

Designing cross-agency mentorship

Mental health and learning disability professionals are offering mentorship to education, museum and volunteering professionals, and perhaps others. The relationship could be reciprocal, but here we focus on the health or social care professional as mentor. While professionals from the mainstream agencies are not generally seen as part of the care team, they do provide a lot of support and can be helped in this role. Issues to consider in this kind of mentoring relationship include:

Benefits for the mentee	<p>How will the meetings be arranged to provide</p> <ul style="list-style-type: none"> • A chance to learn more about learning disability or mental health issues? • A safe place to explore personal reactions to people who need support and devise appropriate responses? • Space for the mentee to talk about work stress and coping strategies? • Reflection on the effect of the different organisational cultures through which people using services pass?
Benefits for the mentor	<ul style="list-style-type: none"> • How will the mentor learn about the culture of the mentee's organisation and the opportunities it provides for people using services and other citizens? • How will the mentor relate to colleagues within her/his own organisation? • How will the mentor learn whilst remaining focused on the mentee?
Values	<ul style="list-style-type: none"> • Do the mentor and mentee share the same values (not just the same language) in relation to promoting independence, safety, participation and disability?
Finding a mentor	<ul style="list-style-type: none"> • What level of interest and knowledge does the mentor need in (a) disability, (b) the mentee's skill area, and (c) mentorship or supervision? • Is the person sufficiently senior in their profession? • Are there personal qualities that you are seeking? • How does each person's line manager and professional adviser view the arrangement?
Practical arrangements	<ul style="list-style-type: none"> • Where will the meetings take place? The location may create opportunities for learning and feelings of safety for one person or the other. • Will the mentor be paid, use work time, mentor in their own time or have time in lieu? • Will the arrangements for the mentoring relationship be written down and shared with the mentor, mentee and their line managers? • Will records of each meeting be kept? By whom? • Will the arrangement be formally reviewed from time to time?
Overlap areas between the organisations	<ul style="list-style-type: none"> • What information is required for referrals? • Do staff attend each other's progress review meetings about individuals or the agencies? • Under what circumstances (if any) would personal information about individuals be passed from one agency to the other? • What personal information about people using services and staff is passed from one agency to another during mentorship meetings? • How are risk assessments carried out? Are they shared?
Hazards	<ul style="list-style-type: none"> • How will you avoid directing or training the mentee to behave like a health or social care professional rather than creating an opportunity for self-examination? • In the early days, how will you resolve misunderstandings about each other's organisation? • Who is the line manager for the mentee and how does this management work? Under what circumstances would the mentor talk to the mentee's line manager about the content of the meetings (e.g. the mentee or others were in danger)? • What will happen if the mentor feels 'out of her depth'? • If the mentoring relationship is not working, how will you fix it or end it? What will you do instead?