



Ngā māuiui kai:

Eating disorders | issues

Aotearoa youth peer

support guidelines:

Appendices



Contents

Appendix I: Glossary of terms	1
Appendix II: Contextualising peer support	3
Professionalisation of the peer workforce	3
Appendix III: Peer support scope	4
What is in scope for a peer worker?	4
What is out of scope for a peer worker?	4
Appendix IV: Peer support competencies	5
Lived experience competencies: Applying lived experience	5
Resilience, recovery and well-being	6
Continuous learning and professional development	7
Communicating effectively	8
Working within teams and systems	9
Using a human rights approach	10
Peer support competencies	11
Peer support - purposeful approach	12
Peer support - peer support practices	13
Appendix V: Recovery progress for peer workers	14
Appendix VI: Sample recruitment documents	15
Sample job advertisement	15
Sample position descriptions	15
Sample interview questions	20
Appendix VII: Reflective practice	22
Reflective practice plan template	24
Appendix VIII: Resources for peer workers	25
Sample day in the life	25
Encouraging connection – About me form	27
Sample activities for peer support	28
Examples of positive aspects of recovery	30
Template for peer support session planning	31
Appendix IX: Responding to common concerns	34

Appendix I:

Glossary of terms

Carer/support person/whānau - refers to people who provide care to a person experiencing or recovering from an eating disorder and/or other mental health challenge, including those who may have fully recovered. A carer may be a family member such as a parent or spouse, extended family or kin, a friend, community member or any other type of supporter.

Co-design – refers to the engagement of service or program beneficiaries in the design of projects, products, services, research and other outputs so that they better meet their intended purpose (drawing on the work of Roper, Grey & Cadogan, 2018).

Guidelines - refers to the Eating Disorders Peer Workforce Guidelines.

Lived experience – refers to i) a person with their own experience of a mental health condition, which may include service use and either periods of recovery or full recovery; and ii) a person who has cared for or supported someone who has experienced/is experiencing a mental health condition. In these guidelines ‘lived experience’ is used to refer specifically to experience involving an eating disorder/eating disorders.

Applied lived experience – refers to the application of what has been learned through lived experience to inform and influence individual, collective and systemic outcomes (drawing on the work of Byrne & Wykes, 2020).

Consumer peer support and lived experience (CPSLE) or Mātau ā-wheako workforce – CPSLE workers “use their experience to work with people experiencing mental health challenges or problematic substance use and to provide leadership in service development and improvement, policy development, research, education, advocacy, and national strategic planning” (Te Pou, 2023). Mātau ā-wheako is the te ao Māori term for lived experience of diverse forms. These terms were developed by Te Pou and are used interchangeably.

Peer workers – refers to paid peer workers who draw upon their own personal lived experience of mental illness and recovery to support those who are accessing mental health care. In these guidelines

this term is used to capture a broad range of peer roles, including but not limited to: peer support workers who offer one to one support; peer worker roles which facilitate/co-facilitate group sessions, such as support or knowledge and skill building; peer mentors, including those working in online and in-person mentoring programs; senior peer workers, and peer supervisors. In line with the purpose and scope of these guidelines, other forms of lived experience work such as advocacy and advisory roles are excluded. Other practitioners (e.g., councillors, dieticians, psychologists) may have lived experience that informs their practice. However, they do not fit within the definition of a peer worker as lived experience was not a pre-requisite of their post, and the way they use their experience differs.

Youth peer workers – For our purposes, youth peer support is defined as the active involvement of individuals aged 25 years or younger, who possess firsthand experience with eating disorders and can apply their lived experience in a formal peer support capacity.

Tāngata whai ora, participant, or recipient – refers to people who are receiving or benefiting from the work of peer workers. In various settings this group of beneficiaries may be called different terms such as ‘consumers’, ‘service users’, ‘mentees’, ‘patients’ or ‘people with lived and living experience’. It is noted that there are a range of views on this terminology and that different terms may be preferred in the context of specific health care and community settings.

Peer drift – refers to when a peer worker begins to inadvertently move away from their peer role and towards either a clinical or friendship stance. Peer drift can occur when there is a disconnect in the peer relationship or moving away from the values of peer support. It may be more likely to occur when a peer worker does not feel supported in their recovery-oriented role and can lead to breaking of boundaries set by the peer work contract. For example, peer workers may become uncomfortable sharing their recovery story, and therefore focus on barriers, symptoms and diagnoses.

Recovery – in general, recovery refers to a process of change or a state of being where life is no longer dominated by eating disorder feelings, beliefs, thoughts and behaviours. However, there is no universally agreed definition of recovery from an

eating disorder, including in relation to readiness to become a peer worker. There is emerging support for developing person-centred definitions that are driven by values, improved well-being and quality of life, rather than definitions driven by medicalised models based on symptom reduction. In line with this, it is important to recognise the impact that language can have on a person's identity and well-being. Some tāngata whai ora and peer workers may prefer to use terms such as 'healing' or 'positive change' instead of 'recovery,' which Te Pou defines as "a person's experience of gaining resilience, well-being and learning through their lived experience."

Trauma-informed – An approach to care that acknowledges the role that trauma has played in the journey of tāngata whai ora. Trauma-informed means an organisation recognises the widespread impact of trauma and the impact this can have on tāngata whai ora and staff (Pennsylvania Coalition Against Rape, 2020). Trauma-informed care also recognises that individual and organisational self-care are critical to creating a culture that promotes healing and works to avoid inadvertently re-traumatising people (Whāraurau website).

Mutuality – Mutuality is an authentic two-way relationship and is central to peer support. According to Shery Mead (founder of Intentional Peer Support), mutuality refers a relationship where two people share and learn together. And where the rules and power structure of the relationship are open to be negotiated.

Appendix II: Contextualising peer support

During the deinstitutionalisation movement Mary O'Hagan and Pauline Hinds founded the Aotearoa Network of Psychiatric Survivors (ANOPS), the first lived experience collective in New Zealand that advocated for more person-centred care. It is from these foundations that the Consumer, Peer Support, and Lived Experience (CPSLE) workforce has grown. For collectives like ANOPS, mutuality (a partnership based on reciprocal trust and understanding) was essential to its functioning and the same is true for peer support. Without mutuality it is difficult to achieve self-determination when receiving support from another due to power imbalances.

Accessing peer support services has positive impacts on health and well-being (Lewis & Foye, 2021; National voices and Nesta, 2015) including increases in hope, satisfaction and quality of life for tāngata whai ora (Te Hiringa Mahara, 2023). A recent review found that the benefits of incorporating peer support services impacts not only the recipients of mental health services but extends to the peer support workers themselves and the whole health care system. The authors suggest that “as an evolving culture, peer support has the opportunity to forge not just mental health system change but social change as well” (Shalaby & Agyapong, 2020).

The investment in this change can be seen with a 31% increase in the number of peer support workers in non-governmental organisations (NGOs) between 2014 and 2018 (Te Pou o te Whakaaro Nui, 2020) and a commitment from Kia Manawanui Aotearoa: Long-term pathway to mental well-being to increase CPSLE roles (Ministry of Health, 2021) supported by Te Hiringa Mahara Mental Health and Well-being Commission, and others.

Professionalisation of the peer workforce

Professionalisation can be seen as somewhat antithetical to the peer values and to the advocacy roots of the consumer movement, however professionalisation is needed so that:

(1) the importance of peer work is acknowledged by the wider health sector and can be utilised to support tāngata whai ora, and (2) to ensure a safe and sustainable infrastructure for peer workers, tāngata whai ora and organisations.

