National Eating Disorders Collaboration

Developing a Peer Workforce for Eating Disorders

Robust Recruitment

Part C2

Organisation Matters

'Developing a Peer Workforce for Eating Disorders' is a suite of evidence-informed practice guides designed to promote and facilitate the implementation of evidence-based peer work in treatment and support services for people with eating disorders.

The intended audiences for the Guide are:

- Health service executives, planners and decision makers
- Human resource professionals
- Health professionals with responsibility for implementation, supervision and working as part of an integrated team
- People with lived experience who are considering becoming peer workers

Using this Guide

The Guide is presented in three parts:

Part A: Exploring the Evidence for Peer Work in Eating Disorder Settings

Part A provides a brief outline of the evidence reviewed in the development of this Guide

Part B: Understanding Peer Work

Part B provides an introduction to peer work practices and the way in which peer work can enhance outcomes for people with eating disorders.

Part C: Organisation Matters

The three guides in Part C explore some of the organisational support strategies that have been found to assist in the development of safe and effective peer work initiatives. The documents in Part C may assist in the planning, implementation and evaluation of peer work initiatives. It may also provide useful content for training for peer workers and for clinicians.

C1. Codesign for Change – Planning for a Peer Workforce

C2. Robust Recruitment This document

C3. Supporting Practice – Supervision and Training

C4. Introductory Training Resource

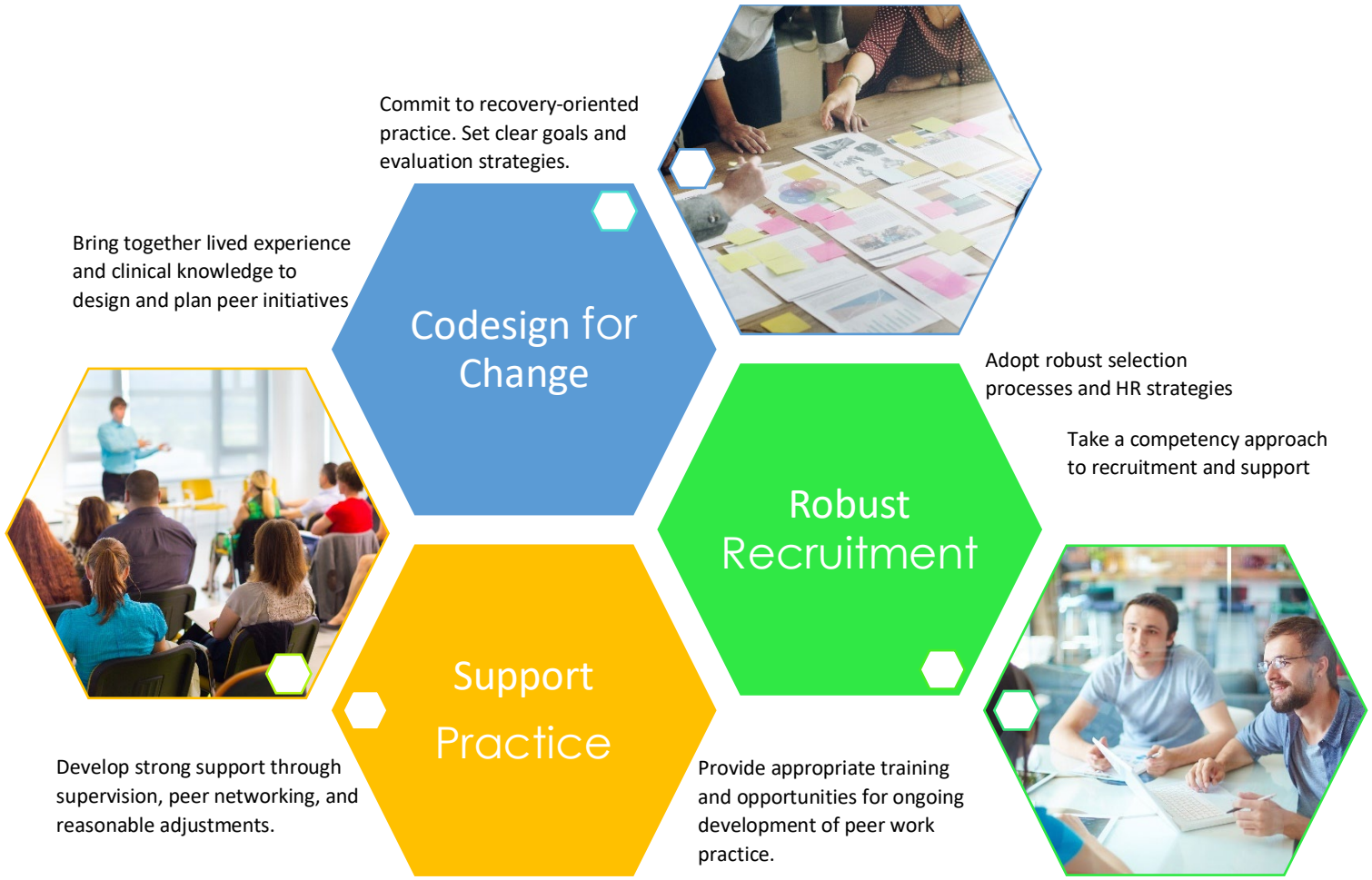

Figure 1: Organisational Steps Towards Safe Effective Peer Work

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Part C2. Robust Recruitment

Recruitment of peer workers in the health workforce is a relatively new approach across the mental health sector (Repper and Carter, 2013) and particularly for eating disorder services. Changes may be required to organisational processes to gain the greatest benefit from peer work roles.

"Achieving the benefits of peer work is dependent on organisational commitment to change and a skilled and supported peer workforce" (Byrne, O'Shea and Macdonald, 2018).

The safety and effectiveness of peer work are directly influenced by appropriate job roles, effective recruitment, workplace culture, provision of ongoing support to the peer workers and integration of peer work with the service's strategic commitments (Gillard and Holley, 2014).

Competencies for Peer Work

Peer workers are people employed in roles that require them to intentionally share their experience of mental illness as an essential part of their work (MHCC, 2014b). They are trained to draw on their experience to help others to work through their own recovery (Slade et al., 2014). By purposefully sharing stories from their experience, peer workers are able to engage others and help them to relate the work of recovery to their own lives. Peer work roles complement clinical treatment but are distinct from clinical work. The focus is connecting with another person in a mutual relationship of trust, equality and respect as a foundation for recovery.

