

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 frontline workers

Frontline workers

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 frontline workers, we are talking about a group of paid employees, volunteers and private practitioners with a scope well beyond the traditional view of the eating disorder sector.

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

- Health professionals in any clinical discipline
- Aboriginal and Torres Strait Islander Health Workers and Practitioners
- Teachers
- Early educators
- Family workers
- Community workers
- Support workers
- Coaches
- Youth workers
- Fitness professionals
- And other people whose work places them in a position of having a direct patient, client or student relationship which involves a duty of care.

If the Eating Disorder Safe concept is new to you, 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.

Remember, these are suggested strategies that you can use as a frontline worker, but that doesn't mean that all the responsibility to make your service 'Eating Disorder Safe' rests with you. The other How-To Guides are targeted at leaders and organisations who also have roles to play. You can refer them to this Guide if you think they need some assistance in understanding and acting on their roles.

If you do implement the Eating Disorder Safe principles in your own practice, NEDC would love to hear about it! Submit your case study to nationalstrategy@nedc.com.au.

Getting started with Eating Disorder Safe actions

As a frontline worker, you have a unique opportunity to help prevent eating disorders through your everyday interactions. If you're just getting started with this, you might look for straightforward steps to begin making a positive impact without extensive effort or cost while you are learning. We suggest these two quick wins because you can easily integrate them into your daily practice and they can make a significant difference for the people you support.

Quick Wins:

1. Use Neutral Food Language in Professional Interactions

Action: Describe food neutrally in all communications with clients, patients, students and others, avoiding terms which place a value judgement on food (e.g. healthy/unhealthy, clean/junk, etc).

Why? Using neutral language creates a more inclusive and supportive environment, helping to reduce food-related stress among the people you support. It also helps you stay within your scope of practice.

How? Read [this article from Dietetically Speaking](#) for an explanation of the importance of food language and some suggested word swaps.

2. Challenge Weight-Based Discrimination

Action: Commit to addressing and challenging weight-based stereotypes and discrimination within your professional interactions.

Why? Promoting respect and inclusivity in your practice can significantly improve the health, wellbeing and trust of those you serve.

How? Check out [Better Health Network's resource on Size-Inclusive Health Promotion](#) and reflect on your own practice.

Ready to take some more action? Turn the page for additional strategies and actions to support your clients, patients, students and others effectively.

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	<p>Self-reflection: Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p>Learning: What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p>Scope of practice: What is my professional role here? What are the upper limits of my scope in relation to my training, skills and experience? (if unsure, find out).</p> <p>Using my influence: Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
Suggested actions	<ul style="list-style-type: none"> • Offer workshops for families on topics such as intuitive eating, body positivity, and joyful movement. Ensure these workshops are accessible and culturally relevant. • Provide families with educational materials that promote positive relationships with food, bodies, and movement. Include books, pamphlets, and online resources. • Develop programs that engage families in physical activities, such as family fun days or community sports leagues, encouraging positive movement experiences without equating these with concepts such as calorie burning or weight loss. • Facilitate support groups for parents, carers and other community members to share strategies and challenges in fostering positive relationships with food and body image within their families. • Use respectful and culturally appropriate communication when discussing health, food, mind, and body. • Consider the holistic and interrelated ways that these concepts are viewed in some cultures, including First Nations cultures. Seek (and remunerate) cultural guidance from Elders or other community leaders and engage in cultural reflexivity.

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	<p>Self-reflection: Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p>Learning: What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p>Scope of practice: What is my professional role here? What are the upper limits of my scope in relation to my training, skills and experience? (if unsure, find out).</p> <p>Using my influence: Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
Suggested actions	<ul style="list-style-type: none"> • Provide training for frontline workers on the complex interplay between eating, chronic illness, disability, and healthcare experiences. Include case studies and role-playing scenarios. • Seek out professional development opportunities including lived experience perspectives, and engage in reflective practice with your colleagues. • Develop and distribute resources that address the specific needs of individuals with chronic illnesses or disabilities, focusing on adaptive eating strategies and weight neutral nutritional support. • Encourage the creation of collaborative care plans that involve dietitians, healthcare providers, and support workers to address the unique dietary needs of clients. • Establish networks for frontline workers to share best practices and strategies for supporting individuals with chronic illnesses or disabilities. • Advocate for policies that recognise and address the unique dietary needs of individuals with chronic illnesses and disabilities within healthcare settings.

