

[insert organisation logo]

---

## Mentoring Policy

---

**Document Status:** Draft or Final

**Date Issued:** [date]

**Lead Author:** [name and position]

**Approved by:** [insert organisation name] Board of Directors on [date]

**Scheduled Review Date:** [date]

---

### Record of Policy Review

Review Date	Person Initiating/Leading Review	Other People Consulted

### Triggers for Policy Review (tick all that apply)

- Standard review is timetabled.
- A gap has been identified.
- Additional knowledge or information has become available to supplement the policy.
- External factors
  - Policy is no longer relevant/current due to changes in external operating environment.
  - There are changes to laws, regulations, terminology and/or government policy.
  - Changes to funding environment, including requirements of funding bod(y)ies.
- Other (please specify).
- Internal / organisational factors
  - A stakeholder has identified a need, eg, by email, telephone etc.
  - A serious or critical incident has occurred, requiring an urgent review.
  - Need for consistency in service delivery across programs and organisations.
  - Separate, stand-alone policy is now warranted.
  - A near miss has occurred, requiring a review to prevent a serious/critical incident in the future.

**Additional Comments**

[for example, policy now covers details related to new legislation].

## 1. Purpose and Scope

[insert organisation name] is committed to the development of an appropriately experienced and qualified professional community mental health sector workforce.

The purpose of this policy is to ensure mentoring within the organisation is guided by fair and consistent principles and sound administration so that there is a positive experience and outcome for [insert organisation name], its employees and consumers.

This policy applies to all staff at [insert organisation name]. It does not provide detailed guidance on:

- Complaints and grievance handling – see the *Feedback and Complaints Policy*
- Human resources management – see the *Human Resources Policy*
- Practice supervision – see the *Practice Supervision Policy*
- Privacy and confidentiality – see the *Privacy and Confidentiality Policy*
- Student practice placement – see the *Student Practice Placement Policy*
- Workplace environment – see the *Work Health and Safety Policy*.

## 2. Definitions

**Coaching** is a solution focused, goal oriented systematic process in which the coach facilitates the enhancement of performance, self-directed learning and personal growth of other individuals<sup>1</sup>.

A **mentor** acts as a “critical friend” in encouraging reflection to achieve success<sup>2</sup>.

A **mentee** is a person who is encouraged (by a mentor) to reflect on issues related to personal and professional development, growth and support.

**Mentoring** is a voluntary professional relationship based on mutual respect and agreed expectations that is mutually valuable to all involved and includes personal and professional development, growth and support<sup>3</sup>.

**Peer** refers to work colleagues at similar points in their career who share a similar interest around professional development. Peers are equal in status.

---

<sup>1</sup> Grant, Passmore, Cavanagh, & Parker, 2010 in Nisbet, McAllister & Heydon 2014.

<sup>2</sup> Costa & Kallick, 1993 in Nisbet, McAllister & Heydon 2014.

<sup>3</sup> Fawcett, 2002; Heartfield et al., 2005 in Nisbet, McAllister & Heydon 2014.

**Peer- or co-mentoring** is where two peers or colleagues at similar points in their careers form a collaborative mentoring relationship to mutually foster personal and professional development.

**Peer group mentoring** is where three or more peers or colleagues at similar points in their careers form a collaborative mentoring relationship. Peers actively contribute and interact as co-mentors for others within the group, learning from each other to enhance opportunities for personal and professional development for all within the group.

**Supervision** is “. . . the oversight – either direct or indirect...of professional procedures and/ or processes . . . for the purpose of guiding, providing feedback on, and assessing personal, professional and educational development in the context of each learner’s experience of providing safe, appropriate and high quality patient/client care”<sup>4</sup>.

**Traditional (dyad) model of mentoring:** a more senior and experienced person acts as a mentor to a more junior mentee or protégé in enhancing mentee personal and professional growth and development.

### 3. Principles

**[insert organisation name]** is committed to providing, for its employees, volunteers and students, opportunities for:

- Personal and professional growth;
- Reflection and the development of reflective practice skills;
- Support;
- Career development.

**[insert organisation name]** provides an equitable, safe and encouraging workplace environment.

**[insert organisation name]** encourages its employees to participate in interprofessional collaboration.

Mentoring is not a substitute for complaint, supervision or disciplinary processes.

### 4. Outcomes

Employees are supported to achieve professional development / educational objectives.

---

<sup>4</sup> *Health Workforce Australia, 2013* in Nisbet, McAllister & Heydon 2014.

