



**PEER MENTOR
GUIDANCE
AND
INFORMATION PACK**

Volunteering with Action Cancer

Volunteers are an important part of the Action Cancer ethos, as they add considerably to the quality of the service that Action Cancer provides. Also Action Cancer realises that the achievement of their goals is best served through the participation of members from the local community. To this end, we encourage involvement of volunteers where possible in Action Cancer and within all appropriate programmes and activities. We see it as our responsibility to continue to identify ways in which the work of Action Cancer can be extended by the involvement of volunteers as a core part of our team, with a distinctive but complimentary role alongside paid staff. All Action Cancer staff are encouraged to assist in the creation of meaningful and productive roles through which volunteers can gain personal benefits. We are committed to managing volunteers in a way that ensures the needs of both parties are met.

“Volunteering refers to: the commitment of time and energy, for the benefit of society and the community, the environment, or individuals outside (or in addition to) one’s immediate family. It is unpaid, and undertaken freely and by choice”.

A volunteer must be formally appointed and matched to their agreed role prior to starting their volunteering. Volunteers shall not be considered as employees of Action Cancer.

Our Heritage

Established in 1973 by cancer specialist Dr George Edelstyn the initial aim of the charity was to fund pioneering research into chemotherapy and to support and sustain patients and their families during treatment. Our founders’ vision for the future was that people of Northern Ireland would be free from the risk of cancer.

Since Action Cancer was formed we have been the only charity in the UK and Ireland to provide a screening service for breast cancer, leading the way in 2006 with the introduction of digital mammography. Then in the same year we developed another first; a state of the art articulated vehicle nicknamed the Big Bus, with on-board facilities for breast screening and health checks.

Through our clinic in Belfast, the big bus and the use of local community facilities each year we provide free breast screening to women 40-49 and 70+, support and therapeutic services and health checks in over 200 locations across Northern Ireland. We also deliver health checks, cancer awareness and health education programmes in schools and a wide variety of other settings.

We continue to lead the way in on health promotion, lobbying and campaigning on cancer and health related issues. For more information on what services are available in Action Cancer have a chat with the Services Support Officer or visit the Action Cancer website www.actioncancer.org

OUR VISION

A future where cancer risk is reduced, cancers are detected early, successfully treated and the people impacted are supported and empowered.

OUR COMMITMENT

Action Cancer is a socially responsible charity committed to making a difference to Our People, Our Community and Our Environment.

OUR MISSION

Action Cancer is a Northern Ireland charity dedicated to saving lives and supporting people through cancer awareness, prevention, detection and support.



Values and Behaviours:

We have three stated Values which are supported by seven expected behaviours.

Value 1: Putting People First - People are at the centre of everything we do.

Value 2: Making a Difference - Having a positive impact on everything we do.

Value 3: Being Accountable - Clear, open and honest about everything we do.

Our Values are supported by seven **Behaviours**. We Will...

1. Treat people with respect, care, dignity and consideration.
2. Listen, hear and respond positively to what people say.
3. Support, develop and equip our people to reach their full potential.
4. Gain from our experience and celebrate success.
5. Work together, supporting, adding value, learning from and sharing with others.
6. Embrace and develop new ideas, ways of working and technologies.
7. Welcome scrutiny, taking ownership and responsibility collectively and individually for our actions.

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1. DEFINITION OF PEER MENTORING AT ACTION CANCER

It is where ongoing support is provided to a recently diagnosed patient by a trained volunteer who has been matched to that client on the basis of their own diagnosis and experience.

The mentor will support the mentee for a set period of time, to strengthen their ability to adapt to the next stages of their journey.

Whilst mentoring and coaching are two different approaches, coaching plays the following roles within our mentoring process:

- Creates a vision for change
- Clarifies and sets goals
- Shifts perspectives to new possibilities
- Develops new action strategies
- Holds the mentee accountable
- Draws upon the mentee's inherent wisdom and intelligence.

The aims of the programme include:

- To reduce feelings of anxiety and isolation
- To encourage and motivate the client
- To establish coping strategies suited to the client for challenging situations
- To signpost to other support/agencies as applicable.
- Empowering the mentee to draw on their own experiences as coping skills.

To meet these aims, the peer mentors role will include:

- Listening and supporting
- "normalising" thoughts and feelings
- Providing factual information to help with decision making
- Supporting the mentee to draw on previous experiences to assist them in identifying and setting personal goals and outcomes.

