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 researchers and policymakers

Researchers and policymakers

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. Consequently, when considering actions for researchers and policymakers, we are addressing those who influence and shape policies and conduct research that extends well beyond the traditional scope of the eating disorder sector.

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

- Researchers and support staff in health and related fields
- Human Research Ethics Committee members and support staff
- Officials involved in research grant program design and assessment
- Editors and support staff of academic journals
- Policymakers at local, state, and national levels
- Public health officials and planners
- Academic leaders and administrators in educational institutions
- Policy advisors and analysts in governmental and non-governmental organisations
- Leaders in think tanks and research institutes focusing on health and social policy
- Community and advocacy organisation leaders involved in health promotion, including relevant professional associations
- Professionals in regulatory agencies impacting health, education, sport and community services

If the Eating Disorder Safe concept is new to you or your team, we recommend starting with a focused approach. Consider initiating a working group to explore and implement one principle at a time. This could relate to implementing each principle within your own internal processes. Once you feel confident in one area, you can expand your focus to incorporate additional principles.

Alternatively, you may opt to take a comprehensive approach, aligning efforts to target multiple principles simultaneously. For instance, you could integrate all aspects of the 'Health' principles into your next research agenda or policy framework, or coordinate actions across different principles in a strategic manner to achieve broader impact.

If you do implement the Eating Disorder Safe principles in research or policy, 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 researchers and policymakers, your work can set the tone for public discourse and policies related to eating disorders, disordered eating and body image distress. If this is a new field of inquiry for you, you may be looking for some straightforward actions that can be easily incorporated into your work to make a meaningful impact. We suggest these two quick wins because they promote inclusive practices and can significantly impact societal attitudes towards body diversity.

Quick Wins:

1. Use Size-Inclusive, Non-Stigmatising Language in Publications

Action: Ensure all research papers and policy documents use inclusive language that avoids stigmatising body shape, weight or size, food choices or eating practices.

Why? Promoting respectful and inclusive language helps create research and policy that avoids perpetuating harmful stereotypes. This enhances uptake by community members, which may in turn enhance impact.

How? Refer to the APA Inclusive Language Guide section on weight stigma, read about how to communicate 'food neutrality' for people at various life stages, and seek out specific guidance on inclusive language for any key populations you are working with.

2. Share Research, Policy and Translation Initiatives that Highlight Non-Stigmatising Approaches to Health

Action: Actively disseminate research findings and policies that emphasise inclusive health approaches.

Why? Demonstrating the evidence for and encouraging the adoption of non-stigmatising practices fosters a safer public discourse and policy environment in respect of eating disorder risk and harm.

How? Join relevant networking groups, such as a Size Inclusive Journal Club a Weight Neutral Special Interest Group within your professional membership body, or start your own. Some groups of interest might be the Australia and New Zealand Academy for Eating Disorders or Size Inclusive Health Australia.

Ready to take some more action? Turn the page for further steps that you can take to make your research and policy practice and outputs Eating Disorder Safe.

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	**Reform:** How can our work contribute to changes which uphold this principle at a population level? **Investment:** What human, intellectual, community, material and financial resources can be leveraged to enact this principle? How are we ensuring safety, equity and fairness? What other investment is needed? **Leadership:** Who will lead our work on enacting this principle? How can we inspire others to take similar action? Who else should be at the table? **Continuous feedback:** How are we checking if our efforts are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?
Suggested actions	• Investigate the factors that contribute to positive relationships with food, bodies, and movement across different family structures, cultures, and socio-economic backgrounds. Use this research to inform policy development. • Create guidelines based on the latest research that outline best practices for fostering positive relationships with food, bodies, and movement. Ensure these guidelines are accessible to families, educators, and healthcare providers. • Allocate funding for community programs that promote positive relationships with food, bodies and movement. Support initiatives that cater to diverse populations and age groups. • Integrate policies that support positive relationships with food, bodies, and movement into broader public health, education, and social services frameworks. Ensure these policies are coordinated across different sectors and levels of government. • Develop and fund health promotion programs that target young children and their families, focused on fostering positive relationships with food, bodies and movement from an early age. • Implement educational campaigns for families about the importance of modelling positive relationships with food, bodies, and movement. Provide practical tips and strategies that families can easily adopt. • Ensure that public health messaging and educational materials are inclusive, promote body acceptance and a holistic approach to health. Avoid messages that focus on weight or appearance. • Recognise and address the social determinants of health that impact families' ability to model positive relationships with food, bodies, and movement. Advocate for policies that reduce socio-economic barriers and promote equity.

