SE Melbourne
Aged Care Leadership Program

MENTORING PROGRAM GUIDE

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Introduction

The Aged Care Leadership Development Strategy outlines a suite of interrelated strategy recommendations designed to address the current and future leadership development needs for the Aged Care Industry.

The suite of strategic recommendations includes the following:

1. Mentoring support
2. Leadership Programs
3. Coaching support
4. A Leadership Resources Toolbox (books, articles, podcasts, webinars, short courses, seminars, models, processes, forums and other identified opportunities for leadership development and support).
5. An Australian Aged Care Leadership Development Centre to house, promote, manage and maintain all recommended resources and activities, and to provide a public presence to elevate the profile of leaders and leadership development in the Aged Care sector.

Each of the above is intended to support Aged Care leaders to develop capabilities identified in the Australian Aged Care Leadership Development Framework as relevant to individual and organisational needs.

This Program Guide based on the national Mentoring Specification addresses the recommendation for 1. Mentoring Support, above.

Purpose of this Guide

The primary purpose of this Guide is to help develop and deliver a Mentoring Program for the SE Melbourne Aged Care Leadership Program.

To meet the above needs, this Guide:

- Provides the national ACLD definition of mentoring
- outlines why a Mentoring Program is needed
- documents requirements for the Mentoring Program
- provides guidelines for evaluation of the Mentoring Program

Who is this Guide for?

Users of this Guide are likely to be:

- Board members of the SE Melbourne Aged Care Leadership Program
- coordinators of the Mentoring Program
- organisations and individuals participating in and/or evaluating the Mentoring Program
- other interested parties involved in the SE Melbourne Aged Care Leadership Program (e.g., educators)
What is mentoring?

The primary purpose of mentoring is the personal and professional development of an individual (the mentee) using guidance and advice from a more experienced person (the mentor).

To maximise the benefits of neutrality and confidentiality, the mentor should not be the mentee’s supervisor.

Mentoring relationships may be internal or external to an organisation or the Aged Care sector.

In general, mentoring involves:

- a long-term arrangement during which both people learn from each other while developing a trusting relationship
- the mentor providing personal and professional advice, guidance and support to the mentee
- assisting the mentee to develop capabilities relevant to them professionally and personally
- a safe environment in which the mentee can share and reflect on whatever issues are affecting his/her personal and professional development.

How mentoring differs from coaching

Mentoring is sometimes confused with coaching. To clarify:

- Mentoring is relationship-oriented, long-term and development driven. Mentoring develops a person not just for their current job, but also for the future.
- Coaching is most often task-oriented, short-term and (job) performance driven. Coaching helps to enhance current skills or acquire new skills for immediate application. Effective coaching does not require a long-term relationship with the coach.

Characteristics of formal mentoring programs

Mentoring can occur formally and informally. In informal situations the mentor and mentee self-select on the basis of personal compatibility and circumstances. Such relationships rarely define their goals or measure outcomes but there are nevertheless often significant benefits for both parties. Informal mentoring relationships can last for many years.

This national Aged Care Mentoring Specification is concerned with the procurement or design of formal mentoring programs. In such situations:

- development goals are established
- outcomes are measured
- access is open to all who meet mentoring program criteria
- mentors and mentees are paired based on an assessment of compatibility
- training and support in mentoring is provided to both parties
- a minimum number of mentoring meetings are scheduled and attended on a regular basis over an agreed period of time.
Mentoring for Aged Care Leaders

The Aged Care Leadership Development Strategy recommends mentoring for Aged Care leaders in the following ways:

- to supplement participation in a Leadership Program
- as a stand-alone development activity.

Mentoring is an especially useful development option for Aged Care leaders due to its flexibility, reasonable time commitment and capacity to target an individual’s needs. In addition, mentoring’s focus on relationship building makes it particularly relevant to Aged Care.

In conjunction with participation in an Aged Care Leadership Program, mentoring is an effective way to support the transfer of learning from formal training to the workplace. It can help embed capability development through ‘action learning’ where the mentoring process helps participants learn from experience by reflecting on their application of what they have learned in the Program, identifying what worked and what they could do differently, and then taking action to improve.

