

Overview of Mentoring

Mentoring is an informal and flexible approach to leadership, supervision and professional development. It involves the mentor and protégé setting goals that are focused on the protégé's professional and personal development needs. Mentoring relationships can occur between a mentor and a protégé or a small group of protégés, or it may involve peers who act as mentors for each other. Mentoring can occur through formal programs or informal arrangements. Formal mentoring involves the development of structured programs for the progression of the mentoring relationship. In contrast, informal mentoring programs are formed spontaneously and rely on natural rapport between the mentor and protégé.

Irrespective of the type of arrangement, mentoring involves:

- The mentor encouraging the protégé/s to find solutions themselves, rather than acting as the expert and simply providing answers
- The protégé/s drawing on the mentor's experience to meet goals.

Benefits of mentoring for AOD workers

- Building and sustaining skills and knowledge
- Offering support for AOD-related work practices
- Facilitating work practice change.

Benefits of mentoring for the AOD workforce

- Acts as an incentive to attract skilled and qualified workers to the field and to retain those already in the field
- Links different professions and institutions within the field
- Offers support and accessible professional development for those working in rural and remote areas
- Offers support during periods of change.

The mentoring lifecycle

Mentoring relationships usually progress through four phases:

1. Initiation: formation of the relationships, settling in period
2. Maintenance: development of protégé skills and knowledge, and broadening of network of contacts in the field
3. Separation: protégé begins to become independent of the mentor
4. Redefinition: contact becomes characterised by mutual support (i.e., protégé becomes a colleague of the mentor).

Key characteristics of a formal mentoring program

- Clear purpose and objectives
- Consistency with workplace culture and policies
- Integration with other professional development activities
- Careful selection and matching of mentors and protégés
- Professional development and ongoing support
- Flexibility and sensitivity
- Ongoing evaluation.

Setting up a formal mentoring program

A formal mentoring program is set up in four main steps

1. Assessment: assessing need, consistency of program with workplace culture, availability of resources to implement the program.
2. Preparation: formation of advisory team to coordinate the development of the mentoring program (goals, objectives, policies, administration, information collection, appointment of coordinator).
3. Implementation: promotion, recruitment and selection, matching mentors and protégés, preparing participants, negotiating an agreement.
4. Evaluation: assessing protégé progress, mentor experience, protégé outcomes, participant retention in the program, costs of development and administration of the program.

Developing a culture supportive of mentoring

Strategies to encourage informal and formal mentoring relationships include:

- Reward systems
- Reference to mentoring in policies and guidelines
- Education and professional development in mentoring skills, self-management or networking
- Creating opportunities for the facilitation of mentoring relationships.

For a comprehensive guide on mentoring in the AOD field, refer to:

1. NCETA's Mentoring Monograph:

McDonald, J. (2002). *Mentoring: An age old strategy for a rapidly expanding field*. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

2. NCETA's Mentoring Chapter in the Workforce Development 'TIPS' Resource:

Todd, C. (2005). Mentoring. In N. Skinner, A.M. Roche, J. O'Connor, Y. Pollard, & C. Todd (Eds.). *Workforce Development TIPS (Theory Into Practice Strategies): A Resource Kit for the Alcohol and Other Drugs Field*. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

The resources are accessible at www.nceta.flinders.edu.au
Or contact NCETA: ph 08 8201 7535, nceta@flinders.edu.au

Case Study: Flinders University Mentoring Scheme for Early Career Women Researchers

Background

In April 1998 the Flinders University (Adelaide, Australia) instituted a mentoring program to help improve the career prospects of early career women researchers. The scheme was initiated through a proposal of the Affirmative Action in Research Committee (AARC) to the University Research Committee.

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Program Aims

The AARC put forward mentoring as a strategy to support the objectives of the University's Affirmative Action Report to work to achieve a senior staff profile which more closely reflects the composition of the University Community (i.e., a higher proportion of women in more senior positions). Rather than involving a large number of protégés for short time periods, the Flinders Mentoring program aimed to offer more comprehensive support that extended up until the protégé no longer required the support of a mentor. The expectation was the Mentoring Scheme would improve objective career outcomes (e.g., promotions, grants, publications) and subjective career outcomes (e.g., career and job satisfaction) amongst the early career women researchers involved as protégés.

