist workforce development: in addition to being embedded in the mentoring model, the inverted hierarchy is also evident in the configuration framework that summarises causality in the Mentoring Programme and mentoring within it (Table 11.1) and the integrated intervention model (Figure 11.2).

At the beginning of this study, the researcher initially believed that the research process would make it possible to distinguish what was happening in the Mentoring Programme from what was happening in the developmental dyads and networks, and how each of these worked. However, based on the experiences of those involved and the way these were mapped into this configured format, she now understands that both are inextricably linked. The Mentoring Programme affords time, space and support, and goes beyond the delivery of mentoring per se by operating as the vehicle for the introduction and generation of new knowledge that becomes part of the vision and culture of an increasingly unified and extended network of specialist practitioners working purposefully across sectors, organisations and practitioner groups. Mentoring is where the mentee's specific issues and goals around work and self are addressed. The inverted hierarchy in configured form supported this analysis, integrating both as a single intervention. This is new knowledge relevant to workforce development and is discussed further in section 11.3.3.

Recommendation: In as much as explicit engagement with diverse theory has primed the way this intervention has come to be modelled and causally understood, the inverted hierarchy captures researcher's perspective on the unifying system principles embedded in this work. It has a fundamental explanatory value that should inform the debate and influence practice and change. It should be made explicit in writing up and seeking to influence change through publishing this research.

11.3.2 Developmental mentoring model

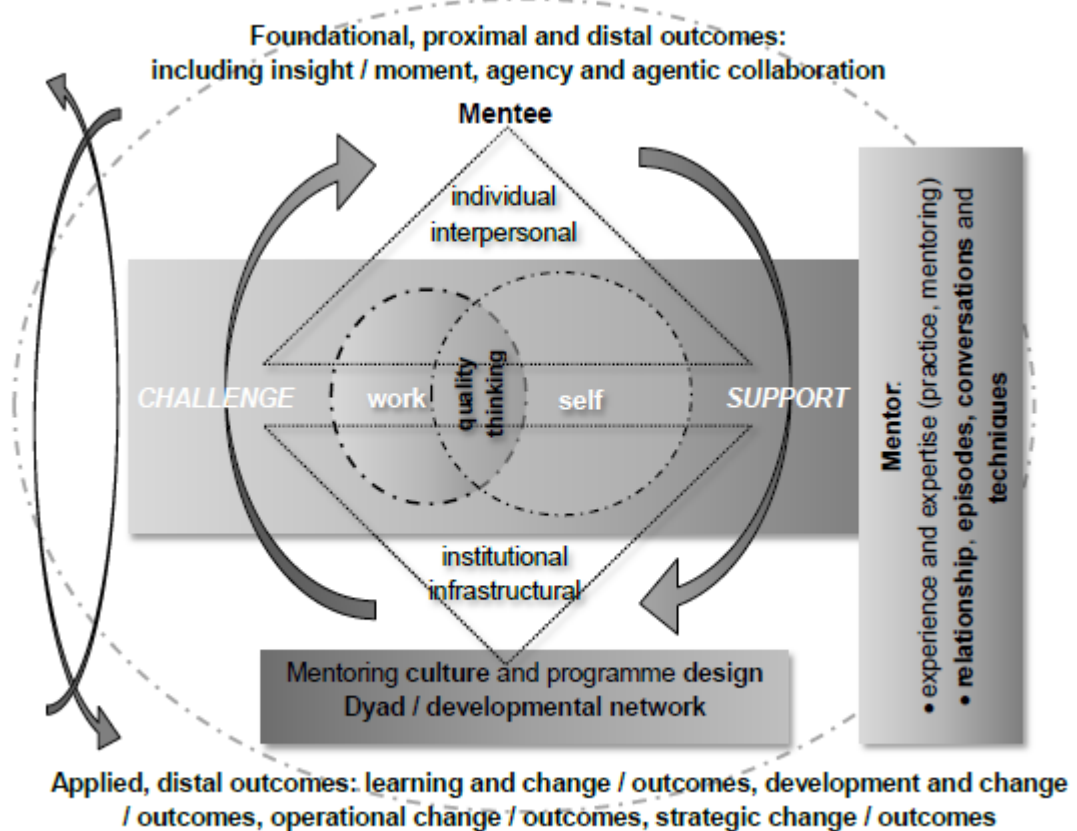
This research has sought to establish what developmental mentoring is and how it is understood to work in specialist workforce development. At the outset, the researcher believed that mentoring theory and an evidence base would be readily available to her to inform the evaluation of the Mentoring Programme and mentoring within it. This was not the case (sections 2.4 and 6.2). There was a similar lack of evidence in the Programme Bid (sections 4.3.2, 4.3.3 and 4.4.3).

Model: In order to clarify what developmental mentoring is and how it works, the researcher started with definitions from the literature to set out its distinguishing features. These were represented initially in Figure 2.2 and revised in Figure 8.1. However, further work has enabled her to make final revisions to these figures (Figure 11.1), described below.

In this figure:

- the mentee is located centrally as they would be in the mentoring relationship, focused on what matters to them, whether self, work or both. They are therefore described by the dashed outer and inner circles that indicate the open systems in which they are situated, personally and in their practice or career, as well as the mentoring relationship;
- the mentoring culture and scheme design create the conditions to establish the dyad as well as other developmental networks, some emergent, that share a mentoring approach;
- the mentor is available to the mentee as a resource, drawing on their specialist and mentoring experience and expertise, as well as facilitating the relationship through episodes, conversations and other techniques;
the interaction between the mentee and mentor, or the mentee or mentor and others in the networks in which they participate, is characterised here by support and challenge (Daloz, 2012), illustrated as a support-challenge matrix in Figure 2.5. These terms are used here because of their importance to the relationship dynamic and also as indicators of the characteristics of other mentoring relationships noted in Table 8.5, for example voluntarism, trust, safe space;

**Figure 11.1: Final developmental mentoring model:
literature and evaluation sourced elements**



- the work is done and the outcomes achieved through the way the mentee's significant informants (contexts) enable them to bring quality thinking (responses) to the resources available, all of which operate at multiple levels from the individual to the infrastructural, indicated by the two triangles with which self and work overlap;
- quality thinking is the term for the range of possible responses that are central to change (Figure 2.6), potentially being changed in the process. It is where all components in this figure intersect; and
- outcomes are the result of the work that is transacted in this relationship: proximal or distal; causally simple, complicated or complex; whether foundational or in applied loops. In terms of the research, these outcomes reflect the findings about individual-interpersonal insight / moments as proximal outcomes, as the basis of agency and agentic collaboration that are reinforced and applied within the achievement of the wider Programme aims around learning and change, development and change, operational change and strategic change (Tables 7.4 and 7.9).

The model captures the distinguishing features of developmental mentoring that have been established through this research and, in this format, does so by indicating how it might work, going beyond describing how it is done. The researcher believes it reflects the characteristics of developmental mentoring that apply to the one-to-one relationship in the dyad as well as to the variety of formal and informal developmental networks that might be generated in this type of Programme. Further, by moving away from how mentoring is practiced to how it works, it redressed the balance of understanding mentoring in favour of the mentee as the key participant rather than prioritising what the mentor does or needs to do in terms of good practice. A more substantive evidence-base for mentoring as a complex intervention would help distinguish it from other imposters and undermining the practice of it that simplistically follows a recipe (section 3.2.3) as if that would be sufficient to generate quality mentoring and positive outcomes for and with a mentee.

Recommendation: As a model of developmental mentoring that addresses complexity and causality from a diverse theoretical and practice perspective, this aspect of the research should be written up for publication in appropriate peer reviewed journals and findings presented at conferences to engage a wider community of interest in developing it further and adding to the way it might be applied in evidence-based workforce development as well as potentially in other spheres in which developmental mentoring with adults might be undertaken. This would begin to address a theory and knowledge gap in the body of work on this increasingly popular topic, bringing clarity to the way it is defined, understood and practiced.

