Eating Disorder Safe principles: Whole-of-community approaches to do no harm in relation to eating disorders, disordered eating and body image distress

Section 3

Eating Disorder Safe How-To Guides

Guidance for managers and planners

Managers and planners

The Eating Disorder Safe principles are aimed at changing social norms about health, food, mind and body on a wide scale, in the interests of eating disorder prevention and risk reduction. For this reason, when we consider actions for managers and planners, we are talking people who manage services and plan service-level responses well beyond the traditional view of the eating disorder sector.

The suggestions actions in this How-To Guide are relevant to:

- Service managers and organisational leaders in healthcare organisations, including the Community Controlled health sector
- School principals and executives, and regional planners within the state, territory, Catholic or independent systems
- Early childhood centre managers and regional managers
- Service managers and organisational leaders in community organisations, including the Community Controlled sector
- Service managers and organisational leaders in disability organisations
- Team and club managers and leaders at all levels of the sport system
- Fitness industry managers and planners
- And other people whose work places them in a position of managing or planning services to patients, clients or students which involve a duty of care.

If the Eating Disorder Safe concept is new to you or your team, we suggest picking one area at a time to focus on. Perhaps you could convene a team meeting or reflective practice session, and agree on which area you will work on together. Once you feel you have that area well integrated into your daily work, come back and choose another.

Alternately, you may choose to align efforts to target multiples steps at once, for example, addressing all the principles on 'Health' in your upcoming strategic plan, or coordinating actions from each of the broad categories.

If you do implement the Eating Disorder Safe principles at the service or organisational level, NEDC would love to hear about it! Submit your case study to nationalstrategy@nedc.com.au, or contact us if you would like to test your ideas with a member of the team.

Getting started with Eating Disorder Safe actions

As a service manager or planner, you play a crucial role in shaping the workplace culture as well as the nature of the services your community receives. Beginning to take action to make your workplaces and services Eating Disorder Safe may feel daunting when have limited time or resources, so it's helpful to start with easy-to-implement steps that still make a difference. We suggest these two quick wins because they are straightforward to implement and can still help foster inclusive and supportive environments.

Quick Wins:

1. Promote Neutral Language in Internal and External Communications

Action: Update internal and external communication guidelines to encourage the use of neutral language about bodies and food.

Why? This small change can foster a respectful and supportive service and workplace culture, reducing stigma and promoting wellbeing for both staff and the communities they serve.

How? Refer to the Mindframe Guidelines for tips on how to reduce stigma and promote help-seeking behaviour, and implement these within your organisation's practices.

2. Provide Resources to support Body Acceptance or Neutrality

Action: Make body acceptance and body esteem resources readily available in your service, such as brochures, posters, books, media, and referral information.

Why? Providing these resources helps to create an environment that promotes self-esteem and body acceptance among clients, which can help them feel safe and welcome at your service.

How? There is a wide range of resources available for different service contexts, age groups and settings. Check out the NEDC, Butterfly Foundation and the Embrace Hub for a range of options, or email info@nedc.com.au if you need help locating a resource for a specific context.

Ready to take some more action? Turn the page for more comprehensive strategies to enhance the safety and inclusivity of your service and workplace environments.

Eating Disorder Safe: Health

Principle	Families are supported to experience and model positive relationships with food, bodies and movement from the earliest opportunity and across the lifespan.
Putting it into practice	**Policies and processes:** Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches? **Staff development:** What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies? **Leadership:** What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?
Suggested actions	• Design and implement programs that promote family engagement in balanced eating, body esteem, and enjoyable physical activity. Include components that cater to different cultural and developmental needs. • Develop, implement and evaluate policies that ensure all family programs emphasise positive relationships with food and bodies, avoiding weight-centric approaches. • Review existing programs to ensure alignment with this principle, and make adjustments as needed. • Provide training for staff on how to support families in fostering positive relationships with food, bodies, and movement. • Establish partnerships with community organisations to offer family-friendly activities that promote positive body image and joyful movement. • Create metrics to evaluate the effectiveness of family support programs in promoting positive relationships with food, bodies, and movement. • Appoint a member of your family services team to act as a champion in relation to this area. • Ensure resources used by your teams (e.g. screeners, growth charts, education materials) are current and reflect contemporary understandings about promoting positive relationships with food and body. • Host family nights where invited experts can provide guidance to families who use your service.

Eating Disorder Safe: Health

Principle	The unique relationships between eating, chronic illness, disability and experiences of healthcare are acknowledged and addressed.
Putting it into practice	**Policies and processes:** Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches? **Staff development:** What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies? **Leadership:** What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?
Suggested actions	• Develop and implement integrated care models that address the unique dietary needs of individuals with chronic illnesses and disabilities. • Provide specialised training for staff on the interplay between chronic illness, disability, and eating, ensuring they are informed by lived experience. • Offer tailored services that include adaptive eating strategies and nutritional support for clients with chronic illnesses and disabilities. • Facilitate interdisciplinary collaboration between dietitians, healthcare providers, and support workers to create comprehensive care plans. • Implement systems for collecting feedback from clients with chronic illnesses and disabilities to continually improve service delivery.