Program Participants

Over a seven-year period (from 1998 until 2005), the Flinders Mentoring Scheme provided mentoring to 70 early career women researchers. The initial intake of participants consisted of 22 women protégés. There were 24 mentors (13 women and 11 men) from senior academic positions in the University. Following the demonstration of successful outcomes an initial evaluation (9 months after commencement of the program), recruitment of further intakes of early career women researchers (Level B) took place, with approximately ten new participants joining each year.

Setting Up and Running the Program

A coordinator was employed to ensure adequate support for the establishment of the mentoring scheme.

Recruitment of participants

Protégés and mentors were recruited through personal approaches made by the coordinator of the mentoring scheme. Potential protégés and mentors were approached after consultation with Heads of Faculty, Heads of Departments and other senior staff in the University.

Matching mentors and protégés

In order to determine the appropriate match between protégé and mentor, protégés were interviewed and asked about their particular needs and circumstances. The mentor that was thought to best suit the protégé's needs was then approached.

Offering support to program participants

The coordinator offered ongoing support to both protégés and mentors while they established their mentoring partnerships. This was usually in the form of verbal conversations with individuals. As the partnerships developed, there were fewer requests for support. The coordinator emailed protégés regularly to determine that meetings were taking place and to check on any problems.

Program evaluation

The longitudinal design of this project allowed for a comprehensive evaluation of the short- and long-term benefits of mentoring for early career women researchers. The initial 22 protégés were

compared with 46 academic women who had not participated in the mentoring program (i.e., a control group) on a variety of objective and subjective outcome measures.

Outcome measures were assessed over several stages of the program:

- Before the commencement of mentoring (i.e., at baseline)
- At the end of the pilot phase in (9-months after commencement of the program)
- Several years after commencement of mentoring.

Seven months into the scheme the coordinator conducted semi-structured interviews with all protégés to determine what outcomes had taken place. Nine months into the scheme, follow-up workshops were held where protégés reviewed their mentoring partnerships as well as completed a second questionnaire. Mentors also attended follow-up workshops during which they completed a questionnaire evaluating the scheme.

Program Timeline

April - May 1998

- Review literature and other mentoring schemes
- Identify and review evaluation strategies
- Identify and consult stakeholders
- Formulate recommendations

June - July 1998

- Identify protégés and mentors
- Design first stage/baseline evaluation
- Design workshops
- Offer support for beginning partnerships

August 1998

- Conduct workshops for protégés and mentors
- Conduct baseline evaluations for protégés and control group (Level B women not in the scheme):
- Capacity as an academic
- Concerns about research
- Career planning
- Job satisfaction
- Career satisfaction
- Work-related distress/morale

September 1998 - March 1999

- Ongoing recruitment of protégés / mentors
- Monitor mentor / protégé meetings and follow-up mentors / protégés as required
- Offer ongoing support
- Conduct individual interviews with protégés
- Review progress of mentoring partnerships
- Design review and feedback workshops and second stage evaluation

March - April 1999

- Conduct review and feedback workshops
- Conduct second stage evaluations for protégés and for the control group, including:
- Baseline measures
- Promotion
- Research activities (grants, publications, conferences)
- Evaluate protégés and mentors perceptions of the mentoring scheme (including coordination).

2004

- Evaluation of long-term outcomes of involvement in the mentoring program

Outcomes

The following outcomes were observed nine months into the program:

- Measures of career and research attitudes showed that protégés clearly benefited from mentoring. Most noticeably the protégés showed a decrease in worries or concerns about research, an increase in judgements of their capacity as academics, and an increase in job satisfaction.
- Protégés performed very well in relation to promotion, grant applications and success in securing grant funding. This trend was not evident in relation to commencing work on publications. However, it seems likely that this will improve as confidence continues to increase and funded grants produce publications.
- Protégés viewed mentoring as an extremely positive and beneficial process, with general guidance and specific research/career-related support being highly valued.
- Mentors concurred with this view and also saw some benefits for themselves in the form of closer connections to other academics and an opportunity to think about their own careers.
- Protégés saw the main limitation as a lack of time to fully participate in, and make use of, their mentoring partnerships. However, overall, both protégés and mentors had a very positive perception of mentoring and of each other.

