



6 August 2024



Committee Secretary  
Joint Select Committee on Social Media and Australian Society  
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Canberra ACT 2600

By email: [socialmedia.joint@aph.gov.au](mailto:socialmedia.joint@aph.gov.au)

Dear Committee Members,

**RE: Supplementary Submission to Inquiry into Social Media and Australian Society**

Thank you for receiving our initial submission on 21 June 2024. We make this supplementary submission to advise the Committee of the recently released Eating Disorder Safe principles. These were published on 24 July 2024 and bear significant relevance to your Terms of Reference, particularly items (c) and (d).

## Background

The National Eating Disorders Collaboration (NEDC) has developed the Eating Disorder Safe principles, a comprehensive framework aimed at creating environments that reduce the risk of eating disorders and minimise harm for those already experiencing an eating disorder. These principles were developed through extensive collaboration with people with lived experience, clinicians, researchers, teachers, policymakers and other subject matter experts to ensure they address the diverse needs of our communities. They were developed in response to the growing recognition of the harmful messages in relation to health, food, mind and body which are prevalent in society, including on social media and online environments, and their impact on eating disorders, disordered eating and body image distress.

The Eating Disorder Safe principles are categorised into five overarching areas: Health, Food, Mind, Body, and Harm Minimisation. Each principle is viewed through lenses of cultural safety, intersectionality, trauma-informed approaches, strengths-based approaches, and contemporary understandings. A Companion Document, 'First Nations Perspectives: Strengthening the Eating Disorder Safe Principles' sets out the key issues that ought to be considered when implementing any Eating Disorder Safe initiative.

The Eating Disorder Safe principles are designed to be implemented across various settings, including educational institutions, workplaces, healthcare settings, social media and other online platforms.

## Overview of Eating Disorder Safe content relevant to social media

The Eating Disorder Safe principles are written in a way that allows broad application across many contexts, so that over time social norms and conversations will shift in a consistent and safe direction. The supporting materials set out specific examples for implementing each principle in context. In relation to social media, a 26-page How-To Guide sets out several suggested actions under each principle. We recommend the Committee review the full document, and also offer the following brief overview.

### Promoting Positive Body Image and Mental Health Online

The Eating Disorder Safe principles advocate for the promotion of diverse and positive representations of bodies, health, and wellbeing on social media. This includes:

- **Diversity in Representation:** Encouraging social media platforms to feature a variety of body types, ethnicities, and abilities.
- **Positive Content:** Supporting content that promotes body acceptance, body esteem, and overall wellbeing.
- **Algorithm Adjustments:** Implementing algorithms that prioritise positive and inclusive content over harmful or triggering material and ensuring that algorithms do not overly favour content that portrays narrowly defined body ideals.

### Reducing Harmful Content

The Eating Disorder Safe principles call for proactive measures to identify and reduce content that may contribute to eating disorders or negative body image, such as:

- **Content Restrictions:** Banning or restricting the promotion of weight loss products, dieting, and pro-eating disorder content.
- **Content Warnings:** Employing content warnings for material that may be distressing or triggering.
- **Expert Collaboration:** Collaborating with experts to develop guidelines for safe and supportive online environments.

### Education and Support for Users

The Eating Disorder Safe principles emphasise the importance of educating social media users about the potential harms of certain content and behaviours. This includes:

- **Resource Provision:** Providing resources and support for users who may be experiencing body image issues or eating disorders.
- **Digital Literacy:** Promoting digital literacy programs that teach users to critically evaluate the content they consume and share.
- **Mental Health Support:** Encouraging social media platforms to offer mental health support features, such as direct links to helplines and counselling services.

- **Community Engagement:** Engaging with communities and user groups to ensure efforts to create safer online spaces are well-informed and appropriately designed.

## Regulatory Approaches and Oversight

To ensure the effectiveness of these measures, the Eating Disorder Safe principles advocate for robust regulatory frameworks that hold social media platforms accountable for the content they host. This includes:

- **Regulation:** Developing and enforcing clear policies and guidelines that address the promotion of harmful content and the need for greater diversity.
- **Transparency and Accountability:** Ensuring transparency and accountability in how social media companies manage and moderate content.
- **Monitoring and Reporting:** Implementing systems for monitoring and reporting community feedback on issues such as inclusivity, content accuracy, and public attitudes.

## Support for Content Creators

Supporting content creators in producing Eating Disorder Safe content is also critical:

- **Training and Resources:** Providing training and resources to content creators on how to create positive, supportive and non-triggering content.
- **Guidelines and Standards:** Establishing and enforcing guidelines and standards for creating content that aligns with the Eating Disorder Safe principles.

We include a copy of the Eating Disorder Safe principles with this submission. The full suite of Eating Disorder Safe documents can be accessed at [www.nedc.com.au/eating-disorder-resources/ed-safe](http://www.nedc.com.au/eating-disorder-resources/ed-safe).