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	**Reform:** How can our work contribute to changes which uphold this principle at a population level? **Investment:** What human, intellectual, community, material and financial resources can be leveraged to enact this principle? How are we ensuring safety, equity and fairness? What other investment is needed? **Leadership:** Who will lead our work on enacting this principle? How can we inspire others to take similar action? Who else should be at the table? **Continuous feedback:** How are we checking if our efforts are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?
Suggested actions	• Work with communities, including people with chronic illness or disability, to understand their specific needs, wants and experiences. Use this input to shape research agendas, policies, and programs. • Investigate the intersections between eating experiences, chronic illness, disability, body image and healthcare experiences. Focus on understanding how these factors interact and impact individual and population health and wellbeing. • Develop policies that recognise and address the unique eating, nutrition and body image experiences and needs of people with chronic illness or disability. Ensure these policies promote equitable access to healthcare and support services. • Encourage collaboration between health, mental health professionals and disability service providers to develop comprehensive care plans that consider the unique needs of people with chronic illnesses and disabilities. Work with community members and advocates to devise and propose models of care. • Develop evidence-based guidelines for healthcare providers on how to address the nutritional and eating-related needs and preferences of people with chronic illness or disability. • Develop, deliver and evaluate training for health professionals on the specific eating, nutrition and body image experiences and needs of people with chronic illness or disability. Include modules on recognising and addressing disordered eating patterns within these populations. • Recognise and address the social determinants of health that disproportionately affect people with chronic illness or disability. Develop policies that improve access to nourishing food, safe environments, and social support.

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	**Reform:** How can our work contribute to changes which uphold this principle at a population level? **Investment:** What human, intellectual, community, material and financial resources can be leveraged to enact this principle? How are we ensuring safety, equity and fairness? What other investment is needed? **Leadership:** Who will lead our work on enacting this principle? How can we inspire others to take similar action? Who else should be at the table? **Continuous feedback:** How are we checking if our efforts are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?
Suggested actions	• Develop guidelines on the use of size-inclusive, non-stigmatising language and imagery in all communications, including research proposals, research materials, research output, policy briefs, strategic policies, and translation resources. Ensure these guidelines are widely disseminated and accessible to all stakeholders. • Provide training programs that educate researchers, healthcare providers, and policymakers on the importance of using size-inclusive language and imagery. • Conduct a thorough review of existing public-facing materials (websites, social media, publications, resources) to identify and remove any stigmatising language or imagery. Replace these with inclusive alternatives that respect body diversity. • Work with diverse communities to understand their perspectives and experiences related to size and stigma, understanding that diversity exists within and between communities and that specific approaches may be needed for specific groups. Use this input to inform the development of inclusive communication strategies. • Design and implement public health campaigns that promote physical and mental health and wellbeing without focusing on weight. • Establish a system to monitor media and academic publications for compliance with size-inclusive, non-stigmatising language guidelines. Provide feedback and support for improvement. • Ensure that all your organisation's public policies and communications related to health, food, minds, and bodies use size-inclusive, non-stigmatising language. Advocate for the adoption of these principles at all levels of government. • Create channels for receiving feedback from the public and stakeholders on the use of language and imagery in communications. Use this feedback to make continuous improvements. • Regularly evaluate the impact of size-inclusive, non-stigmatising communications on public attitudes and behaviours. Use this data to refine strategies and demonstrate the effectiveness of inclusive messaging.

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	**Reform:** How can our work contribute to changes which uphold this principle at a population level? **Investment:** What human, intellectual, community, material and financial resources can be leveraged to enact this principle? How are we ensuring safety, equity and fairness? What other investment is needed? **Leadership:** Who will lead our work on enacting this principle? How can we inspire others to take similar action? Who else should be at the table? **Continuous feedback:** How are we checking if our efforts are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?
Suggested actions	• Create evidence-based guidelines that promote a variety of movement and exercise options tailored to different abilities, preferences, and cultural contexts. Emphasise the holistic benefits of physical activity. • Develop public health campaigns that highlight the joy and holistic benefits of movement and exercise. Use size-inclusive, non-stigmatising language and imagery that celebrates diverse bodies and abilities. • Develop policies that create safe, accessible spaces for physical activity in all communities. This includes parks, recreational facilities, and walkable neighbourhoods that encourage movement and social interaction. • Train healthcare providers to recommend movement and exercise as part of a holistic approach to health. Emphasise the importance of considering patients' emotional, social, and mental health when prescribing physical activity. • Advocate for and fund programs in schools that incorporate a variety of physical activities into the curriculum. Ensure these programs are designed to promote positive experiences with movement and build lifelong enjoyment of movement. • Establish mechanisms for regularly monitoring and evaluating the impact of movement and exercise programs on overall wellbeing. Use this data to refine and improve programs, ensuring they meet the needs of diverse populations. • Support initiatives that integrate social components into movement and exercise programs. Encourage activities that can be done in groups or pairs to build social connections and community support. • Identify and address barriers that prevent people from engaging in movement and exercise, such as cost, accessibility, safety and body image concerns. Develop strategies to make physical activity more inclusive and accessible to all.