2. RESPONSIBILITIES OF AN ACTION CANCER MENTOR

1. Agreeing to act as a mentor, have a commitment to teaching, guiding and developing a client.
2. Attending and completing mentor training as applicable.
3. Acting as a sounding board for the mentee's ideas, goals and aspirations and instilling an impetus for action towards achieving them.
4. Providing an openness to new discoveries and possibilities for the mentee resulting in a higher level of potential for the mentee.
5. Providing guidance to the mentee on matters relating to his/her own experience.
6. "Normalising" thoughts and feelings of the mentee.
7. Reaching agreement with the mentee on the most appropriate plan for support.
8. Reaching agreement with the mentee on a schedule of regular mentoring meetings.
9. Supporting the mentee to draw on previous experiences to assist them in identifying and setting personal goals and outcomes.
10. Working with the mentee to identify coping strategies at difficult times and empowering personal responsibility for using these.
11. Being available to discuss the problems and concerns of the mentee as they occur.
12. Providing feedback to the mentee regarding his/her strengths and progress on the action plan.
13. Providing factual information to help with decision making.
14. Increasing awareness of choices available and signposting as applicable.
15. Complying with and adhering to Action Cancer's Peer Mentoring procedures.
16. Maintain confidentiality.
17. Being open and honest with the mentee about meeting expectations and ending the mentoring relationship if deemed to be not effective.

BOUNDARIES OF AN ACTION CANCER PEER MENTOR

1. Never give advice or your personal opinion.
2. Never give out personal contact information.
3. Do not make a decision for a client, or consciously influence their decision based on own experience or anecdotes.
4. Never talk about another person's experience in a way that could be identified.
5. Never share distressing or harmful information.
6. Do not volunteer outside agreed times or places.

If a prospective volunteer Peer Mentor highlights to the Services Support Officer that they may need support in carrying out their volunteer role, support can be provided to suit the needs of the volunteer. An example of this is if a volunteer highlights a mobility issue - where possible meetings will be arranged to ensure the volunteer is required to travel or walk only short distances.

RESPONSIBILITIES OF AN ACTION CANCER MENTEE

1. Being open to new discoveries and possibilities that would result in a higher level of potential for yourself.
2. Desiring to be a mentee, i.e. being receptive to learning and developing a learning relationship with your mentor.
3. Discussing your ideas, goals, aspirations and plan for support with your mentor as appropriate.
4. Being prepared to answer challenging questions about yourself, your coping strategies and being open to positive changes.
5. Identifying and coordinating with your mentor realistic outcomes that are related specifically to your needs and capabilities and will therefore be able to be achieved.
6. Reaching agreement with your mentor on a schedule of regular meetings.
7. Adhering to the boundaries of your mentor's role.
8. Seeking feedback from your mentor and others regarding your strengths and outcomes.
9. Being willing to discuss problems or concerns as they arise with your mentor.
10. Working with your mentor to identify coping strategies at potentially difficult times and taking responsibility to action these.
11. Being open and honest with your mentor about the process and ending the mentoring relationship if deemed to be not effective.

3. LOGISTICS OF THE PEER MENTORING SERVICE

To ensure we best meet the needs of both the client and the mentor, Action Cancer aim to offer as flexible a service as possible. We will work with each individual who requests a mentor to tailor the service where applicable to best support that person.

A person may request a Peer Mentor for a number of reasons including; support through listening and sharing experiences, attending hospital appointments, being a sounding board before and after an appointment and also helping to establish coping strategies.

We recognise that building a rapport and friendship with a client will be vital to be able to support his client effectively and indeed this is part of the uniqueness of the role. However we would encourage mentors to be conscious of boundaries and to make these clear to clients when establishing how support will be provided.

Matching to a mentor

Those wishing to be a peer mentor will complete an application form with brief details on their cancer journey and their main motivations for wishing to be a mentor. There will then be a selection exercise to assess each person's suitability as a mentor based on the criteria Action Cancer have already established. If successful at this stage, applicants will be accepted onto the training programme over which time, Action Cancer's Services Support Officer will have built up a good relationship with each mentor and have an overall picture of individual journeys and experiences that will help with matching to a client.

Potential clients can self refer to the service or via a Health Professional. The Services Support Officer will have an initial assessment with the person to draw out more information and on the basis of this, be able to match them to potential mentors. The SSO will give the client information on the person they feel more suited to their experience/circumstances and allow the client to decide if this would be the best match or if they feel someone else may be preferable. The SSO will then pass on the details of the client to the mentor who will follow up with a phone call and arrangements will be made for support that suits both people best. Should there be any issues in relation to the match, e.g. does not work out after the first meeting, it should be noted that this should not be taken personally, sometimes there are personality clashes, inability to build rapport and so everyone will just move on with the next match.

Timescales

There will be a time limit agreed with each client when they meet with their mentor and this will be based on the expectations of the client and the kind of support they feel they need. A client can potentially access support as a one off, dip in and out at times of need or have regular support, weekly or monthly as agreed. The type of support will generally be dictated by the person's needs and stage of the cancer journey. Whatever way the support is given, it will be for no longer than a 12 month period. Should a mentor and their mentee wish to continue to meet or communicate on a friendship basis after this time, this should be noted on ending the formal mentoring relationship and made clear that contact is no longer part of the mentoring process.