If you would like to know more about the Eating Disorder Safe principles or to discuss ways to implement this framework through the recommendations from this Inquiry, please do not hesitate to contact us.

Sincerely,

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Strategy and Policy Lead  
National Eating Disorders Collaboration

Health Promotion Lead  
National Eating Disorders Collaboration

Hilary Smith



Evidence

Experience

Expertise



# Eating Disorder Safe principles:

Whole-of-community approaches to do no harm  
in relation to eating disorders, disordered eating  
and body image distress

July 2024

National Eating Disorders Collaboration

## Acknowledgements

NEDC acknowledges the traditional custodians of lands throughout Australia. We pay our respects to Aboriginal and Torres Strait Islander Elders, past and present, and acknowledge the important role of Aboriginal and Torres Strait Islander peoples, their cultures and customs across Australia.

This document is a collaborative effort of the National Eating Disorders Collaboration (NEDC) with researchers, key stakeholders and partners (see detail below).

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NEDC also wishes to thank the many stakeholders across Australia who contributed to the development of the Eating Disorder Safe principles via participation in the Delphi study, *The Development of Eating Disorder Safe Principles Using a Delphi Methodology* (Grdjan, 2024).

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## About the National Eating Disorders Collaboration (NEDC)

NEDC is a national sector collaboration dedicated to developing and implementing a nationally consistent, evidence-based system of care for the prevention and treatment of eating disorders. NEDC is funded by the Australian Government Department of Health and Aged Care. Over the past decade NEDC has created a large body of comprehensive, evidence-based information and resources which establish standards for prevention and treatment of eating disorders. NEDC implements these standards in system-building projects, workforce development and consultation.

To inform its work, NEDC engages a broad range of stakeholders, including people with lived experience of eating disorders and their families and supports, clinicians, researchers, and other experts. NEDC has more than 10,000 members. NEDC also provides expert consultation and guidance on evidence-based provision of eating disorder services to policymakers and to national, state/territory and regional health, mental health and community organisations. NEDC's work is led by National Director Dr Beth Shelton and Chair Professor Phillipa Hay, and a Steering Committee of national sector leaders and experts. NEDC's contract is administered by the Butterfly Foundation on behalf of the Commonwealth Government.

## Terminology

Key terms used within the Eating Disorder Safe principles suite of documents are defined below. While many of the terms below have broader usage, they have been defined in relation to eating disorders.

**ED Safe** – this is an abbreviation of 'Eating Disorder Safe.' It is used occasionally throughout this document, particularly in tables and figures.

**Intersectionality** – this refers to the interconnected nature of social categorisations such as race, culture, class or gender, and the ways that these experiences overlap. The lived experience of multiple forms of discrimination or disadvantage, such as racism, sexism, homophobia or transphobia is implicated in eating disorder risk, and as such intersectional approaches to eating disorder prevention and harm minimisation are needed.

**National Strategy** – this is an abbreviation of the 'National Eating Disorder Strategy 2023-33.'

**Wellbeing** – in this document, the term 'wellbeing' encompasses a holistic sense of health and self, including physical health, mental health, social connection and quality of life. At some points in the document, the term 'Social and Emotional Wellbeing' is used. This holistic concept applies to First Nations people and communities, and encompasses the elements mentioned above, as well as kinship, culture, community, spiritual belief and connection to Country.

## About the Eating Disorder Safe principles

The Eating Disorder Safe principles are a key initiative of the National Eating Disorders Strategy 2023-33. The National Strategy highlights the need for approaches to eating disorder prevention and harm minimisation which extend well beyond the activities of prevention programs and treatment providers.

Through extensive stakeholder consultation during the development of the National Strategy, the National Eating Disorders Collaboration (NEDC) heard consistently from stakeholders about the need to change the conversation in respect of health, food, mind and body across a broad range of contexts – often well-intended attempts to educate or engage people in caring for their health can have unintended and serious negative consequences. Stakeholders told us about the ways that food and body messaging had lasting negative impacts on their wellbeing; many could point to multiple specific examples from their lived experience where people with important roles in their lives had said or done things that had stuck with them for decades. These experiences highlight the need for more effective and sensitive approaches.

Many people seek to promote health positively, yet lack the specific resources or knowledge needed to avoid unintended harm when dealing with concepts related to health, food, mind, and body. The Eating Disorder Safe principles are designed to provide guidance to create healthier, more supportive environments for everyone. These principles aim to equip individuals, families, communities, service providers, educators, researchers, policymakers and other organisations with a consistent approach to foster a safer and more supportive environment. By adopting these principles, we can collectively work towards reducing the risk of eating disorders and promoting overall physical and mental health and wellbeing.