These findings, taken as a whole, support the efficacy of the mentoring process in breaking down the barriers to informal professional networks and research knowledge.

By 2004, protégés from the initial (1998) intake fared better than the control group in terms of:

- Retention (protégés were more likely to remain working at the University than the controls)
- Promotion achieved (68% of protégés versus 43% of controls)
- Research grant income (on average, protégés' grant income was four times greater than controls')
- Publication rate, particularly of higher status publications (one and a half times the number of scholarly articles than the control group)
- Perceptions of capacity as an academic
- Reduced concerns about ability to undertake research.

Conclusion

The Flinders University Mentoring Scheme for Early Career Women Researchers provides a good demonstration of the value and benefits of mentoring for individual workers and organisations. Not only did the Mentoring program result in increased confidence and job satisfaction for protégés, it also resulted in significant improvements to the performance and career progression of participants. The comprehensive evaluation of the Flinders University Mentoring Scheme for Early Career Women Researchers highlights the value of mentoring not only in terms of the benefits for protégés involved in the program, but also illustrates in terms of the 'return on investment' for the University (e.g., retention of high-level staff and research output).

Source: Gardiner, M. (2005, June). Making a Difference: Flinders University Mentoring Scheme for Early Career Women Researchers. Seven Years On. Staff Development and Training Unit, Flinders University, Adelaide, Australia.

Source: Gardiner, M. (1999, July). Making a Difference: Flinders University Mentoring Scheme for Early Career Women Researchers. Pilot Program Report. Staff Development and Training Unit, Flinders University, Adelaide, Australia.

Case Study: Development of a Mentoring Pilot Project in an AOD Setting

Overview

The Riverina Murray Alcohol and Other Drug Mentoring Pilot Project was developed in 2004 by the New South Wales Premier's Department (Drugs and Community Action Strategy, Strategic Projects Division) in partnership with New South Wales Health (Centre for Drugs and Alcohol). The aim of the project was to improve the capacity of rural generalist workers and their workplaces to appropriately manage alcohol and other drug (AOD) issues.

The pilot project was a starting point for the implementation of a wider AOD mentoring program in the Riverina Murray region. The project was driven by the recognition that health and human services workers in the region needed further support and professional development to enhance their capacity to respond effectively to AOD issues. Six mentors and six protégés took part in the Mentoring Pilot Project. The protégés included five generalist workers and one less experienced AOD worker. Each protégé was matched with a mentor who was an experienced AOD worker.

Undertaking the mentoring project

The pilot project involved four stages:

1. Assessment
2. Preparation
3. Implementation
4. Evaluation.

1. Assessment

Prior to implementation of the project an assessment was undertaken. This involved:

i. Establishing a need for mentoring

Suggestions that alcohol and drug training was a significant issue for frontline workers emerged from the 1999 NSW Drug Summit. In response, the NSW government funded a mentoring project as part of a larger strategy to build the capacity of health and human services workers in the Riverina Murray region to respond to AOD issues.

ii. Cultural consistency

The use of mentoring as a professional development strategy was strongly supported by local health and human services organisations. It was also seen to be consistent with the learning culture of rural organisations, in which informal mentoring relationships are common.

iii. Resource availability

Of the 15 participants who submitted protégé applications, 12 took part in the project. An adequate number of mentors were available to match with protégés.

2. Preparation

An advisory group consisting of representatives from a range of stakeholder groups (e.g., NSW Premier's Department, Upper Hume Community Health Service, Greater Murray Area Health Service) was formed during the initial stages of the project. The advisory group contributed to the design of the program in order to ensure that it was suitable for the needs and circumstances of the local population of workers. An external organisation was then contracted to implement and evaluate the pilot, with guidance from the advisory committee.