We acknowledge the tension inherent in the professionalisation of peer support. We note that peer support is about systems change, and this can occur through working together:

“As peer support in mental health proliferates, we must be mindful of our intention: social change. It is not about developing more effective services, but rather about creating dialogues that have influence on all of our understandings, conversations, and relationships.”

– Shery Mead, Founder of Intentional Peer Support

Appendix III:

Peer support scope

What is in scope for a peer worker?

Peer workers use their lived experience to:

- Support others in their recovery and well-being, and to understand and navigate systems
- Deliver non-clinical and non-coercive support, coaching, and mentoring that is culturally responsive and complements the expertise of other roles
- Promote social, emotional, spiritual and physical well-being and create opportunities for connection with community
- Provide a living example of hope and well-being
- Acknowledge the impact of trauma and respond effectively and compassionately
- Guide the transformation of services, policies, and laws towards strength-based and trauma-informed practices delivery and culture
- Empower and enable safe workplace environments for other mātau ā-wheako CPSLE workers
- Uphold and progress the human rights of people with eating disorders or other mental health experiences
- Promote and celebrate diversity and contribute to the reduction of prejudice, stigma and discrimination
- Support safety, quality, and evaluation processes with a particular focus on shifting away from harmful use of restrictive practices

Adapted from *He arataki ki ngā kaimahi mātau ā-wheako: A guide to the consumer, peer support, and lived experience workforce in mental health and addiction settings*, Te Pou, 2023

What is out of scope for a peer worker?

- Taking on medical duties such as performing clinical assessment, diagnosis, or prescribing treatment
- Navigating patient compliance
- Being implicitly or explicitly involved in coercive or restrictive practices (see section “involuntary treatment settings”)
- Being asked to convince tāngata whai ora to do something they do not want to do
- Performing activities that will increase the power imbalance between the peer worker and the person they are supporting

Given the current dearth of effective treatment for eating disorders, it is easy to put too much on peer workers as “agents of change” (Scottish Recovery Network, 2011). It is important to recognise that we are all responsible for driving change in eating disorder treatment.

Appendix IV: Peer support competencies

These competencies have been adapted from the Competencies for the mental health and addiction consumer, peer support and lived experience workforce, Te Pou, 2021.

Lived experience competencies: Applying lived experience

The eating disorder peer worker shares relevant experiences of recovery/healing from an eating disorder. Experiences are shared to contribute to peer relationships, or to provide information for improving services.

Essential	Enhanced	Leader
Working at this level, a peer worker can understand and describe: • How lived experience connects people • How to share relevant experiences to contribute to the peer relationship • How sharing your own experience can have an impact on you and on other people, and how to manage this • How to listen with empathy when peers discuss their experience, and not judge • How to help people feel safe and secure when sharing their experience • Trauma-informed care • Strength based care • How to show hope and express hope for others • Realistic optimism • The idea of mutuality, especially that mutuality requires different boundaries from the health and social service workforce due to sharing of personal experiences • Models recovery behaviour in their own life • Actively promotes awareness of recovery Experience of recovery is essential knowledge for a peer role.	Working at this level, a peer worker: • Understands and values that people can have different experiences and that recovery/healing looks different for everyone • Feels safe in sharing their experience • Shares relevant experiences to help build rapport and hope with peers, and to assist with the development of services and quality improvement initiatives • Sees the impact of sharing their experience on themselves and others • Understands that discussing some subjects may feel traumatic • Creates a safe space for people to share their experience, without being judged • Uses trauma-informed care practices • Shows hope and can express hope for others • Understands, describes and models realistic optimism • Uses mutuality and negotiates • The boundaries that this requires. Understands that these boundaries are different from the clinical workforce	Working at this level, a peer worker supports the sharing and enabling of best practice so that people experience trauma-informed care. They influence other people and organisations to: • Value the guidance provided by people who share their lived experience • Invite peers to provide their perspectives and to lead service delivery and quality improvement • Invite the peer workforce to educate others about the benefits of their roles. • Understand and enable peers • To work with mutuality, and demonstrate how this leads to different boundaries from those of the clinical workforce

Resilience, recovery and well-being

Self-care, self-advocacy and stress management are important for the well-being and resilience of all peer workers, particularly those drawing on their lived experience of an eating disorder. Peer workers should demonstrate resilience in their own recovery and use the practices that work best for them to stay well.

Essential	Enhanced	Leader
Working at this level, a peer worker can understand and describe: • Self-care and stress management practices • Resilience recovery and well-being principles and how to apply these • Their personal strengths and challenges relating to work • That personal recovery/healing moves beyond medical models of recovery • How to self-advocate for what they need to maintain their health and resiliency • Strategies for handling stressful or challenging situations • Trauma-informed care • The impact of trauma on themselves and others • The need to seek support and/ or supervision (including cultural supervision) when challenges might impact on their work and well-being • How to utilise co-reflection in a way that supports personal well-being • Personal limitations and boundaries	Working at this level, a peer worker: • Uses and role models self-care and stress management practices • Uses well-being and resilience principles in their own lives, and with others • Uses reflexive practice to make the best use of their strengths and to address challenges • Responds to social determinants and social consequences of mental health challenges and/or addiction using resilience, recovery and well-being principles • Uses trauma-informed care • Uses supervision and co-reflection in a way that supports personal well-being • Can recognise and respond to personal limitations and boundaries	Working at this level, a CPSLE worker: • Supports organisations to use resilience, recovery and well-being principles with workers and people who access services • Uses current information about well-being practices and resilience to guide organisational development • Supports a culture of reflexive practice • Supports supervision (including cultural supervision) and co-reflection for peer and other workers • Supports the implementation of trauma-informed practices • Supports organisations to respond to social determinants and social consequences using well-being principles and practices

Continuous learning and professional development

All eating disorder peer workers identify areas where they can grow personally or professionally and take opportunities to learn and develop. They value ongoing development and stay connected to their peer community to stay 'grounded' in their work.

Essential	Enhanced	Leader
Working at this level, a peer worker: • Participates in relevant professional development • Develops a professional development plan • Networks with other members of the peer workforce • Seeks mentoring and support from a peer • Understands the scope of their role	Working at this level, a peer worker: • Participates in relevant professional development • Keeps up-to-date with the latest research relevant to the peer workforce and uses this in their work • Uses a professional development plan • Networks with other members of the peer workforce • Recognises the value of personal growth and skill development. Maintains a connection with a peer support community to stay 'grounded' and authentic • Has cultural connections with Mana Whenua of the area	Working at this level, a CPSLE worker: • Supports peer staff to negotiate work conditions that support learning and professional development • Ensures the organisation supports peer staff to negotiate work conditions that are fair and equitable • Supports peer staff to develop professional development and career progression plans • Ensures the organisation invests fairly in professional development for peer staff • Supports peer staff to incorporate new developments and innovations in their work. • Keeps up-to-date and uses relevant developments and innovations to develop their organisation • Mentors other members of the peer workforce to develop their leadership skills. • Is actively involved with Mana Whenua and encourages the collaboration of services with the Māori community around cultural involvement and implementation • Supports initiatives from tāngata whenua

Communicating effectively

Peer workers use a range of skills to communicate appropriately and effectively with peers, colleagues and other stakeholders. They use communication skills and styles that are appropriate for the situation they are in and for the person they are communicating with. They always use recovery and well-being focused language and they emphasise the strengths of their peers.