To develop the Eating Disorder Safe principles, NEDC worked in partnership with La Trobe University to conduct a scoping review of the literature, looking for any local or international examples of principles-based approaches to eating disorder prevention or harm minimisation (Liston, 2024). While there were no examples of principles or policies that targeted this area specifically, related studies yielded 32 potential individual principles. These principles, along with others proposed by our Expert Advisory Group, were put through a two-round Delphi study (Grdjan, 2024). Participants with a broad range of backgrounds and perspectives were asked first to rate the importance of each proposed principle, then to rank them in order of importance. The resulting principles, which carry a high degree of endorsement from study participants, form the Eating Disorder Safe principles and are the basis for the rest of this document as well as future implementation activities. Figure 1 shows a snapshot of the study participants.

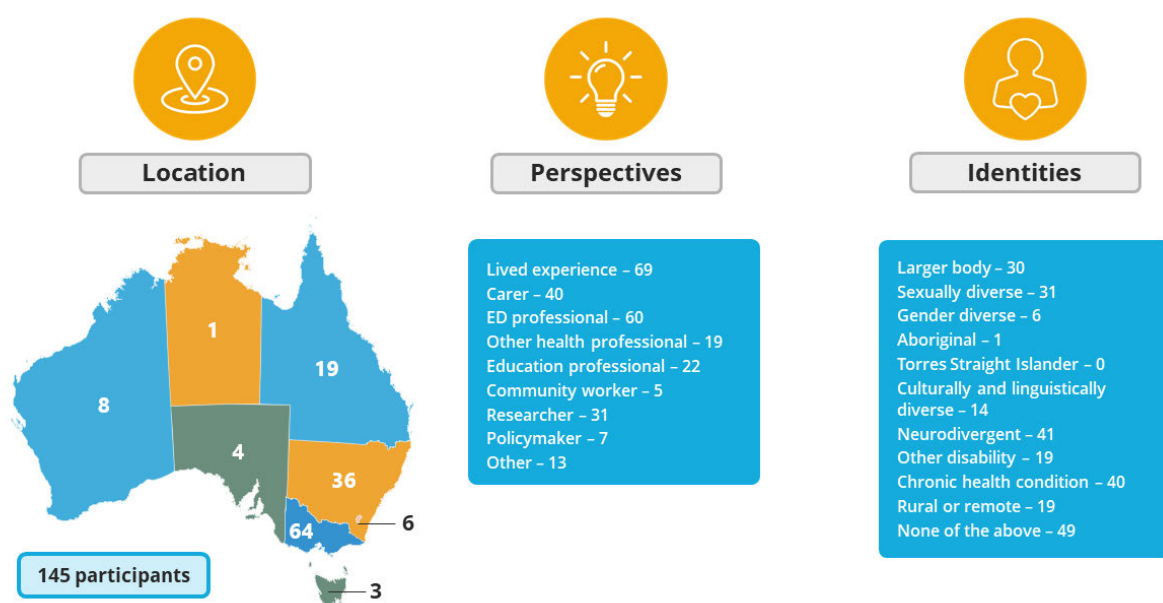


Figure 1: Eating Disorder Safe Delphi Study: participant characteristics

## How to use this document

This document is divided into three sections.

### Section 1: The Eating Disorder Safe Principles

The Eating Disorder Safe principles are outlined in the first section. This includes a list of all 19 principles (sorted into categories), a visual model showing how the principles interrelate, and a set of implementation principles which ought to guide attempts to put the Eating Disorder Safe principles into practice. This section is a quick reference guide to introduce the core conceptual elements of the principles.

### Section 2: Companion document, 'First Nations Perspectives: Strengthening the Eating Disorder Safe Principles,'

The Companion document, 'First Nations Perspectives: Strengthening the Eating Disorder Safe Principles,' has been developed concurrently with the Eating Disorder Safe principles, to ensure that First Nations perspectives are woven throughout all efforts to create environments that are Eating Disorder Safe. While these perspectives are also embedded in the rest of the document, the Companion Document is essential reading as it provides key contextual information. All approaches to implementing the Eating Disorder Safe principles must account for the specific needs and perspectives of First Nations peoples, recognising that they are active and important members of the wider society. This inclusive approach helps to create a more holistic and effective platform for preventing eating disorders and promoting overall wellbeing in every community.

### Section 3: Eating Disorder Safe How-To Guides

The How-To Guides have been designed to show how each principle can be put into practice across a broad range of relevant contexts. While not exhaustive to every context where concepts of health, food, mind and body are addressed, the intent is to provide inspiration for actionable steps that can be taken in any setting. Use this section to inform your own plans to put the Eating Disorder Safe principles into practice – a template for this is provided at the end of the section.