Eating Disorder Safe: Health	
Principle	Communications use size-inclusive, non-stigmatising language and imagery in respect of health, food, minds and bodies.
Putting it into practice	**Policies and processes:** Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches? **Staff development:** What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies? **Leadership:** What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?
Suggested actions	• Create and implement comprehensive guidelines for all written and spoken communications that mandate the use of size-inclusive, non-stigmatising language and imagery. Ensure these guidelines are easily accessible to all staff. Evaluate their uptake and adjust processes as needed. • Provide staff training and development on the importance of using size-inclusive language and imagery. Include practical examples and exercises, or consider using a real-world example from a current project or campaign that the team can work on collaboratively. • Conduct an audit of existing materials, such as brochures, websites, and promotional content, to identify and remove any stigmatising language or imagery. Replace these with inclusive alternatives. • Engage with your community to ensure that communications are respectful and effective. Establish a community advisory committee for any major publications, key resources or campaigns, including people with a breadth of perspectives. • Ensure that all visual content, such as photos and illustrations, represents a diverse range of body sizes, shapes, abilities, and ethnicities. Avoid using images that reinforce harmful stereotypes or ideals. • Establish systems for receiving and addressing feedback from clients and staff about the language and imagery used in communications. Use this feedback to make continuous improvements.

Eating Disorder Safe: Health

Principle	People are supported to experience movement and exercise in ways that promote their overall wellbeing, including their emotions, social connections, and physical and mental health.
Putting it into practice	**Policies and processes:** Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches? **Staff development:** What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies? **Leadership:** What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?
Suggested actions	• Work with your team and your community to design and implement exercise and movement programs that cater to a wide range of abilities and interests. Ensure these programs focus on enjoyment, social interaction, and holistic health rather than weight loss or appearance. • Offer a diverse array of activities that emphasise fun and social engagement where the movement is only one aspect of the activity, such as group walks, dance classes, yoga sessions, team sports, and gardening clubs. • Foster an environment where everyone feels welcome and encouraged to participate, regardless of their fitness level or body size. Ensure that facilities are accessible and provide necessary accommodations. • Provide training for staff on how to support and encourage participants in a positive and inclusive manner, such as focusing on promoting wellbeing, fun, skill development or team achievement, rather than physical appearance. • Collaborate with local organisations, schools, and community centres to create opportunities for inclusive physical activities, such as hosting 'come and try' days for your service users and the wider community. • Design programs that promote social interaction and involve incidental movement, such as 'walk and talk' groups, garden groups, community scavenger hunts or community games days. • Integrate mental health resources into physical activity programs, such as mindfulness sessions, stress management workshops, or access to mental health professionals. Emphasise the mental health benefits of regular positive movement experiences. • Recognise and celebrate the efforts and achievements of participants in ways that do not focus on physical outcomes. This can include participation certificates, community shout-outs, or special events.

Eating Disorder Safe: Food	
Principle	Neutral language is used to describe food and its properties and food messaging is appropriate for its audience.
Putting it into practice	**Policies and processes:** Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches? **Staff development:** What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies? **Leadership:** What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?
Suggested actions	• Develop communication standards that mandate the use of neutral language in all materials and interactions related to food. • Conduct workshops for staff on the importance of neutral food language and how to implement it in their daily interactions, with reference to the ages, cultures, and other relevant circumstances of your client, school or sporting community. • Create and distribute resources that use neutral language when discussing food, tailored to different audiences such as students, patients, and athletes. • Review all existing educational and promotional materials to identify and remove any stigmatising or language or language that places value judgements on food (e.g., good/bad, healthy/unhealthy, clean/junk, etc.). Replace these with neutral, inclusive alternatives. • Develop new materials that use neutral language to describe food and its properties. Ensure these resources are tailored to be appropriate for various audiences, including different age groups and cultural backgrounds. • Consult with nutritionists, dietitians, and health communication experts to ensure that food messaging is accurate, neutral, and appropriate for the intended audience. • Consider the specific health literacy approaches which are relevant to your client group and ensure staff are equipped with the relevant skills and knowledge, or engage workers with the right cultural expertise and authority. • Ensure that visual materials accompanying food messaging reflect a diverse range of foods and eating contexts, avoiding images that could be perceived as stigmatising or judgmental (e.g., conflating takeaway food with high weight or with binge eating). • Establish feedback mechanisms to ensure that food messaging remains neutral and appropriate for its audience. Provide feedback and support to staff as needed to maintain standards.