Peer workers may be involved in the delivery of shared (team based) care to people with eating disorders and/or may support people with eating disorders and their families as an adjunct to treatment and to minimize the impact of relapse. The activities of a peer work role vary between individuals and organisations, however, they typically include one or more of the following:

- Providing social, emotional and practical support to individuals
- Informing, educating or training individuals or groups
- Advocating for individuals within the clinical or service team or externally to other agencies
- Organisation and leadership or facilitation of support groups and programs
- Coproduction of programs, information and other resources
- Supervision, support or leadership of peer workers and peer work teams.

Competencies for Eating Disorders Peer Work

Lived experience of an eating disorder and personal recovery is an essential qualification for peer work roles, however, other qualifications are required relevant to the specific job. The qualities of an effective peer worker are many and varied. Everyone brings different strengths to their role, different values and beliefs, and practical knowledge and skills. But there are some key skill areas that make peer workers more effective.

Competencies are the knowledge, skills, abilities and characteristics that are essential to be able to carry out a job. Each job role needs more than one source of knowledge. Jobs require practical competency in the application of knowledge to new situations.

The following competencies are indicative of the sort of knowledge and skills that help peer workers to be effective in their roles.

Competency Group 1: Knowledge and lived experience of recovery from an eating disorder

Key role: Peer workers role model recovery.
Principle: People who experience eating disorders are able to learn strategies to take control of their life, recover wellbeing and live a personally meaningful life.

Knowledge

- Experience of recovery is essential knowledge for a peer work role
- General knowledge of the clinical features and common treatments of eating disorders appropriate to the peer work role
- Demonstrates a basic knowledge of the different experiences that people with eating disorders may have
- Demonstrates an understanding of the personal individual nature of recovery and the different goals and experiences that people may have in recovery
- Demonstrates awareness of set-backs as part of recovery; can differentiate set-backs from relapse or recurrence of illness
- Demonstrates awareness that every person has personal strengths and resources that they can use to help them work through difficult situations
- Understands the value of peer support for their own wellbeing