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	<p>Self-reflection: Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p>Learning: What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p>Scope of practice: What is my professional role here? What are the upper limits of my scope in relation to my training, skills and experience? (if unsure, find out).</p> <p>Using my influence: Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
Suggested actions	<ul style="list-style-type: none"> • Design and promote health campaigns that use size-inclusive, non-stigmatising language and imagery. • Participate in training on using size-inclusive, non-stigmatising language and imagery. • Provide patients, clients, students and others with materials that use size-inclusive, non-stigmatising language and imagery. • Consistently use size-inclusive, non-stigmatising language in professional interactions. • Encourage students to use size-inclusive, non-stigmatising language and imagery in their work. • Provide training for staff responsible for communications on how to use inclusive language and imagery. • Establish systems for receiving feedback on communications to ensure they are inclusive and non-stigmatising.

Eating Disorder Safe: Health

Principle	<p>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.</p>
Putting it into practice	<p>Self-reflection: Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p>Learning: What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p>Scope of practice: What is my professional role here? What are the upper limits of my scope in relation to my training, skills and experience? (if unsure, find out).</p> <p>Using my influence: Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
Suggested actions	<ul style="list-style-type: none"> • Develop and promote exercise and movement programs that emphasise mental health and social and emotional wellbeing. • Educate clients on the benefits of holistic approaches to movement and exercise. • Collaborate with mental health professionals to integrate emotional wellbeing into physical activity programs. • Ensure exercise options are accessible and enjoyable for people of all abilities and preferences. • Implement feedback mechanisms to understand client experiences and improve programs. • Create opportunities for children to interact and collaborate with their peers during exercise and movement programs to encourage social connections and emotional wellbeing. • Focus on enjoyment and participation and offer a variety of physical activities within schools for children to engage in different types of physical activities. This will allow children to explore activities that they enjoy and align with their interests and abilities. • Engage families and communities in supporting children's physical activity and overall well-being. Provide resources and information to parents about exercise and movement programs that focus on movement for fun or skill development, and encourage them to participate in activities with their children. • Understand the factors that lead children and young people to withdraw from opportunities for physical activity such as school sport, and devise approaches to keeping them interested and engaged.

Eating Disorder Safe: Food

Principle	<p>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.</p>
Putting it into practice	<p>Self-reflection: Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p>Learning: What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p>Scope of practice: What is my professional role here? What are the upper limits of my scope in relation to my training, skills and experience? (if unsure, find out).</p> <p>Using my influence: Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
Suggested actions	<ul style="list-style-type: none"> • Participate in professional development focused on culturally sensitive and weight neutral approaches to nutrition. • Work with dietitians and nutritionists with skills in weight-neutral approaches to provide comprehensive care to clients, keeping within your own scope of practice. • Establish mentorship programs for new frontline workers to learn best practices in providing weight-neutral and culturally appropriate dietary advice. • Work with inter- or multidisciplinary teams to ensure appropriate dietary advice is integrated into comprehensive care plans. • Organise workshops with local dietitians to educate clients, students, athletes or families on balanced nutrition and cultural foods. • Integrate lessons on nutrition that are weight-neutral and culturally inclusive into curricula in age and stage appropriate ways. Plan activities that explore and celebrate diverse cultural foods and balanced eating without focusing on weight. • Promote positive, weight-neutral messages about nutrition and performance to athletes, dancers or students and their families. • Model eating in ways that focus on overall wellbeing rather than weight. • Organise cooking classes for residents that emphasise the joy of cooking and eating a variety of culturally relevant foods. Engage residents in preparing the menu plan for the week with these points in mind. • Provide individualised dietary support that respects each resident's cultural background and specific needs and preferences.

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	<p>Self-reflection: Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p>Learning: What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p>Scope of practice: What is my professional role here? What are the upper limits of my scope in relation to my training, skills and experience? (if unsure, find out).</p> <p>Using my influence: Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
Suggested actions	<ul style="list-style-type: none"> • Demonstrate the use of neutral language regarding food in all professional interactions, setting a positive example for others. • Ensure neutral language is used to describe food in the physical environment at your service or centre, e.g. in canteens, cafeterias, gyms, sports facilities or other areas where there may be food-related poster displays or menus. • Consider the age and developmental stage of your audience and tailor information to the level of complexity they are able to process – if unsure, seek support. • Provide patients, students, athletes, clients and families with educational materials that use neutral language related to food. • Encourage students to create projects that use neutral language to discuss food and its properties. • Implement feedback mechanisms where clients can report if they feel food language is inappropriate, using this feedback to improve practices. • Partner with First Nations health organisations to deliver culturally relevant resources.