As an independent development activity, mentoring can help leaders develop capabilities identified in the Aged Care Leadership Capability Framework while providing regular and reliable access to guidance, advice and support from a more experienced leader.

Levels of leadership

Capabilities within this Framework are defined within three broad levels of scope, as follows:

- Level 1 Leaders are those with strategic and cultural responsibility for an entire organisation or division. Level 1 Leaders will often play a role in influencing community and/or stakeholders beyond their organisation. In small to medium-sized organisations this is likely to be the CEO. In medium to large-sized organisations this may include general/executive managers and department heads.

- Level 2 Leaders are defined as mid-level leaders or ‘middle management’, Level 2 Leaders are commonly responsible for multiple teams or an entire service/function. According to organisational size and function, these leaders are likely to occupy positions as Director of Nursing, Community Programs Manager, Care Manager, Facility Manager, Hotel Services Manager, Quality Manager, Human Resources Manager, and so on.

- Level 3 Leaders are often referred to as ‘front line’ or ‘first line’ managers, Level 3 Leaders are likely to be responsible for the activities of a team on a part-time or full-time basis. In an Aged Care context, depending on the size of the organisation and the services provided, these people may often be Care Coordinators, Service Co-ordinators, Registered Nurses or Team Managers.

Current situation

There are currently no national or regional mentoring programs for Aged Care Leaders. Perhaps the nearest equivalent is offered by the Australasian College of Health Services Management (ACHSM), through its members’ mentoring program. A number of generic mentoring programs are offered by State Government and private leadership organisations.

Some large Aged Care organisations run in-house mentoring programs with varying levels of success. Some informal mentoring occurs among leaders in Aged Care service providers within states.

In addition, opportunities to communicate and collaborate with other Aged Care leaders are keenly sought. Such opportunities may be enabled through communities of practice, networks, forums, peer-to-peer knowledge sharing and problem solving.
SE Melbourne Aged Care Leadership Program

A mentoring program has been agreed to be a non-negotiable component of the SE Melbourne Aged Care Leadership Program (complemented by skills development and an ongoing support network or alumnae program).

Regional consultation revealed that mentoring is seen as an extremely valuable development option. Leaders expressed strong support for a well-organised and resourced mentoring program that provides access to mentors both within and without Aged Care.

The program objectives and specified requirements, designed to meet this aim, are provided below.

Program objectives

The table provides mentoring program objectives with respect to the mentee, the mentee's organisation and Aged Care as an industry.

*Relevant when mentoring supplements the mentee's participation in a leadership program.

<table>
<thead>
<tr>
<th>Mentee</th>
<th>Mentee’s Organisation</th>
<th>The Aged Care sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop leadership capability according to needs identified using the Aged Care Leadership Capability Framework.</td>
<td>1. Contribute to improved leadership capability within the organisation.</td>
<td>1. Increase the depth of the Aged Care leadership talent pool.</td>
</tr>
<tr>
<td>Reflect on issues with an experienced leader who can offer new perspectives and insights.</td>
<td>2. Support leaders and aspiring leaders by demonstrating they are valued.</td>
<td>2. Improve networks of Aged Care leaders for sharing of knowledge, insights and experience.</td>
</tr>
<tr>
<td>Explore what’s needed to grow professionally within own role, organisation or industry.</td>
<td>3. Enhance professional development opportunities for leaders in the organisation.</td>
<td>3. Develop Aged Care leaders who can build relationships and collaborate effectively.</td>
</tr>
<tr>
<td>Develop a trusting relationship with a more experienced leader in the industry.</td>
<td>4. Help good leaders to be even more effective.</td>
<td>4. Improve collaboration between Aged Care leaders and between organisations.</td>
</tr>
<tr>
<td>Increase own motivation to set goals and work towards them.</td>
<td>5. Contribute to improved staff engagement.</td>
<td>5. Contribute to the professionalization of the Aged Care industry.</td>
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<tr>
<td>Broaden professional network of contacts.</td>
<td>6. Contribute to increased cooperation within or between departments or organisations.</td>
<td></td>
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<tr>
<td>Transfer learning from formal training to the workplace.*</td>
<td>7. Improve transfer of learning from formal training to the workplace.*</td>
<td></td>
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Program requirements

This section specifies requirements for the program across three areas:

1. Co-ordination and organisational support
2. Participation and pairing
3. Process and materials

The tables below may be used as a checklist for delivery and evaluation.