3. Implementation

Implementation of the Mentoring Pilot Project involved five main stages:

- i. Marketing and promotion
- ii. Recruitment and selection
- iii. Matching
- iv. Preparing participants
- v. Negotiating an agreement.

i. Marketing and promotion

Strategies to promote the project to potential mentors and protégés included:

- Meetings
- Email
- Communication from management
- Phone calls.

ii. Recruitment and selection

- Participants were either self nominated, or nominated by supervisors, coworkers or senior management from their organisation
- Participation was voluntary, and an application form was completed and interview conducted to decide each person's suitability for the project.

iii. Matching

Matching of mentors with protégés was made on the basis of a number of factors, including:

- Skills and needs of the mentor and protégé
- Learning styles
- Commitment and availability of mentors and protégés
- Gender and background
- Rapport between mentor and protégé.

iv. Preparing participants

Mentors and protégés participated in a one-day training session focused on:

- Mentors and protégés expectations and anticipated outcomes
- Responsibilities of mentors and protégés
- Strategies to develop and maintain a good mentoring relationship.

Following this training, all participants had an initial meeting with their prospective partner. An information session was also provided to representatives from participants' employing agencies. During this session representatives were provided information on the program's expectations of mentors, protégés and organisations involved.

v. Negotiating an agreement

At the initial meeting between mentors and protégés each pair decided if they were comfortable with the match. An agreement was then made to formalise both parties' expectations of the mentoring relationship. The agreement specified:

- The learning and teaching goals
- Frequency of contact
- The learning method and planning of sessions (e.g., case focused or issue focused)
- Communication (i.e., face to face, telephone communication)
- Monitoring of the relationship (any feedback provided to organisations or project coordinators)
- Conflict resolution
- Length and procedure for termination of the relationship
- Confidentiality.

4. Evaluation

A comprehensive evaluation of the Pilot Project was conducted by an external consultancy group (Globa Consultancy). A range of strategies were used to collect information on the impact of the mentoring project including:

- Surveys or interviews with mentors, protégés and managers / supervisors in participating organisations
- Training documents and interviews with trainers
- Liaison visits
- Evaluations of training sessions
- Discussions / forums
- Interviews with the senior project manager.

The impact and outcomes of the mentoring pilot project were assessed according to a range of criteria including:

- The needs analysis (identifying key areas in which AOD workers required skill development)
- Basic activity data (data involved in the planning of the project, e.g. dates, times, duration of activity)
- Perceived usefulness of information sessions
- Perceived effectiveness of training (reports on the quality, relevance, delivery and impact of the training program)
- Perceived success of the negotiation process between mentors and protégés
- Perceived impact of the project (positive and negative effects of mentoring on protégés AOD-related work practice)
- Perceived organisational impact of project (positive and negative effects of the mentoring project on participating workplaces).

Outcomes

Participants reported a range of benefits from their participation in the mentoring project. Beneficial worker outcomes included:

- Skill development in areas such as assessment, referral, networking and case management.
- Increased knowledge of health issues (e.g., alcohol withdrawal, addiction)
- Increased confidence in managing AOD clients
- Improved provision of treatment to clients (e.g., workers reported feeling less need to refer clients)
- Increased support and reciprocity (from the mentoring relationship).

Positive organisational outcomes included:

- Increased cooperation between networking agencies
- Perceived improvement in treatment provided to clients
- Mutual support for mentors and protégés
- Improved staff skills
- Knowledge of the value of mentoring and how it can be implemented.

Participants also identified a range of barriers to developing and maintaining an effective mentoring relationship. Two key barriers were:

- Geographical distance between mentors and protégés
- Difficulty finding time for mentoring (due to irregular working hours).

One participating organisation also reported particular difficulties with the mentoring project. From this organisation's perspective, key difficulties to supporting staff participation in the project were:

- The inability to report mentoring as a legitimate funded activity
- Staff shortages due to participation in the project
- Inadequate communication by organisations about the involvement of staff in the project
- Lack of information provided in relation to staff involvement and expected time commitments for the project.