11.3.3 The Mentoring Programme and developmental mentoring within it: evidencing practice

Having established the mentoring model, this section addresses the specifics of the research question at the levels of mentoring evidence and practice. It draws on new knowledge that has emerged about the way the Mentoring Programme and mentoring within it have worked in a specialist workforce development initiative. This step-wise process began in Chapter 6 where evidence from mentoring definitions was used to generate initial programme theories from which a context, mechanism outcome (CMO) configuration framework was set out. This was then populated from the literature, informed by experts and configured from participants' narratives in the chapters that followed. Here, that process is reversed. This section starts by setting out a final CMO configuration from which to generate final programme theories. These two key aspects of realist methodology bring together the evidence base for a model of the Mentoring Programme and developmental mentoring within it, applicable to specialist workforce development. This section therefore has three distinct but linked parts. It starts with the

final CMO configuration framework, progresses to final programme theories and concludes with the model.

Final CMO configuration framework

The initial CMO configuration framework formulated in Chapter 5 emerged from the research design and was applied to navigate the gaps between theory and literature; between expert opinion and experiential data; and between a project-in-practice and transferable programme theory. It has supported the mapping of causality throughout this study in ways that are evidence-based, transparent, consistent and cumulative, without being constraining. Chapter 10 demonstrated a way it can be used in the analysis of participant narratives to contribute to the evaluation of an intervention.

The following points provide a brief commentary on the revised CMO configuration framework based on the researcher's experience of using it in the evaluation of this project-in-practice. They include proposals for final developments and a final version in Table 11.1.

Outcomes:

- **Distal outcomes:** these reflect the Programme aims and proved useful in structuring what participants said they got out of the project while maintaining clarity about its purpose by highlighting the performance outcomes relating to learning, development, and operational and strategic change, individually and interpersonally meaningful.
- **Proximal outcomes:** there are three groups of elements to consider here. The first is the combined element 'insight / moment'. This helped to identify and anchor the participant's initial, key, foundational change, based on their contextually-informed response to resources and from which distal outcomes and potentially further loops flowed. However, the combined term proved clumsy and **insight** would appear to suffice, linked as it appears to do with Megginson et al's (2006) explanation of the term 'moment'. Second, also on a point of simplification, **agency** and **agentic collaboration** should be retained, and 'belief in self-efficacy' omitted. Finally, the inclusion of the six mentoring relationship phases as proximal outcomes remains a moot point, neither supported nor refuted by the data. Their presence was useful in enabling the researcher to appreciate the importance of achieving and sustaining 'good mentoring' at all times as the basis for the work that follows (sections 8.5.5 and 8.5.6). At this early stage in the development of the framework, the researcher proposes to retain them but with an open mind to their utility in practice.

Table 11.1: Final CMO configuration framework for the Mentoring Programme and developmental mentoring within it

	Contexts		Mechanisms		Outcomes	
	Enabling contexts	Inhibiting contexts	Responses	Resources	Proximal outcomes	Distal outcomes
Individual People individually	Prosocial, adaptable, congruent qualities and behaviours Motivation Learning style	Ambivalence	Reflex, reasoning, reflection, reflexivity Meaning-making Decision-action	Voice and story of the mentee Credible specialist experience and expertise Developmental mentoring expertise Developmental mentoring techniques: a range of strategies and tools Exemplar and role model Broad view, making links in ambiguity and complexity	Insight (moment) Agency Setting direction Progression Moving on	Learning and change Development and change
Interpersonal People collectively	Belief, commitment to and investment in the mentoring process, relationship and conversations Dyad: <ul style="list-style-type: none"> • voluntarism, mutuality and reciprocity; • trust, support and challenge; • diversity; • safe space, time out Developmental networks: as Dyad	Hierarchy	Shared reflex, reasoning, reflection, reflexive Shared meaning-making Shared decision-action	Sharing experience Conversations: developing a shared language, in an equalising developmental relationship Episodes	Agentic collaboration Maintaining trust Building rapport Progression Winding up	
Institutional Organisations	Mentoring culture and scheme design: <ul style="list-style-type: none"> • secondment opportunities • backfill • accreditation Organisational support			New knowledge <ul style="list-style-type: none"> • language • mentoring approach • modules / workshops • change projects • accredited, reflective assignments • local information: services, contacts 		Operational change Strategic change
Infrastructural Policy, evidence	Mentoring culture and scheme design			New knowledge <ul style="list-style-type: none"> • policy: government policy and drivers (specialism, services, workforce) • evidence: partnership, collaboration, experience-based design, MBTI, emotional intelligence, Neuro-Linguistic Programming 		

NB By default, the absence of particular enabling contexts may operate as inhibiting contexts for some participants.

Mechanisms:

- **Resources:** at both the individual and interpersonal levels, the researcher found this menu of elements to be useful in the CMO configuring process. She also identified that on occasions some elements might be better located as contexts, as in the case of Mentee 2's outcome1, drawing attention to the way the mentee's pre-existing experience and expertise informed their responses to new opportunities.

At the institutional and infrastructural levels, the researcher recognises that the mentoring literature provided limited data to encompass the new knowledge resources available and valued by participants in the Mentoring Programme that unified and supported them to work towards their vision of its aims, individually interpreted for their own sector, organisation, practitioner group or even themselves. Thus, in order to better represent the Mentoring Programme in the framework, the following additional resources are included in the final version:

Table 11.2: Additional resources to go into the CMO configuration framework

Level	Element	Additions
Institutional	New knowledge	Language Mentoring approach Modules / workshops Change project Accredited, reflective assignments Local information: services, contacts
Infrastructural	New knowledge: evidence	Partnership, collaboration, personalisation Experience-based design MBTI, emotional intelligence, Neuro-Linguistic Programming
	New knowledge: policy	Government policy and drivers (specialism, services, workforce)

- **Responses:** the elements already included in the framework appear to align well with the attributions made by participants at individual and interpersonal levels, highlighting the way individual response styles were consistent with their personal

style, or their approach to thinking that was already established in their practice, such as through clinical reasoning. Some short studies also showed that participants' thinking could be enhanced, such as in the case of outcome 2 for Mentee 2, where an activist-reasoner came to recognise and use reflection as a response. Overall, these elements and the way they were expressed in the short studies drew attention to the importance of developing and applying quality thinking within the intervention and the workplace (Figure 2.6), as a key aspect of mentoring and the Mentoring Programme, combined.

Contexts:

The enabling contexts set out in Table 8.5 came from the literature and, in terms of the interpersonal level, intuitively made sense to the researcher from her own experience as Co-ordinator. In order to prevent the framework becoming repetitive, the researcher made the assumption that in as much as the presence of particular contexts enabled certain responses, a lack of them might, by default, prove inhibitory. This has been stated as a note to the table. However, both ambivalence and hierarchy were specifically identified because they were referenced in the mentoring literature. Their importance was further endorsed by the data where they were seen as inhibiting progress to towards quality thinking and change; hence, their retention.

Within contexts, there are two more detailed areas to consider.

First, although it may appear confusing at first glance, the inclusion of mentoring culture and scheme design at institutional and infrastructural levels was intended to distinguish what might be known about mentoring from the evidence (infrastructural) and equally what might implemented in practice, in this case as the project by the Network (institutional). These two levels may or may not align and mapping it out this way enables this potential area of conflict to be highlighted and therefore more likely to be addressed. An example of this might be where the evidence points to the importance avoiding hierarchy in the way a mentoring scheme and the relationships within it are set up to ensure they are 'off line' (Megginson et al, 2006, p.4) but where an employer devises their scheme with a specific mandate for more senior staff to mentor those more junior to them, perceived as a legitimate way to develop the organisation's workforce and passing forward organisational memory and values. This may have benefits and significant disadvantages. However, in this project-in-practice it was specifically avoided because of the project aim to break down barriers and this was translated into the way matching was undertaken to avoid hierarchical and organisational reinforcement (section 4.4.3, Develop and Deliver Phase). Finally, at the institutional level, it is known that some structural elements such as secondment opportunities, including backfill, were essential

to mentor recruitment (section 4.4.3, Bid Phase) thus making the case for their retention here.

