

# Eating Disorders Peer Workforce Guidelines



## Checklists

### Recruitment and onboarding

- Prioritise candidates who have personal lived experience with eating disorders.
- Seek candidates who have demonstrated progress and resilience in their recovery
- Develop position description with scope of role (Examples are provided in Appendix D)
- Have inherent requirements outlined as part of position description
- Develop a comprehensive application and interview process including opportunities for applicants to ask questions and get constructive feedback
- Onboarding schedule that includes meetings with key staff, mandatory training to be completed and signed off, plan for shadowing, clear framework for assessing competence and confidence prior to working independently, supervision plan outlined.
- Have policies in place around employee wellbeing and clear processes to monitor and minimise risk of burnout in all staff (including peer workforce).
- Develop a policy around wellness check for all staff (including peer workers) that identifies how to support the mental health of all staff including early mitigation strategies e.g. reduced duties for a period of time. (Note: the goal of such a process is early identification and prevention and is different to processes around creating reasonable adjustments for roles. The focus here is to foster a culture of psychological safety in the workplace whereby line managers can proactively check-in about the mental health and wellbeing of employees as standard practice. Such a work environment will enable all staff to feel supported in disclosing mental health challenges without fear of repercussion/job loss etc).

## Supervision requirements

- Peer workers have access to regular and ongoing supervision.
- Carer peer workers have access to carer lived experience supervision.
- Peer worker workloads support attending supervision as part of their contracted work hours and/or within mutually agreed time-in-lieu arrangements.
- All supervisors are paid for the provision of supervision by ensuring that in-house supervision time is included in senior peer workers workload.
- Externally engaged supervisors are paid for providing supervision.
- Supervision plans or contracts are utilised to establish clear goals for supervision. Appendix E provides a sample template.
- Career development opportunities are clear with pathways for peer workers to progress to providing supervision/taking on supervisory roles being clearly articulated in annual performance reviews.
- Review of supervision is incorporated into continuous improvement cycles within the organisation.
- Policies in place to review utility and effectiveness of supervision (through collation of qualitative and quantitative feedback from all supervisees).
- Processes (and policies) in place at organisational level to ensure that supervision is being provided and accessed regularly, with clear mechanisms in place to address any decrease in frequency due to workloads or changes in service delivery.

## Integration with care team

- Peer workers are invited to attend case review meetings.
- Training and support is provided to peer workers to contribute to MDT/case reviews.
- Whole team is provided education about role of peer worker in MDT decision-making.
- Case review chairing is rotated within team, with peer worker having equal opportunity to chair.
- Develop case review/MDT meeting template as a reminder to actively seek peer worker input (Appendix F provides a sample template).
- Develop clear process for addressing power imbalances within MDT decision-making (relevant to health service and community settings).
- Care coordination can be shared in primary care settings, with duty of care and risk management accountability clearly outlined between primary care team members.

# Accountability and safe practice

## Organisational level

- Develop clear job descriptions for lived experience peer worker roles that outline their responsibilities, reporting lines, and accountability within the organisation.
- Develop inherent requirements and reasonable adjustments for each role within the organisation with co-design principles.
- Develop a comprehensive application and interview process to ensure that candidates with the right training and experience are hired.
- Provide regular and ongoing supervision, training, and support to lived experience peer workers, with a view to ensure staff wellbeing, skill development, and adherence to organisational policies.
- Provide opportunities to “buddy” with a senior peer worker as part of orientation.
- Review staff seating allocation to ensure peer workers have easy access to other team members.
- Encourage collaboration and communication between lived experience peer workers and other mental health professionals to ensure integrated and coordinated care for service users.
- Review organisational policies on risk management, escalation, and incident reporting to clearly outline pathways for peer workers to escalate concerns around deterioration and risk.
- Ensure organisational policies clearly articulate safe practice around risk screening and management for off-site peer work activities such as safe locations, home visits, travelling together, meeting in public spaces etc.
- Develop an information sheet about the peer work program to be provided to participants at the service or for promoting the service (to improve referral pathways).
- Develop an agreement form for engaging with peer worker, including clear goals for engagement, safety planning, and termination.
- Prioritise collecting data around participant experience of service (both qualitative and quantitative measures, e.g. PREMS/PROMS or ‘Your Experience of Service’ survey style feedback).
- Peer work roles and responsibilities are included in organisational care (or clinical) governance framework which clearly articulates accountability and reporting flow from ‘floor to board’ and ‘board to floor’.
- Establish feedback mechanisms for participants and staff to provide input on the effectiveness of lived experience peer worker roles and identify areas for improvement.

# Accountability and safe practice

## Individual level

- Engage in continuous learning and professional development to stay updated on best practices and ethical guidelines.
- Engage in regular supervision and reflective practice to evaluate interactions, assess ethical dilemmas, be mindful of 'peer drift', and identify areas for improvement.
- Prioritise personal wellbeing and self-care to maintain emotional resilience and prevent burnout.
- Promote ethical conduct and the maintenance of appropriate boundaries in peer support relationships.
- Maintain strict confidentiality about personal information shared by individuals, following organisational policies and legal requirements.
- Irrespective of treatment setting, work collaboratively with other treatment providers and family or carers involved in the care team.
- Encourage individuals to provide feedback or raise complaints, ensuring transparency and responsiveness to their concerns.
- Maintain accurate records of interactions and progress, ensuring accountability and transparency.

## Organisational culture

- Review lived experience representation within organisational governance
- Whole of staff leaning activities in relation to the value of lived experience knowledge and regular reflective practice on this topic
- Include an assessment of knowledge and skills related to intersectionality and cultural competence in regular staff surveys to identify areas for improvement
- Invest in training and development opportunities to improve employee knowledge and capability across cohorts of people who are traditional under-served within the eating disorder system of care
- Review recruitment policies and procedures for biases against minority or marginalised cohorts
- Dedicate time for staff engagement with diverse local health services and professional networks to build relationships of trust and goodwill with a view to establish mutually beneficial knowledge exchange
- Encourage individuals to provide feedback or raise complaints in relation to any exclusionary or discriminatory practices, ensuring transparency, fairness, and responsiveness to their concerns.