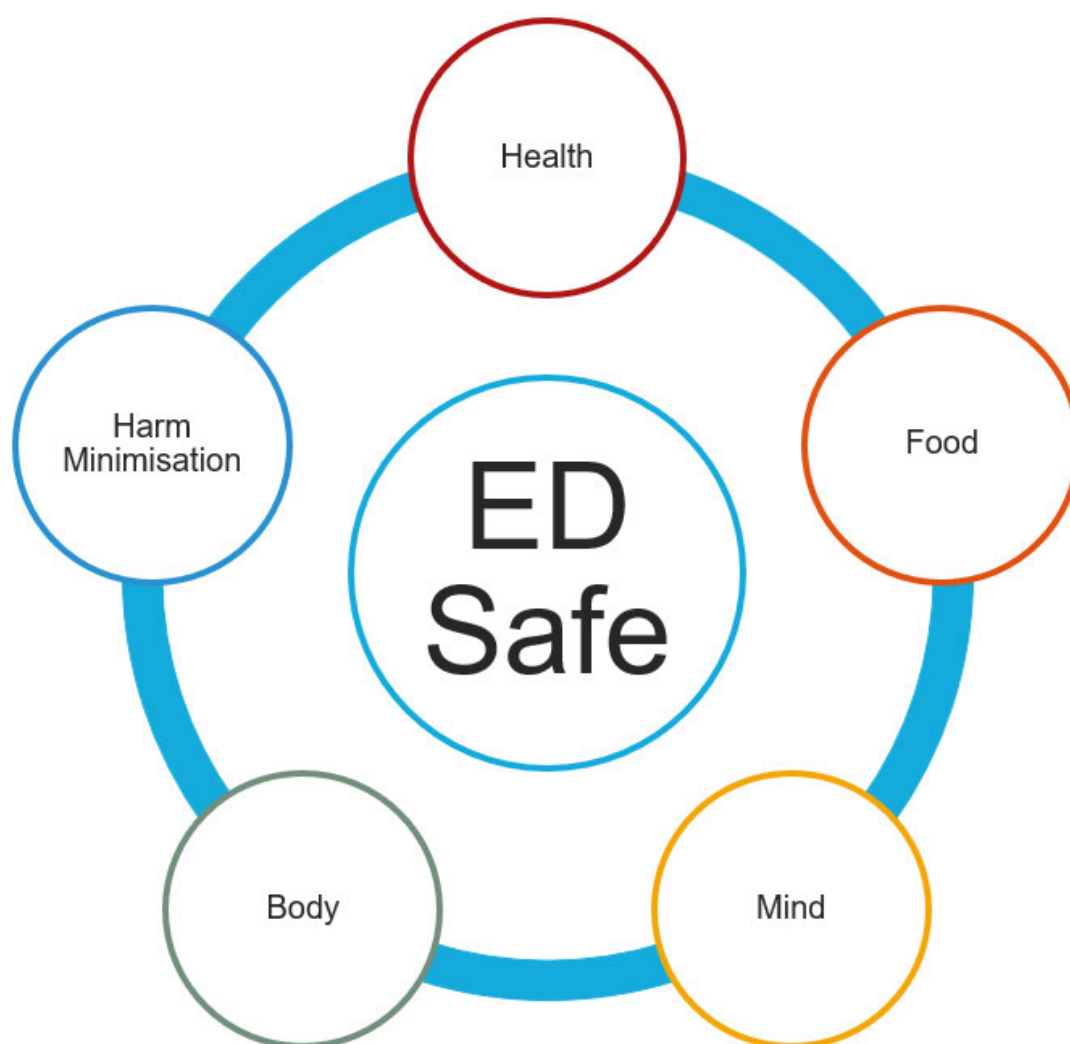
## Section 1

# **The Eating Disorder Safe Principles**

## The Eating Disorder Safe principles

The Eating Disorder Safe principles are a group of 19 interrelated vision statements to create environments where people's experiences of health, food, mind and body are safe and supported. These principles aim to minimize the risk and harm associated with eating disorders.

The principles are grouped into five broad categories to help readers understand and implement them. Some principles may overlap between categories. See Figure 2 for a visual representation.



**Figure 2: The broad conceptual areas for the Eating Disorder Safe principles**

The Harm Minimisation principles are distinct from the others. While the principles on Health, Food, Mind and Body are all intended as broad-based, whole-of-community measures, the Harm Minimisation principles are targeted at a specific sub-set of contexts. These relate to contexts where the people involved (e.g., healthcare workers, teachers, etc) are most likely to be working with people who already have an eating disorder. These principles aim to ensure that discussions and interactions are approached with a harm minimisation perspective, considering the holistic experience of the individual.

The full list of Eating Disorder Safe principles is outlined on the next page.