Second, it became clear during the literature review that the personal, prosocial elements being identified at the individual level also resonated with the dyad and network properties of mutuality and reciprocity, for example, at the interpersonal level. A similar link appeared to exist between motivation at the individual level and, at the interpersonal, belief, commitment to and investment in the intervention, as well as voluntarism in the dyad and networks. Although this was not recognised at the time the Programme was being set up, it evidences the importance of identifying these individual characteristics in recruitment so that is not solely based on clinical expertise, exploring them as part of working with new mentoring knowledge, and applying them interpersonally as part of the evolving Programme culture.

Finally, the only addition proposed at the individual level is 'learning style' in as much as it informs the way participants might respond to Programme resources and how developmental conversations might need to be focused.

Configuring:

In terms of representing configuring that resonates with the outcomes and attributions made by participants, the researcher found the concept of choice architecture (Thaler and Sunstein, cited in Pawson, 2013, p.34) particularly useful in establishing and mapping underlying structures and processes in the data that aligned with the basic realist formula within realist methodology (Figure 5.1). This is evident in the configured presentation of participants' outcomes in Chapter 10.

Application:

The CMO configuration framework was not available at the time that the expert and participant interviews were carried out. Despite this, the researcher valued hearing people's stories through semi-structured interviews; a rich source of data, purposefully gathered. Interviewees were able to provide an account of their own experiences and within it, make sense that was personal to them. In addition, many were able to go beyond telling their story and engage more fully in providing a causal account. This was not constrained by the researcher. Reflecting on realist interviewing per se (Manzano, 2013) the researcher felt confident in her approach which avoided asking them to comment on what had already been determined as causally significant, perhaps without engaging with the full breadth and depth of participant's own experiences and explanations first. Nonetheless, in that research and on occasions practice require a more purposeful or consistent methods and tools, the researcher feels there may be value in using the CMO configuration framework as an adjunct to initial story-telling, as

an aide memoire, supported by the use of questions similar to those she used in her interviews (section 9.4 and Appendix 2). It may also be useful as a way of communicating first stage analysis with the interviewee in a follow-up interview to check the way their narrative has been interpreted and to encourage further thinking on the topic, depending on its relevance to their thinking style. As a combined approach to gathering data, a configured framework such as this may help to overcome the risk of 'misguided exceptionalism' (Dunning, 2013, p.415) in interviews where people 'consider themselves free agents generally immune to the constraints that dictate other people's actions' (ibid) but where using the framework at the outset may constrain reflection or create a susceptibility to over-positive interpretation of self. It may nonetheless offer a higher degree of accuracy if completed with another person in mind, such as a mentor for a mentee, or by peers.

Finally, the researcher believes that the CMO configuration framework in a 'user-friendly' version could also be used by some mentoring practitioners or those designing mentoring schemes to inform their work and by doing so, engage more fully with the evidence base to what they do. The researcher could envisage the framework, subject to the redefinition of outcomes appropriate to particular circumstances, being used to explore the way people make decisions. This might be of benefit where there is an issue of concern that warrants greater attention or, if used in series, to highlight how people might change their thinking, decision-making and goals over time. Equally, it might support those setting up schemes with the decisions they need to make about, for example, recruitment and the qualities and behaviours they might be seeking in applicants (individual and interpersonal enabling contexts) or the actual design of their intervention, such as the evidence-base (infrastructural enabling contexts) or content and new knowledge in particular (institutional resources). Rather than making such decisions based on what everyone else seems to do, it may enable them to reflect on what they are trying to achieve and how it might be designed into their scheme, causally-informed and evidence-based.

With the final CMO configuration framework in place, the next part of this process consists of finalising the programme theories.

Final programme theories

The initial programme theories based on the Bid and mentoring definitions (Table 6.1), the 'if-then' statements, are as follows:

- **Mentoring as an approach in the Mentoring Programme:** If a diverse group of specialist practitioners participate in and collaborate on a clinically orientated Mentoring Programme that uses a mentoring approach to accommodate their individual learning and development **then** they will increase individual capacity and

capability by acquiring clinical skills through others' experience and expertise, developing themselves as role models and leaders, building and sustaining working relationships that break down barriers, and committing to service outcomes that make a real difference; and

- **Mentoring as an intervention:** If a mentor and mentee establish a trust-based, developmental relationship through conversations, so that mentee is supported in a mentoring process by the mentor's experience and expertise to reflect on their own thinking and ideas **then** they will generate their own resources and solutions to make key transitions in their learning and development, both personal and professional.

These now need to be finalised to reflect the data and the CMO configuration work discussed above, in Chapters 9 and 10. In Chapter 9, the experts contributed to a configured understanding of mentoring, annotated here to highlight contexts (C), mechanisms (M) and outcomes (O), both proximal and distal:

- **From David Clutterbuck's interview:** having regular time out to think in a developmentally focused dyad, in which both mentee and mentor are invested (C), enables shared conversations in which the mentor's expertise and broader view are reflected in their questions and the way they role model as an exemplar, to enable the mentee to step back, think and reflect, bringing their attention to (M) what matters, so that as they become increasingly agentic (O: proximal), they come to know what they want to happen in the longer term, and through this process, generate a way forward from a deeper understanding of self and career (O: distal);
- **From Bob Garvey's interview:** based on positive and shared qualities and behaviours that flow into the enabling context of the dyad, both mentor and mentee engage in ways that are genuine and authentic (C), where the language of conversations, questioning and listening, as well as role modelling through which the mentor's expertise and specialist experience become invested in the mentee's story, their emotion and reasoning, so that meaning is established and decisions are made (M), leading to insight and understanding in the mentee (O: proximal), new learning, change and resolution, clarifying their sense of self, resolving what is past and making new choices about what might be (O: distal). The mentor also learns (O). Gains may extend to their organisations (O); and
- **From David Megginson's interview:** where there is commitment to use the mentoring time and space (C), and where the mentor's focused presence and stillness are offered in ways that create the platform for the increasingly skilled mentee to think, choose and act (M), the mentee is able to make meaningful changes, from the smaller down-to-earth issues that are significant to them, to the

bigger re-appraisal of their lives, raising their energy, reclaiming agency and increasing their sense of autonomy (O: proximal and distal).

However, the focus of this research is not restricted to developmental mentoring but extends to the Mentoring Programme and mentoring together, and in this regard the analysis of participant narratives provides an additional contribution to the finalising of programme theories, starting with the two short studies using contemporaneous data:

- **Meaning-making to integrate new knowledge about work and self** (Mentee 1): this appears to be about identity and making sense of new challenges in a new role. Here, a novice practitioner responds through meaning-making, seeking to answer the question ‘what are the rules of work and who am I, carrying them out?’; and
- **Enhancing responses that translate new knowledge about self, others and work into practice** (Mentor 1): this appears to relate to the way what is new is understood, analysed and operationalised into practice, opening up internal, closed ways of thinking and working. Here, a more expert specialist practitioner responds through reasoning, reflection and reflexivity, seeking to answer the question ‘what is different and how do I bring what is useful into what I do?’

Both contributions appear to be mainly work-focused, including self-in-work, where new knowledge, learning and development are translated into practice through the way they think and respond differently. There appears to be immediacy in the challenge of investing what is now known into what they do. However, the other two short studies reflect the impact of learning, development and change over a longer timescale:

- **Enabling the assimilation and amplification of new knowledge through quality thinking and working** (Mentee 2): although this comes from a mentee’s narrative, it is strikingly similar to Mentor 1. Their initial and usual response is reasoning that leads to decision-action to which they now add reflection, despite a strong identity as an activist. However, there is also something here about adding value to what they now know by interpreting what they have learned through changes to self; and
- **Building confidence and knowledge to network and influence, purposefully** (Mentor 2): this appears to be about self, self-in-work and others, through which they are developing the personal agency and resilience to engage collaboratively in external, open and dynamic strategic systems. Here, an expert practitioner responds through reflection and reflexivity, seeking to answer the question ‘what is changing and how do we make that change purposeful?’