Eating Disorder Safe: Food	
Principle	Dietary advice is given in a weight neutral, culturally and developmentally appropriate manner, by people with appropriate qualifications and experience according to their scope of practice.
Putting it into practice	**Policies and processes:** Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches? **Staff development:** What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies? **Leadership:** What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?
Suggested actions	• Ensure any staff who are providing dietary advice are suitably qualified and trained in weight neutral and culturally appropriate practices. • Ensure staff who are not qualified to provide dietary advice are working within their scope of practice (e.g., a teacher can help students learn about the properties of foods, but not suggest a meal plan). • Implement cultural competency training programs for all staff involved in dietary counselling and support. • Engage with community leaders to understand and integrate culturally specific dietary practices into service delivery. • Develop and enforce policies that mandate weight neutral and culturally sensitive approaches in nutrition programming. • Create mechanisms to regularly monitor and evaluate the quality of dietary advice or nutrition programming, ensuring it meets set standards.

Eating Disorder Safe: Food

Principle	Food security is addressed to support safe relationships with food and eating at individual and population levels.
Putting it into practice	**Policies and processes:** Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?
	Staff development: What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?
	Leadership: What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?
Suggested actions	• Ensure staff have the relevant training and skills to screen for and respond to food insecurity within their scope of practice and role.
	• Conduct regular needs assessments to identify food insecurity within the community and develop targeted interventions.
	• Consider a staff climate survey and investigate whether food security is an issue for your team. If so, consider the options your organisation may have to alleviate these pressures (such as increased in-house catering, flexible work hours to facilitate food access) as well as addressing wellbeing needs, particularly for any staff who are supporting clients who are also facing food insecurity.
	• Partner with local food banks, community gardens, and nutrition assistance programs to support individuals and families facing food insecurity.
	• Design and implement programs that provide access to nutritious, affordable food. This could include food pantries, community kitchens, school breakfast programs, meal delivery services, and subsidised grocery programs.
	• Conduct a needs assessment to find out the specific needs of your client group or community in relation to food and nutrition education and programming before designing the program. Involve Elders and other key community members in designing solutions that are culturally safe and respectful.
	• Establish support groups for individuals and families facing food insecurity, providing a safe space for sharing experiences, resources, and strategies for coping with food-related challenges. Ensure these groups, and any other events for food insecure communities, are generously catered.
	• Advocate for policies at the local, state, territory and national levels that address food insecurity and support sustainable food systems. Support initiatives that improve access to nourishing foods in underserved areas.
	• Raise public awareness about food insecurity and its impact on physical and mental health through community events and educational campaigns. Include referral pathways and links to other support options for those in need.

Eating Disorder Safe: Food	
Principle	Diet culture and its far-reaching consequences are understood, reduced and ultimately eliminated, with actions based on contemporary evidence.
Putting it into practice	**Policies and processes:** Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches? **Staff development:** What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies? **Leadership:** What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?
Suggested actions	• Implement regular training sessions for all staff to educate them about diet culture, its harmful effects, and evidence-based alternatives. Ensure training includes up-to-date research and practical strategies for reducing diet culture influence. • Create and enforce organisational policies that reject diet culture. These policies should promote body diversity, body neutrality and a holistic approach to health and wellbeing that does not focus on size, weight, shape or appearance. • Ensure all communication within the organisation uses inclusive, non-stigmatising language that does not promote diet culture. This includes written materials, verbal communication, and digital content. • Conduct a thorough review of all educational and promotional materials to identify and remove any diet culture messages. Replace these with messages that emphasise holistic health, wellbeing, body acceptance and self-esteem. • Collaborate with nutritionists, dietitians, mental health professionals and body image experts to ensure that programs and messaging are aligned with contemporary evidence and best practices, as well as attuned to the specific cultural and developmental needs of your organisation's client group. • Design programs and physical spaces that support a culture of respect for all body types, such as offering a variety of physical activities that focus on enjoyment, fitness and wellbeing rather than weight control. • Teach staff and community members to critically evaluate media and social media messages about diet and body image. Provide tools and resources to help them recognise and reject diet culture. • Regularly assess the effectiveness of initiatives aimed at reducing diet culture. Collect feedback from staff, clients, and the community to continuously improve efforts and stay aligned with the latest evidence. • Advocate for systemic changes in schools, workplaces, and healthcare settings that promote body diversity and reject diet culture. Support legislation and policies that protect against weight discrimination and promote inclusive health practices.

Eating Disorder Safe: Mind	
Principle	Mental health stigma and its harms in relation to health, food, mind and body are of concern and must be eliminated.
Putting it into practice	**Policies and processes:** Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches? **Staff development:** What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies? **Leadership:** What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?
Suggested actions	• Implement mandatory training for leaders on understanding and addressing mental health stigma and strategies to reduce it. • Create and enforce policies that promote mental health awareness and inclusivity. Ensure these policies explicitly address the elimination of stigma related to mental health. • Encourage an organisational culture where mental health can be openly discussed without fear of judgment. Provide safe spaces for staff and clients to share their experiences and seek support. • Audit all educational and promotional materials to ensure they do not perpetuate mental health stigma. Replace any stigmatising language or imagery with supportive and inclusive alternatives. • Ensure that all staff and clients have access to mental health resources, including counselling services, support groups, and educational materials. Make these resources easily accessible and widely promoted. • Make public commitments to mental health initiatives, demonstrating the organisation's dedication to reducing stigma. • Regularly evaluate the effectiveness of anti-stigma initiatives. Collect feedback from staff, clients, and the community to identify areas for improvement and ensure ongoing progress.