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	<p>Self-reflection: Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p>Learning: What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p>Scope of practice: What is my professional role here? What are the upper limits of my scope in relation to my training, skills and experience? (if unsure, find out).</p> <p>Using my influence: Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
Suggested actions	<ul style="list-style-type: none"> • Implement comprehensive screening for food insecurity as a routine part of patient intake to identify those in need. • Distribute information about local food resources to clients or families. • Provide tailored nutrition education that respects the cultural and personal preferences of patients while considering their food security status. • Offer counselling to address emotional/ psychological effects of food insecurity. • Develop holistic care plans that incorporate food security as a fundamental component of patient health and recovery. • Provide direct support such as delivering food parcels or assisting with grocery shopping for clients facing severe food insecurity. • Partner with local food programs to ensure clients have access to regular, nutritious meals and fresh produce. • Support or initiate school programs that address food insecurity, such as breakfast clubs or food pantries. Ensure these are delivered in culturally safe and respectful ways. • Integrate food security education into lesson plans, incursions or extra-curricular activities to raise awareness and reduce stigma among students. • Advocate for policies at local and national levels that address the root causes of food insecurity and support nutritious, affordable food options. • Implement initiatives within youth programs that provide direct access to nutritious food, such as snack programs or community dinners. • 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. • Identify and address barriers to food security specific to each family, such as transportation issues or limited access to culturally appropriate foods.

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	<p>Self-reflection: Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p>Learning: What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p>Scope of practice: What is my professional role here? What are the upper limits of my scope in relation to my training, skills and experience? (if unsure, find out).</p> <p>Using my influence: Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
Suggested actions	<ul style="list-style-type: none"> • Commit to continuous education on the latest evidence about diet culture and its impacts. Attend conferences, read relevant literature, and participate in professional development. • Educate patients, clients, students and others about the harms of diet culture and promote balanced, evidence-based approaches to health. • Host workshops that address diet culture and promote evidence-based health practices. • Provide clients with materials that educate about diet culture and its impact. • Integrate lessons on the impact of diet culture and promote balanced approaches to health in health education classes. • Encourage students to create projects that explore the impact of diet culture and promote evidence-based health practices. • Communicate with parents about the importance of understanding and reducing the influence of diet culture. • Create a supportive team environment that challenges diet culture and promotes balanced health and training practices. • Regularly review and update organisational policies to ensure they are free from diet culture influences and promote health. • Facilitate workshops and training sessions for staff to educate them about diet culture and its negative consequences. • Use your platform to make public statements against diet culture, promoting a more balanced and health-focused approach.

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	<p>Self-reflection: Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p>Learning: What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p>Scope of practice: What is my professional role here? What are the upper limits of my scope in relation to my training, skills and experience? (if unsure, find out).</p> <p>Using my influence: Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
Suggested actions	<ul style="list-style-type: none"> • Attend training on mental health stigma and its impact on patient care. • Provide non-judgmental, supportive care to patients experiencing mental health issues. • Facilitate support groups that focus on mental health and reducing stigma. • Distribute materials that educate clients about mental health and stigma reduction. • Educate clients on the importance of seeking help and reducing stigma. • Facilitate open discussions about mental health and stigma with students. • Support or initiate school programs that promote mental health awareness and reduce stigma. • Host workshops for parents on mental health and reducing stigma. • Create a supportive team environment where mental health is openly discussed. • Advocate for the implementation of policies that address mental health stigma and promote a supportive environment. • Lead or participate in awareness campaigns to educate about the harms of mental health stigma and promote mental wellbeing. • Work with other community leaders and organisations to develop a unified approach to reducing mental health stigma. • Develop peer education programs where residents who are comfortable can share their experiences and educate others about mental health stigma.

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	<p>Self-reflection: Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p>Learning: What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p>Scope of practice: What is my professional role here? What are the upper limits of my scope in relation to my training, skills and experience? (if unsure, find out).</p> <p>Using my influence: Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
Suggested actions	<ul style="list-style-type: none"> • Develop and deliver awareness programs that educate about the ways that mental health, food and eating all influence each other. • Consult with your community to understand which types of actions are feasible for them in promoting safe and enjoyable food and eating relationships and positive mental health. • Distribute informational materials on the links between food, eating and mental health, tailored to various audiences. • Establish support groups where individuals can share experiences and strategies for managing mental health in the context of food and eating challenges. • Organise community events that promote mental health awareness and provide resources for support, particularly in relation to food and eating. • Organise storytelling circles where residents can share their personal experiences with mental health, food and eating in a safe and supportive environment. • Seek continuing professional development in nutritional psychiatry and the relationships between food and mood.