In addition to a primary work focus, these studies appear to highlight an emerging sense of insight and agency in which personal development and individual change evolve over time, noted as ‘the sleeper effect’ (McClelland cited in Boyatzis, 2007, p.455), referred

to in section 1.5. This would validate the need for longer term investment in individualised personal and practice development, beyond the acquisition of knowledge and skills, in order to enable practitioners to work with greater flexibility, resilience, autonomy and interdependence. However, this is not about leadership. It is about building on and accelerating the development of experience and expertise, driving 'collaborative practice development not [just] continuing professional development' (Imison and Bohmer, 2013, p.4). It appears to the researcher that such outcomes would align with the emerging challenges and gaps identified across health and care noted in Chapter 2, effected by the downward pressure on funding that has led to the loss of experienced and expert staff at the same time as posts have been downgraded and strongly performance managed based on knowledge, skills and outputs rather than the achievement of outcomes that are meaningful and valued by people who access services. Such workforce development programme are not about 'quick wins', requiring traction not reaction.

Before bringing these experiential contributions together and proposing final programme theories, there are final two points to consider. First, despite the focus of the Bid on clinical learning and development, the implementation of the Mentoring Programme and mentoring within it created a broader range of generative and reinforcing opportunities and resources through which participants could focus on issues that mattered to them. These were about self as well as work and, in terms of work, about improving practice and services in which the focus was on the people who accessed them more than the knowledge and skills associated with competence to practice. This direction of the Programme emerged from the increasing cohesion and momentum of the group and their consensus on priorities. Clinical activities were not precluded, and some participants took the opportunity to follow up areas of clinical interest, including visits to other services. However, it is clear, even from these short studies, that participants' learning, development and change activities went far beyond the clinical and the outcomes were more meaningful and useful to them than may have been anticipated by some of the key stakeholders when they applied for funding. Second, although the elements within the final programme theories remain largely the same as before, the perspective within them has moved beyond the logic model (section 2.4.2) to become more causally and experientially informed. This reflects the research's main focus on people, individually and collaboratively as set out in the inverted hierarchy (Figures 3.1 and 11.2). Thus, those linked or configured elements to which people have attributed particular meaning are emphasised in the final programme theories, highlighting the way these effect change as an evolving and purposeful process. These final programme theories are set out below.

The overarching theory (Table 11.3) underscores the importance of the diversity of people working together on a bricolage of opportunities, and the way they interact to bring about change in a mentoring-informed community of learning, practice and discovery. This is supported by four subsidiary programme theories about learning and working differently, and making a difference (Tables 11.4-11.6).

Table 11.3: Final Programme Theory: Diversity and opportunity (primary)

‘Diversity and opportunity’ primary programme theory
<p>If a group of specialist practitioners from different sectors, organisations, practitioner groups and at different career stages are unified by their specialism, access to new knowledge from policy and evidence, and adopt a common focus on outcomes that matter for and with people who access their services and if they have access to regular time out of work and are offered and provide support and challenge in a safe space where they can engage in quality thinking and action then they are able to learn and work together in ways that are different and that make a difference, for themselves and others.</p>

In the Bid, dispersal and fragmentation were seen as a key issue to be addressed, evident in gaps in services and interactions. This was entrenched by the boundaries between services, teams and practitioner groups. There was a lack of cohesion, exacerbated by the diversity of those working within this specialist area. As a result of the way participants were recruited to the Mentoring Programme, matched in the dyads, shared new knowledge and generated their own across its formal and informal networks, and established the way the group would be identified by its agentically collaborative and purposeful approach to relationships and conversations, diversity appears to have become one of its most valued assets. This contributed to cross-boundary working in whatever way those boundaries were originally defined. It underscores the importance of the individual-interpersonal levels in the inverted hierarchy and reflects the dimensions of Partnership Synergy discussed in section 7.5. This is the basis of the primary programme theory.

These programme theories highlight the premise stated previously that it is not the intervention that works but it is the people that do by their thinking, decisions and actions (Pawson, 2006). In addition, artefacts are identified as means (in the inverted hierarchy they are associated with simple and complicated systems and processes) that are

Table 11.4: Final Programme Theories: Learning differently (subsidiary 1 and 2)

‘Learning differently’ subsidiary programme theories
<p>Learning together about artefacts: If such a diverse but unified group of specialist practitioners have opportunities to learn about current policies as key drivers to their practice and services, and if this happens individually and together in dyads and networks then participants support each other to learn, reflect and apply this new knowledge to what they do to bring about change, directly or by influencing their practice, teams, services and organisations.</p> <p>Learning together about people: If such a diverse but unified group of specialist practitioners have opportunities to learn about evidence that increases their understanding of self and others, and if this happens individually and together in dyads and networks then participants support each other to learn, reflect and apply this new knowledge to change their relationships and conversations, and to think and act in ways that work with the best of themselves and enable the best in others.</p>

Table 11.5: Final Programme Theory: Working differently (subsidiary 3)

‘Working differently’ subsidiary programme theory
<p>Working together with people and artefacts: If such a diverse but unified group of specialist practitioners have opportunities interpret and engage actively with new knowledge through workshops, assignments and change projects, and if this happens individually and together in dyads and networks then participants change their practice and services for and with those who use them and in ways that matter to them.</p>

Table 11.6: Final Programme Theory – Making a difference (subsidiary 4)

‘Making a difference’ subsidiary programme theory
<p>Working together for change and outcomes: If such a diverse but unified group of specialist practitioners have opportunities to develop and use a collaborative, outcome-focused approach that becomes congruent with their prosocial qualities and behaviours, and that is also reflected in the same qualities and behaviours in the group then participants seek to enhance the quality of their practice and services in ways that are defined by those who access them.</p>

translated into outcomes that matter to people by those engaged at the individual and interpersonal levels (in the inverted hierarchy they are associated with complicated and complex systems and processes). This is explored in Figure 11.2. The way these final programme theories are integrated is illustrated in Table 11.4.

Table 11.7: Integrated final programme theories

Diversity and opportunity programme theory			
Learning differently programme theories		Working differently programme theory	Making a difference programme theory
Learning together about artefacts, using new knowledge about policy and evidence, local services	Learning together about people, using new knowledge about emotional intelligence, MBTI, partnership and collaboration	Working together with people and artefacts, on change projects and changing practice	Working together for change and outcomes, on services for and with those who access them

So, before turning to the final findings on the intervention model, what is now known about the Mentoring Programme and mentoring within it as a single, integrated intervention from these final programme theories? The researcher proposes the following:

The Mentoring Programme establishes the initial culture of the group informed by belief, commitment to and investment in the mentoring process, relationships and conversations, and the environment where there is time, space and support and where mentoring's potential can be explored. The Programme is the medium in which stable dyads and multiple, informal mentoring networks are formed and reformed as needed, imbued with a mentoring approach based on the knowledge and skills acquired within the Programme as an integrated community of learning, practice and discovery. It is also the vehicle for the introduction and generation of new knowledge that becomes part of the culture of an increasingly unified and extended network of specialist practitioners working purposefully across sectors, organisations and practitioner groups. The Programme and mentoring work together, each providing, reinforcing and enriching opportunities for this

diverse group and even more diverse individuals to collaborate, negotiating meaningful outcomes by learning, working and making a difference, within the Programme and in the workplace.

The causal, dynamic layering of this integrated intervention has only become evident and evidenced by undertaking this realist evaluation.

The final programme theories are a key output from this research. As there is no standard format for such theories, they reflect the researcher's interpretation of the findings within the scope of the aims for the project-in-practice. She is aware that it would be possible for another researcher using a different perspective to come to a different conclusion about how this intervention worked. This underscores the importance of making the results of studies such as this accessible, available for review and ideally, followed up through further research or possibly the evaluation of similar interventions, to contribute to the accumulation of knowledge on this topic.

Integrated intervention model

The final part of this process is to set out a model of the Mentoring Programme and mentoring as an integrated intervention. This evaluation has established that they work together as combined and reinforcing resources and opportunities are generated to which participants in different sectors, organisations, practitioner groups and at a range of career stages respond through enhanced quality thinking (M), influenced by significant informants (C). As a result, they achieve the outcomes that matter to them (O) and in ways that matter.

In order to develop a model to reflect this and that build on the work on CMO configurations and programme theories, the researcher returned to the CMO configuration framework (Table 11.1) and summarised the key characteristics of each box into a summary framework, set out in Table 11.8. This demonstrates progress made through the research from the Initial CMO configurations in Table 6.2 that were used to report some early research findings. In this table, powered by significant informants, quality thinking is the key response to the menu of opportunities offered by this integrated intervention that leads to purposeful, meaningful, quality outcomes.