Conclusion

Overall, the Riverina Murray Alcohol and Other Drug Mentoring Pilot Project had a positive impact on the capacity of health and human service workers to respond to AOD issues. This project also demonstrates that mentoring can be a valuable professional development strategy in regional areas where adequate support may not always be available. As this case study demonstrates, mentoring is likely to be most successful when mentors and protégés are adequately trained, care is taken to ensure appropriate matches between mentors and protégés, and supervisors / managers have a clear understanding and awareness of the impact of a mentoring program on the organisation (i.e., time and resources that may be required).

Source: Neverauskas, D. & Mollison, W. (2004). Mentoring Project Alcohol and Other Drugs: Riverina Murray Evaluation Report. A report for the NSW Premier's Department, Albury, New South Wales.

Case Study: Public Health Association of Australia (South Australia Branch) Student and Early Career Mentorship Program

Overview

The Public Health Association of Australia (PHAA) (South Australian Branch) recognised that the wide variety of employment directions in the public health field can impede students' and early career practitioners' ability to plan a career path. With this in mind, and given the absence of a formal program for career mentorship in the public health field in South Australia (SA), the PHAA decided to initiate a Student and Early Career Mentorship Program in 2004. Development of the program was facilitated by the use of mentoring resources from the Australian Public Health Association. In addition, a strong membership of public health practitioners and students placed the PHAA in an ideal position to implement such a program.

Undertaking the Mentorship Program

The Student and Early Career Mentorship Program aimed to support student and early career members of the PHAA in the development of their career plan / path by matching them with a more experienced member with the necessary background and skills to provide mentorship.

The Mentorship Program was coordinated by three members of the PHAA Executive Committee. Preparation for the mentorships involved:

1. **Promotion:** In June 2004, the Executive Committee of PHAA (SA Branch) invited members to become involved, either as a mentor or protégé
2. **Selection:** Interested members were requested to consider their eligibility (for matching purposes). Eligibility criteria are presented in the table below.

Protégé	Mentor
<ul style="list-style-type: none"> • A member of the PHAA • A current undergraduate or postgraduate student of public health or related discipline OR early career researcher seeking mentorship • A desire to explore career options • A commitment to the mentoring process 	<ul style="list-style-type: none"> • A member of the PHAA • More than five years working in public health related employment • Strong interpersonal and communication skills • Access to a network of appropriate referrals and / contacts • A commitment to the mentoring process • Preparedness to maintain confidentiality regarding discussions with protégés

3. **Application:** Interested members completed a mentor or protégé Expression of Interest form and forwarded this to the program coordinators.
4. **Matching:** Applicants were matched with appropriate mentors by the SA Branch Executive Committee according to information about needs / interests / experience provided on Expression of Interest forms. Matching was constrained by the suitability of applicants and availability of suitable mentor matches.

Following a process of matching protégés with appropriate mentors, the mentorships took place from August to November 2004. The key steps in program implementation were as follows:

- Mentors and protégés were sent a Letter of Acceptance providing protégé / mentor contact details
- A Mentorship Objectives form was completed by the protégé and sent to the mentor
- Upon mutual agreement about mentorship objectives, an initial meeting date was arranged
- In September, progress of the mentorships were followed up with protégés by the program coordinators, and protégés provided a completed Mentorship Objectives form (mutually agreed upon by the mentor and protégé) for PHAA records
- The Mentorship Objectives were addressed during meetings between the mentor and protégé (suggested maximum of three ½ hour to one hour meetings over a three-month period).

By November 2004, all protégés had met at least once with their mentor and had provided a list of mentorship objectives to the program coordinators. Overall, the seven protégés had 22 objectives –

most which related to job seeking and job application, pursuing higher degrees, and engaging in professional development opportunities. Of the 22 objectives:

- 14 were met in full
- 5 were partially met
- 3 were not met at all (all from one protégé).