Eating Disorder Safe: Body

Principle	<p>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.</p>
Putting it into practice	<p>Self-reflection: Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p>Learning: What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p>Scope of practice: What is my professional role here? What are the upper limits of my scope in relation to my training, skills and experience? (if unsure, find out).</p> <p>Using my influence: Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
Suggested actions	<ul style="list-style-type: none"> • Educate patients, clients, students, athletes, residents and families about the importance of inclusivity and respect for diversity. • Conduct audits of your environment to ensure it is inclusive and welcoming for all. • Ensure that all health assessments and interventions are weight-neutral and focus on overall mental and physical health and wellbeing. Avoid making assumptions about health based solely on size or weight (such as using Body Mass Index [BMI]). • Provide appropriately sized medical equipment and furniture, such as larger blood pressure cuffs and sturdy chairs without armrests, within the range of appropriate options available within your practice to aid accessibility and participation. • Encourage clients to set health goals that are unrelated to weight, such as improved mobility or mental wellbeing. • Use educational materials that feature diverse body types and avoid promoting a single "ideal" body type. • Emphasise skill development, effort, and enjoyment over appearance or body size in sports and physical activities. • Host workshops for families on promoting body esteem and reducing weight stigma at home. • Facilitate support groups where families can share experiences and strategies for fostering inclusive environments. • Use intake forms that include options for various gender identities and sexual orientations. • Create a welcoming environment with visible signs of support, such as rainbow flags or Safe Space stickers. • Offer resources specifically designed to support LGBTQ+ clients, including mental health support and social groups. • Establish or support LGBTQ+ groups where students and youth can find support and community. • Educate families on LGBTQ+ issues to foster acceptance and support at home.

- Help families connect with support networks and resources specific to LGBTQ+ family members.
- Encourage inclusive practices in family settings, such as using correct pronouns and respecting gender identities.
- Engage in cultural competency training to better understand and respect the diverse cultural backgrounds of patients.
- Offer translation services to ensure clear communication with patients who speak different languages.
- Incorporate cultural practice into patient care, such as traditional medicine and healing techniques, in collaboration with traditional healers and practitioners.
- Engage with Elders or other cultural community leaders to better understand and meet the needs of the cultural groups you are working with.
- Offer culturally relevant and accessible resources.
- Participate in professional development on neurodiversity to better understand and support patients, clients, students, and others with diverse neurotypes.
- Create sensory-friendly environments in service settings to accommodate people with sensory sensitivities.
- Use clear, straightforward communication methods, visual aids or other communication techniques according to the person's preferences.
- Use teaching methods that accommodate various learning styles and neurotypes.
- Allow for sensory breaks and provide quiet spaces for students, clients, athletes or residents who need them.
- Be mindful of sensory sensitivities in sporting environments, providing accommodations as needed.
- Ensure that service facilities are fully accessible to people with disabilities, including physical access, communication supports, and assistive devices.
- Implement Universal Design for Learning principles to create a flexible learning environment that accommodates all students.
- Offer adaptive sports programs that allow athletes of all abilities to participate, compete and feel valued as members of the sport.
- Implement systems for receiving feedback on inclusivity and make necessary improvements based on this feedback.
- Advocate for policies that promote inclusivity and diversity within your organisation and community.

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	<p>Self-reflection: Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p>Learning: What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p>Scope of practice: What is my professional role here? What are the upper limits of my scope in relation to my training, skills and experience? (if unsure, find out).</p> <p>Using my influence: Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
Suggested actions	<ul style="list-style-type: none"> • Develop and distribute materials that promote the use of neutral language in discussing bodies, ensuring they are age-appropriate and culturally sensitive. • Ensure materials provided to patients, clients, students and others use neutral language to describe bodies and portray diversity in a positive light. • Consistently use neutral language to describe bodies in professional interactions, setting a positive example. • Foster an environment where the use of neutral, inclusive language is encouraged and expected. This can include setting clear guidelines and expectations for staff and creating a culture of respect and inclusivity. • Regularly reflect on your own language use and encourage your colleagues to do the same. Be mindful of the words you choose and the impact they may have on others, and strive to improve continuously. • Integrate lessons on body neutrality into educational curricula and coaching sessions, and provide resources with relevant examples. • Communicate with parents about the importance of using neutral language to describe bodies, and provide resources to support them with this. • Engage in training and continuous professional development regarding use of language, including understanding how to use language that is relevant and respectful of the cultures and communities you are working with. • Establish or participate in mechanisms for receiving feedback on the language used within your practice or organisation. Promote these mechanisms to your clients, patients, students or community. Use their feedback to continually improve and ensure that the language remains inclusive and non-stigmatising.