Contact Arrangements

Contact arrangements for support can be made in the following ways:

- Face to face
- By phone
- By email

As with timescales, these arrangements can be changed at any time depending on what support the person needs, however it is important to follow Action Cancer guidelines on contact to ensure boundaries are maintained.

- Telephone contact
 - An Action Cancer phone will be provided for this purpose, the mentor should not give out any personal numbers.
 - The mentor and the mentee should agree suitable times for contact, and timescales for returning calls/messages should they be unavailable. It is advised that contact should be between the hours of 9.00-5.00 as per Action Cancer's business hours, however, we recognise that due to different commitments from both parties, it may be necessary to extend the contact time and this should be agreed at the first mentoring meeting. It is recommended that any extension should not have an adverse impact on the mentors own circumstances and shouldn't be any later than 8.00 p.m.
 - Should the mentor receive a message outside of the agreed contact time, or be unable to take a call/reply etc at anytime, it should be reasonable of the mentee to expect the mentor to get back to them within 24 hours of leaving/sending the message.
- Email contact
 - An Action Cancer address will be provided to the mentor for this purpose.
 - As with telephone contact, the mentor and the mentee should agree suitable times for contact, and timescales for replying to emails should they be unavailable. It is advised that contact should be between the hours of 9.00-5.00 as per Action Cancer's business hours, however, we recognise that due to different commitments from both parties, it may be necessary to extend the contact time and this should be agreed at the first mentoring meeting. It is recommended that any extension should not have an adverse impact on the mentors own circumstances and shouldn't be any later than 8.00 p.m.
 - Both parties should agree a reasonable response time for any email contact, it is suggested that emails be replied to within 24 hours of receiving.

For both telephone and email contact, it may be necessary to restrict the days you will be expected to be available and this should be discussed with the individual concerned.

Meeting Arrangements

If contact is going to be face to face, it should always be in a public place and never in the mentors' home. We would recommend that you avoid meeting in the clients home, however we do recognise, that there may be times a person is unable to travel and will still need support and so home visits can be arranged following discussion with the Services Support Officer. If it has been agreed that a home visit is applicable, mentors should follow the procedure outlined in Appendix 4.

Suggested meeting places are:

- Coffee shops
- Hotel foyers
- Hospital areas
- Macmillan Information & Support Centre
- Action Cancer House

Form of support available

The aims of the programme include:

- To reduce feelings of anxiety and isolation
- To encourage and motivate the client
- To establish coping strategies suited to the client for challenging situations
- To signpost to other support/agencies as applicable.
- Empowering the mentee to draw on their own experiences as coping skills.

Consequently the support Action Cancer's mentors are able to provide will be based on the above and also the needs of the client. Typical forms of support will be:

- Listening and supporting
- "normalising" thoughts and feelings
- Providing factual information to help with decision making
- Supporting the mentee to draw on previous experiences to assist them in identifying and setting personal goals and outcomes.
- Attending medical appointments as support.
- Helping identify questions to ask the health professionals.

4. GUIDANCE FOR PEER MENTORING MEETINGS

Arranging the First Session

The Peer Mentor will arrange to meet with the client and ideally the first contact meeting should be face to face to help establish rapport and build up a mentoring relationship. This should be a mutually convenient time and location.

We recommend that sessions take roughly 1-1.5 hours, depending on the kind of support that is needed. Obviously, if you are supporting someone at times of appointments, this may be longer.

How does a session run?

The mentor will have a general conversation with the client to set the scene for the meeting and both the mentor and the client will review the notes from the initial assessment to see if anything has changed and to plan a way forward for support, particularly in terms of how and when this support could be offered.

Though it may be tempting to treat the peer mentoring sessions as an informal chat, we would recommend that you use some structure and procedure to ensure that it is time well spent and can have measurable outcomes. We have provided templates to help with this depending on the type of support needed. This is also to ensure that appropriate support is given and boundaries are adhered to. It will also help avoid the sessions turning into counselling, coaching or befriender type sessions.

Once the format of support has been agreed and the form reviewed, the mentor should work through the Mentoring Agreement with the client, explaining that this is to ensure everyone is aware of the boundaries and the commitment involved.

The Reflections booklet may be referred to at this time and if applicable this can be given to the client, however if it is felt this would be better given out later, then the mentor should use their own discretion around this.

We would recommend that you arrange a few meetings in advance, to ensure that both of you commit to the support relationship and times will only be changed in an emergency.

Ongoing Sessions

Remember to refocus on the original purpose of using the peer mentoring service as your guide for ongoing sessions.