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	**Reform:** How can our work contribute to changes which uphold this principle at a population level? **Investment:** What human, intellectual, community, material and financial resources can be leveraged to enact this principle? How are we ensuring safety, equity and fairness? What other investment is needed? **Leadership:** Who will lead our work on enacting this principle? How can we inspire others to take similar action? Who else should be at the table? **Continuous feedback:** How are we checking if our efforts are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?
Suggested actions	• Invest in research to explore the effectiveness of weight-neutral dietary advice. Ensure studies include diverse populations to understand how cultural and developmental factors influence dietary practices and health outcomes. • Create guidelines that promote weight-neutral, culturally sensitive, and developmentally appropriate dietary advice, with consideration of scope of practice for the particular workforce. Ensure guidelines are evidence-based and informed by diverse perspectives. • Establish standards that require dietary advice to be provided by professionals with appropriate qualifications and experience. Ensure these standards are integrated into professional accreditation and licensing processes. • Promote training programs for dietitians, nutritionists and other relevant professionals to enhance their cultural competency. Ensure they are competent to provide dietary advice that respects cultural food practices and preferences. • Promote training programs for Aboriginal and Torres Strait Islander Health Workers and Practitioners which support the uptake of weight neutral food and nutrition advice within existing culturally safe frameworks. • Develop guidelines and resources that emphasise the importance of tailoring dietary advice to different developmental stages. Ensure advice is suitable for children, adolescents, adults, and older adults, both in relation to the nutritional needs of those populations as well as suitable messaging in relation to cognitive development. • Advocate for healthcare policies that mandate the provision of weight-neutral, culturally sensitive, and developmentally appropriate dietary advice within public health and clinical settings.

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	**Reform:** How can our work contribute to changes which uphold this principle at a population level? **Investment:** What human, intellectual, community, material and financial resources can be leveraged to enact this principle? How are we ensuring safety, equity and fairness? What other investment is needed? **Leadership:** Who will lead our work on enacting this principle? How can we inspire others to take similar action? Who else should be at the table? **Continuous feedback:** How are we checking if our efforts are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?
Suggested actions	• Support research to study the impact of various types of food messaging on different populations. Focus on identifying the most effective ways to communicate about food using neutral, inclusive language. • Create guidelines for the use of neutral language in food descriptions and messaging. Ensure these guidelines are based on the latest evidence and are easily accessible to all stakeholders. • Work with community leaders and cultural experts to ensure that food messaging is culturally sensitive and appropriate. Incorporate their feedback into guidelines and communication strategies. • Audit existing public health campaigns to ensure they use neutral, non-stigmatising language about food. Revise any materials that do not meet these standards and promote updated campaigns. • Establish systems to monitor the use of language in food messaging across various platforms, including media, educational settings, and healthcare. Provide feedback and support for continuous improvement. • Work with media organisations to promote the use of neutral language in food-related content. Encourage the media to adopt guidelines and training to avoid stigmatising language and imagery. • Launch public awareness campaigns that highlight the importance of using neutral language when discussing food. Educate the public on the impact of language on perceptions of food and eating behaviours. • Advocate for the integration of neutral language guidelines into national and local food policies. Ensure that all public health communications adhere to these guidelines. • Share examples of successful initiatives that have used neutral language to improve food messaging. Use these stories to demonstrate the benefits and encourage broader adoption of these practices.

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	**Reform:** How can our work contribute to changes which uphold this principle at a population level? **Investment:** What human, intellectual, community, material and financial resources can be leveraged to enact this principle? How are we ensuring safety, equity and fairness? What other investment is needed? **Leadership:** Who will lead our work on enacting this principle? How can we inspire others to take similar action? Who else should be at the table? **Continuous feedback:** How are we checking if our efforts are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?
Suggested actions	• Fund and support research to clarify the links between food security and eating disorders. Investigate how food insecurity contributes to the development of disordered eating behaviours and identify effective interventions. • Create policies that prioritise food security as a key factor in preventing eating disorders. Ensure these policies are based on robust evidence and address the needs of vulnerable populations. • Embed skills for effective responses to food insecurity in the curriculum for all health professionals in training. Offer continuous professional development (CPD) courses for health professionals already in the workforce. • Provide funding and resources for community-based food programs that offer nourishing food to low-income families. Examples include food banks, community kitchens, and meal delivery services. • Work with local governments and community organisations to develop and implement strategies that address food insecurity. Foster partnerships to create a coordinated response to food security issues. • Establish mechanisms to monitor and evaluate the effectiveness of food security programs. Use data to refine and improve these programs to ensure they are meeting the needs of individuals and communities, not only in terms of immediate food relief but also in establishing and maintaining food security. • Address the broader social determinants of health that contribute to food insecurity, such as poverty, unemployment, and lack of access to housing, education and healthcare. Advance policies that improve these conditions. • Support initiatives that promote sustainable and resilient food systems. • Advocate for and implement regulations on food marketing practices to ensure they promote access to nourishing food for all. Work to hold food companies accountable for their role in influencing the availability and affordability of nourishing food. • Work with local, state and national planning departments to identify and eradicate food deserts.