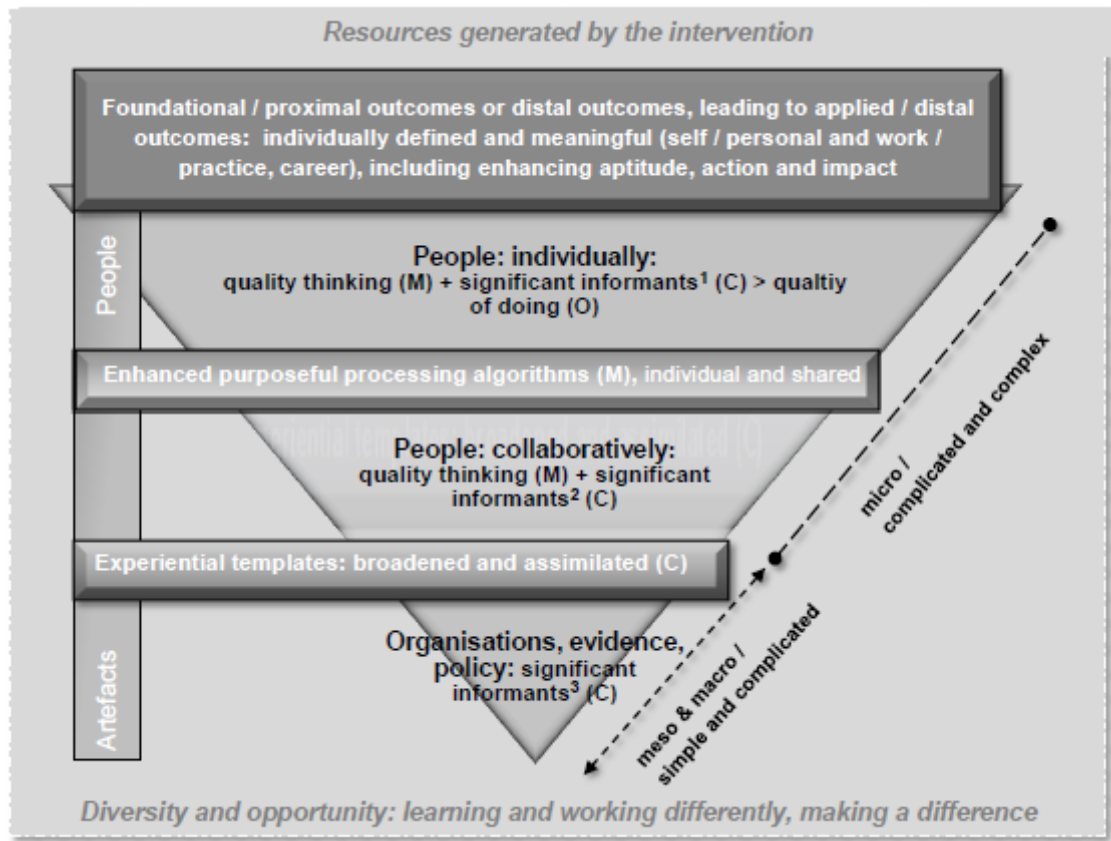
11.8: Addressing causality: the Mentoring Programme and developmental mentoring within it

Levels	Contexts		Mechanisms	Outcomes
Individual People individually	Significant informants	Qualities and behaviours, experience and expertise	Resources: Mentee's and mentor's personal resources: self and work (specialist, mentor)	Proximal outcomes: Foundational outcomes, including insight / moment
			Responses: <i>Quality thinking</i>	Distal outcomes:
		Interpersonal People collaboratively	Dyad and developmental networks	Resources: Mentoring opportunities
Response: Shared quality thinking				
Institutional Organisations	Mentoring culture and scheme design	Resources: Programme opportunities + new knowledge		
Infrastructural Policy, evidence		Resources: New knowledge		

Purposeful, meaningful, quality outcomes

Based on this summary framework, and further informed by the final programme theories, the researcher has generated a model (Figure 11.2) using the inverted hierarchy she has employed throughout the research and discussed above (section 11.3.1).

Figure 11.2: The Mentoring Programme and developmental mentoring within it: an integrated intervention model



In this figure:

- **resources generated by the intervention:** resources may be generated by the intervention as well as within it by the participants at different levels and include, for example, the voice and story of the mentee; the mentor's credible specialist experience and expertise, as well as their developmental mentoring expertise; sharing of experience; and new knowledge;
- **contexts as significant informants¹⁻³ (C):** operating at all levels, including **experiential templates**, they are associated with artefacts at the institutional and infrastructural levels³ but more personally at the individual and interpersonal levels^{1,2}, including the dyad and developmental networks. From this evaluation, these personally relevant touch-points are now known to include, for example, individual prosocial, adaptable and congruent qualities and behaviours; the characteristics of the dyad and developmental networks at the interpersonal level; and the mentoring culture as it is enacted locally and based on evidence at the institutional and infrastructural levels respectively. These contexts, broadened and assimilated, inform people's responses;
- **quality thinking (M):** responding differently to resources (M) at the individual and interpersonal levels using **enhanced, purposeful processing algorithms**, both

individual and shared. Responses are the enhanced quality thinking that is appropriate to the task and purpose such as through extending reasoning to reflection or reflexivity (Figure 2.6) in a spiral that leads to meaning-making and decision-action, individually or shared. These are enabled contextually and may be applied differently to different resources and opportunities, singly or in combination;

- **quality outcomes (O):** the quality of thinking impacts on the quality of doing, within the work associated with achieving foundational and applied outcomes. These might extend from personal insight to strategic influencing. In this evaluation, they have been associated with specific Programme aims, interpreted by each participant in relation to self and work. These were about individual and collective learning and development, and the impact of changes at operational and strategic levels. A range of possible outcomes is set out in Table 10.13; and
- **diversity and opportunity: learning and working differently, making a difference:** just as substantive theory underpins the understanding of the intervention (Chapter 7), so programme theory underpins the understanding of the model.

Specialist practitioners use quality thinking in day-to-day work, made routine within the parameters of their role and the requirements of their organisation. It is a key part of practice, distinguishing but dividing sectors, organisations and practitioner groups and frequently alienating those who access services. The conditions and opportunities generated by this integrated intervention appear to re-engage participants with this personal resource, broadening and deepening it, so they can re-appraise what they currently do and how, and extend it to new areas as they network and influence more widely. Doing this in a more diverse milieu while being more purposefully orientated to meaningful outcomes is what makes this intervention different.

So what are the implications of such a model for practice? These follow the order of the key points set out below Figure 11.2.

First, there is a need for mentoring-based interventions such as this to be made available across sectors, organisations and practitioner groups to address current challenges and gaps in health and care, as a collaborative endeavour.

Second, within such interventions and the time, space, support and challenge they provide, participants need to be able to understand and address the contextual factors, their own and others' significant informants to thinking, decisions and behaviours and to be able to work more effectively with them.

Third, in terms of resources, new knowledge about policy and evidence should be available to broaden participants' experiential templates, extending their 'known-knowns'

(Luft and Ingham, 1955). Such new knowledge may 'known' at an institutional and infrastructural level but perhaps not to individuals or to the group as a whole, or understood in ways that would make it available to inform and support practice or to influence change together. As many contexts, policy and evidence In the Mentoring Programme, the whole group worked with new knowledge to inform their wider involvement with the needs and wishes of people living with a neuro diagnosis at key points along the care pathway (section 2.3.1). In addition, it was generated by the group, for example in the Reference Statements that were then invested in their change projects (Appendix 2). It was owned by the group through its work on language and its work in the dyads and through wider networks of mentoring-informed relationships and conversations. In addition to these resources, participants need to be able to address the way they respond to what is happening and the opportunities available. This might include becoming more reflective or reflexive (Figure 2.6); sharing their own thinking with others and listening more effectively to others' thoughts as a synergistic approach that 'combines the perspectives, resources and skills of a group of people and organisations' (Lasker et al, 2001, p.183); or by extending established ways of thinking that are effective in practice into new arenas such as service improvement or strategic influencing, focusing on contributing to and benefitting from better interpersonal working, unified by a shared vision about what the work is for and how the work gets done. By locating such 'quality thinking' as a key response, a mechanism (contributing to) and not an outcome (resulting from), makes clear that the Programme and mentoring are not about performance and securing credits for continuous professional development, but about how this is used for self and others by making a difference that matters. It is not just bring about change in the staff who take part.