1. Co-ordination and support

<table>
<thead>
<tr>
<th>Requirement and rationale</th>
<th>Recommendations</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1</strong> Program funding and resources are secured. Space, time and money may be required to resource the mentoring program adequately.</td>
<td>It is not an option to pay for Mentors – this needs to be supported by the Industry at the regional level. The Launch Events will be funded by the participating organisations. Program co-ordination will be a volunteer role (for a 12 month period).</td>
<td></td>
</tr>
<tr>
<td><strong>1.2</strong> The SE Melbourne Aged Care Leadership Program Board will appoint a co-ordinator (annually from within the Board membership) for the mentoring program. A dedicated and appropriately skilled co-ordinator is essential to program development and ongoing success.</td>
<td>The program co-ordinator is responsible for: • selecting and pairing of participants • inducting mentors and mentees • providing ongoing guidance and support • providing assistance if issues arise • collecting evaluation data</td>
<td></td>
</tr>
<tr>
<td><strong>1.3</strong> Mentee organisations are engaged to support the mentoring program. Without visible management support the mentoring is unlikely to be sustained or successful.</td>
<td>Ensure organisational support through: • senior leaders promoting the program • executive sponsors taking part in activities such as launch events and the evaluation process • providing a briefing on the program to all employees</td>
<td></td>
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</table>
### 2. Participation and pairing

<table>
<thead>
<tr>
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<th>Recommendations</th>
<th>✓</th>
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</thead>
<tbody>
<tr>
<td><strong>2.1</strong> Program participation is open to Aged Care leaders enrolled in the SE Melbourne Aged Care Leadership Program. This ensures the program attracts people most likely to benefit from participation.</td>
<td>Mentoring will apply only to those undertaking the leadership training program. Mentoring is a requirement of the program. All program participants must have a Mentor.</td>
<td></td>
</tr>
</tbody>
</table>
| **2.2** A variety of mentors are sourced from a range of relevant sources. A spread of mentors provides a range of offerings and assists relevant matching. | Potential sources of mentors include:  
- senior leaders from other Aged Care organisations  
- recently retired Aged Care CEOs  
- alumni from relevant leadership programs (e.g., Great Connections, Leadership Victoria)  
- senior leaders from outside Aged Care  
- senior leaders from other function areas within the organisation | |
| **2.3** Mentors are selected to participate according to specified criteria. Selection of mentors according to appropriate criteria will ensure suitable, quality mentors for the program. | Nominated by the Project Group (as per criteria listed in the SE Melbourne Aged Care Leadership Program_Mentor Nomination FORM). Nomination must be agreed and accepted by the nominee. Nominations will be assessed by the Project Board. Some Mentors may be able to mentor more than 1 mentee. Mentors could include people from outside of Aged Care, because that will increase the pool, enable opportunities to learn from other industries and break down barriers. We may need to go outside of Aged Care if we don’t have enough Level 1 resources. | |
| **2.4** Mentors and mentees are paired according to compatibility and agreed criteria. Effective pairing of mentors and mentees is the foundation of a successful mentoring relationship. | Mentors to provide a self-profile for the SE Melbourne Mentor database  
Mentees to be given access to Mentor profiles and asked to indicate preferences  
Mentees to complete the self-assessment tool (currently under development by the National ACLD Project)  
The matching process will facilitate a self-governed process for each program participant and their executive sponsor – agreed by both parties. Matching criteria should include right cultural fit; mental match; and background in the area of skills to be developed (including out of industry mentors). Negotiation will be initiated by the coordinating body only if required. | |


Relevant pairing criteria may include:

- capabilities for development in the mentee are strengths for the mentor
- preference for mentor to be inside or outside the Aged Care industry
- location of both parties
- other personal preferences, where possible, including: gender, cultural, linguistic and sexual orientation.