Introduction- Ask questions such as; “so, how have things been since we last met?” “what would you like to talk about today?” “What do you hope to get from today’s meeting?” “Are there any issues you want to talk about?”, or “How can I help you today?”.

Progress to date - if any actions//goals were decided, ask about the progress. If they have been achieved, how did this feel? Have there been any barriers/problems in achieving? How can we work on these? Likewise, if the original goal of the mentoring was to work through a challenging time/issue, how has this been going and what help is needed.

Future Support- based on original meeting and conversation today, what other ways can you help or what would they like to focus on next time round.

Agree level and method of contact between sessions.

Reviewing the mentoring relationship

You will have agreed a timescale for your mentoring relationship and this should be a maximum of 12 months. It is important that as part of your sessions you factor in time to review how it is working for you both. We would recommend that you do this every three sessions or so, it does not need to take a lot of time, but it is important to be open and honest to ensure the mentoring relationship is effective. There is a template within this pack that can be used as part of this process.

5. ENDING A PEER MENTORING RELATIONSHIP

Action Cancer recognises that the Peer Mentoring relationship is time bound and may come to an end for one of the following reasons:

- Natural end- support has been given
- End of agreed contract – the 12 months has been completed
- It is not deemed to be effective – this could be either parties decision

The Services Support Officer will issue a letter and End of Relationship form to the mentee when notified by a mentor of any of the reasons above. This will be signed, returned and placed on the mentee's file and the mentee will be advised that should they need further support in the future, this is still available.

The Peer Mentoring agreement that is entered into at the beginning of a relationship will provide steps and guidelines for ending an agreement under the first two circumstances. However, there are specific guidelines to be followed should a relationship be deemed to be ineffective due to:

- a) The client feeling they cannot bond with their mentor/no rapport
- b) Overstepping of boundaries from either party
- c) Mismatching of mentor
- d) Personality clashes
- e) Personal reasons

The following guidelines should be followed by **mentors** if a relationship needs to be ended under these circumstances:

- 1) Discuss with Services Support Officer, gain advice and possibly source an alternative mentor.
- 2) Discuss a possible ending with the mentee, giving notice of this and details of other support options.
- 3) Acknowledge, where applicable, specific areas of progress during the mentoring period to help end on a positive note.
- 4) Give verbal recognition of challenges your mentee has faced/overcome.
- 5) Be clear about the reasons for ending the relationship.

The following procedure should be followed by mentees wishing to end the relationship earlier than planned:

- 1) Talk to your mentor and be honest. Perhaps it's just not what you anticipated, or you don't seem to be moving forward etc, it's ok to tell your mentor this.
- 2) Be clear about why you want to end the relationship and if you would like to be matched to another mentor or signposted to another form of support.
- 3) Remember, regardless of the reason, it's important to give clear feedback from both points of view as this will help with future mentoring.

The goal of mentoring is to move forward, if this isn't happening and if it is not possible to make adjustments, end it, respectfully and honestly.

6. REIMBURSEMENT OF EXPENSES

Volunteers are eligible for reimbursement of reasonable expenses incurred while undertaking a voluntary role for Action Cancer, for example travel and subsistence expenses incurred when meeting with a client .

Prior approval must be sought for any expenditure from the Services Support Officer, who will guide the volunteer through the claim process. Claims for expenses must be submitted on the appropriate claim form, and receipts should be submitted as proof of expenditure where necessary. The claim forms should be authorised by the Services Support Officer and submitted to the Finance Department.

7. DIFFICULTIES AND PROBLEMS

The Values of Action Cancer state that as an organisation the "person" is at the very core of all that we do. All people are to be treated with respect and dignity, with the services that we deliver being of excellent quality and standard, available and accessible by all, shaped and influenced by our stakeholders.

Feedback from our clients is therefore to be welcomed and encouraged, it is a vital tool in assessing current performance and invaluable research for shaping and improving future service delivery. Feedback received will be both positive and negative.

FEEDBACK POLICY:

POSITIVE FEEDBACK

Positive feedback is good and should be shared and acknowledged amongst the whole organisation, praise and recognition should be given and success celebrated. Where written "praise/thank you" is received this should in the first instance be passed onto the Head of Department and to the individual or team concerned, a copy of the correspondence should be forwarded to the Chief Executive for recording and if appropriate acknowledgement and dissemination.

NEGATIVE FEEDBACK

Negative feedback is good and should be welcomed equally as positive feedback. In many ways negative feedback/complaints/criticism is much more valuable to the organisation as it provides information that can be used to improve services and help in the pursuit of delivering excellence.