Practice

- Models recovery behaviours in their own life
- Actively promotes awareness of recovery
- Demonstrates awareness of own strengths
- Open-minded, able to be interested in and non-judgemental about others' experiences of eating disorders and recovery
- Has self-care strategies to manage own well-being
- Has the ability to identify situations of personal risk and ask for help when needed
- Knows the limits of personal expertise and when to seek advice or refer on to other colleagues in the shared care team

Skill Development

Lived experience of an eating disorder and personal recovery is an essential qualification for peer work roles, however, other qualifications are required relevant to the specific job. When applying for, or recruiting someone for a peer work role, take into consideration the full range of skills and knowledge required to carry out the work. Candidates should be able to demonstrate that they have the requisite skills and knowledge or that they are able to develop these with support from the employer.

Competency Group 2: Purposefully apply lived experience to promote and support recovery

Key role: Peer workers purposefully use their own experience to help others.
Principle: Peers provide a credible model of recovery and are able to inspire others and transfer knowledge and skills by sharing from their lived experience knowledge.

Knowledge

- Demonstrates ability to reflect and learn from personal experience and process emotions
- Demonstrate awareness of personal attitudes, values and beliefs regarding eating disorders, mental illness, treatment, recovery and specific issues such as body image and weight
- Demonstrates awareness of the limits of their personal expertise and when to seek advice or refer to other colleagues in the shared care team
- Demonstrates ability to identify personal unmet needs

Practice

- Shares personal experiences safely and professionally
- Shares information from their personal recovery that is strategically relevant to the current situation and the needs of the person/people they are speaking to
- Identifies personal learning needs and participates in on-going personal and professional development activities

Skill Development

Depending on the requirements of the peer work role and the individual's prior learning and skill, peer workers may be expected to demonstrate or develop skills in a range of other areas. The following list identifies some of the frequently required skills:

- Intentional peer support
- Purposeful story telling
- Education/training
- Group facilitation
- Public speaking
- Team consultation

Competency Group 3: Establish relationships of mutual trust and respect

Key role: Peer workers contribute to safe, supportive environments where people can openly share and reflect on their experience.
Principle: Equal relationships, facilitated by empathy and clear and thoughtful communication, enhance trust which provides the basis for collaboration and change.

Knowledge

- Demonstrates an empathetic understanding of the fear and shame people with eating disorders may experience and their ambivalence towards change and identifies strategies to deal with these challenges
- Demonstrates familiarity with prevalent myths associated with eating disorders and how these affect the way people understand their experience
- Demonstrates understanding of the stigma and self-stigma associated with eating disorders
- Demonstrates awareness of inclusivity and ethical practice and recovery approaches

Practice

- Listens attentively to others and asks thoughtful questions
- Clearly explains own ideas and understanding in plain language that is judgement free
- Treats others with respect, kindness and warmth; expresses genuine interest in and acceptance of other people
- Forms effective relationships with all stakeholders helping them to express their concerns
- Demonstrates an ability to understand the situation from the other person's perspective
- Respects privacy and confidentiality
- Adapts and changes the way they respond to meet the other person's needs
- Honestly and respectfully addresses difficult issues with care and compassion
- Sets appropriate boundaries and adheres to ethical guidelines

Skill Development

Depending on the requirements of the peer work role and the individual's prior learning and skill, peer workers may be expected to demonstrate or develop skills in peer support such as:

- Recognises indications of relapse in the person receiving support and assists the person to re-access treatment services
- Demonstrates awareness of the risk of suicide and self-harm and the ability to recognise potential signs of risk in the person receiving support and take appropriate action to seek help

- Ability to engage with relevant health professionals and services and to motivate the person receiving support to engage with these services
- Demonstrates knowledge of existing support services and resources at local, state and national level, including digital pathways, that may be helpful to people with eating disorders, their families and carers, and their treatment teams

Competency Group 4: Work collaboratively to enhance recovery outcomes

Key role: Peer workers collaborate with all the people they are working with to improve recovery outcomes.
Principle: Peer work is relational, requiring a commitment from all participants to listen and learn from each other. Health outcomes are co-produced in an equal and reciprocal relationship between professionals, people using services, their families, and peer workers (based on New Economic Foundation's definition of co-production, 2011).