Evaluation

Participants in the Mentorship Program were informed that evaluation was critical for ongoing program improvement, and assured of confidentiality and anonymity of any information they provided.

Following the first mentoring meeting, a member of the PHAA Executive Committee conducted a 10-minute telephone interview with protégés to ascertain the following information:

- Whether objectives were met in the first meeting
- If any issues / problems arose in the first meeting
- If the protégé intended meeting up with the mentor again, and if so, when
- Suggestions for future programs
- Usefulness of the program so far.

After the mentorships were underway (three months after Letters of Acceptance had been sent out), mentors and protégés completed a 10-minute questionnaire to assist in program improvement. Evaluation forms were returned by all participants except for one mentor.

Outcomes

Expected outcomes for protégés included:

- Opportunity to discuss and make informed choices about career aspirations
- Opportunity to meet a public health practitioner with a background in the protégé's area of interest
- Receiving advice and relevant resources.

Expected outcomes for mentors included:

- Satisfaction with being able to share knowledge with a student / practitioner with less experience in the field
- Renewed passion for work practice.

Face-to-face meetings between mentors and protégés occurred, on average, 1.9 times, with email a more common mode of correspondence. One protégé expressed difficulty with initiating contact with their mentor. However, all protégés except for one stated in the evaluation stage that they believed that their mentor had appropriate knowledge to help them achieve the set objectives.

Of six of the seven mentors surveyed (one mentor was unavailable):

- Two considered their skills were very applicable, and four considered their skills partly applicable, to the protégés' needs
- Four of the five mentors perceived they had assisted the protégé to meet the set objectives, and one mentor felt their assistance was moderately useful
- All six mentors stated that they would be willing to partake in future programs.

Conclusion

The PHAA Mentorship Program contributed to workforce development in the public health field, albeit in a moderate way, by involving more experienced PHAA members in a beneficial professional development activity. Further, the program costs were low (i.e., email contact minimised coordinators printing costs, only minimal time was required of mentors). Evaluation of the program highlighted successes and areas for improvement, and enabled the PHAA to determine future directions for the mentorship program. Mentors involved in the 2004 program also expressed a willingness to partake in future programs. Continuation of the program has been identified by the Executive Committee of the PHAA (SA Branch) as a priority.

Source: Heard, A., Steele, E, Dugdale, S & Avery J. (2005). Student and Early Career Mentorship Program, Information Pack (2005 Intake 1). Public Health Association of Australia, Branch of South Australia

Source: Public Health Association of Australia (SA Branch) Newsletter, No 16, May 2005.

Mentoring Meeting Form

A useful goal setting strategy is to set long-term goals and shorter-term objectives that indicate steps towards achieving a final goal.

Goals – the overall desired long-term outcomes; what you are aiming to achieve or change in your work.

Objectives – more specific shorter term actions, behaviours and work practices that are required in order to reach the goal.

Practical Tip

The most effective goals are **SMART** goals:

Specific

Measurable

Attainable

Relevant

set within a **T**imeframe

For the period: ___/___/___ to ___/___/___

My progress towards achieving this goal								
0	1	2	3	4	5	6	7	8
none		25%		50%		75%		100%

Goal	Objective	Task	Review Date	Comments	Progress

Checklist for Setting Up a Mentoring Program

Not all of these points will be relevant for all organisations. They provide a guide to the basics of setting up a formal mentoring program and providing good mentorship.

Assessing whether mentoring is a suitable strategy

1. Is a mentoring program required?
 - What are workers' current skill development / support requirements?
 - What skill development / support will be required in the future?
 - Are alternative approaches to professional development (e.g., education and professional development, work placements) more suitable?
2. Is the mentoring program consistent with the workplace culture?
 - Does the organisation offer opportunities for development (e.g., access to professional development)?
 - Does the organisation offer opportunities for advancement (e.g., promotion)?
 - Does upper management support professional development (e.g., verbal support, inclusion in strategic planning)?
3. Are the necessary resources available to implement a mentoring program?
 - Are there enough mentors?
 - Are the available mentors suitable?
 - Do mentors and protégés have sufficient time to dedicate to the mentoring relationship?