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	**Reform:** How can our work contribute to changes which uphold this principle at a population level? **Investment:** What human, intellectual, community, material and financial resources can be leveraged to enact this principle? How are we ensuring safety, equity and fairness? What other investment is needed? **Leadership:** Who will lead our work on enacting this principle? How can we inspire others to take similar action? Who else should be at the table? **Continuous feedback:** How are we checking if our efforts are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?
Suggested actions	• Invest in research to understand the impact of diet culture on individuals and communities. Focus on studying its psychological, physical, and social consequences, and identify effective interventions to counteract its influence. • Create and disseminate evidence-based and community-informed guidelines for healthcare providers, educators, and media professionals on recognising and addressing diet culture. • Launch public education campaigns to raise awareness about the harmful effects of diet culture. Use evidence-based and community-informed messaging to challenge common misconceptions and promote a holistic approach to physical and mental health and wellbeing. • Incorporate education about the harms of diet culture into school curricula, healthcare training programs, and public health initiatives. Emphasise body acceptance, self-esteem, and healthy relationships with food and body image. • Work towards policy changes that reduce the influence of diet culture in various sectors, such as healthcare, fitness, beauty, media and advertising. Advocate for regulations that prevent harmful diet-related advertising and promote healthy, inclusive messaging. • Engage with media organisations to promote responsible reporting and representation of body image and health. Encourage the media to avoid promoting unrealistic body standards and to feature diverse body types in their content. • Establish systems to monitor and evaluate the impact of initiatives aimed at reducing diet culture. Use data to continuously refine and improve strategies based on what is most effective.

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	**Reform:** How can our work contribute to changes which uphold this principle at a population level? **Investment:** What human, intellectual, community, material and financial resources can be leveraged to enact this principle? How are we ensuring safety, equity and fairness? What other investment is needed? **Leadership:** Who will lead our work on enacting this principle? How can we inspire others to take similar action? Who else should be at the table? **Continuous feedback:** How are we checking if our efforts are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?
Suggested actions	• Support research to understand the root causes and impacts of mental health stigma, particularly in relation to health, food, mind, body, disordered eating and eating disorders. Investigate effective interventions and strategies for stigma reduction. • Create evidence-based, community-informed guidelines for healthcare providers, educators, and community leaders on how to recognise and combat mental health stigma. • Launch public awareness campaigns that educate the public about mental health stigma and its harmful effects. Use diverse media platforms to reach a wide audience and promote positive, stigma-free messages. • Work with media organisations to promote accurate and respectful portrayals of mental health issues and their intersections with health, food, mind and body. Encourage media outlets to avoid sensationalism and stigmatising language. • Establish systems to monitor and evaluate the impact of anti-stigma initiatives. Use data to refine and improve strategies, ensuring they are effective in reducing stigma. • Partner with mental health advocacy groups to amplify efforts to reduce stigma. Leverage their expertise and community connections to enhance program effectiveness. • Increase mental health literacy among the public by providing accessible information on mental health conditions, treatment options, and ways to support people experiencing mental health issues and their carers. Use culturally validated approaches to health promotion.

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	**Reform:** How can our work contribute to changes which uphold this principle at a population level? **Investment:** What human, intellectual, community, material and financial resources can be leveraged to enact this principle? How are we ensuring safety, equity and fairness? What other investment is needed? **Leadership:** Who will lead our work on enacting this principle? How can we inspire others to take similar action? Who else should be at the table? **Continuous feedback:** How are we checking if our efforts are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?
Suggested actions	• Support research that investigates the complex interactions between food, eating behaviours, and mental health. Ensure studies consider individual, social, cultural, and economic factors, and involve multidisciplinary teams and lived experience expertise. • Create evidence-based, community-informed guidelines that integrate the understanding of the bidirectional relationship between food and mental health. Ensure these guidelines are accessible to healthcare providers, educators, and community organisations. • Deliver campaigns to educate the public about how food and mental health are interconnected. Highlight the impact of social, cultural, and economic factors on eating behaviours and mental wellbeing. • Encourage healthcare providers to adopt holistic approaches that consider mental health when addressing nutritional issues, and vice versa. Train providers to recognise and treat the interconnected aspects of food and mental health. • Advocate for policies that address the social determinants affecting both food security and mental health, such as poverty, education, housing, and access to healthcare. • Develop policies that promote equitable access to nutritious food and mental health services. Ensure these policies consider cultural and economic barriers and strive to reduce disparities. • Ensure that policy initiatives are culturally relevant and respectful of different food traditions and mental health practices. Engage with Elders, cultural leaders and communities to develop, implement and evaluate these initiatives.