Essential	Enhanced	Leader
Working at this level, a peer worker understands and demonstrates: • Respectful communication using recovery and well-being focused language • The different language used in different care settings • Active listening skills and communicating with empathy • Navigate boundaries • Skills in working collaboratively with others • An ability in communicating with people from various backgrounds, cultures, age groups, etc • Engagement in karakia with people they are working with and when needed	Working at this level, a peer worker: • Uses recovery and well-being focused language and approaches • Communicates effectively to different groups of people (e.g people accessing the service and health professionals) • Communicates boundaries effectively • Demonstrates communication skills that help to build rapport and trust eg active listening • Uses empathy, respect, negotiation and other strategies when responding to challenging situations • Collaborates with other staff, community agencies, groups and networks • Is able to offer karakia	Working at this level, a peer worker: • Supports staff to use effective recovery and well-being language • Ensures the organisational culture and policies support effective and safe peer boundaries • Supports peer workers to build skills in developing rapport and trust • Builds rapport and trust within the organisation and with stakeholders • Supports peer workers to use respectful communication strategies when encountering challenging situations. Ensures the organisation encourages the development of respectful and effective communication strategies • Supports peer workers to network and collaborate • Networks and collaborates within the organisation and with other stakeholders • Promotes peer roles and values across sectors

Training:

- Cultural awareness/cultural safety training
- Diversity and inclusion training

Working within teams and systems

Peer workers understand relevant legislation, policies, standards and systems, and work to align them with peer values. They work together with team members and respect everyone's roles and responsibilities.

Essential	Enhanced	Leader
Working at this level, a peer worker understands and can talk about: • Common treatments, supports, and services for eating disorders • Legislation, policies and standards relevant to their work • The roles and responsibilities of colleagues • How to use peer values and relevant policies to make ethical decisions • The value of having people with lived experience involved at all levels of the organisation • The limits of peer roles and when and how to seek help or refer • The mental health act and where this applies to people with eating disorders	Working at this level, a peer worker: • Supports people to access the treatments, supports and services they choose • Meets legislation, national policies and standards, and can interpret them using peer values • Works with colleagues who have different roles and responsibilities • Uses the Health and Disability Code of Consumer's Service Rights and ethical frameworks to make decisions • Takes up development and leadership opportunities. Encourages others to do so • Understands the different recovery goals, perspectives and approaches held by individuals and care providers • Is willing to work collaboratively with broader treatment and health systems	Working at this level, a CPSLE worker: • Facilitates the use of treatments and support that are consistent with peer values • Advocates for changes to legislation, policies, standards and funding practices that are inconsistent with peer values • Supports their organisation to: - o Develop the CPSLE workforce equitably - o Comply with the Health and Disability Sector Standards. Uses national policies and ethical frameworks to guide services - o Support partnership, participation and leadership from people with lived experience. This includes involvement in local and national projects and organisations • Conducts programme evaluations and monitors outcomes, such as safety and quality monitoring and reporting

Training:

- Data analysis (leader)
- Clinical/care governance (leader)

Using a human rights approach

Eating Disorder peer workers protect and promote human rights for everyone, in all of their work. They will use their personal story and advocate for positive change.

Essential	Enhanced	Leader
Working at this level, a peer worker demonstrates understanding about: • Human rights approaches and why they are used • Their organisation's complaints process • What stigma, discrimination, prejudice, and human rights breaches are • The stigma and self-stigma associated with eating disorders • Why some people may need support and advocacy to protect their rights	Working at this level, a peer worker: • Uses a human rights approach • Applies relevant United Nations Conventions and Declarations in their organisation • Supports people to understand and use complaints processes effectively • Challenges the impact of stigma, discrimination, prejudice, and human rights breaches • Understands challenges related to self-stigma, shame, fear, and ambivalence • Offers and promotes peer advocacy, if appropriate for their role	Working at this level, a peer worker: • Ensures national and international human rights frameworks, conventions and developments are upheld in their organisation • Ensures their organisation has • An effective complaints process. Uses complaints to inform quality improvement • Supports their organisation to address stigma, discrimination, prejudice and human rights breaches • Promotes people's rights by ensuring equitable access to peer advocacy

Training:

- Crisis management and escalation
- LGBTQIA+ awareness and inclusion training

Peer support competencies

Peer support - mutual relationships

Peer support relationships are always developing, and involve people both giving and receiving. This is very different from conventional support programmes, where people need help and the staff provide that help. In peer support, people learn from each other. Peer support workers understand this concept of mutuality and use it in their relationships.

Essential	Enhanced	Leader
Working at this level, a peer support worker understands and demonstrates: • How to use mutuality in peer relationships • Why equity is important in peer relationships • How to create safe spaces for people to share their stories • The role of positive risk-taking in recovery and well-being • Show empathy for individuals with eating disorders, acknowledging their fear, shame, and ambivalence towards change • Awareness of personal attitudes, values and beliefs regarding eating disorders, mental illness, treatment, recovery, body image and weight • Awareness of setbacks in recovery and how to differentiate these from relapse	Working at this level, a peer support worker: • Works with people authentically • Uses mutuality • Treats people as equals, while acknowledging their different responsibilities in the relationship • Provides an environment for people to share their experiences	Working at this level, a peer support worker: • Shows and promotes mutual and authentic relationships in their organisation and with stakeholders • Demonstrates and advocates for equity; supports people to have what they need to be successful in their roles • Supports their organisation to develop policies and processes that ensure a safe environment to share experiences • Promotes a culture of positive risk-taking in their organisation

Training:

- Data analysis (leader)
- Clinical/care governance (leader)

Peer support - purposeful approach

Peer support workers understand people need to have hope, meaning and aspirations in their lives. They support them to achieve this.

Essential	Enhanced	Leader
Working at this level, a peer support worker understands and demonstrates: • Taking a purposeful approach to the importance of hope, meaning and aspirations in people's lives • The different goals and experiences people may have in recovery • That community services and resources may support people's goals • That regular reviews of people's goals and hopes are important, because these may change • The value of writing notes collaboratively • The importance of recognising people's successes and to learn from things that do not go well	Working at this level, a peer support worker works with people to: • Develop and maintain hope, meaning and well-being goals • Access community resources that support them to reach their goals • Review their goals and hopes, and support them to make changes as required • Write plans and notes collaboratively • Recognise successes and learn together from challenges	Working at this level, a peer support worker ensures their organisation: • Provides flexible ways to develop effective well-being strategies • Provides information on local community resources • Has policies and procedures that include the regular review of people's goals and aspirations • Has policies and procedures that support the use of collaborative note writing • Uses tools that measure successes and barriers, in a way that is meaningful for people (outcome measures)

Training:

- Motivational enhancement training
- Collaborative note-taking

Peer support - peer support practices

Peer support workers understand what peer support is and use appropriate models, tools and practices in their work.