Preparing for the mentoring program

4. Has an advisory team been formed (resources permitting)?
 - Does the team include representatives from diverse backgrounds (i.e., in terms of roles and experiences)?
5. Have the advisory team:
 - Set goals and objectives?
 - Developed policies and procedures?
 - Collected information about mentoring?
 - Consulted with key stakeholders?
 - Developed administration systems to implement and evaluate the program?

Implementing the mentoring program

6. Has the mentoring program been promoted to workers and supervisors in the organisation?

Key points to consider:

 - Has the target audience been clearly identified?
 - Have a range of promotional methods been planned? (e.g., scheduled discussions, leaflets, group email, organisation's website)
 - Does the content of promotional material / activities inform the target audience? (e.g., provide a rationale, explain how to become involved, answer frequently asked questions)
 - Does the content of promotional material / activities motivate the target audience? (e.g., rewards associated with participation, positive outcomes / guarantees).

7. Have a range of strategies been used to recruit and select mentors and protégés? Consider:
- Progressive recruitment (e.g., starting with a small number of participants from work units where support / participation are most likely, then gradually expanding recruitment)
 - Voluntary participation
 - Nomination by others
 - Nomination / volunteer forms.
 -
8. Have mentors and protégés been appropriately matched? Consider matching on the following criteria:
- Developmental needs of the protégé
 - Skills of the mentor
 - Personal style and availability
 - Cultural background
 - Endorsement of the match by the mentor and protégé/s.
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9. Have mentors and protégés been prepared for mentoring? Consider:
- Orientation
 - Professional development (e.g., communication skills, establishing learning outcomes).
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10. Has an agreement been negotiated between mentors and protégés (and where necessary, protégés and supervisors) prior to commencement of the mentoring relationship?

Evaluating the mentoring program

11. Does the program include an evaluation strategy that:
- Has been designed at the start of the mentoring program?
 - Is ongoing?
 - Includes a variety of measures?
12. Does the evaluation assess appropriate outcomes measures? For example:
- Protégé progress towards meeting their goals
 - Mentor and protégé experience of the program (e.g., satisfaction, perceived benefits)
 - Protégé outcomes (self esteem, job satisfaction, work practice change / improvement)
 - Participant retention in the program
 - Cost of professional development and administration.
13. Have multiple methods been used to collect information? For example:
- Surveys
 - Interviews
 - Formal assessment instruments.

Reading List

McDonald, J. (2002). *Mentoring: An age old strategy for a rapidly expanding field. A what, why and how primer for the alcohol and other drugs field.* National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

This monograph discusses the use of mentoring as a workforce development strategy in the AOD field. Literature is reviewed regarding the different types of mentoring relationships, beneficial outcomes of mentoring, and strategies for implementing a mentoring program. The monograph is available online at <http://www.nceta.flinders.edu.au/pdf/mentoringmonograph.pdf>

Chao, G. T. (1997). *Mentoring phases and outcomes.* *Journal of Vocational Behavior*, 51, 15-28.

This paper highlights the benefits of mentoring. Four stages of mentoring relationships are discussed (initiation, cultivation, separation, and redefinition). Evidence for positive job / career outcomes of mentoring is provided. This paper is most useful for readers interested in workforce development theory and research.

Kaye, B., & Jacobson, B. (1995). *Mentoring: A group guide.* *Training and Development*, 49, 23-27.

This paper provides a good overview of group mentoring. The benefits of group mentoring are described, and a model of the process by which group mentoring results in positive learning outcomes is presented.

Lindenberger, J. G., & Zachary, L. J. (1999). *Play "20 Questions" to develop a successful mentoring program.* *Training and Development*, 53, 12-14.

This paper provides a useful guide to the various factors that need to be considered in the development of a mentoring program. Factors that influence the success (or otherwise) of mentoring programs are discussed. The paper indicates strategies to address these factors and develop successful mentoring programs.