## Eating Disorder Peer Workforce Guidelines Appendix H: Peer work agreement form

Peer Work Participant: *[Name]*

Peer Worker:  *[Name]*

Organisation Name (if applicable):

Date:

Purpose:

The purpose of this Agreement is to establish a framework for the provision of one-on-one peer support. Both the participant and peer worker acknowledge the voluntary nature of this relationship and commit to working together in a goal-oriented manner, with a recovery-focus.

Roles and Responsibilities:

*[Peer Worker Name]*  will:

* Share personal insights from their own lived experience in a responsible and safe manner.
* Listen actively and empathetically to the concerns and experiences of the Participant.
* Respect the boundaries and preferences of the Participant.
* Refrain from giving medical or therapeutic advice.
* Maintain confidentiality and not share any personal information discussed during the support sessions without explicit consent, unless there are concerns for safety.
* Recognise the limits of their own expertise and knowledge.
* Be honest and provide constructive feedback to the participant.
* Other agreed roles/responsibilities:

*[Participant]*  will:

* Engage openly and honestly in discussions about their current ED-related experiences and challenges.
* Respect the boundaries of the Peer Worker and acknowledge that they are not a trained therapist or medical professional.
* Understand that the peer work relationship is not a substitute for professional therapy or medical treatment.
* Maintain confidentiality regarding the personal information and experiences shared by the Peer Worker.
* Take responsibility for their own well-being and decisions based on the discussions during the support sessions.
* Be open about any feedback provided by the peer worker and discuss own responses to feedback provided in a respectful and open manner.
* Engage with a treatment team as required by the peer worker/organisation they work for.
* Other agreed roles/responsibilities:

Meeting Frequency and Duration:

A suitable schedule for meetings and the expected duration of each session will be stipulated here. Flexibility will be maintained   
in case adjustments are needed due to unforeseen circumstances. Location can be specified or will change based on needs. Number of sessions should also be stipulated with mid-point review identified.

Peer work individual support will be provided for \_\_\_\_\_\_\_\_\_\_ (state timeframe), commencing on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).   
At mid-point, we will review the identified goals and progress to evaluate whether the remaining timeframe needs to be reviewed.   
Any decisions around early ending or requests to extend should be discussed with the rest of the professional care team.

Sessions will occur (choose one):

Weekly on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (day of week) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (time) for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (duration)

Fortnightly on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (day of week) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (time) for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (duration)

Monthly on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (day of week) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (time) for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (duration)

If unable to commit to all session times at outset, a date for the next meeting can be agreed with the peer worker.   
  
Session times, once agreed, should not be cancelled by either party unless this is unavoidable. If a participant needs to reschedule a session, please do so by contacting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[outline process for how this can be done].

Communication and Contact:

Communication methods (in-person, phone, video call, etc.) and preferred modes of contact (email, phone, messaging apps) will be determined by both parties based on their availability and relevant organisational policies where applicable. Options for who to contact in case of crisis/emergency should be outlined.

Goals:

Collaborative goal setting with view to identify at least 3 action-oriented goals (e.g. SMART goals)

1. Goal:
2. Goal:
3. Goal:

Non-negotiables and Program Rules:

Organisations to include program non-negotiables, including but not limited to compliance with medical review requirements, physical health goals, attendance to other treatment appointments etc. In this section, consequences of repeated lateness, non-attendance, repeated session cancellations can also be addressed.

* Non-negotiable 1:
* Non-negotiable 2:
* Non-negotiable 3:
* Non-negotiable 4:
* Non-negotiable 5:

Ending Peer Work Relationship:

Clear outline conditions around when and how the relationship will be ended. If change in peer worker for any reason, how handover will be managed (either internally in organisation or with primary care team)

By signing below, both parties agree to the terms of this Agreement and to work together in a spirit of mutual respect and support.

|  |
| --- |
| Peer Work Participant Signature |
| Peer Work Participant Name |
| Date |

|  |
| --- |
| Peer Worker Signature |
| Peer Worker Name |
| Date |