Essential	Enhanced	Leader
Working at this level, a peer support worker understands and demonstrates: • What peer support is • The role of peer support workers • Use of peer-led tools • Models and practices that reflect peer values and recovery and well-being principles • The impact of peer support on people's lives • The use of supported decision making • The importance of supported self-advocacy • The principles of privacy and confidentiality	Working at this level, a peer support worker: • Can describe the philosophy behind peer support and its history • Can describe evidence of the effectiveness of peer support • Works with people using peer-led tools • Uses models and practices that reflect peer values and recovery and well-being principles • Supports self-advocacy when resolving complaints • Can work within different types of peer support, using peer support programmes and in different settings	Working at this level, a peer support worker: • Is familiar with a range of peer-led tools and makes these available in their organisation • Keeps up-to-date with developments in peer support and shares this information. • Promotes research and evaluation initiatives in peer support • Ensures their organisation uses models and practices that reflect peer values, and recovery and well-being principles such as trauma-informed care and mindfulness • Ensures their organisation is informed of the different types of peer support, peer support programmes and peer support settings and uses that knowledge to inform service development • Ensures their organisation has relevant policies, procedures and frameworks to support people to advocate for themselves • Able to provide peer mentorship • Able to plan and develop peer work programmes

Training:

- Group facilitation skills
- Intentional peer support
- Leadership and development programmes (leader)
- Project management training (leader)

Appendix V:

Recovery progress for peer workers

Best practice guidelines state that to do this work peer workers need to have made some sense of their own mental health challenges and have achieved some emotional distance from their experience. There is no perfect state of ‘being recovered’. Since many employed people seek professional mental health support to maintain well-being, a person seeking employment as a peer worker should not be assessed as unsuitable for employment if they are accessing mental health treatment. Lived experience of recovery means that the person:

- Has engaged in the recovery process of motivated change
- Can reflect on what they have been through and learn from their experience
- Can stand back from their experience to consider the wide range of different experiences that other people may have
- Identify when their own well-being is at risk and ask for help when they need it (NEDC, 2019)

To assist organisations in determining their definition of recovery for recruitment purposes, we note the following considerations:

- A. Integrate lived experience perspectives in defining recovery, as people with a lived experience are considered the experts in their own recovery. As Kenny et al (2022) note, “By discounting lived experience views, we run the risk of missing key considerations in eating disorder recovery, assuming that one size fits all, and invalidating individuals whose experiences are not represented (typically those in already underrepresented in the eating disorder field and marginalize groups)”
- B. Exercise caution in relation to definitions based on the medical model. Such definitions (e.g., Bardone-Cone, 2010; Khalsa et al, 2017) place a strong emphasis on weight restoration, absence of symptoms, and return to pre-morbid functioning, which don’t always align with lived experience perspectives of recovery which focus more on the personal experience of recovery.

Since recovery is not a linear experience, the period of time (of recovery) may be less important than the candidate’s demonstrated competency and resilience at the time of recruitment

- C. Conceptualise recovery beyond weight, behaviours, and thoughts, to encompass psychological well-being, improved coping, identity outside of the eating disorder, self-perception and acceptance, level of functioning in day-to-day life, improved social functioning, and an improved relationship with food and exercise (Kenny et al, 2022; Wetzler et al, 2019)
- D. Exercise caution when specifying duration of recovery. In current practice, there is a requirement that candidates declare a specific period of time of recovery, usually 18-24 months (NEDC, 2019; Beveridge et al, 2018), however this risks oversimplifying the recovery process and failing to account for the individual nature of recovery. In line with this, participants in Kenny et al’s (2022) study spoke of symptom-based recovery criteria, evoking eating disorder thinking patterns such as perfectionism and feelings of comparison with others (which are thinking patterns linked to both development and maintenance of an eating disorder)

It is important to acknowledge that recovery is an ongoing that may present challenges at different times. A collaborative and supportive approach is needed in recruitment and ongoing practice. Organisations should ensure that peer workers have access to clear support structures, including designated team members they can turn to if they are struggling with their own well-being. Encouraging open and transparent discussions about well-being at the application stage—and throughout employment—helps to create a safe and sustainable working environment for both the peer worker and those they support.

Appendix VI: Sample recruitment documents

Sample job advertisement

He kōrero mō te tūranga | The role

As a peer support worker, you will connect with rangatahi/youth and their whānau within the [service]. You will utilise your personal lived experience of eating disorder and recovery to inspire rangatahi in their journey to well-being.

- **Permanent 0.5 role available**
- **[Add any other pertinent details]**

He kōrero mōu | About you

You'll bring your own knowledge and experience of an eating disorder | issue to the role, and we ask that you tell us about your journey in your cover letter.

- A level 4 New Zealand Certificate in health and well-being or be working towards one
- Experience working effectively with people from diverse cultures and backgrounds, especially Māori and Pasifika communities and their whānau
- Skilled in facilitating groups or have a passion to learn
- Be a positive and encouraging person with a good sense of humour, and the ability to role model how to move forward in a journey to well-being
- Must have a current full New Zealand driver's licence

Sample position descriptions

These Statements of Accountability (SOA) is offered as a guide only.

Role title	Peer support worker
Reports to	Line manager
Our team accountability	Having lived experience of mental distress is not just about having lived through an experience, it's about what has been learned and how that can be applied to support people experiencing mental distress using intentional peer support principals and tasks. Therefore, as a member of the [service], this role has shared accountability for: • Upholding our obligations to Te Tiriti o Waitangi and actively addressing equity through cultural competency • Through partnership, we empower people to engage in their recovery and take responsibility for their own health and well-being • We recognise people as experts in their own recovery and support them to be autonomous and independent • Delivering care and support that is individualised, person-centre, recovery focused, and trauma informed • The service will deliver care and support that is evidence-based and there is a culture of reflective practice

Purpose of the role	The peer support worker is responsible for: • Developing peer relationships with the people, who are being treated by [service], that are based on mutuality and authenticity as outlined in the CPSLE competencies • Using their lived experience to inspire hope and offer encouragement in the journey through the service • The promotion of choice, self-determination and active participation of the person, in the implementation through the MDT of care and support options utilising a strengths-based and trauma informed approach • Understanding and promoting the importance of connections with family whānau, communities, and other specialist mental health services • Being an integral and valued member of the multi-disciplinary team, contributing to the team culture and developing relationships with [service] staff • Using clear communication and being able to articulate peer support principles, values and tasks. Including contributing to written documentation and quality initiatives • Adhere to all [service] policies and protocols • Having a sound knowledge of the community and NGO mental health sector, particularly peer support community providers so that practical information and connections can be made with the people you are working with • At times peer support maybe provided in a group setting • Training to be provided if and when group facilitation skills are needed • Challenging stigma and discrimination and proactively promoting inclusion and diversity
My capability	To be effective and succeed in this role it is expected the person will have proven capabilities against the ‘leads self’ leadership focus as detailed in Our Koru Ārahi [leadership koru]: A person with this leadership focus will not hold formal leadership accountabilities but are responsible for displaying leadership character and driving service delivery within their role and team. • Cultural awareness: Understands the needs of Māori and adjusts approach to ensure equitable outcomes • Self-aware: Understands their impact on others and strengthens personal capability over time • Engaging others: Connect with people; to build trust and become a leader that people want to work with and for • Resilient and adaptive: Show composure, resolve, and a sense of perspective when the going gets tough. Helps others maintain optimism and focus • Honest and courageous: Delivers clear messages and makes decisions in a timely manner; to advance the longer-term best interests of the people we care for • Achieving goals: Demonstrate drive, optimism, and focus; to make things happen and achieve outcomes • Managing work priorities - Plan, prioritise, and organise work; to deliver on short, medium and long-term objectives across the breadth of their role • Curious - Seeks and integrates ideas, information, and different perspectives

My capability (cont.)	Qualifications, experience, knowledge and skills: • Lived experience of an eating disorder issue and have used support from services as part of your recovery journey and can appropriately apply you own experience in a peer manner • Has experience as a peer support worker (desirable) • Aware of your own well-being, self-care, self-advocacy and stress management • Appropriately assertive when necessary – working in partnership and demonstrating professional conduct, personal responsibility and accountability • Commitment to continued learning – self and professional development • A working understanding of Te Tiriti o Waitangi and demonstrated commitment to culturally responsive practice Skills: • Communicates well to a broad range of people • Team work but can also be self-sufficient • Demonstrated networking skills and engaging/consulting with communities
My relationships to nurture	Internal • [Service] staff, clinical leads and management • The peer family role • The lived experience and family-whānau advisory teams • Te Korowai Atawhai External • Peer support services and workers
Our well-being, health and safety	At Te Whatu Ora Waitaha, we're committed to promoting a culture where our people's well-being, health and safety is at the core of everything we do. We're committed to a healthy and safe working environment to enable everyone to return home safe and well every day. We're driving for a positive, inclusive, engaging culture where our people feel safe and engaged in their work. We know that it's really important to look after yourself, in order to provide the best possible care to our community. We are all responsible for the health and safety of ourselves and each other. We need to work together to ensure well-being, health and safety risks do not put our people at risk of harm.