Eating Disorder Safe: Body

Principle	<p>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.</p>
Putting it into practice	<p>Self-reflection: Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p>Learning: What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p>Scope of practice: What is my professional role here? What are the upper limits of my scope in relation to my training, skills and experience? (if unsure, find out).</p> <p>Using my influence: Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
Suggested actions	<ul style="list-style-type: none"> • Implement holistic assessment practices that consider multiple aspects of health and well-being beyond size, shape, or weight. • Regularly participate in training sessions that address weight bias and teach strategies for providing non-discriminatory care. • Provide training for staff on the limitations of using size, shape, or weight as health measures and promote more comprehensive evaluation methods. • Educate patients about the importance of holistic health measures. • Provide patients with materials that promote a holistic approach to mental and physical health and wellbeing. • Advocate for patients facing weight discrimination in other settings, such as schools or workplaces, by providing supportive documentation and resources. • Encourage students to create projects that explore holistic measures of health. • Highlight and celebrate achievements of individuals of all sizes and shapes in various fields to provide students with diverse role models. • Ensure that the curriculum does not equate physical appearance with health or ability and teaches students about the dangers of weight bias and discrimination. • Implement and enforce anti-bullying policies that specifically address weight-based bullying, ensuring a safe and inclusive environment for all students. • Focus on skill development, effort, and personal growth as measures of an athlete's success rather than physical appearance or weight. • Celebrate and reward achievements that are not related to physical appearance, such as teamwork, perseverance, and sportsmanship. • Encourage family activities that focus on fun, skill-building, and togetherness rather than physical appearance or weight loss. • Support residents in seeking employment opportunities by advocating for inclusive hiring practices and educating employers on the importance of diversity and non-discrimination, as well as the need to address unconscious weight bias. • Advocate for policies within your organisation that prevent discrimination based on size, shape, or weight and promote equal opportunities.

Eating Disorder Safe: Body

Principle	Weight stigma and its consequences are of concern and must be eliminated.
Putting it into practice	<p>Self-reflection: Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p>Learning: What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p>Scope of practice: What is my professional role here? What are the upper limits of my scope in relation to my training, skills and experience? (if unsure, find out).</p> <p>Using my influence: Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
Suggested actions	<ul style="list-style-type: none"> • Participate in training on understanding and addressing weight stigma in your service setting. • Implement feedback mechanisms where clients can report on their experience of weight stigma within your service, using this feedback to improve practices. • Provide supportive care that challenges weight stigma and promotes respect for all body types. • Lead or participate in campaigns to raise awareness about weight stigma in relevant settings. • Support or initiate programs that promote awareness of weight stigma and respect for body diversity. • Communicate with parents about the importance of addressing weight stigma and promoting respect for all body types. • Advocate for and help implement organisational policies that address and mitigate weight stigma. • Lead awareness campaigns within your organisation or community to highlight the consequences of weight stigma and promote respectful, inclusive behaviours. • Regularly review and update organisational practices to ensure they are free from weight stigma and promote an inclusive environment.

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	<p>Self-reflection: Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p>Learning: What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p>Scope of practice: What is my professional role here? What are the upper limits of my scope in relation to my training, skills and experience? (if unsure, find out).</p> <p>Using my influence: Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
Suggested actions	<ul style="list-style-type: none"> • Conduct or participate in an analysis of your organisation's practices to identify and address systemic drivers of eating disorder risk. • Advocate for systemic changes within your institution to reduce weight stigma, diet culture, and professional bias. • Educate colleagues and patients about the systemic drivers of eating disorder risk and promote change. • Educate clients about the systemic drivers of eating disorder risk and promote self-advocacy. • Facilitate discussions about the systemic drivers of eating disorder risk with students, athletes and parents. • Create a supportive team culture, backed up by policy, that challenges systemic drivers of eating disorder risk.

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.

If you are unsure whether these principles apply to you and your context, we suggest working through them and considering each one in relation to your daily work. You should also refer to your professional body for guidance regarding your scope of practice.