## Health

- **Lifespan approaches:** Families are supported to experience and model positive relationships with food, bodies and movement from the earliest opportunity and across the lifespan.
- **Disability and chronic health conditions:** The unique relationships between eating, chronic illness, disability and experiences of healthcare are acknowledged and addressed.
- **Inclusive communication:** Communications use size-inclusive, non-stigmatising language and imagery in respect of health, food, minds and bodies.
- **Movement:** 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 food language:** Neutral language is used to describe food and its properties and food messaging is appropriate for its audience.
- **Dietary advice:** 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:** Food security is addressed to support safe relationships with food and eating at individual and population levels.
- **Diet culture:** Diet culture and its far-reaching consequences are understood, reduced and ultimately eliminated, with actions based on contemporary evidence.

## Mind

- **Mental health stigma:** Mental health stigma and its harms in relation to health, food, mind and body are of concern and must be eliminated.
- **Relationship between mental health and food:** The bidirectional relationship between food, eating and mental health is recognised, within the context of individual, social, cultural and economic factors.

## Body

- **Inclusive environments:** 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 about bodies:** Neutral language is used to describe bodies at all ages and stages of development, all sizes, shapes, abilities and ethnicities.
- **Non-discrimination:** 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 be a barrier to education, employment or civic participation.
- **Weight stigma:** Weight stigma and its consequences are of concern and must be eliminated.
- **Systemic factors:** System-level drivers of eating disorder risk, for example institutional weight stigma, diet culture, medical and health professional weight bias, are addressed.

## Harm minimisation

- **Alternative metrics:** Alternatives to weight-focused activities and outcomes are prioritised as far as possible (e.g., other health, quality of life, performance, and wellbeing metrics).
- **Identification and response:** 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 in health:** Weight stigma has no place in the healthcare setting, no matter the condition being treated.
- **Risk management:** Eating disorder risk is a consideration when making decisions around a person's health, care, learning, work or sports participation.

## Eating Disorder Safe principles in practice: Key considerations for implementation

Translating the Eating Disorder Safe principles from a series of statements into actionable steps and tangible change requires a focus on how to make things work well and how to make change sustainable. NEDC uses implementation science approaches to ensuring these goals are considered from the outset. A diagram of the Eating Disorder Safe implementation framework is shown at Figure 3, with the key components described below.

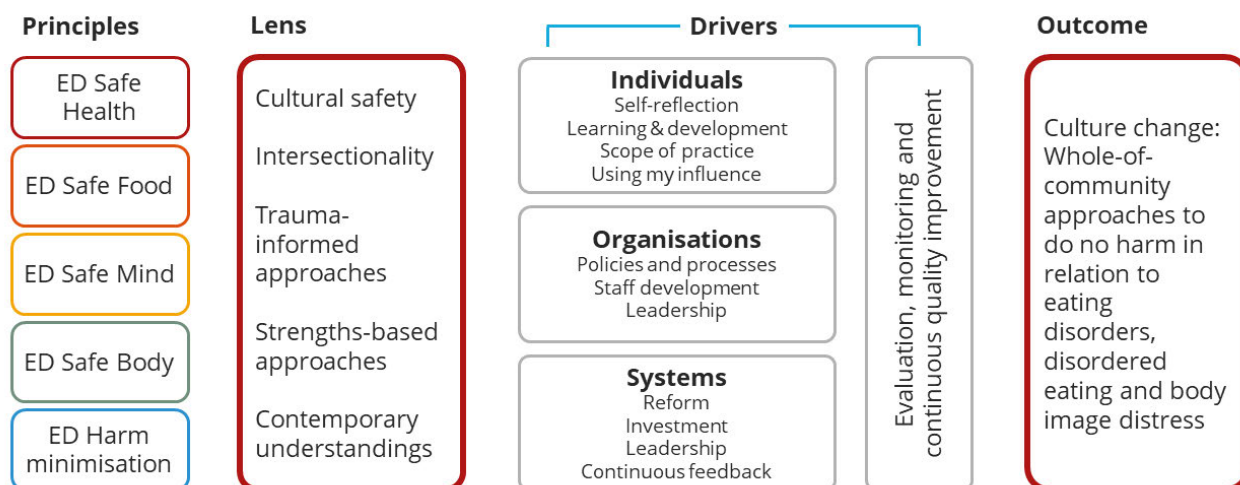


Figure 3: Eating Disorder Safe implementation – from principles to culture change

### Lens

In implementing the Eating Disorder Safe principles, adopting a lens that prioritises cultural safety, intersectionality, trauma-informed approaches, strengths-based approaches, and contemporary understandings is crucial. This will help ensure that the Eating Disorder Safe principles are applied in ways that are inclusive, equitable, and effective, no matter the setting. It also means that the principles can be applied dynamically, and that Eating Disorder Safe initiatives can be responsive to emerging evidence and theory. Without this perspective, there is risk of perpetuating harm, overlooking marginalised groups, and failing to address the complex, multifaceted nature of people’s relationships with health, food, mind and body. This lens enhances the relevance and impact of the Eating Disorder Safe principles across diverse communities and settings, which is essential for all Eating Disorder Safe initiatives given the wide diversity between and within cultures and communities across the land.