Role title	Peer support facilitator
Reports to	Manager, carer support team
Purpose of the role	The primary purpose of this role is to provide hope for recovery and peer support through various activities working directly with people currently caring for a loved one, family member, partner or friend experiencing an eating disorder. The role aims to provide safe, supportive and recovery-focused environments, drawing on your lived experience of being a carer to facilitate support. Our group-based programs provide: • Information about eating disorders, the recovery process and how to manage the stress of caring for someone with an eating disorder • Skills to better relate to a loved one and how to foster a recovery-orientated environment • An opportunity for carers to know they are not alone, receiving support and hope from, and offering support and hope to, other members of the group
Accountabilities and responsibilities	• Work collaboratively with the manager to ensure uninterrupted service delivery for provision of carer support groups and programs • Appropriately and safely share and discuss common experiences with group and program participants, assisting to initiate, establish and maintain supportive relationships within the groups • Co-facilitate group programs, including delivery of education and awareness activities • Keep accurate and up to date records of attendance at support groups, individual mentorships, health records, and programs facilitated • Work collaboratively with internal and external services that support carers as required • Assist in reporting data around engagement and service usage to the Manager along with feedback on outcomes and on any significant issues • Attend team meetings and supervision with a supervisor
Selection criteria	Essential • Lived experience of caring for someone with an eating disorder • Peer support facilitators who have experienced caring for a person with an eating disorder who has been recovered for at least 18 months • An understanding of eating disorders and disordered eating, body image and related issues and of their impact both on the individual experiencing the issue and, on their families, friends partners and other carers • Well-developed interpersonal and communication skills with a caring and empathetic approach and ability to establish rapport • Insight and understanding of the wide range of issues that are commonly present for people with eating disorders and their families/partners and caregivers • A clear understanding of professional boundaries, confidentiality, privacy principles and practices • An understanding of common co-morbid conditions with eating disorders and an ability to provide support and referrals as needed • A good understanding of best practice principles for supporting those with or caring for someone with an eating disorder

Selection criteria	Desirable • Prior experience in providing peer support or facilitating groups in a mental health or community health context • Previous participation in an eating disorder carer peer support program • Able to meet relevant NEDC core competencies as per the National Practice Standards for eating disorders • Experience in a similar not-for-profit or charitable NGO environment • A qualification in peer support, such as intentional peer support or a Certificate IV in peer support
Other requirements	At all times: • Conduct yourself in a professional manner • Have exceptional oral communication skills, interpersonal relationship skills and a positive attitude • Strive to act in accordance with the vision, mission and objectives of the organisation • Follow the organisation's policies and procedures • Adhere to the organisation's child safe policy and contribute to a culture of child safety • Follow/participate in occupational health and safety measures • Act considerately around the workplace and have regard for the well-being of fellow staff, volunteers and service users • It is a requirement of all positions that the person has a working with children check clearance (pass) and police check • All staff should be aware of and actively uphold the organisational values

Sample interview questions

It is always recommended to start an interview off first with whanaungatanga and introductions - Discuss the format of the interview and provide a brief description of the role.

Sample interview questions:

1. Share with us your current knowledge of [Service], this role and what interests you about it.
2. Tell us about your most important values and why
3. Give us an example where you were able to clearly communicate and influence a group that has varied experience levels
4. Tell us how would you advocate for a minority group that you are not a member of?
5. What does Te Tiriti o Waitangi mean to you and how do you honour this in your practice?
6. Given your personal experience, what does recovery mean to you?
7. Tell us about a time you experienced struggle and how you overcame that
8. How would you manage the impact of hearing other people's recovery stories?
9. Share with us the signs that would tell us if you were under stress, what you do to support yourself and what support would you need from us?
10. Using an example, tell us how you typically go about keeping track of your tasks and managing your time?
11. Tell us about a time you felt intimidated when a person disagreed with your beliefs. How did you overcome this situation?
12. Share with us about a time you presented and spoke to groups of different sizes. How comfortable were you doing that? What was the highlight for you?
13. We have a scenario for you. How do you gauge and explore whether services are effective or not for the youth that attend them?
14. Reflecting about your current and previous managers, how do you like to be managed and what brings out the best in you?

15. In reading the PD, what development are you hoping this role will offer you?

Invite the candidate to share any questions they may have for the interview panel.

Here are some further overseas example questions that might prove helpful depending on the position's roles and responsibilities (from NEDC, 2019):

- What have you learned from your experience of an eating disorder?
- Has peer support or a peer worker played a role in your own recovery?
- How do you think your lived experience could be useful for someone else who is working through their own recovery?
- How do you think you might use your story in your work?
- What sort of situations do you find difficult or distressing? How do you handle these situations?
- What do you do to take care of yourself?

Reflective questions that can be included in the position description/package to prompt candidates to reflect on their motivations. These can be used as a starting point in initial discussions during recruitment or organisations may choose to employ a "personal essay" style approach as part of their recruitment process. The following questions were developed by (NEDC, 2019, Part C2, pp. 22).



Am I ready for peer work?

The following checklist may help peer work candidates decide if this is the right 'next step' for them in their recovery.

- Can I talk about my experience of eating difficulties and the struggles I have been through without being distressed?
- Can I reflect on difficult times and still be available and present for other people?
- Is my physical health stable at the moment?
- Have I learned from my experience of illness, and can I speak about the process of recovery and why it was worth it?
- Am I open to learning new skills like how to effectively facilitate a group and work in a safe way?
- Do I have the time, energy and availability to participate in training, group sessions and debriefing?
- Do I have a support network and self-care strategies in place? Have I demonstrated in the past that I will use these when I need them?
- Do I know my own indicators of risk? Am I able to ask for help or withdraw from the group when I am at risk?
- Am I comfortable with the fact that there is no 'one size fits all' way to recover from an eating disorder and that everyone needs to change at their own pace and in their own way? Can I avoid comparisons of ED experiences?
- Am I comfortable with the idea that recovery is always possible while still acknowledging that the process is often difficult and distressing? Am I committed to taking care of myself?



Appendix VII: Reflective practice

Clinical supervision in mental health is a formal and structured process where a qualified and experienced supervisor provides guidance and oversight to mental health professionals. It involves regular meetings to review and discuss cases, professional development, and personal growth. Supervision plays a crucial role in ensuring that mental health practitioners are equipped with the necessary skills, knowledge, and support to provide evidence-based and ethical care to individuals seeking mental health support (Meza et al, 2023). Research conducted by Te Pou (2017) indicates that access to supervision is generally poorer for non-clinical workers compared to clinical workers in Aotearoa. Yet, both the He Ara Oranga (2018) and Kia Manawanui Aotearoa (2021) reports emphasise the importance of supervision for support workers.

The approach of clinical supervision may not always be appropriate for peer settings. In line with Te Pou (2023), we instead use the term “reflective practice” to refer to supervision and support practices that embody the values of the peer support such as mutuality, authentic relationships, and experiential knowledge. “Reflective practitioners” hold a similar role to supervisors.