Fourth, these findings underscore the key premise that the purpose of investment in specialist workforce development should be to improve outcomes, not only generate outputs, and that these outcomes need to be purposefully and meaningfully those of other people. In this project-in-practice, these were the outcomes of people living with a long term neurological condition. Nonetheless, the researcher acknowledges the need to ensure the achievement of certain outputs that validate competence to practice, secure career progression and satisfy organisational performance indicators. However, defining the goals of workforce development by such outputs alone further entrenches professional status and specialist autonomy, and in doing so, potentially frustrates a cultural shift to purposeful interdependence and collaboration that may be necessary to bring about change-in-complexity that makes a difference, including the difference the policy makers are seeking, such as integration. This might be achieved by specifying quality outcomes and how they might be achieved using an evidence-based theory of change such as identified in this research. In the Mentoring Programme these quality

outcomes were associated with ways of learning differently, working differently and making a difference:

- **Learning differently:** initially pedagogically defined, this evolved to become increasingly andragogic and heutagogic (Ryan and Tilbury, 2013; Kenyon and Hase, 2001), and largely experiential (Kolb, 1984). Core learning opportunities (new knowledge) along with initial group development work facilitated the mentoring dyads to become established, from which the group could adopt a largely self-generative, evolving model of learning, development and change, drawing on existing knowledge and skills from its own members and beyond. Participants could then navigate their own route through the opportunities available to achieve what matters to them.
- **Working differently:** based on their own learning and development, participants were supported to trial ways of working in change projects within their teams, services or organisations and champion mentoring-informed collaborative approaches in relationships at work, in areas from day-to-day practice, supervision and management, to service re-design.
- **Making a difference:** as outcome-focus was essential to group culture, and evident in the way participants broadened their vision of themselves and others within more open systems.

Essentially, this model reflects the Mentoring Programme and mentoring as an integrated intervention that generated an integrated community of learning, practice and discovery (Wenger, 1998 and 2006; Garvey, Stokes and Megginson, 2009; Coffield and Williamson, 2011) where importantly, boundaries between these 'communities' as multi-level, informal networks were blurred (Oborn and Dawson, 2010). Real world diversity is thus acknowledged, valued and worked with as an asset where there is a shared vision through new knowledge; better understanding of self and others that builds on participants' prosocial qualities and behaviours and is reinforced in the dyad characteristics such as mutuality, reciprocity, and trust, regularly accessible in a safe space; partnership and collaboration; and access to time, space and support.

Although a Programme such as this might not be replicated in its current form, the knowledge of what made it effective and theories about how those participating in it were able to learn and work differently and make a difference have potentially transferable value. However, in looking at how to set up this type of innovative intervention while addressing some of the difficulties noted in Chapter 4, some adjustments are proposed here. These include having sufficient lead-time to work collaboratively to develop innovative ideas into practicable interventions that are theory-informed and evidence-based; the importance of articulating the theory of change within the intervention design; where necessary, to have commitments to key components formally signed off before

implementation starts; planning evaluation and sustainability into the scheme, including sufficient time to work on both with stakeholders and participants so that new knowledge is identified and disseminated; ensuring plans for adoption and sharing are implemented within the timescale and resourcing of the project overall; and extending the period over which such interventions are evaluated and evidence from them accumulated.

Recommendations: The research has generated important areas of new knowledge around using a Mentoring Programme and developmental mentoring within it as an integrated intervention that contributes to specialist workforce development. The recommendation is that this should be written up for publication in appropriate peer reviewed journals, and findings presented at conferences and to senior staff in strategically influential organisations, to engage a wider community of interest in developing it further and adding to the way it might be understood and applied in evidence-based practice. It is also hoped that by including the final CMO configuration framework in writing up the research, the researcher might be able to encourage the further development of this as a tool by securing its use within practice-based work or academic research, preferably as a further, collaborative realist evaluation.

11.4 Research methodology

The basic realist formula at the heart of this methodology was adapted from Pawson and Tilley (1997) and Pawson (2006). It is set out in Figure 5.1 and interpreted in Figure 6.2. It has an apparent simplicity that belies the challenges it affords in practice. These only became evident as the research progressed through pinch-points such as interviewing, generating programme theories and CMO configuring. These then became the areas of greatest learning, overcome in part by attending training led by Professor Ray Pawson at Leeds; accessing the growing body of literature that reports how people are carrying out realist evaluations and writing about methodological issues; engaging with the on-line and face-to-face support available through RAMESES and CARES; increasingly revisiting the methodology's ontological and epistemological underpinning and taking time to reflect on the way they might inform this research; and trial-and-error. Learning continues and although there is a growing community of realist researchers, these are early days for this methodology and the exchanges on RAMESES are indicative of the ebb and flow of knowledge around ontology, epistemology, methodology and method.

Nonetheless, the researcher was initially drawn to this methodology on the basis of a recommendation and in working with it, she has particularly valued the way it has brought attention to what people do in the way they respond to opportunities, individually and together, and how this might be better understood. This positioning and dynamic is exemplified in the inverted hierarchy illustrated in Figure 3.1 and discussed in section 11.3.1. It also aligns with a mentoring approach and with the researcher's 'appreciative'

perspective (Hammond, 1998) set out in section 1.6. Although it was not made explicit at the time, using this approach has enabled the researcher to reflect on what she has come to understand as a sub-text in the Mentoring Programme and developmental mentoring which is that practitioners and others in the system have the resources, potential and the responsibility to bring about change and, working collaboratively, to do this in a way and with effects that matter to those involved. People work, not interventions. As a result, it has become apparent that change can and should be based on a more detailed understanding of individually and interpersonally mediated causality in social programmes than by seeking to transpose projects from A to B, or relying on intuition and past experiences about what works.

Whilst focusing on the individual-interpersonal levels, this methodology has also enabled the researcher to work with complexity, without avoiding or being overwhelmed by it. The progress of the research has emphasised the open, dynamic, personalised systems people locate themselves in and enabled this to be identified through their causal explanations and attributions. Thus they draw on contextual informants that are situated outwith the intervention, the factors that might attempt to be controlled or avoided in a randomised control trial for example, and respond to resources they identify as important to them to get to the outcomes that matter in their terms, whether or not these relate to those targeted or intended by stakeholders, or anticipated or pre-determined by researchers. The researcher has valued the structures, processes and rules within the methodology, the cognitive spaces in the research process for inductive, deductive and retroductive thinking, as well as the way it enables people's real experiences to flow through it.

In relation to this evaluation, the researcher believes that there is potential for further realist research that builds on this foundational study. Nonetheless, she appreciates that there may be concerns about using limited primary data from only four participants in this evaluation; two studies relating to short term and two to longer term outcomes. This warrants further consideration in relation to the methodology itself. The researcher has focused on causality in all these studies and not the characteristics of participants as if they were being attributed with significance as a sample. The research aim, supported methodologically, has been to identify CMO configurations across them all from which to inform the generation and refinement of programme theories about how mentoring worked as an intervention and an approach. This satisfies the purposes of realist methodology to accumulate knowledge and generate transferable theory discussed in Chapters 5 and 6. In addition, these causal elements were initially identified from a realist-informed review of the literature. The review included three sources of relevant theory (Chapter 7) and a range of texts and articles (Figure 5.1) relating to mentoring

'theory', concepts and practice reported in Chapter 8. Taking a qualitative approach, primary data were found to fit with the way secondary data were formulated into a framework generated from these sources, sufficient to inform analysis of twelve CMO configurations, whilst not attributing any statistical significance to the results. Within the scope of the research, it appears to have been sufficient to begin to establish a causal perspective on this integrated intervention and revise the initial programme theories that might be transferable to other interventions as part of the accumulation of knowledge in this and related fields.