All **[insert organisation name]** employees are engaged in a professional development process that works to the identified skill and knowledge development needs of the individual.

**[insert organisation name]** uses its professional development resources to provide opportunities for interprofessional collaboration.

## 5. Functions and Delegations

Position	Task/Delegation
Board of Directors	<ul style="list-style-type: none"> <li>• Endorse <i>Mentoring Policy</i> and related procedures.</li> </ul>
Management	<ul style="list-style-type: none"> <li>• Compliance with the Mentoring Policy and related procedures.</li> </ul> <p><u>CEO/Manager</u></p> <ul style="list-style-type: none"> <li>• Participate in mentoring.</li> <li>• Ensure contemporary methods of mentoring are used in the organisation.</li> </ul> <p><u>Line Manager</u></p> <ul style="list-style-type: none"> <li>• Participate in mentoring.</li> <li>• Review the mentoring needs of their team members as part of the Performance Review and Development process.</li> <li>• Recognise the value of mentoring skills:               <ul style="list-style-type: none"> <li>○ Plan for staff, who act or will act as mentors or mentees, to participate in appropriate training and receive adequate support as / when required</li> <li>○ Ensure participants in the mentoring relationship allocate enough time for core work responsibilities and mentoring sessions</li> <li>○ Acknowledge the significant individual contributions of mentoring as a tool in performance reviews.</li> </ul> </li> </ul>
Learning and Development	<ul style="list-style-type: none"> <li>• Ensure the operation, monitoring and evaluation of mentoring program(s).</li> </ul>
Traditional Mentor	<ul style="list-style-type: none"> <li>• Guide and support a less experienced person to achieve goals in an area in which the mentor has experience, through acting as a “critical friend”:               <ul style="list-style-type: none"> <li>○ Share expertise and experience</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Act as a sounding board and provide alternative perspectives</li> <li>○ Introduce the mentee to networks to support development.</li> <li>● Ensure a mentoring agreement is in place.</li> </ul>
Mentee and Peer Mentor	<ul style="list-style-type: none"> <li>● Varies according to the context and purpose of the mentoring relationship. May include: <ul style="list-style-type: none"> <li>○ Taking responsibility for identifying and achieving own development goals</li> <li>○ Initiating mentoring meetings, contributing to the agenda for discussion</li> <li>○ Listening, clarifying, reflecting back and discussing</li> <li>○ Sharing expertise and experience</li> <li>○ Providing feedback about <ul style="list-style-type: none"> <li>▪ Progress on mentoring objectives</li> <li>▪ The mentoring relationship(s).</li> </ul> </li> </ul> </li> <li>● Ensure a mentoring agreement is in place.</li> </ul>
All staff	<ul style="list-style-type: none"> <li>● Compliance with the Mentoring Policy and related procedures.</li> <li>● Participate in mentoring.</li> </ul>

**Risk Management**

[insert organisation name] will ensure mechanisms are in place to demonstrate that decisions and actions relating to mentoring are transparent and fair.

All staff with mentoring functions are provided with ongoing support and professional development to assist the organisation to support effective mentoring processes.

Mentoring programs are evaluated at least annually.

**6. Policy Implementation**

This policy is developed in consultation with employees and consumers and is approved by the Board of Directors. All employees are responsible for understanding and adhering to this policy. Implementation issues may be raised when required at the Personal and Professional Development item of staff meetings.

Specific monitoring activity includes an annual personnel file audit for each employee to ensure recommended professional development processes (including mentoring) are in place.

**7. Policy Detail**

## **8.1 Access to mentoring**

Access to mentoring may be initiated by directly approaching, and/or receiving encouragement from, the line manager **[and/or learning and development]** to participate in mentoring arrangements provided by **[insert organisation name]** or external to the organisation.

Mentors and mentees will be:

- selected via an expression of interest process managed by **[insert position]**.
- expected to develop clear objectives for their mentoring relationship.

## **8.2 Type of mentoring**

**[insert organisation name]** may use a range of approaches to mentoring, such as traditional (dyad), peer, and/or peer group mentoring.

## **8.3 Mentoring Agreement**

A mentoring agreement which clarifies expectations will be developed at the beginning of all mentoring arrangements.

The mentoring agreement will include:

- the duration of the mentoring arrangement
- frequency and nature of contact
- what is (and is not) confidential
- meeting logistics
- mentoring objectives.

## **8.4 Grievances**

Any issues which may arise within the mentoring relationship and which are not covered by the mentoring agreement will be resolved according to the Feedback and Complaints Policy.