Knowledge

- Demonstrates understanding of the principles of working together in equal partnership
- Appreciates the range of different goals and the different perspectives and approaches that people may take to their recovery and that service providers may take to the provision of care
- Demonstrates understanding of the roles and perspectives of the range of professions required to safely address all aspects of eating disorders
- Demonstrates willingness to work within the broader health system

Practice

- Works collaboratively with service users, family members and professionals from other disciplines within the scope of usual role
- Works effectively as part of a team
- Facilitates understanding and connection between service users and health service providers
- Assists others to explore need for change
- Supports others to recognise and use their own strengths and goals
- Respects the autonomy of others and facilitates their self-advocacy
- Engages in shared problem solving and supports decision making
- Contributes to continuous improvement of mental health services and systems
- Demonstrates professional commitment and conduct, appropriate to the employer's usual expectations of staff

Clinical Team Work

Peer workers whose roles are integral to clinical treatment teams should also be able to demonstrate the ability to contribute to multi-disciplinary team assessment, care planning and treatment within scope of usual professional role.

- Ability to identify warning signs of eating disorders and disordered eating and to support people as they complete initial assessments within the scope of usual role

- Understand how care teams are set up including the range of professions required to safely address all aspects of illness
- Describe the roles of key professions in the multidisciplinary team including: GP, Psychologist, Psychiatrist, Dietitian, Dentist, Mental Health Nurse, OT, Social Workers, Paediatricians
- Within usual role, work collaboratively with professionals from other disciplines to implement and review management plan
- Within scope of usual role, demonstrate ability to provide one or more of the following: Information; Case management; Family education and support; Peer support; Recovery education and wellness planning; General counselling; Meal support; Advocacy for individual receiving support
- Collaborate in implementing recommendations/treatment with professionals from other disciplines

Skill Development

Depending on the requirements of the peer work role and the individual's prior learning and skill, peer workers may be expected to demonstrate or develop skills in areas such as:

- Communication
- Trauma informed care
- Suicide prevention
- Education/training
- Shared/supported decision making

Taking it Further

The competencies in this guide are based on:

- National Eating Disorders competencies for professionals working with people with eating disorders (2015) https://www.nedc.com.au/research-and-resources/consultation-papers
- Community Services and Health Industry Skills Council (CS&HISC) set of core competencies for the Certificate IV in Mental Health Peer Work (CS&HISC, 2010) https://training.gov.au/TrainingComponentFiles/CHC/CHC43515_R2.pdf
- Substance Abuse and Mental Health Administration (USA) national guidelines for peer supporters (undated) https://na4ps.files.wordpress.com/2012/09/nationalguidelines1.pdf
- Jacobsen, N., Trojanowski, L. and Dewa, C.S. (2012). What do peer support workers do? A job description. *BMC Health Services Research*; 12: 205.

Robust Recruitment

Recruitment Strategies

Peer workers are recruited using the same good practice strategies as other workers. Membership of the interview panel is crucial; including a mental health professional and an experienced peer worker in the panel is important. Two or more rounds of interviews may be helpful, starting with a relaxed 'conversational' approach and becoming more formal as the recruitment decision is made by both the candidate and the organisation.

"All mentors were assessed by a psychiatrist as suitable to be a mentor. Criteria included no active ED, resilience, resources and capacity to support others." (NEDC Interviewee, Instilling Hope)

"A robust recruitment system included an eating disorder clinician in interview panel plus a lived experience representative." (NEDC Interviewee, Body Esteem Program)

Soft-entry strategies, such as information sessions or introductory workshops on the topic of peer work, help people to self-select for their suitability for the work without experiencing the sense of rejection that can go hand in hand with job application processes.

"A group information session was followed by a written expression of interest and then two rounds of individual interviews". A relaxed interview process was used that was more about the person than the position". (NEDC Interviewee, EDV)

Selection Criteria: Recovery and Recruitment

How can you tell if a peer worker is sufficiently well and resilient to be able to work on a daily basis with people who may be acutely unwell and distressed?

Emerging practice in eating disorder services focuses on:

- Competency – is the person able to do the job or willing to learn how to do the job?
- Recovery – is the person able to model hope/recovery and to disclose what they have learned from their own recovery?
- Collaboration – is the person open to working with people from diverse backgrounds and experiences, including health professionals and people with different experiences of mental illness?
- Resilience – is the person able to demonstrate ability to cope with difficult situations and protect themselves from stress? Do they have a personal support network and self-care strategies?