Eating Disorder Safe: Mind

Principle	The bidirectional relationship between food, eating and mental health is recognised, within the context of individual, social, cultural and economic factors.
Putting it into practice	**Policies and processes:** Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?
	Staff development: What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?
	Leadership: What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?
Suggested actions	• Provide training sessions and other ongoing professional development for staff to understand the complex relationships between food, eating and mental health. Include information on how social, cultural, and economic factors influence this relationship, with reference to the communities that your team works with.
	• Develop and implement assessment tools that consider the interconnectedness of food, eating and mental health. Ensure these assessments are holistic and address individual, family, community, social, cultural, and economic contexts.
	• Design and offer mental health promotion programs and initiatives that respect and incorporate the cultural food practices and preferences of the community. Use culturally validated co-design approaches to ensure respect, relevant and effectiveness.
	• Provide access to resources that support both mental health and nutritional needs. Create a network of referrals to specialists who can address specific issues related to food and mental health.
	• Engage with the community to understand their specific needs and challenges related to food and mental health. Use this information to tailor programs and services that are relevant and effective.
	• Advocate for and implement programs that address food insecurity, understanding its impact on mental health.
	• Run campaigns that raise awareness about the importance of the relationship between food and mental health, with reference to social, cultural and economic factors. Ensure involvement of community members to test messaging for acceptability and to avoid inadvertent shame or harm.

Eating Disorder Safe: Body

Principle	Settings where people live, learn, work, play and receive help are inclusive and welcoming for people of all sizes, shapes, weights, genders, sexualities, cultures, neurotypes and abilities.
Putting it into practice	**Policies and processes:** Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches? **Staff development:** What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies? **Leadership:** What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?
Suggested actions	• Conduct regular audits of your settings to ensure they are inclusive and welcoming for all individuals. • Design programs that cater to a diverse range of participants, ensuring accessibility and inclusivity. • Provide training for staff on creating inclusive environments and supporting diversity. • Develop and implement policies that promote inclusivity and diversity in all areas of service delivery. • Collect and act on feedback from the community to continually improve inclusivity and accessibility.

Eating Disorder Safe: Body	
Principle	Neutral language is used to describe bodies at all ages and stages of development, all sizes, shapes, abilities and ethnicities.
Putting it into practice	**Policies and processes:** Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches? **Staff development:** What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies? **Leadership:** What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?
Suggested actions	• Establish and implement comprehensive guidelines for the use of neutral, inclusive language when describing bodies. Ensure these guidelines are accessible by staff and periodically reviewed. • Provide regular training for staff on the importance of using neutral language and how to implement it. • Review all existing educational, promotional, and communication materials to identify and remove any stigmatising language or language which perpetuates body and appearance ideals. Replace these with inclusive alternatives that convey respect for body diversity. • Develop resources that use neutral language and reflect diversity, and distribute them widely within your client population or the wider community. • Implement a system for regularly reviewing internal and external communications to ensure compliance with neutral language guidelines. Provide feedback and support to staff to maintain high standards. • Establish channels for receiving feedback from clients, patients, and staff about the language used in communications. Use this feedback to make continuous improvements.

Eating Disorder Safe: Body

Principle	Size, shape or weight are not used as a standalone measure of health or wellbeing, used as a measure of skill, aptitude or performance, or a barrier to education, employment or civic participation.
Putting it into practice	**Policies and processes:** Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches? **Staff development:** What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies? **Leadership:** What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?
Suggested actions	• Develop policies that promote a holistic approach to health, considering multiple factors beyond size, shape, or weight. • Implement evaluation methods that assess health and well-being using a variety of indicators. • Train staff on the limitations of using size, shape, or weight as health measures and the importance of a holistic approach. • Create public messages that challenge discrimination based on weight, size or shape. • Advocate for changes in education, employment, and civic participation policies and practice to eliminate discrimination based on size, shape, or weight.