### 3. Process and materials

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<thead>
<tr>
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<th>Recommendations</th>
<th>✓</th>
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</table>
| **3.1** Duration and start/end points for the mentoring are specified.  
  *This provides an effective ‘container’ for the mentoring.* | Twelve months duration (minimum).  
  An Alumni Launch Event will mark the beginning and ending of the mentoring relationship to help emphasise the value of the program, and provide opportunities for networking, sharing of experiences, and gathering of feedback.  
  Events will involve the Mentor, Mentee and their Executive Sponsor. | |
| **3.2** Mentoring meetings are scheduled to occur on a regular basis.  
  Effective relationship development depends upon regular contact between mentor and mentee. | Meetings are preferably (where possible) face-to-face and no less than monthly.  
  Face-to-face meetings occur quarterly as a minimum.  
  If three consecutive meetings are cancelled or unattended by either mentor or mentee the mentoring agreement is forfeited. | |
| **3.3** Development goals are agreed and documented.  
  *Development goals focus and guide the relationship between the mentor and mentee.* | Identified capability gaps provide a useful basis for development goals.  
  Mentees may assess their capability against the Australian Aged Care Leadership Capability Framework using the capability review tools. | |
| **3.4** Supporting materials are provided.  
  *Guidelines for the mentees and mentors help manage expectations, facilitate meetings and learning processes.* | Concise guidelines for the conduct of mentoring meetings and conversations will support the induction and subsequent mentoring process. These guidelines include descriptions of the roles of mentees, mentors, prompts for questions to ask, topics to explore and related matters. | |
| **3.5** Induction is provided to both parties.*  
  *Both Mentors and Mentees must be familiarised with the particulars of* | The induction will include (at a minimum):  
  Introduction to mentoring and the establishment of relationships (Mentoring Relationship Workshop).  
  The SE Melbourne Mentoring Program Guide. | |
the program and their role within it.

The Alumni Launch Event.
Guidelines for Mentees and Mentors; which includes guidelines for the relationship.

* For some levels of the Mentoring Program, the induction program for Mentors could provide nationally endorsed qualifications against a mentoring Skill Set and thereby attract government funding.

3.6 Ending the mentoring relationship is supported through the Mentoring Program Coordinator.

It is important that both parties are supported through this stage.

Ending the mentoring relationship by ‘mutual consent’:
- program coordinator to be notified
- evaluation activities (as detailed below) to be completed

Ending the mentoring relationship without consent of both parties:
- program coordinator to be notified
- evaluation activities (as detailed below) to be completed
- coordinator to liaise with the mentee and their executive sponsor to establish a new mentoring relationship for the mentee (if required).
Evaluation of the Program

Program evaluation is designed to measure achievement of project objectives. Evaluation will occur at various intervals throughout the program (as detailed below).

Evaluation activities will be conducted by the SE Melbourne Aged Care Leadership Program Board as an independent party, to optimise objectivity.

Below are the short, medium and long term measures for evaluation of the program.

Short term (1-2 months)
- The induction and program materials provide sufficient guidance to establish the mentoring relationship.
- Mentor pairs are well matched.

Medium term (6-9 months)
- Mentor pairs are meeting regularly as planned.
- Mentee confidence and capability shows improvement.
- Organisational support for mentoring is visible and effective.

Long term (At conclusion)
- Mentee capability development goals have been achieved.
- The program is attracting new participants from the same organisations.
- The program is attracting participants from new organisations.
- Mentors are keen to continue their involvement in the program.
Process flowchart

1. Co-ordinator appointed
2. Mentors identified
3. Pairing of mentors and mentees
4. Relationships established
5. Launch event
6. Evaluation activities
7. New Mentor(s) required

The cycle continues with Co-ordinator appointed as the first step again.