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	**Reform:** How can our work contribute to changes which uphold this principle at a population level?
	Investment: What human, intellectual, community, material and financial resources can be leveraged to enact this principle? How are we ensuring safety, equity and fairness? What other investment is needed?
	Leadership: Who will lead our work on enacting this principle? How can we inspire others to take similar action? Who else should be at the table?
	Continuous feedback: How are we checking if our efforts are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?
Suggested actions	• Support research that identifies barriers to inclusivity in various settings and explores effective strategies for creating safe, inclusive environments. Ensure that studies consider the diverse needs of different populations. • Create and disseminate evidence-based, community-informed guidelines that promote inclusivity across all settings. • Advocate for the design of public spaces, workplaces, schools, and recreational areas that are accessible and welcoming to all. This includes considering physical, sensory and size accessibility, and cultural safety. • Develop and enforce policies that protect against discrimination and promote inclusivity. Ensure these policies are well-publicised and that mechanisms are in place for addressing complaints and concerns. • Integrate inclusivity into educational curricula at all levels. Teach students about the importance of diversity, equity, and inclusion, and provide resources for creating supportive and welcoming learning environments. • Establish systems for monitoring and evaluating the inclusivity of different settings. Use data to identify areas for improvement and track progress over time. • Encourage employers to adopt inclusive hiring practices and create supportive workplaces. Provide resources and incentives for businesses that demonstrate a commitment to diversity and inclusion. • Work towards policy changes at local, state, and national levels that promote inclusivity in all settings. Advocate for legislation that protects the rights of marginalised groups and ensures equal access to opportunities and services.

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	**Reform:** How can our work contribute to changes which uphold this principle at a population level? **Investment:** What human, intellectual, community, material and financial resources can be leveraged to enact this principle? How are we ensuring safety, equity and fairness? What other investment is needed? **Leadership:** Who will lead our work on enacting this principle? How can we inspire others to take similar action? Who else should be at the table? **Continuous feedback:** How are we checking if our efforts are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?
Suggested actions	• Support research that investigates the impact of language on body image, self-esteem, and discrimination. Use findings to inform the development of guidelines for neutral language use. • Create guidelines for the use of neutral, inclusive language in all communications, including research proposals and ethics applications, research materials, research output, policy briefs, strategic policies, and translation resources. Ensure these guidelines are widely disseminated and accessible to all stakeholders. • Conduct audits of existing public-facing materials (website, social media, publications) to identify and revise any language that is not neutral or inclusive. Replace stigmatising language with respectful, neutral terms. • Engage with diverse communities to understand their language needs and preferences and address their specific requirements. • Launch public awareness campaigns that highlight the importance of using neutral language when discussing bodies. Use these campaigns to educate the public and promote positive body image. • Advocate for the integration of neutral language guidelines into national and local policies related to health, education, and media. Ensure that all public communications adhere to these guidelines. • Establish systems to monitor and evaluate media representation of bodies. Provide feedback to media organisations and support them in adopting neutral language practices. • Promote the use of neutral language in academic and clinical research. Provide guidelines for researchers on how to describe study participants in an inclusive and respectful manner. • Establish mechanisms to regularly evaluate the impact of neutral language initiatives. Use feedback and data to continuously refine and improve guidelines and practices.

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	**Reform:** How can our work contribute to changes which uphold this principle at a population level? **Investment:** What human, intellectual, community, material and financial resources can be leveraged to enact this principle? How are we ensuring safety, equity and fairness? What other investment is needed? **Leadership:** Who will lead our work on enacting this principle? How can we inspire others to take similar action? Who else should be at the table? **Continuous feedback:** How are we checking if our efforts are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?
Suggested actions	• Advocate for policies that prohibit discrimination based on size, shape, or weight in educational institutions, workplaces, and civic activities. Ensure these policies are enforced and that there are clear mechanisms for addressing violations. • Adopt new methods and approaches to research that provide a comprehensive view of health, rather than using measures such as BMI as a proxy. • Encourage healthcare providers to use holistic health assessments that consider a range of factors, including physical, mental, and social wellbeing. Promote tools and methodologies that provide a comprehensive view of health. • Develop, implement and evaluate programs that promote diversity and inclusion in schools and workplaces. Ensure that recruitment, evaluation, and advancement criteria do not unfairly disadvantage individuals based on their size, shape, or weight. • Launch public awareness campaigns to educate the public about the harms of using size, shape, or weight as indicators of health or ability. Promote messages that highlight the importance of holistic health and diverse capabilities. • Establish systems to monitor and evaluate the implementation of guidelines and policies. Use data to identify areas for improvement and ensure that measures are effective in reducing discrimination and promoting inclusivity. • Advocate for and support the implementation of hiring practices that focus on skills, experience, and potential rather than physical appearance. Provide resources and training for employers on equitable hiring processes. • Advocate for legal protections against discrimination based on size, shape, or weight. Work towards the inclusion of these protections in anti-discrimination laws at local, state, and national levels. • Ensure that civic activities and opportunities are accessible to individuals of all sizes, shapes, and weights. Advocate for inclusive design and practices in public spaces and community programs.