Eating Disorder Safe: Body	
Principle	Weight stigma and its consequences are of concern and must be eliminated.
Putting it into practice	**Policies and processes:** Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches? **Staff development:** What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies? **Leadership:** What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?
Suggested actions	• Develop and enforce policies that explicitly prohibit weight-based discrimination and stigma in all areas of service delivery. Ensure these policies are well-communicated to all staff and clients. • Provide comprehensive training for all staff on understanding weight stigma, its harmful effects, and strategies to eliminate it. • Conduct an audit of all existing materials, including educational content and promotional materials to identify and remove any weight-stigmatising language or imagery. Replace these with inclusive, respectful alternatives. • Conduct an audit of all internal documents to identify any weight-stigmatising or discriminatory policies, procedures or practices. Implement weight-neutral alternatives and ensure staff and community members are informed about the change and understand their rights and responsibilities. • Encourage a shift from weight-focused to health-focused approaches in all programs and services. Emphasise overall wellbeing, including physical, mental, social and emotional health, rather than weight or appearance. • Establish systems for collecting feedback from clients and staff about their experiences with weight stigma. Use this feedback to make ongoing improvements and hold the organisation accountable. • Regularly assess the effectiveness of anti-stigma initiatives through surveys, focus groups, and other evaluation methods. Use this data to continuously improve efforts and ensure they are meeting the needs of the community. • Advocate for broader policy changes at local, state, and national levels that address and reduce weight stigma. Support legislation and policies that protect against weight-based discrimination and promote inclusive practices and environments.

Eating Disorder Safe: Body	
Principle	System-level drivers of eating disorder risk, for example institutional weight stigma, diet culture, medical and health professional weight bias, are addressed.
Putting it into practice	**Policies and processes:** Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches? **Staff development:** What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies? **Leadership:** What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?
Suggested actions	• Regularly review organisational policies, practices, and materials to identify and eliminate any elements that perpetuate weight stigma, diet culture, or professional weight bias. This includes training materials, intake forms, client outcome questionnaires, assessment and treatment protocols and educational resources. • Create and enforce policies that promote weight-neutral and size-inclusive practices. Ensure these policies address weight stigma, diet culture, and bias in all aspects of service delivery. • Shift the focus from weight-centric to health-centric approaches in all programs and services. Emphasise overall wellbeing, including physical, mental, social and emotional health, rather than weight or appearance. • Cultivate an organisational culture that values and respects body diversity. Encourage open dialogue about the harms of weight stigma and diet culture and promote body diversity or acceptance in all communications. • Stay informed about the latest research on eating disorders, weight stigma, and diet culture. Integrate evidence-based practices into all aspects of service delivery and continually update programs based on new findings. • Establish systems for collecting and addressing feedback from patients, clients, and staff about their experiences with weight stigma, diet culture, and professional bias. Use this feedback to make continuous improvements. • Regularly evaluate the impact of interventions aimed at reducing eating disorder risk. Use metrics and feedback to assess effectiveness and make necessary adjustments to improve outcomes.

Harm Minimisation

These principles are targeted at people whose work brings them into contact with people who are already likely to be experiencing an eating disorder, disordered eating or body image concerns. This includes all frontline health professionals, teachers, sports coaches, youth workers, as well as community workers who deal with issues relating to trauma and/or food insecurity.

At a management or organisational level, it is important to ensure that all staff with a role in eating disorder harm minimisation are adequately equipped and supported to:

- Meet their obligations
- Understand and work within their scope of practice
- Integrate new knowledge, skills and attitudes within their practice
- Critically reflect and engage in ongoing professional and personal development

Eating Disorder Safe: Harm Minimisation	
Principle	Alternatives to weight-focused activities and outcomes are prioritised as far as possible (e.g., other health, quality of life, performance, and wellbeing metrics).
Putting it into practice	**Policies and processes:** Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches? **Staff development:** What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies? **Leadership:** What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?
Suggested actions	• Establish and implement guidelines, processes and protocols that prioritize metrics for health, quality of life, performance, and wellbeing, rather than weight. Ensure these guidelines are accessible to all staff and regularly updated. • Review and redesign existing programs and services to shift the focus from weight control to holistic health outcomes. • Ensure all communication, both internal and external, uses language that emphasises health and wellbeing over weight. Avoid terms that reinforce the idea that weight is the primary indicator of health. • Implement comprehensive health assessments that consider a wide range of factors, including fitness, mental health, nutrition, and social and community connections, rather than focusing on weight. • Work with experts in nutrition, mental health, and exercise physiology to develop programs that support holistic health. Ensure these programs are evidence-based and inclusive of diverse body types and abilities. • Showcase stories of individuals who have improved their health, quality of life, or performance through means other than weight loss. Use these stories to inspire and educate both staff and clients. • Establish mechanisms for collecting feedback from clients and staff about their experiences with weight-neutral approaches. Use this feedback to continuously improve programs and services. • Advocate for changes in organisational and public policies that support weight neutral approaches to health. Work towards creating a broader shift in how health is measured and promoted.