For a brief definition of each of the elements within this lens, see Figure 4.

Further background and detail on this lens, including specific considerations for practice for both First Nations and non-First Nations people, communities and organisations, is included in the Companion document, ‘First Nations Perspectives: Strengthening the Eating Disorder Safe Principles.

This lens also aligns with the principles which underpin the National Eating Disorders Strategy 2023-33 and the National Framework for Eating Disorders Training.

**Cultural safety:** Respect and acknowledge cultural difference and respond to specific cultural needs.

**Intersectionality:** Address the overlapping and interdependent systems of disadvantage that affect people with marginalised identities.

**Trauma-informed approaches:** Work to prevent trauma and harm, and respond to the impact of trauma on people, families and communities.

**Strengths-based approaches:** Focus on the existing resources and capabilities of people, families and communities.

**Contemporary understandings:** Apply and remain up-to-date with evidence-based and community-informed standards and practices.

Figure 4: Defining the lens for the Eating Disorder Safe implementation

## Implementation drivers

The implementation drivers are split across three levels—individuals, organisations, and systems—to reflect the fact that, while all people can contribute to Eating Disorder Safe efforts, different actors have different levels of capacity and influence, for example, individuals can change personal behaviours, while organisations and systems can allocate resources, develop policies, and drive larger-scale initiatives.



### Individuals

- **Influence:** All people have direct, personal influence over their actions and behaviours. Their capacity to drive change may be limited to their immediate environment and personal interactions.
- **Responsibility:** Individuals' personal interactions may be deeply influential for the people around them, such as a parent's influence on a child, a clinician's influence on their patients, or a teacher's influence on many students.



### Organisations

- **Reach and influence:** Organisations have a broader reach and can affect and influence the behaviour and practices of many individuals through policies, staff development, and leadership.
- **Responsibility and leadership:** Organisations have specific responsibilities towards staff, volunteers and services users (such as patients, clients, students and athletes), which can be leveraged to drive and sustain culture change.



### Systems

- **Reach and influence:** Systems, and the people who uphold them, affect the structures and processes that govern multiple organisations and communities.
- **Responsibility, leadership and investment:** This level involves large-scale change, investment, and leadership that impact society as a whole.

By dividing the implementation drivers across these three levels, the framework assigns specific responsibilities that match the capacity and influence of actors at each level. This is key to ensuring that actions towards Eating Disorder Safe culture change can be taken in many settings and contexts simultaneously, leading to comprehensive and effective implementation of the Eating Disorder Safe principles.



### **Evaluation, monitoring and continuous quality improvement**

These are also key implementation drivers. They are essential to reviewing whether actions are contributing towards outcomes, or to adjusting actions if they are not working and testing new approaches. This is particularly important in the context of a culture change initiative as novel as Eating Disorder Safe. Evaluation, monitoring and continuous quality improvement are relevant at individual, organisational and system levels, though approaches taken may vary.

Specific responsibilities and actions for people at all levels are outlined in the How-To Guides.

### **Outcomes**

The overarching outcomes from putting the Eating Disorder Safe principles into practice are:

- To achieve culture change.
- To promote whole-of-community approaches that do no harm concerning eating disorders, disordered eating, and body image distress.
- To foster wellbeing through enhanced body esteem and mental health.

As a community, we can change the ways that we think, talk and behave about health, food, minds and bodies, not only to prevent eating disorders and reduce associated distress, but also to foster and enhance body esteem and mental wellbeing. This will have the greatest impact if uptake of the Eating Disorder Safe principles is broad, and safe messages received in one setting are reinforced by consistent safe messages in other settings. A unifying approach (the principles and lens) which allows for great diversity in implementation settings and contexts (the drivers, including evaluation) supports this. Shared responsibility and collective ownership will empower all community members to contribute to lasting positive change.



## Integration and action

The Eating Disorder Safe principles are intended to create a wrap-around experience of safer and more supportive environments for everyone. The principles cover multiple angles which all combine to reduce the risk of eating disorders and promote overall mental and physical health and wellbeing.

Implementing these principles requires a collective effort from individuals, families, frontline workers, organisational leaders, researchers, policymakers, media and social media, workplaces and ultimately communities, as shown in Figure 5. By working together, we can drive and embed significant positive change. The upcoming sections of this document provide broad guidance on how to put these principles into practice, ensuring that efforts are complementary and sustainable.



Figure 5: Whole-of-community Eating Disorder Safe implementation

## Integrating First Nations Perspectives

A key component of this initiative is the Companion Document, "First Nations Perspectives: Strengthening the Eating Disorder Safe Principles." This document emphasises the unique cultural, historical, and social factors affecting First Nations communities as they relate specifically to experiences of health, food, mind and body. Integrating these perspectives is essential for ensuring that all Eating Disorder Safe efforts are culturally safe and relevant.