Whilst it is acknowledged that no one likes to receive negative comments, it is nevertheless essential that these are made known and that the appropriate action is taken immediately to acknowledge and address the issue(s)

Whilst we have policies, processes and procedures in place for the delivery of our services and activities, that if followed should ameliorate the possibility of complaints, it is however acknowledged that there will be occasions when users of our services, supporters of our charity, suppliers and stakeholders etc, will be dissatisfied. The vast majority of people who "complain" are and will be very supportive of Action Cancer and in complaining they are trying to help us by sharing an experience or issue that they have deemed as being unsatisfactory. How the "complaint" is handled by us is critical to the outcome, well handled a positive outcome can be achieved for both ourselves and our client, badly handled and it will result in a very poor and expensive experience, both in terms of finance and our reputation.

All feedback must be progressed in accordance with Action Cancer's Feedback Policy. Please note, if you are the person who has received the feedback you should:

- Listen very carefully to the feedback, responding positively and with understanding. No judgements should be made or views expressed as to the correctness or wrongness of the situation.
- Ascertain whether a complainant wishes a complaint to be treated as formal or informal. If formal, advise the complainant that a formal feedback procedure exists, which requires the complaint to be made in writing and sent directly to Action Cancer House for the attention of the Chief Executive. If informal, advise the complainant that details of the complaint will be forwarded to the appropriate Line Manager who will assume responsibility for the co-ordination of and an investigation of the complaint.
- Advise the complainant that someone will be in contact as soon as possible and no later than 7 working days hence.

8. DEALING WITH CLIENTS WHO MAY BE AT RISK

Action Cancer recognises that there may be occasions when a client feels particularly in need of protection and either they or others may be subsequently at risk from harm. As the mentor, it is useful to be aware of potential signs of someone who may be feeling suicidal or considering self harm.

Possible warning signs include:

- Threatening to hurt or kill oneself or another person
- Looking for ways to do the above
- Talking or writing about suicide or death
- Feeling hopeless or trapped as if there is no way out
- Uncontrollable anger or rage
- Seeing no reason for living
- Giving away favourite possessions
- Dramatic mood changes and in particular a sudden improvement in mood after being low
- Direct statements such as :
 - “I’m going to end it all”
 - “I wish I were dead”
 - “I’ve decided to kill myself”
- Indirect statements such as:
 - “everyone would be better off without me”
 - “pretty soon you won’t have to worry about me anymore”
 - “who cares if I am dead anyway.”

If you are genuinely concerned about a client, a child or an adult at risk of harm or in need of protection, in their care, please adhere to the following procedure:

- If applicable, be direct in your questions about their intentions
- Try and identify support systems they may have in place (family, friends, church etc)
- Encourage to focus on positives in their life to bring them back to reason for being.
- Gain permission for line manager to contact the relevant person to talk about intentions, I.E. Next of kin, GP, social services
- If no permission is given, explain that as per agreement, you are legally bound to break confidentiality and pass on details to your line manager to follow up with relevant person.
- If client decides to leave, respect their decision and ring line manager immediately.
- In all instances, contact your line manager and if they are not available, follow the steps below.

Follow up contacts for at risk clients

Initial contact- Elizabeth Boyd, Services Support Officer- 07580133757

Second contact- Ruth Fleming, Services Development Manager- 07580133761

Third Contact- Geraldine Kerr- Head of Professional Services- 07879457300

External contacts

Local Police Service

Lifeline- 0808 808 8000

Samaritans- 084 5790 90 90

Cruse- 9079 2419

NSPCC- 0808 800 5000

Gateway services if child/ adult at risk of harm or in need of protection are involved

BHSCT 9050 7000

SHSCT 3741 5284/0800 783 7745

WHSCT 7131 4090

NHSCT 0300 1234 333

SEHSCT 9056 5444/0300 100 0300

Out of hours 9504 9999

Peer Mentoring Agreement

Peer Mentoring

Peer Mentoring aims to provide ongoing support to cancer patients by a trained volunteer who has been matched to that client on the basis of their own experience and where possible their diagnosis

The mentor will provide support for an agreed set period of time with the mentee to strengthen their ability to adapt to the next stages of their journey.

Agreement Terms

This is an agreement between _____ (clients name) and _____ (Peer Mentor) on behalf of Action Cancer. The terms of this agreement will apply from _____ (insert date) for a period not exceeding 12 months. The formal end date of this agreement will be _____ (insert date).

As per Action Cancer's Peer Mentoring procedures, this agreement can be ended at anytime by either person should it either have fulfilled its purpose or be deemed to be ineffective.

Confidentiality

We agree that we will not disclose to anyone what is discussed during our meetings, unless:

- By mutual agreement
- We are legally required due to risk of harm to self or others

Openness and Honesty

Open and honest communication is essential for the mentoring relationship. For the support to be effective, it is important that both the mentor and the clients are honest and the support that is needed and what can be provided. There cannot be an effective relationship without trust and should this not be apparent, either person can decide to end the mentoring relationship as per Action Cancers procedures.