Eating Disorder Safe: Harm Minimisation	
Principle	Recognising and responding to eating disorder warning signs and symptoms in all people and bodies is a responsibility of all people working in high-risk settings*.
Putting it into practice	**Policies and processes:** Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?
	Staff development: What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?
	Leadership: What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?
Suggested actions	• Provide regular, mandatory training for all staff on recognising and responding to eating disorder warning signs and symptoms within their scope of practice and role. Ensure training covers a variety of body types and demographics to avoid bias.
	• Integrate screening tools into routine assessments to help identify early signs of eating disorders. Ensure staff are trained in using these tools and interpreting the results.
	• Establish clear protocols and guidelines for identifying and addressing eating disorder signs and symptoms. Ensure these protocols are accessible and understood by all staff and that staff receive adequate supervision.
	• Keep training materials up to date with the latest research and best practices in recognising and responding to eating disorders. Regularly review and update protocols to ensure they remain effective.
	• Establish mechanisms for staff to provide feedback on their experiences and challenges in recognising and responding to eating disorders. Use this feedback to improve training and response protocols continuously.
	• Partner with local eating disorder organisations and mental health services to provide additional resources and support for staff and clients. This can include workshops, consultations, and referral pathways.
	• Regularly evaluate the effectiveness of training programs and response protocols. Use metrics such as incident reports, staff surveys, and client feedback to monitor impact and make necessary adjustments.

* For clarity, the concept of 'high risk settings' in this context relates to any setting where workers are likely to be interacting with people who have an eating disorder. That is, all work settings for frontline health professionals, teachers, sports coaches, youth workers, and community workers who deal with issues relating to trauma and/or food insecurity.

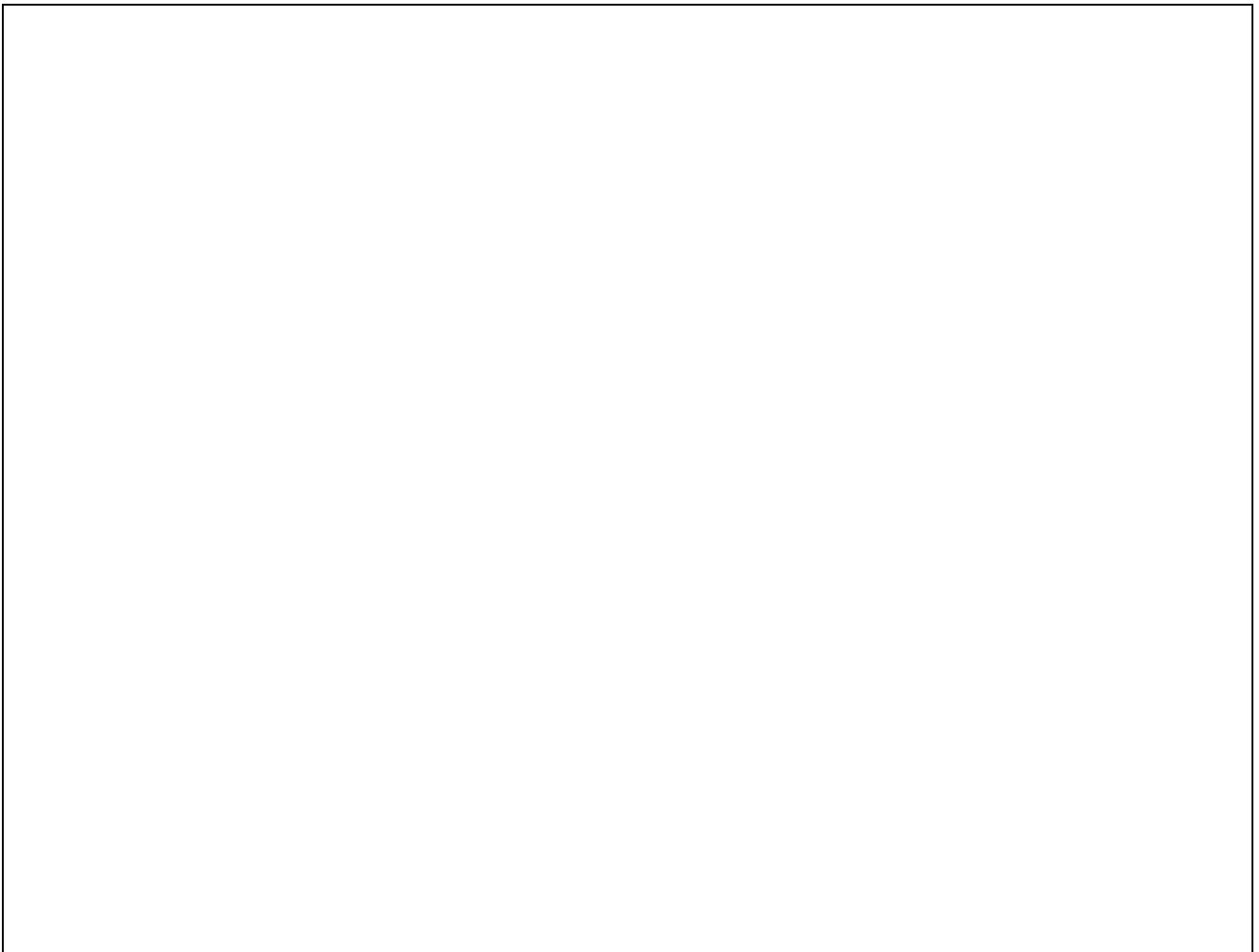| Eating Disorder Safe: Harm Minimisation	
Principle	Weight stigma has no place in the healthcare setting, no matter the condition being treated.
Putting it into practice	**Policies and processes:** Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches? **Staff development:** What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies? **Leadership:** What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?
Suggested actions	• Create clear, comprehensive policies that explicitly prohibit weight-based discrimination and stigma in all aspects of service delivery. Ensure these policies are well-communicated to all staff. • Provide mandatory training for all healthcare staff on the impacts of weight stigma, the importance of weight-neutral care, and strategies to avoid stigmatising or discriminatory practices. • Audit all educational, promotional, and informational materials to identify and remove any content that reinforces weight stigma. Replace with materials that promote body diversity and acceptance and weight-neutral approaches to health. • Make sure all facilities are equipped with furniture and equipment that accommodate all body sizes comfortably and respectfully. This includes providing larger blood pressure cuffs, examination couches and seating. • Implement systems for patients to provide feedback on their experiences with weight stigma. Use this feedback to continuously improve care practices and address any issues promptly. • Share stories and case studies that illustrate the benefits of weight-neutral care and the positive outcomes achieved without focusing on weight loss. Use these stories to educate and inspire staff, clients and other stakeholders. • Advocate for policy changes at local, state, and national levels that support weight-neutral healthcare practices. Engage in efforts to raise awareness about the harms of weight stigma and promote systemic change. • Continuously monitor the implementation of anti-stigma policies and practices. Conduct regular evaluations to ensure that weight stigma is being effectively addressed and eliminated in all settings within your scope.