## Practical Guidance

Following the Companion Document, the How-To Guides offer practical suggestions and critical reflection opportunities for a broad range of potential Eating Disorder Safe proponents. It is divided into seven sections, so that readers can identify the suggested actions most likely to be relevant to them and their personal or professional contexts.

### **Potential barriers**

Implementing the Eating Disorder Safe principles involves being part of an ambitious plan to change culture in respect of health, food, minds and bodies. These are all concepts which are central to being part of our social world and which carry deep, personal meaning for many people. It is reasonable to expect some resistance to these aims.

When planning your own actions to implement an Eating Disorder Safe initiative, consider:

- Will there be resistance to the changes we are trying to make?
- What are our resource constraints (time, money, people-power, etc)?
- What supports or resources do we need to help people understand why we are doing this?
- What is the long-term sustainability of upholding these changes, based on all of the above?

The How-To Guides include tips for approaching these issues within the Action Plan template provided.

## References

Grdjan, N. 2024. The Development of Eating Disorder-Safe Principles Using a Delphi Methodology. [Unpublished Master's thesis]. La Trobe University.

Liston, S. 2024. Scoping Review for Eating Disorder Safe Principles. [Unpublished Master's thesis]. La Trobe University.

National Eating Disorders Collaboration (NEDC). National Eating Disorders Strategy 2023-2033. NEDC; 2023.

## Section 2

# Companion Document

## First Nations Perspectives: Strengthening the Eating Disorder Safe Principles



## First Nations Perspectives: Strengthening the Eating Disorder Safe Principles

## About the artwork



©Zyana Gall, 2024.

### Title: Guidance & Protection

Symbolism – Starting from the middle, working out:

- Child
- Place / Site
- Group of people
- Meeting place
- Rain
- Sun
- Bush Tucker – Plants
- Bush Tucker – Animals
- Dots and lines of guidance towards and within
- Elder at the top – within the black neck
- Spirit – the large entity
- Behind Spirit are its 2 shields – transparent in appearance and everlasting
- Dark outside layer – outside world with its constant spears, being deflected by Spirit's 2 shields

## STORY

“The world always has something to throw to attack; causing us harm. These are shown in the form of spears, representing physical, mental and emotional harms done to us, but also the negative self-talk that we do to ourselves, which are like needles piercing our mind.

When we are young, we are born into this world with a trusting soul, so we learn and are guided by those around us. This is why trauma/harm done to us when we are young, affects us right down to our core, and stays with us.

As we grow older, we then become one of those within that group of people that guides the young. It is at this time that we have an opportunity to either be an Elder or be one of the ones who guide our young to an Elder, represented by the connecting dots and lines.

Our Elders are guided by Spirit and tell us to stay true to our old and precious ways of eating, knowing, doing, and being. This means holding close our connection to the land, our Country, as this is how we heal and connect to Spirit. Spirit, depicted as the main figure, guides us and shields us from all those spears and helps us to heal.

In the end, it all comes down to your core, to what happened to you, as this never leaves us. But stand strong in who you are, your identity and our old and precious ways; Spirit will protect you, and Country and Spirit will guide and heal you.”

©Zyana Gall, 2024.

## Acknowledgements

NEDC acknowledges the traditional custodians of lands throughout Australia. We pay our respects to Aboriginal and Torres Strait Islander Elders, past and present, and acknowledge the important role of Aboriginal and Torres Strait Islander peoples, their cultures and customs across Australia.

This Companion Document is a collaborative effort of the National Eating Disorders Collaboration (NEDC) with Researcher, Key Stakeholders and Partners (see detail below).

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**Cover Artwork:** Zyana Gall\*

**Design and layout:** Emily Hardman

NEDC and Authors wish to thank the many people who have contributed valuable insights and expertise to inform the development of the First Nations ED Safe Companion Document (Companion Document).

**Governance Group:** Professor Aunty Kerrie Doyle\*, AJ Williams-Tchen\*, Karl Briscoe\*, David Edwards\*, Tracey Hardy\*, Dr Tanja Hirvonen\*, Khwanruethai Ngampromwongse\*, Dr Chontel Gibson\* and Kyar Wilkey\*.

**Thanks to:** NEDC also acknowledges and extends thanks to other First Nations people whose expertise and perspectives have informed our thinking in this document, in particular Dr Liz Dale\*.

\*Denotes a First Nations person.

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If you require this document in a different format for accessibility, please email [info@nedc.com.au](mailto:info@nedc.com.au)

## Terminology

Throughout this document certain terminology has been chosen to ensure clarity of communication. The authors acknowledge that many of these terms do not have universally agreed definitions, or may not be the preferred terms of all First Nations people. We respectfully offer the following definitions of these terms to assist readers.