The emerging recruitment practice for candidates with lived experience of an eating disorder is to seek people who have established some distance from their experience of illness and treatment. These will be candidates who are not currently in intensive treatment for an eating disorder and who have no active eating disorder behaviours at the time of recruitment.

> *"Inclusion criteria for mentors include: Recovery from an eating disorder for a minimum of 2 years as indicated on the demographics and medical history form, in combination with the Eating Disorder Examination Questionnaire (EDE-Q). The wellness criteria are evidenced by self-reported absence of eating disorder symptoms (indexed by the EDE-Q), being weight-restored, not receiving treatment for eating disorders symptoms and use of a personal Wellness Plan/self-care activities to maintain their recovery. The Wellness Plan also outlines signs that indicate a mentor is struggling and how to best support them during these times."* (Beveridge et al., 2018)

Recovery is not linear and relapse is an expected part of the recovery process. The highest risk of relapse is in the first 6 or 7 months after achieving partial remission (Richard et al., 2012). However, relapse is a consideration for the 12 to 18 months after achieving full remission (Keel, Dorer et al., 2005; Berends, Meijel, et al., 2016). People with anorexia nervosa may continue to have a significant risk of relapse for one to two years post treatment (Carter, Blackmore et al., 2004).

An emerging rule-of-thumb is to recruit peer workers who have experienced 18 months or more of recovery post treatment. For specific trials, such as the Eating Disorders Victoria evaluation of a pilot peer mentoring program for eating disorders (Beveridge et al, 2018), specific clinical measures of recovery (demographics and medical history) are used and a minimum of two years post recovery is the expected standard for engagement of peer workers. However, recovery is not a linear experience and the period of time may be of less importance than the person's demonstrated competency and resilience at the time of recruitment. To determine readiness to work as a peer worker, it is important to help the person to feel safe to discuss where they are in their

recovery journey. Collaborative, safe and trauma informed conversations can help the person to self-identify whether they are ready for the challenges of working as a peer worker.

Many people with experience of an eating disorder continue to work with a psychologist or other mental health professional to assist them to maintain their wellbeing. This is a positive self-care strategy. Continuing access to health care should not be used of itself as an indication that the person is not ready for employment.

Selection Criteria in Practice

"Resilience, problem solving and an external support network are essential. No selection criteria were used regarding stage of recovery. Mentors had to volunteer and come to an information and training day and complete quite detailed questionnaires. This helped people to self-select out of the program if it did not feel like a good fit. It was essential that they not be hospitalised but it was OK for the mentor to still have support from a mental health professional. Recovery is not an end point – it is a fluid and on-going process. These were 'self-sufficient people' with an external support network. No-one in the group had a significant comorbidity and no one was at high risk of self-harm.

"During the program there were no concerns re triggering and relapse. It was identified as a possibility but the pre-assessment process and supportive supervision mitigated against this risk. A single incident with a mentee is unlikely to be enough to trigger anyway. It needs a cascade of things going wrong across the whole of life to trigger relapse". (NEDC Interviewee, Instilling Hope)

"Candidates are asked about their experience and their recovery support networks, when they last had therapy for behavioural symptoms. We look for people who have two years or more of recovery post last behavioural treatment. Ongoing mental health support is accepted. A lot of facilitators are clinicians as well as lived experience and tertiary qualifications were taken into consideration

"We have a risk policy and risk assessment process including strategies for reasonable adjustment and alternative employment roles but we have never had to use this". (NEDC Interviewee, Body Esteem Program)

What does recovery mean for Family and Supporters?

Family and other supporters play a crucial role in the care, support and recovery of people with eating disorders. This has an impact on their health and wellbeing. Many will experience the illness and treatment of the person they support as traumatising. Carers have to negotiate their own journey of recovery and this may not happen at the same time or in the same way as the recovery of the person they support.

When recruiting family members or carers for peer work roles, the focus should be on the same strengths as other peer workers: competency for the role, resilience and the ability to model hope and recovery. The stage of recovery of the person they support is not necessarily an indicator of the readiness of the family member or other supporter to be a peer worker.

Finding the Right Fit between Candidate and Job

> "Recruitment processes often ask if you are a consumer or carer. There is little recognition that you can be both; even less that you might also be a highly skilled professional with technical skills relevant to the project. The language of consumerism emphasises our importance as service users but in the process loses sight of all the other knowledge and skill that we can bring to a project." (Cook, 2016)

Finding the right fit between the peer work role and job candidates provides an essential foundation for successful peer work (CHFA, 2015).