From her experiences of this research, the researcher offers the following points to contribute to the continuing discussions on realist methodology:

- **potential to add value and credibility to research processes and evidence:** situated between positivism and constructivism, this 'third way' methodology addresses real world complexity from a causal perspective that appears to be well suited to the challenges in evidencing, delivering and evaluating public sector programmes in particular. It simplifies the core causal question to the elements of the basic realist formula but amplifies the answers through the generation and analysis of rich data, and the refining of programme theory and associated CMO configurations that add to the evidence base for future work;
- **people are located centrally and viewed through a real-world focus:** their responses, choices, decisions and actions central to the evaluation whilst highlighting a gap between outcomes that have meaning to them and the intended institutional and infrastructural outcomes that drive performance and change (Figure 6.2). This 'outcome gap' may well be a common characteristic of public policy and needs addressing;
- **the importance on ontological anchoring:** occasionally, some of the researcher's challenges were addressed by revisiting the philosophical and ontological basis of realist methodology. The researcher feels realist ontology is still work-in-progress and its philosophical roots under negotiation than consistently defined and referenced. She looks to those who are leading the advancement of this methodology to address this;
- **the need for terminological clarity and consistency:** as with ontology, the interpretation of key realist terms can be inconsistent because of an apparent enthusiasm to adopt them from a range of other approaches and sources. These need to be made clearer, including sources, definitions and applications. In addition, the researcher feels that as the methodology is moving forward, some of its own terms may benefit from being revisited. For her, the ambiguity of 'realist synthesis' also being 'realist review' yet both of them distinct from 'realist evaluation' was

unhelpful. In her own research, where it was necessary to conduct a realist [informed] review of secondary data to address the lack of theory, in tandem with a realist evaluation of primary data, and for both of these to be brought together, she would propose that 'realist review' should be retained for research based on secondary sources and 'realist evaluation' for research using primary sources but that 'realist synthesis' should be adopted as a term for studies that have both within them and therefore involve the synthesis of secondary and primary data; and

- **practice helps:** knowledge and skills acquisition through training and courses is important but does not fully prepare novice researchers for the task of undertaking a major piece of realist research, single-handed. Accessible resources and support through RAMESES and CARES do provide an important and valued source of support. The cyclical processes of practice and reflection can also improve what is done, augmented by experiential gains, while hopefully avoiding the embedding of misunderstanding and bad habits. However, collaborative practice with experienced and expert practitioners could help even more and opportunities for 'realist research buddies' could greatly improve the novice's situation.

Recommendations: First, the researcher would endorse her previous proposal for a host, perhaps the RAMESES project, to develop an evidence portal for realist studies, syntheses, reviews and evaluations, to be housed as a central resource for researchers and others using this methodology. This might also be the location for a register of 'realist research buddies' willing to support early stage researchers. Linked to this, the researcher would welcome the development and publication of working papers, including process and standards statements on key methodological topics and methods, such as generating and refining programme theory, or interviewing, to be made available on-line to support practitioners and researchers.

Appendix 1: Interview schedules

Stakeholders, Participants (face-to-face): Chapter 4 and Chapter 10.

Overview

Interviews are structured around the 'questions' but progressed as a conversation to enable the interviewee to engage with and share the breadth and depth in their narrative, with the interviewer asking for clarification or more detail (anything else?) as needed. The interviewer needs to ensure there is an internal integrity to their contribution.

Start with the story of their involvement in the Workforce Innovations Programme Mentoring Programme (Programme) and developmental mentoring, to re-orientate them to it and share their perspective. Move on to explore their view of how the Programme and developmental mentoring worked.

Introduction:

- Thank for offer to take part.
- Aim: to hear their story of the Programme and developmental mentoring, and how they think it worked: informing the development of programme theory/ies i.e. how the Programme and developmental mentoring were intended to work and worked in practice, based on their experience – link to learning differently, working differently and making a difference.
- Research Information Sheet – any questions / clarification? Confidentiality / anonymity.
- Consent Form (2 copies – 1 for them to keep).

Questions: what was their Story?

- Timeline of involvement with the Programme and developmental mentoring: when did you start and finish (relate to phases: Bid, Develop and Deliver, Adopt and Share)?
- Role within the Programme and developmental mentoring, and doing what, by phase and overall?
- Who was the target group / aim for the Programme and developmental mentoring (begin to identify what they were intended to achieve and how)?

Questions: how it worked?

(Briefly explain the methodology and the purpose of these questions to help them to identify how the intervention worked, for whom, under what conditions etc).

- **(O)** What outcomes anticipated and/or achieved: intended or unintended - short or longer term? If differences, why?
- **(M)** What was it in the Programme or developmental mentoring (resources) that participants/you responded to and how? (Keep asking: and anything else? - develop a list associated with each of the outcomes – listen for contexts in their accounts)
- **(C)** What might have influenced participants/made you respond that way at that time? (Link to M and follow up any gaps)

Questions: finally?

- Is there any documentation relevant to this programme you can share?
- Is there anyone else I should talk to about this?
- Is there anything else that comes to mind, or that you want to share?

Thank and next steps

- Option to send additional comments triggered by the interview;
- Transcription and analysis to be carried out: they may be contacted for clarification if needed; the analysis will be shared with them for comment and agreement, with or without amendments, including the option to add additional comments triggered by the analysis;
- Option to withdraw interview data;
- Thank.

Experts (Skype): Chapter 9.

Overview

Interviews are structured around the 'questions' but progressed as a conversation to enable the interviewee to provide breadth and depth in their narrative, with the interviewer asking for clarification or more detail (anything else?) as needed. The interviewer needs to ensure there is an internal integrity to their contribution.

Start with definitions, their experience and perspectives on developmental mentoring, within a Mentoring Programme or not, moving on to engaging them in exploring how developmental mentoring might work, within a Mentoring Programme or not.

Introduction:

- Thank for offer to take part.
- Aim: to share their experience and expertise of developmental mentoring and how they think it might work: informing the development of programme

theory/ies i.e. how developmental mentoring might work in practice, for whom etc in terms of learning differently, working differently and making a difference.

- Research Information Sheet – any questions / clarification? Confidentiality / anonymity.
- Consent Form (2 copies – 1 for them to keep).

Questions: developmental mentoring definitions and descriptions?

- Do you have a working definition of mentoring that is meaningful to you or that you have found useful in explaining it to others?
- The research involves a Mentoring Programme and mentoring in workforce development across health and social care. Have you come across a combined approach to workforce development like this? If yes, do you have any details of what they did and how it worked – reference / evidence / links? Also, any initial thoughts about this approach to workforce development in health and social care?
- So, thinking about your definition of mentoring and setting it in this context, how do you think mentoring might work (please use definitions, quotes or examples from practice but please be very practical and concrete)?

Questions: how might developmental mentoring work? please add details, specific instances or particularly useful examples that you think bring it to life:

- **(O)** What do people get out of mentoring as it progresses over time - short, medium and longer terms; both expected and unexpected: Mentees? And mentors? Anything else?
- **(O)** What wider impact can mentoring have, through mentees? And through mentors? Anything else?

Now, thinking about **how this works at the personal level**, for mentees and mentors:

- **(M)** - a menu of resources in the intervention - What resources or opportunities does mentoring offer?
- **(M)** - a range of personalised responses, refined into more focused patterns of thoughts, feelings and actions through cycles of reflection as they become more engaged - What responses (thoughts, including reflection, feelings and actions) do mentees and mentors typically have to the resources or opportunities offered through mentoring?
- **(C)** - people exist in social systems or contexts and it is these personally relevant factors or circumstances, local to strategic, that effect particular responses in an individual that then have an impact or outcome - What sort of

external circumstances might affect whether and how mentees and mentors react to the opportunities in mentoring?

- **(CMO)** - You've talked about (this) and (that) leading to (something): within these patterns of resources, reactions, contexts and outcomes, or CMO's, are there any that you think might be more powerful in effecting change: in the mentee? And in the mentor?
- Anything else you want to add that's been]

Questions: finally?

- Are there any resources I should follow up that have come to mind by thinking about mentoring in this way e.g. conference presentations, lectures, reports, video or references e.g. articles, chapters?
- Is there anything else that comes to mind, or that you want to share?