Eating Disorder Safe: Body	
Principle	Weight stigma and its consequences are of concern and must be eliminated.
Putting it into practice	**Reform:** How can our work contribute to changes which uphold this principle at a population level? **Investment:** What human, intellectual, community, material and financial resources can be leveraged to enact this principle? How are we ensuring safety, equity and fairness? What other investment is needed? **Leadership:** Who will lead our work on enacting this principle? How can we inspire others to take similar action? Who else should be at the table? **Continuous feedback:** How will we know our efforts are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?
Suggested actions	• Support research that examines the impact of weight stigma on physical and mental health, quality of life, and social outcomes. Prioritise studies that explore effective interventions and strategies for reducing weight stigma. • Remove weight discrimination from research practice (e.g. BMI cut-offs to exclude people from research participation, drug trials, treatments, etc). • Create and disseminate evidence-based, community-informed guidelines for healthcare providers, educators, employers, and policymakers on recognising and eliminating weight stigma. • Incorporate education on weight stigma into school curricula, healthcare training programs, and workplace diversity training. Emphasise the importance of respectful and non-judgmental attitudes towards all body sizes. • Advocate for policies that protect individuals from weight-based discrimination in healthcare, research, education, employment, and public services. Ensure these policies are enforced, with clear mechanisms for addressing violations. • Establish systems to monitor and evaluate the effectiveness of anti-stigma initiatives. Use data to refine and improve strategies, ensuring they are effective in reducing stigma and promoting inclusivity. • Engage with media organisations to promote responsible and respectful portrayals of people of all body sizes. Encourage the media to avoid perpetuating stereotypes and to highlight diverse body types in a positive light. • Work towards the inclusion of weight as a protected characteristic in anti-discrimination laws at local, state, and national levels. Advocate for legal measures that ensure equal treatment for individuals of all body sizes. • Share examples of successful anti-stigma initiatives and positive outcomes for individuals and communities. Use these stories to inspire others and demonstrate the benefits of eliminating weight stigma. • Investigate the social determinants that contribute to weight stigma and its consequences. Use this research to inform policies and programs that address these underlying factors.

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	**Reform:** How can our work contribute to changes which uphold this principle at a population level? **Investment:** What human, intellectual, community, material and financial resources can be leveraged to enact this principle? How are we ensuring safety, equity and fairness? What other investment is needed? **Leadership:** Who will lead our work on enacting this principle? How can we inspire others to take similar action? Who else should be at the table? **Continuous feedback:** How will we know our efforts are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?
Suggested actions	• Support research that examines the systemic factors contributing to eating disorder risk, including institutional weight stigma, diet culture, and medical biases. Focus on identifying effective interventions to mitigate these risks. • Encourage the adoption of holistic health models that prioritise overall physical and mental wellbeing rather than weight in healthcare and public health initiatives. • Provide and evaluate training for healthcare providers, educators, and policymakers on recognising and addressing weight bias and diet culture. Include practical strategies for creating inclusive and supportive environments. • Advocate for changes in medical and health professional training programs to include education on the risks of weight bias and diet culture. Ensure that future healthcare providers are equipped to offer weight-neutral care. • Develop and advocate for policies that eliminate weight-based discrimination in healthcare, education, and employment. Ensure these policies promote equitable access and opportunities and include specific equity considerations. • Establish systems to monitor and evaluate the effectiveness of initiatives aimed at reducing eating disorder risks. Use data to monitor and refine strategies. • Support legislation that protects individuals from weight-based discrimination and promotes inclusive health practices. Work to ensure that these protections are enforced at all levels. • Engage with communities to understand their experiences with weight stigma and diet culture. Use this feedback to inform policies and programs that address these issues effectively. • Share examples of successful interventions that have reduced systemic drivers of eating disorders. Use these stories to inspire and guide future initiatives. • Address the broader social determinants that contribute to eating disorder risks, such as poverty, access to healthy food, and social support. Advocate for policies that improve these determinants.

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, and community workers who deal with issues relating to trauma and/or food insecurity.

The extent to which these principles apply to research and policymaking contexts will vary. They should be taken into account and acted on in any cases where the target group for the research or policy includes a population that is known to be at higher risk of an eating disorder, disordered eating or body image distress. This includes:

- Females, especially during biological and social transition periods (e.g. puberty, pregnancy, postpartum, perimenopause and menopause, change in social role)
- Children and adolescents
- People in occupations, sports or performing arts that emphasise specific thin or muscular body ideals (e.g. acting, modelling, gymnastics, dancing, wrestling, boxing)
- LGBTIQA+ communities
- People at higher weight
- People on restrictive diets due to food intolerance or allergy
- People with health conditions associated with weight fluctuation, or where treatment involves a focus on weight and/or diet
- Neurodivergent people
- People with mental health conditions
- People with a history of trauma
- People with a current or past experience of food insecurity

Note that the limited available literature suggests that First Nations people are likely to experience eating disorders at the same or higher rates than the general Australian population. As such, these harm minimisation principles ought to be taken into account when researching or making policy with First Nations communities. We recommend engagement with Elders, community members and First Nations researchers or clinicians with an understanding of eating disorders to ensure that harm minimisation efforts are culturally safe and relevant. See the Companion Document, 'First Nations Perspectives: Strengthening the Eating Disorder Safe Principles', for further information.