## **8.5 Withdrawal from mentoring program**

If mentors and/or mentees want to withdraw from the mentoring arrangement prior to the date noted in the mentoring agreement they must contact **[insert position]**.

## **8.6 Evaluation of mentoring**

Mentoring programs will be evaluated at least annually.

## **9 References**

### **9.1 Internal**

- Code of Conduct
- Feedback and Complaints Policy
- Professional and Personal Development Policy
- Peer Group Mentoring Resources:
  - An overview of mentoring
  - Stages of developing a peer mentoring group
  - Models to encourage reflective practice within peer mentoring sessions
  - Reflective tasks to promote effective learning
  - Reflective model details
  - Sample peer group mentoring agreement
  - Application of learning to self-development
  - Sample session plan for a facilitated peer group mentoring program.

### **9.2 External**

#### **Legislation**

- Age Discrimination Act 2004 (Commonwealth)
- Anti-Discrimination Act 1977 (NSW)
- Disability Discrimination Act 1992 (Commonwealth)
- Human Rights and Equal Opportunity Commission Act 1996 (Commonwealth)
- Racial Discrimination Act 1975 (Commonwealth)
- Sex Discrimination Act 1984 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- Work Health and Safety Regulations (NSW – due 2012)

#### **Resources**

- Nisbet, G, McAllister, L., and Heydon, M. (2014). *A Peer Group Mentoring Framework for the Development of Student Supervisors*. Sydney
- NSW Health, 2006, Drug and Alcohol Clinical Supervision Guidelines, NSW Health, Sydney.

### **9.3 Quality and Accreditation Standards**

#### **EQUIP4**

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 2.2: Human resources management supports quality health care, a competent workforce and a satisfying working environment for staff.

Criterion 2.2.3: The continuing employment and performance development system ensures the competence of staff and volunteers.

Criterion 2.2.4: The learning and development system ensure the skill and competence of staff and volunteers.

## **EQUIP5**

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 2.2: Human resources management supports quality health care, a competent workforce and a satisfying working environment for staff.

Criterion 2.2.3: The continuing employment and performance development system ensures the competence of staff and volunteers.

Criterion 2.2.4: The learning and development system ensure the skill and competence of staff and volunteers.

## **Health and Community Service Standards (6<sup>th</sup> edition)**

Provided by the Quality Improvement Council (QIC)

Standard 1.3: Human resources are managed to create an effective and competent service.

Evidence Questions: What is the evidence that:

c) administration and personnel systems operate efficiently to support the work of staff and the organisation's effective functioning?

d) orientation, support and development needs of staff are systematically identified and met in a way that supports the organisation's goals?



## 9.4 National Mental Health Standards

Criterion 8.7: Staff are appropriately trained, developed and supported to safely perform the duties required of them.

## 9.5 Recovery Oriented Service Self-Assessment Tool (ROSSAT)

Evidence items are:

Item 1.2e: The organisation has a commitment to develop and support an active peer workforce, including roles, responsibilities and remuneration of consumers (e.g. peer workers and consumer consultants) who are employed or engaged by the service.

Item 1.2h: Policy and procedures are in place that describe how human rights inform service provision and:

- Safeguard all people against abuse and discrimination
- Outline processes for reporting abuse of workers and consumers
- Outline the ethical framework of the organisation
- Identify what language is inappropriate and stigmatising and should not be used in any level of the organisation.

Item 1.3: In the recruitment process:

- Selection criteria include attributes known to be supportive of a person's recovery and respectful practice (e.g. honesty, a non-judgemental outlook, compassion, empathy, respect, hope and belief in a person's recovery and future)
- People with the lived experience of mental illness are encouraged to apply for positions within the organisation.

Item 1.6: The organisation acknowledges workers for good work and achievements in recovery oriented practice.

Item 2.1: Management supports and encourages workers in adopting recovery oriented service delivery.

Item 2.2: Management proactively and constructively challenge non-recovery oriented attitudes and behaviours among workers (e.g. stigmatising and discriminatory attitudes and behaviours).

Item 2.3: Supervision, both formal and informal, is available and used to discuss:

- Relationship development and maintenance
- Respectful recovery oriented practice
- Providing holistic support that is responsive to diversity
- Supporting self-directed care by providing information and choice, fostering engagement and maximising personal responsibility
- Incorporating and maintaining a belief in recovery in service provision

- Obtaining relevant and up to date information, share information in appropriate formats, and educate people on how to access information
- Enhancing a person's participation and social inclusion.