Eating Disorder Safe: Harm Minimisation	
Principle	Eating disorder risk is a consideration when making decisions around a person's health, care, learning, work or sports participation.
Putting it into practice	**Policies and processes:** Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches? **Staff development:** What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies? **Leadership:** What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?
Suggested actions	• Incorporate eating disorder risk assessments into routine evaluations and decision-making processes. Ensure that these assessments are thorough and consider various risk factors, including physical, psychological, and social aspects. • Create guidelines that outline the importance of considering eating disorder risk in all relevant decisions. Ensure these guidelines are clear, accessible, and regularly updated based on the latest research. • Provide ongoing training for all staff on recognising the signs and symptoms of eating disorders and understanding the risk factors. Ensure that staff are equipped to make informed decisions that consider these risks. • Develop policies that explicitly require consideration of eating disorder risk in all decisions related to health, care, learning, work, and sports. Ensure these policies are implemented and adhered to consistently. • Establish mechanisms for regularly monitoring and evaluating the impact of decisions on eating disorder risk. Use this data to make necessary adjustments and improvements. • Establish specific feedback mechanisms to gather input from individuals about how decisions are affecting their health and wellbeing. Use this feedback to continuously improve policies and practices.

Next steps

Now that you've worked through all the examples in this How-To Guide, and possibly come up with a few of your own, it's time to start planning for action. Use the [Reflection Activity](#), [Self-check Tool](#) and an [Action Plan template](#) to develop your plan and then start practising.

Remember that making changes and learning new habits can take time, and that making mistakes will be a part of this, even if you're in a leadership position. This is OK. You might choose an approach to handling mistakes as they occur, perhaps with your team, colleagues or a supervisor, so that you can support each other's learning without adding a sense of shame or blame.

The rest of this page is blank for you to jot down any other ideas.

Reflection activity, self-check tool and action plan

Reflection Activity

This activity is designed to help you engage in self-reflection regarding your relationships with health, food, mind and body, using the Eating Disorder Safe principles as a framework. The intent is to help get you thinking before you start developing your Action Plan.

You may choose to complete this activity on your own, with a trusted friend or colleague, or as a family.

Note: the intent of this activity is not to delve into deep feelings of distress in relation to food, eating or body image. There is no requirement to undertake this activity if it doesn't feel right for you. If you do try this activity and find that it brings up troubling thoughts or feelings, please seek support from your care team or via one of these Helplines.

If you want a quicker way to gauge your current level of Eating Disorder Safe practice, you can jump to the Self-Check Tool.

Materials Needed:

- Paper or journal
- Pens or pencils
- A comfortable space for discussion if working in pairs or a group

Instructions:

1. Create an environment where everyone can sit together without distractions, or where you feel able to focus.
2. Provide each person with a piece of paper and a pen or pencil.
3. Briefly explain the purpose for the activity, for example:
   - "Today we're going to spend time thinking about our current relationships with health, food, minds and bodies. This will help us understand where we are now and where we want to be in the future."
4. Choose an Eating Disorder Safe principle to focus on. Read the principle aloud.
5. Allow some time for each person to go through these self-reflection questions and make any notes:
   - Where am I/are we at with this principle right now?
   - Where would I/we like to be a month or a year from now?
   - What concepts do I/we need to know more about?
   - Who can I/we learn from?
   - Who can I/we involve in these actions?
   - Who could lead the actions we take?
6. If working in pairs or a group, have a discussion for everyone to share reflections (only as much as they want to). You might like to use these prompts:
   - "What stood out to you as you answered these questions?"
   - "Did you notice any common themes or differences in our reflections?"
   - "What are some realistic steps we can take to move from where we are now to where we want to be?"
7. Based on the discussion, come up with a list of priorities, and add them to your Action Plan.