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	**Reform:** How can our work contribute to changes which uphold this principle at a population level? **Investment:** What human, intellectual, community, material and financial resources can be leveraged to enact this principle? How are we ensuring safety, equity and fairness? What other investment is needed? **Leadership:** Who will lead our work on enacting this principle? How can we inspire others to take similar action? Who else should be at the table? **Continuous feedback:** How are we checking if our efforts are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?
Suggested actions	• Support research that identifies and validates alternative health and wellbeing metrics. Focus on studies and outcomes that explore the relationship between these metrics and overall health, quality of life, or performance. • Create evidence-based, community-informed guidelines that promote the use of alternative metrics in health, sport, and workplace settings. • Deliver and evaluate campaigns to educate the public about the benefits of focusing on holistic health metrics rather than weight. Highlight the importance of quality of life, physical and mental health, and overall wellbeing. • Work with schools and universities to integrate holistic health metrics into physical education and health curricula. Ensure that students are taught to value overall wellbeing. • Encourage employers to implement wellbeing programs that focus on holistic health outcomes. Provide resources and incentives for businesses to adopt these programs. • Promote systemic changes that support the use of holistic health metrics across various sectors. Work towards creating an environment where physical and mental health and overall wellbeing are prioritized over weight. • Address the social determinants that impact health and wellbeing. Advocate for policies that improve access to healthcare, education, and social support systems.

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	**Reform:** How can our work contribute to changes which uphold this principle at a population level? **Investment:** What human, intellectual, community, material and financial resources can be leveraged to enact this principle? How are we ensuring safety, equity and fairness? What other investment is needed? **Leadership:** Who will lead our work on enacting this principle? How can we inspire others to take similar action? Who else should be at the table? **Continuous feedback:** How will we know our efforts are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?
Suggested actions	• Support research that identifies effective methods for recognising and responding to eating disorder warning signs in diverse populations. Focus on developing evidence-based strategies that can be implemented in various high-risk settings. • Develop and disseminate clear guidelines and protocols for identifying and responding to eating disorder warning signs in relevant settings. Ensure these guidelines are accessible and practical for use, and address identification of and response to eating disorder warning signs in diverse populations. • Evaluate approaches to eating disorder identification across the system of care, including support coordination, referral pathways and interagency collaboration. • Advocate for implementation of regular screenings for eating disorder symptoms in high-risk settings, ensuring culturally safe and valid approaches are adopted. • Deliver and evaluate campaigns to raise awareness about recognising and responding to eating disorder symptoms. Use these campaigns to educate the public and professionals about the signs and symptoms of eating disorders. • Promote early intervention to prevent the progression of eating disorders. Advance policies that support early identification and referral pathways. • Develop policies that ensure all individuals, regardless of body size, shape, or background, receive appropriate attention and care when it comes to eating disorder prevention, identification and treatment. • Establish systems to monitor and evaluate the effectiveness of early identification and intervention strategies. Use data to continuously improve these programs and ensure they are meeting the needs of diverse populations.

* 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. These could be valuable sites for research inquiry and evidence-based policy implementation.