Boundaries of the role

The following are the boundaries of the Peer Mentors role. These should be adhered to at all times by everyone to ensure that everyone's safety and privacy are maintained.

The Peer Mentor will:

- Never give advice or their personal opinion.
- Never give out personal contact information.
- Not make a decision for a client, or consciously influence their decision based on own experience or anecdotes.
- Never talk about your experience in a way that could be identified.
- Never share distressing or harmful information.
- Provide support only within agreed times or places.

Data Protection

In accordance with Data Protection principles and Action Cancer's policy, we will advise you of any records that we keep in relation to you and your personal information. These records are stored by our Services Support Officer on Action Cancer premises, in a locked cabinet and are only accessible to yourself, your Peer Mentor and the Services Support Officer. These records are maintained for a period of 7 years after which time they will be destroyed.

Any personal information that is sent by email, will be password protected so again, only the three parties above can access this information.

DIFFICULTIES/PROBLEMS

If at any time you have a complaint or an issue about any of the Peer Mentoring relationship, please follow the guidelines set out in our Feedback procedure, however we would hope that you will find all aspects of our service professional and effective.

Signed: _____ (Client)

Date: _____

Signed: _____ (Peer Mentor)

Date: _____

Closing of Peer Mentoring Agreement

Peer Mentoring

Peer Mentoring aims to provide ongoing support to cancer patients by a trained volunteer who has been matched to that client on the basis of their own experience and where possible their diagnosis

The mentor will work for an agreed set period of time with the mentee to strengthen their ability to adapt to the next stages of their journey.

Action Cancer recognises that the Peer Mentoring relationship is time bound and may come to an end for one of the following reasons:

- Natural end- support has been given
- End of agreed contract – the 12 months has been completed
- It is not deemed to be effective – this could be either parties decision

In accordance with our procedure, if your agreement is to be ended, please sign and date below and indicate the reason (as listed above) for this ending.

Signed: _____ (Client)

Date: _____

Reason: _____

Thank you for completing this form and please remember that you can access this service or any of our other services again at any time you feel you may need this.

MENTORING REVIEW TEMPLATE

Mentor Name:

Client:

Review Date:

Guidance for structure of Discussion

- a) Revisit original goals/expectations/outcomes that previously agreed.
- b) Identify progress to date.
- c) If no real progress evident, is it still worthwhile maintaining the mentoring relationship? If so, what can be done to help progress and if not, consider what options are available, i.e. alternative mentor, different form of support e.g. counselling

Feedback to Mentor (1- strongly disagree, 5- strongly agree) please feedback on the statements below, if they are applicable for you and your mentor

My mentor is a good match to support me in achieving my goals	1	2	3	4	5
I believe that at this stage in our mentoring relationship, we are making good progress	1	2	3	4	5
My mentor is prepared for our meetings and uses their experience to effectively support me	1	2	3	4	5
I am doing all I can to carry out the actions we agree between our sessions	1	2	3	4	5
My mentor is doing all they can to carry out any supporting actions we agree at our sessions	1	2	3	4	5

Please use the space below to note down anything you feel is helping you particularly well and that you would like to see continuing for the rest of your mentoring relationship.

MENTORING IN A CLIENTS HOME

Mentors may be required to provide counselling services in other locations regionally. Where possible, Action Cancer will ensure that all possible provisions are implemented to ensure your safety. However, you must still:

- Be aware of the situation you are in, (e.g. is the client and/or anyone else present becoming angry and/or behaving inappropriately towards you) your surroundings, with regard to whether there are others in the building and where the quickest exit route is.
- Try to minimise the documentation and/or personal belongings you bring with you and always have these within reach
- Remember to take a personal alarm with you. Please recognise the limits of this device and be aware of situations where it may not be effective.

With home visits ensure you have notified the Services Support Officer of your whereabouts and contact them before entering the premises and leaving the premises. If preferable, the SSO or another mentor can attend these with you and wait somewhere suitable while you meet with your client.

Enquiry for Home Visits

If someone enquires about a Home Visit they should be advised that Action Cancer consider home visits in exceptional circumstances.

Home visits – Criteria for Telephone Conversation

Initial conversation between Mentor and potential client:

“As you know, home visits are for exceptional circumstances. Could you tell me something about your circumstances? “

OUTCOME ONE

If client is terminal (i.e. someone who is palliative and is physically unable to attend ACH because of their cancer diagnosis) then ask the following before scheduling an appointment

- Do you have a private space in which mentoring can take place? Somewhere where we can close the door for private conversation and not be disturbed by radio, television or telephone.
- Do you have any physical health care needs that we should be aware of? If yes, can you identify someone who could be present in the house at the time of the session should you need such care while we're there?