Avoid employing someone because it would be good for their recovery. The right peer work role should be experienced as positive by the peer worker but getting the fit right between worker and job is the important criterion for selection. Be aware that the most confident and outspoken candidate is not always the person who is going to relate well to others. In interviews, focus on the key competence for peer work: the ability to engage in equal and trusting relationships that are focussed on the service user and not on the peer worker.

Take the whole person and their capabilities into consideration when matching candidates to the position.

Sample interview questions

Here are some questions that might prove helpful depending on the position's roles:

- 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?

Am I ready for peer leadership?

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?

(Adapted from Caswell & Logie, Reaching Out for Hope republished NEDC Stories from Experience Module 8, 2015)

Take it Further: Try activities from the NEDC Stories from Experience resource: https://www.storiesfromexperience.com.au/

Human Resource Responses to Peer Work

Recognising and rewarding peer workers

Many peer workers are under-paid or working in a voluntary capacity, with their skills, experience and qualifications not being recognised in their capacity as a peer worker. Many peer work roles are casual or part time, reducing overall pay and entitlements to leave.

We need to acknowledge the full range of skills that the person brings to the job and remunerate the person for what they bring. Paying all peer workers a minimum wage is exploiting the wonderful range of skills that people bring to their work. Peer worker remuneration should be commensurate with skills, expertise and experience and comparable to that for non-peer workers. Peer workers should also be entitled to the same conditions and entitlements as other employees, including salary packaging. It should be possible to negotiate additional sick leave as part of a salary package.

Privacy and confidentiality

Peer work requires people to share from personal experience in ways that other employees may not choose to. This does not change the obligation of the employer to protect the privacy and confidentiality of the peer worker. The peer worker must be able to choose what to share and when to share with other employees.

Australian Human Rights Commission https://www.humanrights.gov.au/

AHRC (2010) Managing Mental Illness in the Workplace, Chapter 3: Workers with Mental Illness, pp. 19–20

https://www.humanrights.gov.au/publications/2010-workers-mental-illness-practical-guide-managers/3-managing-mental-illness

Reasonable adjustments

People have a right to work without unnecessary barriers in their work environment that would expose them to physical or mental health risks. Some peer workers may require workplace adjustments to fulfil their role more effectively.

Under the Australian Federal Disability Discrimination Act 1992, and the individual state government Anti-Discrimination Acts, employees with a mental illness, such as peer workers, are considered to be employees with a disability. Employers are required to make reasonable adjustments to enable these employees to perform their work to the best of their ability. Adjustments should respond to the particular needs or concerns of the worker.

It is not unlawful to discriminate against an employee on the basis of disability or health condition if the person cannot perform the inherent requirements of a job after reasonable adjustments have been made. A 'reasonable adjustment' is therefore the balance point between the needs of the individual worker and the needs of the employer. There is no hard and fast rule about what this looks like. The sort of adjustments that are considered reasonable include: flexible working hours; working from home or an alternative location; modification of workload or tasks. There is significant variety in the way reasonable adjustments are used for the mental health peer workforce however flexibility in roles is the most common practice (Byrne, Roennfeldt and O'Shea, 2017).

A level of role flexibility is necessary in organisations that engage peer workers. What this looks like in practice is very variable but it may include variable work hours, location of work, or access to increased leave entitlements. This flexibility helps to make the peer work role successful and sustainable (Byrne, undated).

AHRC (2010) Managing Mental Illness in the Workplace, Chapter 3: Workers with Mental Illness, pp. 19–20
https://www.humanrights.gov.au/publications/2010-workers-mental-illness-practical-guide-managers/3-managing-mental-illness

The Peer Work Hub Employer's Guide to Implementing a Peer Workforce. Toolkit.
http://peerworkhub.com.au/resources/downloads/

References

This document is a part of the **Developing a Peer Workforce in Eating Disorder Service Settings** suite of resources. A full list of references for this document may be found in Part A: Exploring the Evidence.

National Eating Disorders Collaboration

The National Eating Disorders Collaboration

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For a downloadable copy of this resource visit: www.nedc.com.au

The National Eating Disorders Collaboration (NEDC) is an initiative of the Australian Government Department of Health.