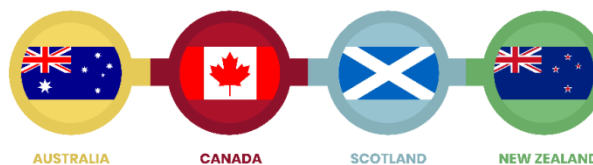


Decent Work Good Care

International approaches to aged care



A PROMISING PRACTICE:

Peer mentors for home care workers

This promising practice describes the use of peer mentors in home care services, drawing on organisational practices in Australia and Scotland. Peer mentoring, whether a formal program or not, recognises the skills and knowledge of experienced home care workers and is most often used to support other workers with ongoing on-the-job training and practical support in the field. Peer mentoring provides mentors with career advancement, in some cases additional pay, and, through supporting home care workers gain skills and confidence, enhances the quality of client care.

Background

In most developed countries aged care policies and systems have shifted from a reliance on residential care facilities to services provided in the home. This shift supports the preference of many older people to remain living in their own home as long as possible. It also means that older people are living at home with more complex health issues and disabilities.

Today, with funding for home care services increasingly targeted to those with a high level of assessed frailty and dependence, the home care worker role is becoming broader and more demanding. Typically, home care workers undertake some light housekeeping and a range of personal care. But today many workers may also perform duties previously undertaken by nurses. Examples include removing, cleaning and fitting aids and appliances, changing catheters, monitoring medication, and assisting clients with home exercise programs. In most countries, wage and classification structures do not recognise the increasing complexity of the skills and knowledge required or indeed the range of workers' qualifications and level of experience.

New home care workers may feel underconfident and ill equipped to undertake their day-to-day work. After the initial induction and shadowing of a more experienced home care worker, many workers receive little face-to-face or on-the-job support. But not all. Some individual organisations have introduced peer mentoring to better support new and existing workers to provide responsive quality care to their increasingly diverse client group.

Paid peer mentors – Australian case study

One large Australian home care provider has developed a two-tiered mentoring program, involving both generalist mentors and expert mentors. These mentors have different roles. Generalist mentors spend most of their time in the field providing on-the-job training and support, whereas the expert mentors' primary role is to facilitate induction and training for new workers. Induction and training occurs over two weeks and during this time new staff can shadow up to four different mentors, thereby observing a range of approaches to the

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home carer role. Once workers have their own clients, they can phone generalist mentors for day-to-day practical advice about a client or issue at any time. For more complex queries, for example where a home care worker is concerned about carrying out a new procedure for the first time, such as a tube feed or in specialist areas of knowledge, such as palliative care or dementia, they can ask an expert mentor for advice, or if needed, to accompany them to observe and assist.

This organisation formally recognises the additional skill and responsibility of peer mentors in their home care wage structure and time allocation. Generalist and expert mentors (the latter are being renamed 'workplace trainers'), are paid an additional hourly rate for the time spent mentoring their peers. Hence, mentors continue working as home care workers with clients, but their jobs are enriched and their skills and expertise are formally recognised.

Lead carer mentors – Scottish case study

A Scottish home care provider introduced mentors to improve retention of new home care workers. Managers calculated it cost the organisation £900 (approximately AUD \$1750) to train each home care worker only to lose a high number of workers within their first three months. Managers wanted to improve retention rates but also recognised many new home care workers find the role much more demanding than they expect, so need greater support in their early weeks. This mentor program is thus focused on new workers during their three-month probation and has resulted in a substantial increase in worker retention.

In this program, 'lead carers' take on the mentoring of new staff and current staff. These mentor roles are mainly office-based salaried roles, although some mentors combine mentoring with a home care workload. Mentors meet new staff in induction and initial training, then phone them to check they are prepared and answer any questions before they see clients. New workers shadow other experienced workers for two days. Mentors then phone new workers after their first shadow shift to discuss how it went and how to better support them. Thereafter mentors weekly phone contact for at least three months. Mentors also accompany workers on visits from time to time assessing their skills and client interactions and have face to face supervision meetings as needed.

Benefits

- Workers receive timely on-the job support and develop transferable skills;
- Offers some access to career advancement and for some additional remuneration;
- Provide a mechanism for home care worker supervision;
- Results in higher quality care for increasingly diverse clients and needs;
- Improves staff retention.

Implementation challenges

- Additional costs of mentors in home care are not covered by aged care funding;
- Peer mentors may take on this role without time or workload allocation;
- Matching peer mentors and mentees takes time;
- Home care workers may be reluctant to be observed at work by mentors.