Item 2.4: Workers activities occur frequently, with the opportunity for sharing knowledge and workshopping concepts relating to:

- Relationship development and maintenance
- Respectful practice
- Supporting self-directed care
- Belief in recovery
- Obtaining and sharing knowledge and information
- Participation and social inclusion.

Item 2.5: Leaders advocate, champion and model:

- Human rights informing service delivery
- The consumers' voice as central to care and service provision
- The belief that recovery is possible and probable for every person
- Hopeful and optimistic attitudes in dealing with workers, consumers and carers.

Item 2.6: Management:

- Is aware of Commonwealth and State policy directions around recovery orientation and integrates these into practice
- Identifies information relevant to the organisation to increase the knowledge base on recovery and recovery oriented practice, including information for consumers, carers and their families.

Item 2.8: Management provide information to workers about other services available in the community relevant to the organisation and consumers.

Item 3.5: Workers are aware of and responsive to diversity (e.g. gender, age, culture, ethnicity, language, sexual preference and religious beliefs / spirituality).

Item 3.6: When workers engage with people they:

- Respect them as equals and as experts by experience
- Value their voice and vision in informing their support
- Use strengths based language and everyday language (not clinical jargon).

Item 3.7: Workers recognise that self-direction and self-responsibility are important in a person's recovery journey, and that providing them with choice and information inspires recovery and enhances control over decision-making.

Item 3.12: Workers are trauma informed, and incorporate these principles in service planning and delivery.

Item 4.2: The organisation provides induction training on personal and cultural interpretations of mental illness and recovery, specifically including Aboriginal and

Torres Strait Islander understandings, the rights and responsibilities of consumers and carers, consumer participation and social inclusion, stigma and discrimination, and their pervasive impact on the exclusion of people who live with mental illness.

Item 4.3a: The organisation provides the opportunity for ongoing training including understanding recovery:

- That each person will be able to embark on their recovery when they are ready
- That relapse is common and normal in recovery and is seen as an opportunity for developing resilience
- How to support recovery through positive risk-taking
- How to sustain hope for a person's recovery
- The importance of people's lived experience in informing service delivery and informing training.

Item 4.3b: The organisation provides the opportunity for ongoing training including relationships:

- How to explore and identify appropriate boundaries
- Prioritising time for and undertaking relationship building
- Identifying relationships that are supportive of recovery, and those that may hinder a person's recovery
- Trauma informed care and practice
- Communication skills, including listening and negotiation
- Dealing with conflict, violence, hopelessness and/or challenging behaviour
- Working with people who are reluctant to be involved in decisions around their treatment and care
- The importance of attitudes such as hope and optimism
- How to explore and relate one's own life experiences to strengthen.
- The complaints process.

Item 4.3c: The organisation provides the opportunity for ongoing training in respectful practice:

- Understanding and responding to diversity
- Culturally responsive practices acknowledging different understandings and sensitivities relating to mental health, including Aboriginal and Torres Strait Islander meanings
- Knowing and promoting human rights
- Appropriate behaviours and attitudes that support recovery
- Processes for workers to address stigmatising and discriminatory language they have observed.

Item 4.3d: The organisation provides the opportunity for ongoing training on consumer self-directed care:

- How to facilitate the delivery of consumer self-directed services, including how to maximise consumer choice and control in their recovery
- Information on the individual, non-linear nature of recovery and how this affects the level of support provided by workers.

Item 4.3e: The organisation provides the opportunity for ongoing training on the obtaining and sharing of knowledge and information including:

- Protocols relating to privacy and confidentiality
- Relevant legislation changes
- Innovative recovery based practice
- New and existing relevant services
- Sharing accessible information and resources relevant to consumers, their families and carers.

Item 4.3f: The organisation provides the opportunity for ongoing training on social inclusion and participation:

- The concepts of consumer and carer participation and social inclusion, and how this is achieved at both the individual and organisational level
- Existing and new social connections in the community that may be useful for consumers to access
- Human rights relating to consumer participation and social inclusion
- The debilitating impacts of stigma and discrimination towards consumers, particularly in the language used by service workers.

Item 4.4: In addition to training available for all workers, the specific training and development needs of the peer workforce are identified and addressed.

Item 5.1: Workers are regularly provided with the opportunity to reflect on /self-evaluate the recovery orientation of their practice. This includes:

- Identifying strengths and areas for improvement
- Identifying what does and does not work
- Sharing learnt and useful skills with the team, team leaders and supervisors.

## **9.6 NSW Disability Services Standards (DSS)**