Reflective practices are critical to a safe and effective peer workforce. It is therefore an organisational responsibility to create adequate space to facilitate reflective practice. Reflective practices can (Te Pou, 2023):

- Ensure safe, ethical, and effective practices
- Identify and address areas for competency development
- Minimise peer drift
- Develop best practices for sharing lived experience
- Support resilience and prevent burnout
- Prevent vicarious trauma
- Support cultural accountability, and working effectively with diverse cultures
- Support the application of Te Tiriti o Waitangi

Just as connecting with the right care team is important for a person accessing services, access

to reflective practice with the right person is crucial for those working in the mental health field and has been shown to impact healthcare organisational outcomes (Martin et al, 2021). A robust supervision system coupled with ongoing access to training and education has been suggested as a pathway for creating a “positive and risk-free environment” for peer workers (Shalaby & Agyapong, 2020).

While the peer workforce is small, there may not be a cohort of peer workers big enough in a single organisation to provide adequate options for reflective practice. Additional effort may be required from employers to create opportunities between organisations (e.g., using Zoom to connect peer workers from different organisations).

Extending on the work of the Butterfly Foundation and the NEDC, it is recommended that peer workers have access to the following types of reflective practice:

1. Eating disorders peer workers have access to reflective practice provided by a reflective practitioner.
 - Where a reflective practitioner is not available, a senior eating disorder peer worker can provide reflective practice, provided they have enough experience in reflective practice. Alternatively, the peer worker should have access to reflective practice from a general mental health peer worker supervisor
 - If both of the above are not available, a clinical supervisor with a commitment to recovery-oriented practice and a good understanding of peer work could be acceptable with mutual agreement (NEDC, 2019)
 - A reflective practice plan needs to be established at the commencement of a supervision contract and reviewed regularly. This is standard practice in other disciplines and should extend to peer work in order to ensure that reflective practice is intentional, purposeful, and remains goal oriented (example provided in **Appendix E**)
 - Where possible, a direct line manager should not provide individual co-reflection (engage an external reflective practitioner if this is not possible within the organisation)

- Mechanisms should be developed to evaluate reflective practice – this can involve extending on what is current practice in other disciplines, e.g., psychology, counselling, and social work
2. Eating disorder peer workers should have regular access to group peer co-reflection that is peer led and is guided by peer workers and possibly facilitated by someone with relevant training in co-reflection/supervision.
 - Where eating disorder-specific is not accessible, general mental health co-reflection is a suitable alternative
 - It is important to consider group dynamics in group reflection. Group supervision may not explore individual needs as deeply, so is best when coupled with individual supervision
 3. Peer workers working in eating disorder services should also be included in team supervision as well as have access to a clinical supervisor to discuss any specific clinical issues that may come up
 4. Peer workers should have access to cultural supervision. This may be combined or independent from other reflective practice. Organisations should look at building capacity for providing “by Māori for Māori” cultural supervision
 5. Peer workers within community and clinical services should have access to spaces for regular debriefing. This may occur after each peer session, or on a daily basis where this is not possible

NEDC (2019) Developing Practice module further highlights:

“Regardless of the supervisor’s background, they need to be trained to provide quality supervision that is specific to the role of peer worker. The peer supervisor should have a fundamental understanding of the principles of recovery and the role of peer support services in building and sustaining recovery goals.”

Reflective practice plan template

Reflective practice session template for eating disorder peer workers

1. Check-in:

- Begin the session with a brief check-in to see how the peer worker is doing personally and professionally. Encourage open and honest communication

2. Case review:

- Discuss any specific cases or client interactions that the peer worker would like guidance or feedback on
- Explore challenges, successes, and strategies employed during the peer worker's interactions with individuals with eating disorders
- Address any ethical considerations or boundary issues that may have arisen, keeping the possibility of 'peer drift' in mind
- Address issues arising around scope and level of responsibility of the role

3. Professional development:

- Discuss any training opportunities, workshops, or resources that may be beneficial for the peer worker's growth in the eating disorders or general mental health field. Important to consider broader mental health context due to high rate of co-existing conditions
- Explore areas of interest or specialisation within the field and how the peer worker can pursue further learning or professional development, including webinars
- Identify and explore peer networking opportunities/group peer supervision
- Review upcoming local/international conferences and opportunity to access bursaries/scholarships that can be accessed

4. Personal development and self-care:

- Address the peer worker's emotional well-being and self-care practices
- Explore any challenges or stressors related to their work
- Discuss strategies for maintaining a healthy work-life balance and managing the emotional impact of supporting individuals with eating disorders

5. Cultural supervision:

- Discuss the role that the peer workers cultural values and practices shape their work
- Explore any cultural challenges to the peer workers role, and strategies to maintain an open mind towards tāngata whai ora from different cultural backgrounds
- Discuss strategies for nourishing the peer workers wairua (spirit) while in their peer role
- Identify whether separate cultural supervision would be beneficial for the peer worker

6. Support and reflective practice needs:

- Provide an opportunity for the peer worker to express any specific support or reflective practice needs they may have
- Discuss any concerns or questions related to their role as a peer worker in the eating disorder field - allow space for organisation related/system specific challenges that may be arising

7. Wrap-up:

- Summarise the key points discussed during the session
- Identify action steps or goals for the peer worker to work on before the next supervision session

Appendix VIII: Resources for peer workers

Sample day in the life

EXAMPLE DAY IN THE LIFE 1

DAY IN THE LIFE SCHEDULE	
DATE : 12/02/2024	DAY: MONDAY

TODAY'S SCHEDULE

8:15AM - 8:30AM	CHECK/REPLY TO EMAILS
8:30AM - 9:30AM	MULTIDISCIPLINARY TEAM MEETING
9:30 - 10:30AM	OUTPATIENT SESSION*
10:30AM - 10:45AM	MORNING TEA BREAK
10:45AM - 12PM	ACTIVITY/GAME WITH INPATIENTS
12PM - 12:30PM	WRITE NOTES
12:30PM - 1PM	LUNCH BREAK
1PM - 2PM	WARD ROUND MEETING
2PM - 3PM	OUTPATIENT SESSION*
3PM - 4PM	INPATIENT VISIT
4PM - 5PM	WRITE NOTES

TOP PRIORITIES

☐	REPLY TO JOHN
☐	CHECK IN WITH EMMA
☐	
☐	

TODAY'S GOAL

--

APPOINTMENTS/SESSIONS

☐	*LILY OUTPATIENT - 9:30AM
☐	*MAX OUTPATIENT -2PM
☐	
☐	

NOTES

--

EXAMPLE DAY IN THE LIFE 2

DAY IN THE LIFE SCHEDULE

DATE : 13/02/2024

DAY: TUESDAY

TODAY'S SCHEDULE

8:15AM - 8:30 AM	CHECK/REPLY TO EMAILS
8:30AM - 9:30 AM	INPATIENT VISIT
9:30 - 10:30AM	OUTPATIENT SESSION*
10:30AM - 10:45AM	MORNING TEA BREAK
10:45AM - 12PM	ART WITH INPATIENTS
12PM - 12:30PM	WRITE NOTES
12:30PM - 1PM	LUNCH BREAK
1PM - 2PM	OUTPATIENT SESSION PLANNING
2PM - 3PM	CO-REFLECTION WITH SUPERVISOR
3PM - 4PM	INPATIENT VISIT
4PM - 5PM	WRITE NOTES