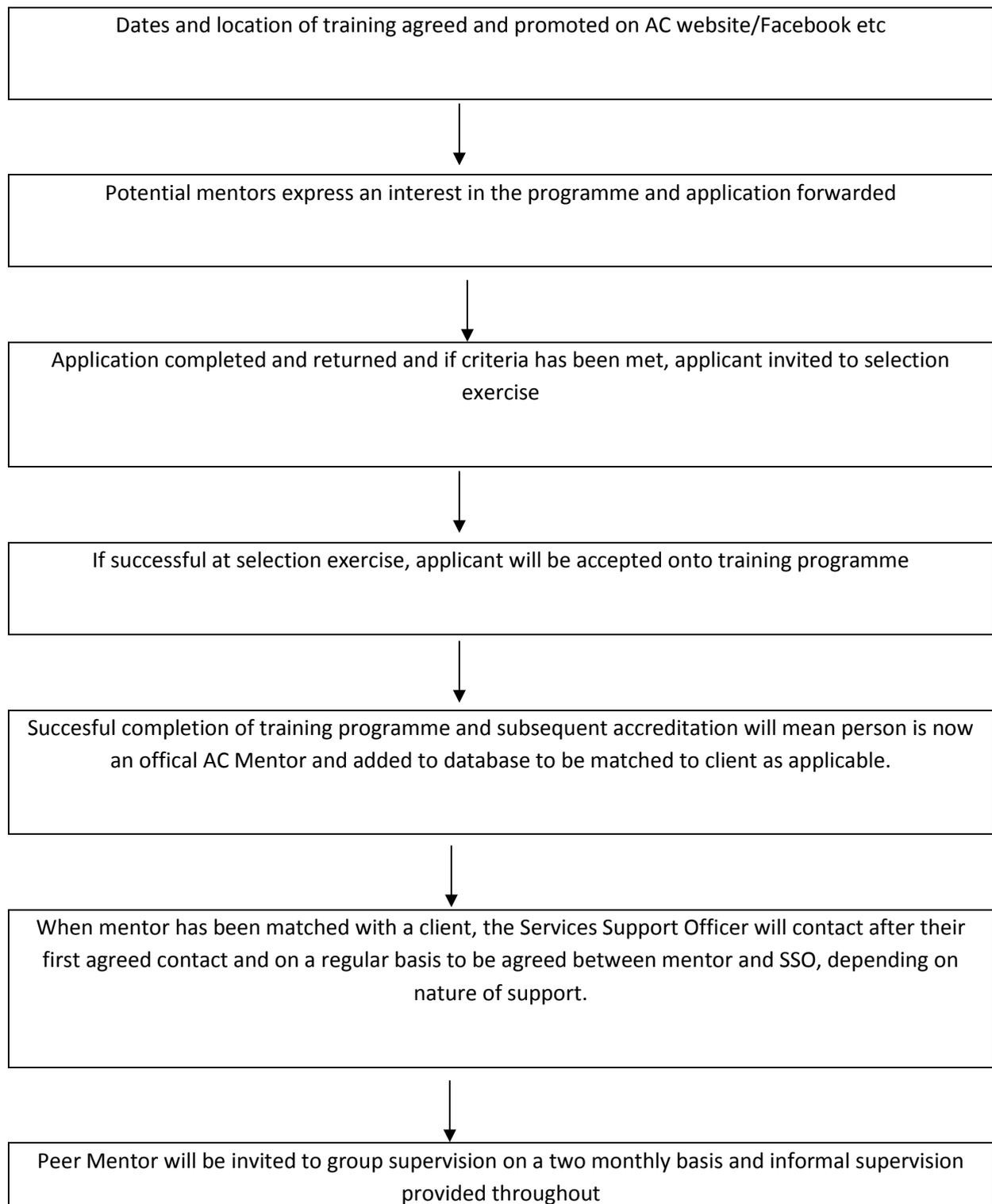
OUTCOME TWO

If any other reasons are given for wanting a home visit then:

- take details
- let person know that their circumstances will be taken to the Services Support Officer and inform them when a decision has been made about their eligibility for a home visit.

A home visit may not be appropriate when a person has had severe mental health issues prior to diagnosis. In such a case, it may be more appropriate for them to discuss more about their circumstances with their GP to consider what are the best supports/strategy at this point. Mentoring may not be the most appropriate intervention at this stage.

FLOWCHART TO BECOME A PEER MENTOR



Peer Mentor Application Form

Personal Details

Forename::

Surname:

Address:

Postcode

Tele no: Home: _____ Work: _____ Mobile: _____

Email address:

Date of Birth: _____

Cancer Journey

When did you receive your diagnosis?

Cancer Type

Treatment

Radiotherapy

Chemotherapy

Surgery

Please provide brief details

Other

Please provide brief details

DETAILS FOR THE ROLE

Why do you want to become an Action Cancer Peer Mentor?