Eating Disorder Safe Self-check tool

Use the information you have read on the previous pages, as well as any notes you have made, to run through this quick self-check tool to see where you or your organisation are up to in becoming Eating Disorder Safe. This isn't intended as a negative judgement if you're only just starting out. Rather, the purpose of this self-check is to see which areas might need more of your attention when you develop your Action Plan.

You could choose to keep a record of your results, and then re-do the self-check periodically to gauge your progress against each of the principles. You could then update your Action Plan, as you or your organisation gradually increase your level of confidence and range of approaches to being Eating Disorder Safe.

Date completed: _____   **Completed by:** _____

Principle	This is new to me/us	I/we do some of the suggested actions, or relevant equivalents	I/we do most of the suggested actions, or relevant equivalents
Health			
Families are supported to experience and model positive relationships with food, bodies and movement from the earliest opportunity and across the lifespan.			
The unique relationships between eating, chronic illness, disability and experiences of healthcare are acknowledged and addressed.			
Communications use size-inclusive, non-stigmatising language and imagery in respect of health, food, minds and bodies.			
People are supported to experience movement and exercise in ways that promote their overall wellbeing, including their emotions, social connections, and physical and mental health.			
Food			
Neutral language is used to describe food and its properties and food messaging is appropriate for its audience.			
Dietary advice is given in a weight neutral, culturally and developmentally appropriate manner, by people with appropriate qualifications and experience according to their scope of practice.			

Food security is addressed to support safe relationships with food and eating at individual and population levels.			
Diet culture and its far-reaching consequences are understood, reduced and ultimately eliminated, with actions based on contemporary evidence.			
Mind			
Mental health stigma and its harms in relation to health, food, mind and body are of concern and must be eliminated.			
The bidirectional relationship between food, eating and mental health is recognised, within the context of individual, social, cultural and economic factors.			
Body			
Settings where people live, learn, work, play and receive help are inclusive and welcoming for people of all sizes, shapes, weights, genders, sexualities, cultures, neurotypes and abilities.			
Neutral language is used to describe bodies at all ages and stages of development, all sizes, shapes, abilities and ethnicities.			
Size, shape or weight are not used as a standalone measure of health or wellbeing, used as a measure of skill, aptitude or performance, or a barrier to education, employment or civic participation.			
Weight stigma and its consequences are of concern and must be eliminated.			
System-level drivers of eating disorder risk, for example institutional weight stigma, diet culture, medical and health professional weight bias, are addressed.			
Harm Minimisation (where relevant)			
Alternatives to weight-focused activities and outcomes are prioritised as far as possible (e.g., other health, quality of life, performance, and wellbeing metrics).			
Recognising and responding to eating disorder warning signs and symptoms in all people and bodies is a responsibility of all people working in high-risk settings.			
Weight stigma has no place in the healthcare setting, no matter the condition being treated.			
Eating disorder risk is a consideration when making decisions around a person's health, care, learning, work or sports participation.			

Eating Disorder Safe Action Plan

Once you have read through the guidance material most relevant to your role and completed the self-check tool, this action plan template can help you define and prioritise the steps that you or your organisation will take to put the Eating Disorder Safe principles into practice.

We suggest you choose a number of principles to work on that is feasible within your setting and context. A family or an individual worker might choose to work on one principle at a time, whereas a large organisation might take a holistic approach to implementing all of the Eating Disorder Safe principles together.

If you would like advice on aligning your Eating Disorder Safe Action Plan within your other strategic or operational planning cycles, please contact info@nedc.com.au.

Date of plan: _____ **Plan prepared by:** _____ **Endorsed by:** _____

Our Eating Disorder Safe priorities
E.g. Focus on putting the Health principles into practice at home; Develop an ED Safe service charter; Address all weight stigma principles in our new policy; etc.

What actions will we take?	Who is responsible?	What help or resources do they need?	When will this be done?

What barriers might we encounter?	How will we address them?	Who is responsible?	What help or resources do they need?
E.g. Barriers might include feelings of resistance to change, financial barriers, time barriers, competing priorities, or lack of people-power.			

How will we know it's working?
E.g. Our family will feel less anxious about staying healthy; We will get positive client feedback about the ways that we support them to feel safe; Our policy will include tangible measures on weight stigma reduction; etc.

When will we check-in on our progress?	
Once we've achieved this priority, what do we think we will focus on next?	