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	<p>Self-reflection: Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p>Learning: What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p>Scope of practice: What is my professional role here? What are the upper limits of my scope in relation to my training, skills and experience? (if unsure, find out).</p> <p>Using my influence: Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
Suggested actions	<ul style="list-style-type: none"> • Participate in ongoing professional development regarding alternatives to weight-centric healthcare. • Educate patients, clients, students and others about the benefits of focusing on overall health and wellbeing rather than weight. • Provide patients, clients, students and others with resources and tools that emphasise wellbeing and quality of life metrics. • Design programs, care plans, assignments or team goals that measure success through holistic health outcomes rather than weight loss. • Implement systems for clients to share their experiences and feedback on weight neutral or size inclusive approaches.

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	<p>Self-reflection: Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p>Learning: What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p>Scope of practice: What is my professional role here? What are the upper limits of my scope in relation to my training, skills and experience? (if unsure, find out).</p> <p>Using my influence: Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
Suggested actions	<ul style="list-style-type: none"> • Understand the scope of your responsibility to identify and respond to eating disorder warning signs. Refer to the NEDC Stepped System of Care for Eating Disorders for more information. • Participate in regular training, including refresher courses, to help you identify key warning signs among the population you work with. • Implement regular screening procedures for eating disorders in your practice. • Develop referral networks within your area, and become familiar with the various avenues for seeking an eating disorder treatment provider. • Run awareness campaigns within your community or organisation to educate others about eating disorders. • Create a supportive and non-judgmental environment for patients, clients, students and others to discuss their concerns, while remaining within your own scope of practice.

* 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	<p>Weight stigma has no place in the healthcare setting, no matter the condition being treated.</p>
Putting it into practice	<p>Self-reflection: Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p>Learning: What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p>Scope of practice: What is my professional role here? What are the upper limits of my scope in relation to my training, skills and experience? (if unsure, find out).</p> <p>Using my influence: Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
Suggested actions	<ul style="list-style-type: none"> • Participate in training programs and other professional development activities that focus on understanding and eliminating weight bias and stigma in healthcare. • Implement inclusive practices that ensure all patients receive respectful and equitable care. • Listen to and validate patients' experiences and concerns without making assumptions based on their weight. Tailor care plans to individual needs and preferences, ensuring that weight bias does not influence treatment decisions. • Participate in case reviews with colleagues, including a focus on reviewing where weight bias may be impacting care plans. • Take the Harvard Implicit Association Test on weight, and find out about your own level of unconscious bias. You can take the test periodically and see if anything changes for you over time. • Advocate for patients who experience weight stigma (e.g. as a barrier to other health services) and support them in finding weight-neutral care pathways. • Establish or participate in mechanisms for receiving feedback on your practice or organisation. Promote these mechanisms to your clients, patients or community, ensuring they understand that they can complain if they experience weight stigma. Use their feedback to continually improve and ensure your practice remains inclusive and non-stigmatising. Report back to anyone who has made a complaint about weight stigma and tell them what you are doing to address it. • Reconsider rolling-out programs or interventions with a focus on weight. Engage relevant experts, including community members, in redesigning programs to focus on relevant modifiable health markers (e.g. fitness, strength, agility, health behaviour, relevant biomarkers, etc.).

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	<p>Self-reflection: Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p>Learning: What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p>Scope of practice: What is my professional role here? What are the upper limits of my scope in relation to my training, skills and experience? (if unsure, find out).</p> <p>Using my influence: Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
Suggested actions	<ul style="list-style-type: none"> • Participate in professional development on assessing and addressing eating disorder risk in your work setting and within your scope of practice. • Implement screening protocols to identify individuals at risk of eating disorders, even if this is not your main area of clinical focus. • Conduct thorough assessments that consider all aspects of a person's well-being, including physical, mental, and emotional health. Do not avoid asking about food, eating or body image as part of assessment, or make assumptions about a person's eating disorder risk without asking. • Work collaboratively with the client, their carers and other professionals to address eating disorder risks in relation to other healthcare and interventions. Refer to the NEDC website for information about the Care Team for people with eating disorders. • Ensure you are providing culturally safe and relevant services in respect of eating disorder risk, or seek advice on how to do this if unsure (e.g. via paid supervision). • Develop individualised support plans that address the unique needs and circumstances of each person. Plans should include strategies to mitigate eating disorder risks and promote overall mental and physical health and wellbeing.

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. This is OK. You might choose an approach to handling mistakes as they occur, perhaps with your team mates or a supervisor, so that they can support your 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?	