Please detail any similar role you may already be involved in or have been in the past

Please describe any knowledge, skills and experience that you feel would be particularly useful in this role?

In what way do you feel you can support others in their cancer journey?

Part of the mentoring process will be providing coping strategies for clients who may be experiencing a difficult time. Please indicate below any examples you may have related to this, detailing ways you managed this that may be helpful to someone else.

We are keen to match people as best we can in terms of gender, age, patient pathway and also common interests as we feel this will help build the necessary rapport for an effective mentoring relationship. Please use the space below to tell us a little bit about yourself, for example, your work, homelife, family, hobbies, social activities.

Declaration

I declare that all of the information given on this form is true and complete to the best of my knowledge and beliefs.

Signed: _____ Date: _____

Thank you for taking the time to complete this application form. It should be returned to Elizabeth Boyd either by email to eboyd@actioncancer.org or by post to Action Cancer House,1 Marlborough Park, Belfast BT9 6XS

PEER MENTOR INDUCTION CHECKLIST

WHAT	WHO	WHEN AND WHERE	HOW	DATE COMPLETED
About Action Cancer <ul style="list-style-type: none"> • Vision, mission and values • Background to the organisation • Structure of organisation • Importance of our volunteers 	Services Support Officer	During the selection process and training programme	Presentation & Discussion	
The Building/volunteer base <ul style="list-style-type: none"> • Layout, toilets, parking, fire exits • Where to access the Health & Safety Policy • Health and Safety issues 	Services Support Officer	During the training programme	Presentation & Discussion	
The Role <ul style="list-style-type: none"> • Outline of role, responsibilities and commitment involved • Staff/volunteers working with directly • Boundaries of role and confidentiality • Procedures to follow • Data Protection Policy 	Services Support Officer	During the selection process and training programme	Presentation & Discussion	
The Support System <ul style="list-style-type: none"> • Key contact and details • Alternative when above not available • Other support available- informal and formal supervision • Resources/equipment • Training and accreditation • Expense procedure 	Services Support Officer	During the selection process and training programme	Presentation & Discussion	

Mentor: I confirm that I have completed all items in the induction checklist and where indicated, understand the policies and procedures. I have received a copy of the full Volunteer Policy.

PRINT NAME: _____

SIGNATURE: _____

Supervisor: I confirm that all items in the induction checklist, including policies and procedure have been explained. I have provided a copy of the full Volunteer Policy.

PRINT NAME: _____

SIGNATURE: _____

RISK ASSESSMENT FOR PEER MENTOR

ACTION CANCERS MISSION IS TO PUT PEOPLE FIRST AND INSURE EVERYONE IS TREATED WITH RESPECT, CARE, DIGNITY AND CONSIDERATION

Name: _____

Department: _____ THERAPEUTIC SERVICES _____

Location : _____ *As agreed between client and mentor* _____

Work Activities: Supporting other cancer patients as needed either over the phone or face to face

Health & Safety info provided - Yes / No

What to do in the event of fire information Yes / No

Personal Panic Alarm Provided - Yes / No

Lone Working Info Provided - Yes / No

Work Items provided – Yes / No - Please list

List Significant Risks if applicable (please list any risks deemed significant to this task or person)

- Lone & Late Working (No lone working unless authorised and approved)

Safety Notes or Actions required for reducing risks supplied please list

- Guidance on lone working for mentoring
- Guidance on working with people who may be at risk

Assessed Person to print, sign and date below

I _____ agree that the items listed above have been provided to me and I will follow and adhere to all Relevant Health & Safety Laws & AC Rules

Print Name _____

Signed _____ Date ____/____/____

Line Manager _____ Date ____/____/____

PEER MENTOR LEAVING QUESTIONNAIRE

Thank you for all of the support you have provided to Action Cancer. We are always sorry to see volunteers leave, but understand that circumstances change and it is not always possible to stay on. We would be grateful if you could take a few minutes to please answer this short questionnaire to help us better improve our volunteer care. All questions are optional, and will be treated with the strictest confidence.

Name:

Length of time as Mentor:

Reason for Leaving:

Interview completed by:

SPECIFIC FEEDBACK

Are there any issues/concerns which have influenced your decision to leave? If so, please provide details if applicable.

Were these addressed to your satisfaction? If no, please indicate what further action you feel should be taken.

Are there any changes you would make to the mentoring role? If yes, what would these be?

Please use the space below to provide a testimony or a happy memory of your time with Action Cancer that you would like to share with others.

Would you be happy for this memory to be shared anonymously?

Please sign and date (where applicable) for all items you have returned

Mobile phone _____

Name badge _____

Any other comments?

Thank you for all your time and commitment to the organisation and we wish you every success in your next endeavour and feel free to contact us again in the future if circumstances change and you would like to continue to volunteer with Action Cancer.