Thank and next steps

- Option to send additional comments triggered by the interview;
- Transcription and analysis to be carried out: they may be contacted for clarification if needed; the analysis will be shared with them for comment and agreement, with or without amendments, including the option to add additional comments triggered by the analysis;
- Option to withdraw interview data;
- Thank.

Appendix 2: Reference materials from the Change and Benefit Realisation Report (Lawson, 2011)

Mentorship Programme, the NHS Leadership Qualities Framework (DH, 2004) and key transformational attributes (TA) from Transforming Community Services (DH, 2009) (Lawson, 2011, p.21)

Setting out the links between the Bid aims, key policy documents that were part of the new knowledge in the Programme, as well as Programme resources and opportunities.

Mentorship Programme - ✓ Capacity and Capability		Mentorship Programme - ✓ Outcomes ✓ Standards and Services ✓ Capacity and Capability		Mentorship Programme - ✓ Outcomes ✓ Standards and Services ✓ Capacity and Capability	
NHS LQF - Personal Qualities		NHS LQF - Delivering the Service		NHS LQF - Setting direction	
NHS Leadership Qualities Framework	Mentorship Programme	NHS Leadership Qualities Framework	Mentorship Programme	NHS Leadership Qualities Framework	Mentorship Programme
Self belief	Mentoring Approach	Leading change through people	Mentoring Approach	Seizing the future	National Agendas: LTnC NSF, QIPP, TCS
Self awareness	Personal Development Review	Holding to account	Action Learning	Intellectual flexibility	Outcomes Frameworks: NHS, Adult Social Care, Public Health
Self management	Action Learning	Empowering others	NLP	Broad scanning	Change Agency
Drive for improvement	NLP	Effective and strategic influence	Emotional Intelligence	Political astuteness	LEAN Virginia Mason
Personal integrity	Emotional Intelligence	Collaborative working	Political Intelligence	Drive for results	Political Intelligence
	Political Intelligence		Partnership Working and Cultural Competence		Commissioning and Business Planning
	Myers Briggs		Community Pathways and Models		Partnership Working and Cultural Competence
	Partnership Working and Cultural Competence		Work Based Learning – self management		Community Pathways and Models
			Change Projects		
TA Roles: leader, champion		TA Champion of Clinical / Practice Quality		TA Leader of Service Transformation	
Specialist Neuro Practitioner Skills (accredited)					



Community and Partnership Working Reference Statements (Lawson, 2011, p.27)

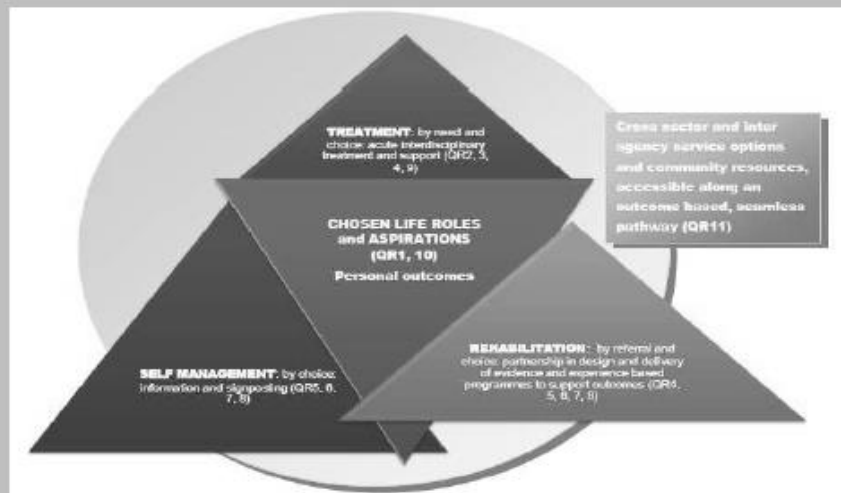
This summarises the work participants did to translate what they had learned about community and partnership working to inform their change projects and their practice in ways that would support people's chosen life roles and aspirations through treatment, rehabilitation and self-management.

Community Reference Statement

Working in partnership to expand horizons and optimise personal potential to achieve chosen outcomes (life roles and aspirations)

Enable timely access to appropriate expertise, specialist resources and signposting to opportunities and options within the local community for:

- **Inclusion and Integration** – develop a range of community resources that support housing, employment, education, leisure and transport;
- **Self-management** – support individuals to effectively direct their own activities optimising health and well being;
- **Rehabilitation** – facilitate achievements of personal life choices using tools, technology and techniques delivered by a specialist integrated team; and
- **Treatment** – provide locally delivered, contemporary, evidence based, specialist interventions; achieved through integrated networks and pathways.



Partnership Reference Statement

Co-creating choice to create change together, to take the 'risk' and influence the shift of power:

- Inviting people affected by long term neurological conditions to participate from the start and sharing from start to end;
- Negotiating the agenda and framework to make it inclusive and accessible, including practicalities;
- Gathering stories and experiences, and engaging others to do the same and reflecting on these to inform change;
- Using existing websites that have people's stories;
- Agreeing the language;
- Using media that people choose;
- Explaining the what, the why and the impact;
- Making the agreed change happen; and
- Evaluation and feedback together to 'close the loop'.

Appendix 3: Provisional programme theories

Identified within the Bid (NENN, unpublished): Chapter 4

Learning differently:

- **Mentoring Programme:**
 - **If** specialist practitioners work together on caseloads, share practical experience and reflective practice **then** they will change practice; and
 - **If** specialist practitioners participate in the Programme **then** they will develop positive learning relationships regionally.
- **Mentoring:**
 - **If** mentors and mentees spend time working together in clinical settings, relating through a mentoring role **then** mentees will be able to apply clinical interventions and record outcomes;
 - **If** specialist practitioners engage in the mentoring approach **then** mentees' individual learning needs will be met; and
 - **If** specialist practitioners engage in the mentoring approach **then** mentors will enhance their own teaching and mentoring skills, experiences and applications, promoting life-long learning and sharing.

Developing differently:

- **Mentoring Programme:**
 - **If** specialist practitioners participate in the Programme **then** they will recognise themselves as leaders and role models, raising their expectations of themselves and others' of them; and
 - **If** specialist practitioners work together on the Programme's developmental opportunities **then** they will break down misperceptions and barriers, work in partnership arrangements and commit to service outcomes that make a real difference.

Change differently:

- **Mentoring Programme:**
 - **If** specialist practitioners participate in the Programme **then** they will generate a model and standards for learning and mentoring;
 - **If** there is more capacity and capability in the specialist workforce **then** more consistent knowledge, skills and support will be cascaded to other staff along the pathway for people with neurological conditions, particularly in the community, across health and care, and extending to other diagnostic groups;

- **If** specialist practitioners participate in the Programme **then** they will break down elitist professional barriers and build up the possibility of a virtual team in neurosciences;
- **If** the third sector collaborates to fund new staff who participate in the Programme as mentees **then** this will increase strategic investment impact, enable other organisations to negotiate longer term funding to sustain the growth in posts, and increase the size of the specialist workforce with a community orientation to its work; and
- **If** there is more capacity and capability in the specialist workforce **then** there will also be capacity to commission a step-change in service delivery that will move services out of tertiary centres closer to home for patients and carers, and the creation of appropriate positions to match national policy and local need.
- **Mentoring:**
 - **If** specialist practitioners participate in mentoring **then** they will build and sustain working relationships.

Identified from mentoring definitions: Chapter 2

Developing differently:

- **Mentoring:**
 - **If** people participate in developmental mentoring through off-line, one-to-one help **then** they will be able to make significant transitions in knowledge, work or thinking (after Megginson et al, 2006);
 - **If** the mentor has experience, is highly regarded, empathetic and guides the mentee **then** the mentee will develop and re-examine their ideas, learning, and personal and professional development (after Bhatti and Viney, 2010);
 - **If** the mentor brings their greater knowledge and experience to a supportive role and process that encourages reflection and learning in the mentee **then** they will facilitate the mentee's career and personal development (after Roberts, 2010); and
 - **If** people participate in individualised, developmental activities within trust-based relationships, established through conversations **then** they will generate their own context-specific resources and solutions to develop their personal or professional competencies (after EMCC, 2013).

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