TOP PRIORITIES

☐ TRIAL NEW GAME ON THE WARD

☐ MEET WITH EMMA'S CASE
MANAGER

☐ SESSION PLANNING

☐

TODAY'S GOAL

APPOINTMENT

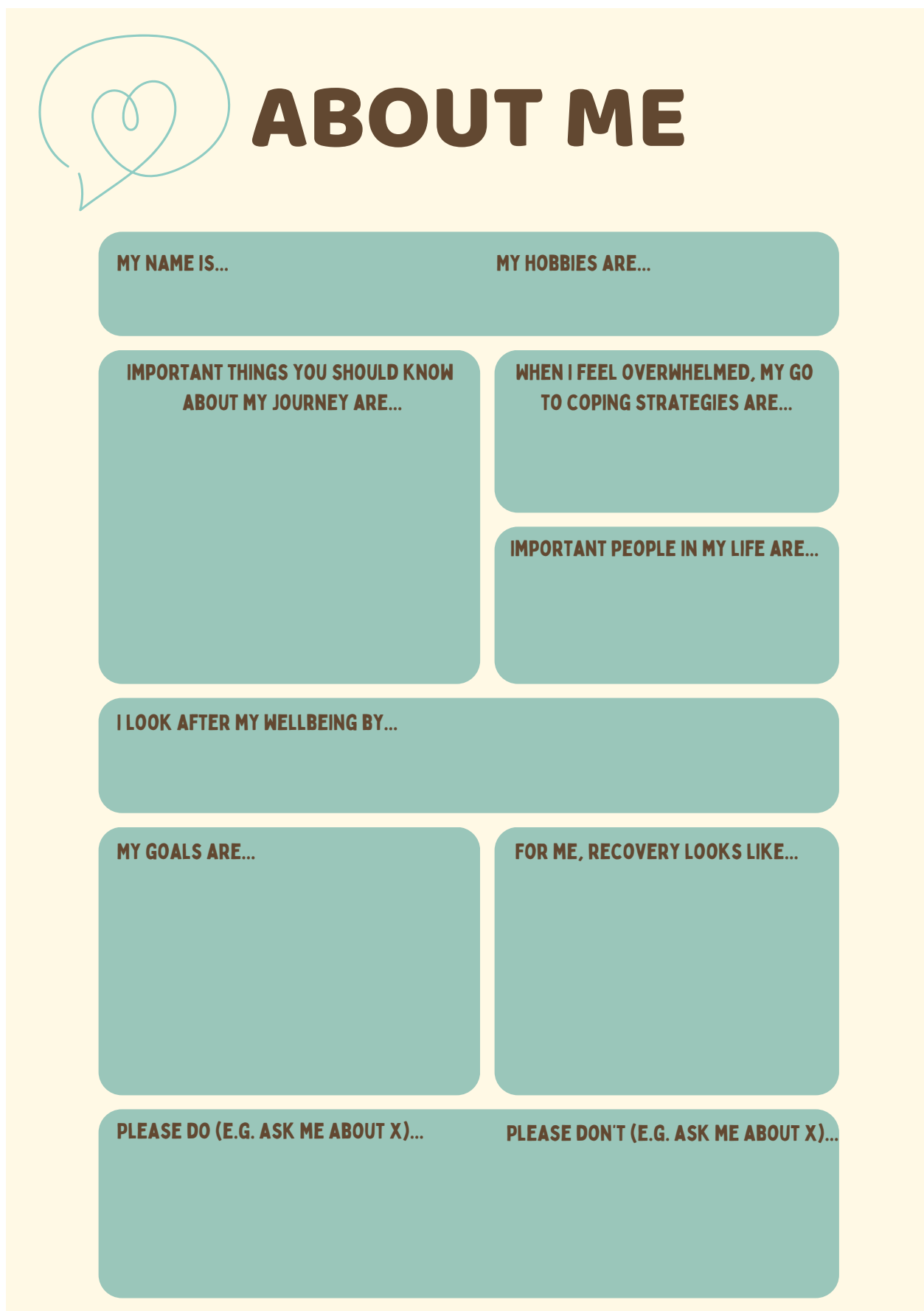
☐ *AVA OUTPATIENT - 9:30AM

☐☐☐

NOTES

Encouraging connection - About me form

This is an example form to learn about the individual you are working with and understand their goals and key strategies for support.



The form is titled "ABOUT ME" in large, bold, brown letters. To the left of the title is a light blue speech bubble icon containing a heart shape. The form consists of several teal-colored rounded rectangular boxes for writing, arranged in a structured layout. The boxes are labeled with prompts in bold, brown, uppercase letters. The prompts are: "MY NAME IS...", "MY HOBBIES ARE...", "IMPORTANT THINGS YOU SHOULD KNOW ABOUT MY JOURNEY ARE...", "WHEN I FEEL OVERWHELMED, MY GO TO COPING STRATEGIES ARE...", "IMPORTANT PEOPLE IN MY LIFE ARE...", "I LOOK AFTER MY WELLBEING BY...", "MY GOALS ARE...", "FOR ME, RECOVERY LOOKS LIKE...", "PLEASE DO (E.G. ASK ME ABOUT X)...", and "PLEASE DON'T (E.G. ASK ME ABOUT X)...".

ABOUT ME

MY NAME IS...

MY HOBBIES ARE...

IMPORTANT THINGS YOU SHOULD KNOW ABOUT MY JOURNEY ARE...

WHEN I FEEL OVERWHELMED, MY GO TO COPING STRATEGIES ARE...

IMPORTANT PEOPLE IN MY LIFE ARE...

I LOOK AFTER MY WELLBEING BY...

MY GOALS ARE...

FOR ME, RECOVERY LOOKS LIKE...

PLEASE DO (E.G. ASK ME ABOUT X)...

PLEASE DON'T (E.G. ASK ME ABOUT X)...

Sample activities for peer support

The following are sample activities to provide you with ideas and starting points. Please note these are dependent on the individual you are working alongside and their needs/interests

Rapport building activities:

Activities to build rapport with tāngata whai ora and open up a space where they feel comfortable to discuss their journey

- Board games
- Discuss a common interest
- Do a puzzle
- Listen to music
- Watch a movie or TV show
- Colouring in
- Paint by numbers
- Diamond art
- Make slime
- Paint nails

Recovery focused peer support activities:

Activity	Equipment	How	Purpose
Draw your eating disorder journey in a timeline	• Whiteboard/ paper • Pen	• Ask tāngata whai ora to draw their eating disorder journey in a timeline • They may choose how much information they wish to/not to include. Example: significant life events • Discuss it with them	• To acknowledge and validate individual experiences • To open up a conversation about the individual you are working alongside's journey
Draw how you see/ visualise the eating disorder	• Whiteboard/ paper • Pen	• Ask tāngata whai ora to draw their eating disorder (what it would look like if they could visualise it) • Ask them to explain their drawing, what does it mean?	• To help individuals portray their eating disorder visually if it is challenging to explain in words
Picture/describe a day in the life without the eating disorder in control	• None	• Ask tāngata whai ora to describe what a day in their life without the eating disorder in control would look like • Get them to consider how it would feel, what fears might they have around letting go? • Have a discussion with them about what they share	• To understand where an individual is at in their journey • To recognise what recovery looks like for the individual you are working with and acknowledge what could be delaying their progress
Reframing thoughts with self-compassion	• Whiteboard/ paper • Pen	• Encourage tāngata whai ora to notice their thoughts/attitude towards themselves over the next few days	