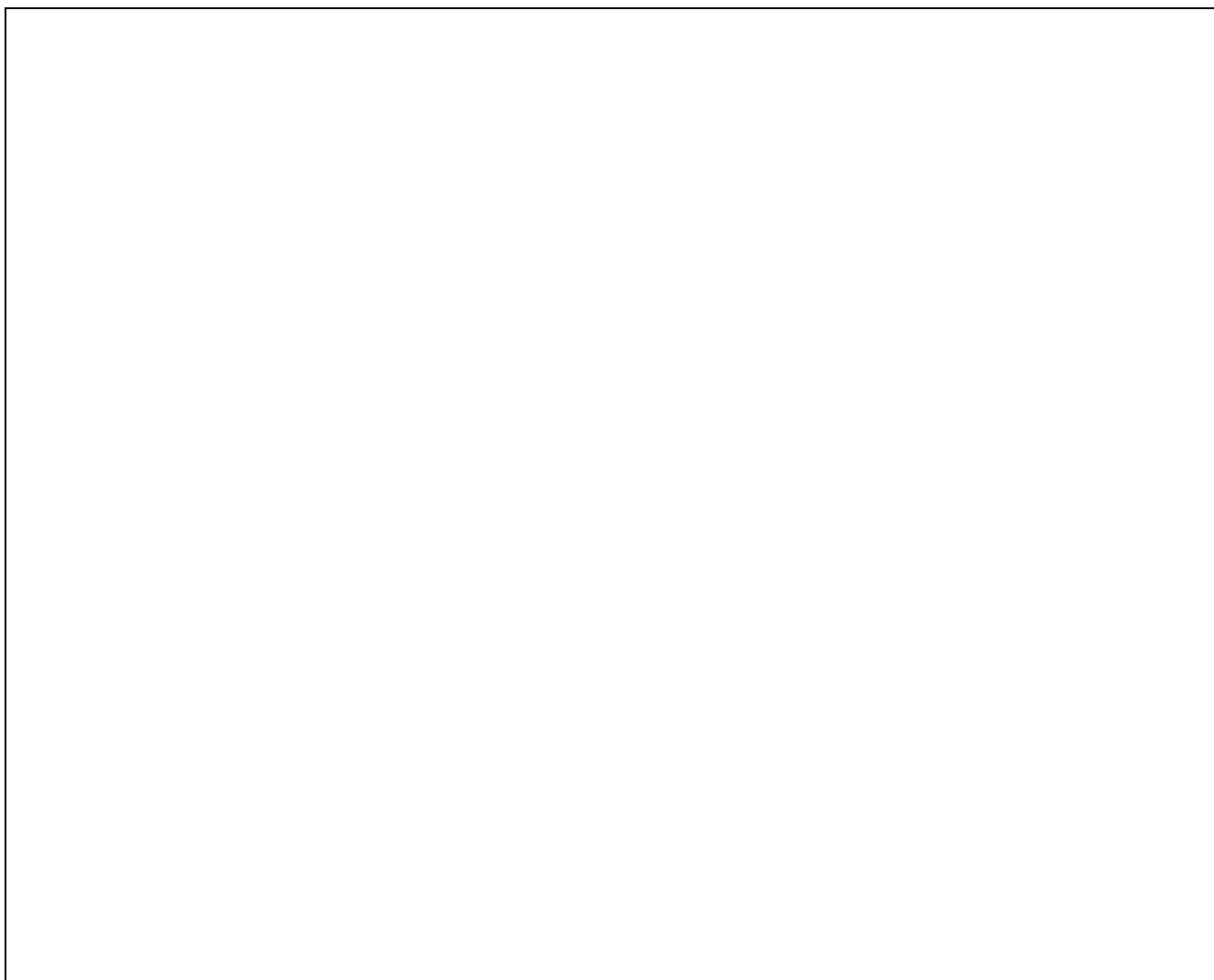| Eating Disorder Safe: Harm Minimisation	
Principle	Weight stigma has no place in the healthcare setting, no matter the condition being treated.
Putting it into practice	**Reform:** How can our work contribute to changes which uphold this principle at a population level? **Investment:** What human, intellectual, community, material and financial resources can be leveraged to enact this principle? How are we ensuring safety, equity and fairness? What other investment is needed? **Leadership:** Who will lead our work on enacting this principle? How can we inspire others to take similar action? Who else should be at the table? **Continuous feedback:** How will we know our efforts are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?
Suggested actions	• Support research that investigates the prevalence, impact, and consequences of weight stigma in healthcare settings. Focus on identifying effective strategies to eliminate weight bias and improve patient outcomes. • Create evidence-based, community-informed guidelines for healthcare providers across a broad range of fields, emphasising the importance of weight-neutral care. Ensure guidelines include practical strategies for eliminating weight bias, stigma and discrimination, and promote inclusive practices. • Advocate for inclusion of weight-neutral care and the impacts of weight stigma in medical and healthcare professional training programs. Ensure future healthcare providers are equipped with the knowledge and skills to offer inclusive care. • Encourage the use of holistic health assessments that consider a range of physical, mental, and social health factors, rather than focusing on weight. • Conduct regular audits of healthcare practices and environments to identify and address instances of weight stigma. Use findings to make necessary improvements and ensure ongoing compliance with weight-neutral guidelines. • Develop and advocate for policies that protect patients from weight-based discrimination in healthcare settings. Ensure these policies are well-publicised and that there are clear mechanisms for addressing violations. • Involve patients in the development and evaluation of initiatives aimed at reducing weight stigma. Collect and act on patient feedback to improve care practices and ensure they are respectful and inclusive. • Establish systems to monitor and evaluate the effectiveness of initiatives aimed at reducing weight stigma in healthcare. Use data to continuously refine and improve strategies. • Advocate for legal protections against weight-based discrimination in healthcare. Work towards including weight as a protected characteristic in anti-discrimination laws at local, state, and national levels.

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	**Reform:** How can our work contribute to changes which uphold this principle at a population level? **Investment:** What human, intellectual, community, material and financial resources can be leveraged to enact this principle? How are we ensuring safety, equity and fairness? What other investment is needed? **Leadership:** Who will lead our work on enacting this principle? How can we inspire others to take similar action? Who else should be at the table? **Continuous feedback:** How are we checking if our efforts are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?
Suggested actions	• Create evidence-based, community-informed guidelines and protocols that incorporate the consideration of eating disorder risks in decision-making processes across health, care, learning, work, and sports settings. • Advocate for the integration of regular screening for eating disorder risk factors into routine health, educational, and sports assessments. Ensure that screening tools are sensitive to diverse populations and settings. • Develop and enforce policies that prioritize the prevention of eating disorders in various settings. • Establish systems for monitoring and evaluating the effectiveness of initiatives aimed at reducing eating disorder risks. Use data to continuously refine and improve these initiatives. • Promote systemic changes that address the root causes of eating disorders, such as societal pressures, diet culture, and weight stigma. Advocate for policies that foster a safer, more inclusive society.

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, even if usual approaches to research and policymaking seek to identify and mitigate any mistakes. 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?	