Activity	Equipment	How	Purpose
Pros and cons list to recovery (*refer to table 3 for examples)	- Whiteboard/ paper - Pen	- Ask tāngata whai ora to list their perceived pros and cons to recovery. Example: Pro: thicker hair vs Con: need the eating disorder as a coping strategy - Have a discussion with tāngata whai ora about their list and the significance of each point - Ask if the pros or cons list is longer, why does one outweigh the other?	To inspire individuals and encourage them to focus on the positive potential outcomes of recovery
Create a gratitude journal	- Whiteboard/ paper - Pen	- Ask your client to keep a gratitude journal when they begin working with you - In their journal, ask them to note down three things they are grateful for every day Example: family - Tāngata whai ora may wish to reflect on these aspects with you in sessions or keep them private	Practicing gratitude helps to shift perspective and remind individuals to focus on the positive aspects of their life
Notice and differentiate the eating disorder thoughts from your own	- Paper - Pen	- Ask tāngata whai ora to notice if they are able to differentiate their own thoughts from eating disorder thoughts - Ask them to journal/write down moments where they can notice the eating disorder being in control - Ask them to write down what they noticed, what happened as a result and how they reacted in the situation - Discuss what was noticed in the next peer session	To encourage tāngata whai ora to increase their awareness of when their eating disorder is in control or making decisions
Attributes exercise	- Whiteboard/ paper - Pen	Ask tāngata whai ora to list their own positive attributes and qualities	To inspire tāngata whai ora to notice their strengths and explore their identity outside of the eating disorder
Create a well-being list	- Paper - Pen	Create a list of coping strategies with tāngata whai ora that they can use to support their well-being throughout their journey. Example: journal	To encourage individuals to look after their well-being

Examples of positive aspects of recovery

Feel free to make a list of some of the pros you have experienced and would like to share with tāngata whai ora

Pros:

1. Healthy hair, skin and nails
2. Healthy bones
3. Improved digestion
4. Improved gut health
5. Food freedom
6. Improved social life
7. Better concentration and memory
8. Hormonal balance (fertility, libido)
9. Sustainable lifestyle
10. Increase in metabolism
11. Better regulation of body temperature
12. Improvement in mood
13. Reduced anxiety
14. Increased energy levels
15. New opportunities
16. Better self-confidence
17. Improved quality of life
18. A healthy relationship with food and body
19. Energy/ability to find new hobbies



Template for peer support session planning

This flexible guideline may be particularly useful for peer workers in both clinical services and community settings. You might consider adapting it to suit your specific needs. Additionally, it can be beneficial to print the 'About Me' resource to provide to tāngata whai ora during the first session, as outlined in **Appendix VI**.

Peer support session one template

	What	How	Purpose
1	Introductions	• Introduce yourself (this might include mihi mihi, or sharing your pepeha) • Explain what peer support is and what your tāngata whai ora can expect from sessions • Ask tāngata whai ora to introduce themselves • Ask tāngata whai ora if they would like a family/whanau member to attend peer sessions • Ask tāngata whai ora what they would like to get out of Peer Support.	• To build rapport and explain what tāngata whai ora can expect from peer support sessions
2	'About Me' Resource	• Provide tāngata whai ora with a copy of the 'About me' resource and suggest they fill it out	• To give individuals a resource they can use to communicate their needs
3	No. of sessions	• State the number of peer support sessions tāngata whai ora can expect to have with you. Example: 5 sessions	• To communicate with individuals how long you will be working with them
4	Confidentiality	• Explain what confidentiality in peer support looks like	• To promote a trusting and honest relationship with your client
5	Activation and triggers	• Ask your client if there are any specific topics or words that activate them • Ask what you need to be aware of when sharing your own lived experience	• To understand individual triggers so you are able to discuss your lived experience safely

	What	How	Purpose
6	Exploration of their journey	• Ask tāngata whai ora to tell you about their journey so far and what has led them to this moment (if they haven't already done so) • Share parts of your journey if this is relevant • Ask about other aspects of their life that impact their journey and well-being	• To listen to and acknowledge the experiences individuals have been through/are going through • To gain knowledge of factors that could be impacting their journey
7	Goal	• Ask tāngata whai ora what goals they are currently working towards. Example: "be able to have a snack out at a cafe with my friend" • Explore how they can work towards their goals over the next week	• To recognise what tāngata whai ora would like to achieve and explore how they can work towards their goals

Follow-up sessions template

	What:	How:	Purpose:
1	Recall	• Ask the individual how they have been since you last saw them • Ask what has gone well • Ask if they have experienced any challenges • Ask about other aspects of their life? (consider their hobbies or commitments outside of the eating disorder)	• To understand where individuals are at in their journey compared to when you last saw them • To recognise what they might like to discuss during the session
2	Reflection	• Ask if the individual remembers what was discussed in the previous session. Example: their goals	• To recap and reflect on the previous session you had with the individual • To gain an understanding of what went well/not so well last time
3	Discuss	• Ask tāngata whai ora how they currently feel in their journey (if they feel comfortable doing so) • Ask tāngata whai ora if they are currently facing any barriers you may be able to understand or relate to • Ask how you can support them in this moment	• To discuss how things are going for tāngata whai ora • To validate how individual's feel and provide hope

	What:	How:	Purpose:
4	Activity	Depending on the session and the individual's wants/needs, you may wish to do an activity (refer to Sample Peer Support Activities)	
5	Goals/takeaways	- Ask tāngata whai ora if they have any key takeaways from the session - Ask if they going to try anything new/implement any strategies to come nearer to their goals - Ask if anything you've discussed has been unhelpful/helpful	To inspire and encourage tāngata whai ora to continue working towards their goals
6	Questions and farewell	- Ask tāngata whai ora if they have any questions? - Wish them the best until you see them next	To give tāngata whai ora the opportunity to ask questions about the topics discussed, other concerns or about your lived experience

Appendix IX: Responding to common concerns

Common concern	Possible response
CPSLE workers will be triggered and relapse, leaving the rest of the team to take on their responsibilities.	The same is true for all workers, given that a high proportion of eating disorder clinicians have some form of lived experience. Creating a culture that is accepting of everyone's lived experience can be protective for all staff. Staff take sick leave for all sorts of reasons and it is the responsibility of the employer to plan for this. Research indicates that peer work roles can in fact be protective against relapse (Poremski et al., 2022).
CPSLE workers will be too 'fragile' and won't be able to manage the stress of the job.	Many CPSLE workers will have received specific training to meet the competencies of the post and self-care. If they have not, it is the responsibility of the employer to provide such training. People with lived experience have learnt resilience, strength, and courage through their healing journey. Supervisors will support peer workers with the stress of the role. Employers will be responsible for making adjustments if required, as is the case for all staff.
CPSLE work is not professional work.	CPSLE workers have received comprehensive training and bring a lived experience that makes them qualified to perform the role. The scope of practice and purpose of the role are defined by the employer. CPSLE work by defined values and are working with a developing ethical code of practice. All professions will have gone through this growth process at some time.
Because CPSLE worker is dependent on building mutual relationships, they won't follow rules on confidentiality and boundaries.	All staff work under confidentiality agreements set out by organisational policies and procedures. This is no different for CPSLE workers. CPSLE workers do have slightly different boundaries, and they are trained to navigate these. They are in control of the aspects of their lived experience they wish to share. Supervision and co-reflection will be important spaces to reflect on boundaries.
If a CPSLE worker has previously used the service, there is a chance they will already know both staff and tāngata whai ora. There is therefore a risk of dual relationships and role conflict.	Peer workers are trained to negotiate new relationships. When a situation like this is anticipated, it can be addressed in advance and in ongoing supervision.
CPSLE workers may not be held accountable like other staff.	CPSLE workers are expected to adhere to organisational policies and procedures like all other workers. Any differences in the expected accountability of CPSLE workers, may be due to discrimination and low expectations by the employer. This needs to be addressed.