**First Nations** – is used throughout the document to respectfully refer to Aboriginal and Torres Strait Islander peoples, while acknowledging that they are not one homogenous group. There are over 250 different language groups across Australia, each with their own language, customs and culture.

**ACCHO** – is an abbreviation for ‘Aboriginal Community Controlled Health Organisation.’ A related term is Aboriginal Community Controlled Health Service (ACCHS). Community Controlled organisations work through processes of self-determination to ensure local First Nations communities can run and receive services that align with that community’s protocols (NACCHO, 2024).

**Country** – is a term often used by First Nations people in Australia to describe the lands, waterways and seas to which they are connected. This connection encompasses dimensions of law, place, custom, language, spiritual belief, cultural practice, material sustenance (including food systems), family and identity (AIATSIS, n.d.).

**Discrimination** – refers to unfair treatment of a person based on characteristics such as racial or cultural background, disability, age, sex or gender, sexuality or carer status (Anti-Discrimination Act, 1977) as well as discrimination based on their body weight, shape or size (NEDC, n.d). First Nations people may experience multiple forms of discrimination, for example if they experience both racial and sex discrimination, which can have a compounding effect.

**Eating Disorders** – refers to a group of health conditions where a person’s relationship with food and/or body image is negatively impacted, leading to distress and potentially harmful behaviours in relation to eating and/or exercise. While eating disorders are common among First Nations peoples, the language often used to describe or diagnose them by the Western health system may be a barrier to awareness and identification within communities.

**Intersectionality** – refers to the interconnected nature of social categorisations such as race, culture, class or gender, and the ways that these experiences overlap. The lived experience of multiple forms of discrimination or disadvantage, such as racism, sexism, homophobia or transphobia is implicated in eating disorder risk, and as such intersectional approaches to eating disorder prevention and harm minimisation are needed. The need for intersectional approaches when working with First Nations people and communities underscores the importance of centring holistic concepts of self, wellbeing, kinship and community.

**Structural Racism** – describes the ways in which institutions, systems and structures discriminate against people, families or communities because of their racial or cultural background. Examples include failing to provide services, failing to uphold equal opportunities, enacting policies which have a direct discriminatory impact (such as requiring people to interact with a system which does not meet their cultural needs), and in the case of First Nations peoples, maintaining systems which have been established through dispossession and denial of sovereignty (Victorian Aboriginal Legal Service, 2022).



## This point in the journey

Throughout the process of developing the National Eating Disorder Strategy 2023-33, First Nations peoples' needs were considered as part of the process. However, when it came to the development of the Eating Disorder Safe principles, it became apparent that simply seeking First Nations perspectives in the development of the principles would not be enough. There needed to be another space to set out the unique experiences and approaches which should be brought into consideration when applying Eating Disorder Safe principles in contexts that affect First Nations people and communities. NEDC owes a debt of gratitude to Dr Alana Gall who, from her position on the Expert Advisory Group for the Eating Disorder Safe principles project, identified the need and put this Companion Document forward as an idea.

From those first few discussions, the work has burgeoned, and relationships and connections have grown. The team has conducted a policy scoping review to look at what information there is to guide prevention and management of eating disorders for First Nations peoples in Australia – and found that much more work is needed. This Companion Document is a step in that process, setting out the collective ideas generated by the Governance Group and the writing team, to reflect 'on paper' our thoughts so far about how to make the 'Eating Disorder Safe' idea work well for First Nations people and communities.

There will be more to do beyond this, beginning with culturally validated approaches to testing the contents of this Companion Document with a wider group of First Nations community members. We expect this Companion Document to evolve, as it brings in the knowledge, strengths and aspirations of more and more First Nations people, as well as allies in arenas such as healthcare and education. Together we will continue to tend the landscape for culturally safe and relevant approaches to eating disorder prevention and care.

## About this Companion Document

This Companion Document to the Eating Disorder Safe principles addresses the unique cultural, historical, and social factors affecting First Nations communities, and the ways that these factors relate to First Nations people's experiences of health, food, mind and body. Current approaches to eating disorder prevention and harm minimisation often fail to consider the profound impact of colonial legacy, ongoing trauma, and cultural disconnection, or may acknowledge these issues without giving adequate guidance about how to respond (Gall et al., 2024). This Companion Document is a step towards addressing these oversights by embedding cultural safety into all Eating Disorder Safe initiatives, ensuring that the strategies and actions are respectful, informed, and responsive to the specific needs of community.

Crucially, the contents of this Companion Document must inform all work to implement the Eating Disorder Safe principles, not just interventions directly targeted at First Nations communities. Given the unique place of First Nations peoples within Australia's national population, it is imperative that efforts to improve the safety of messages about health, food, mind and body ensure cultural safety and respect in every context. A culturally safe approach ensures that, whether or not First Nations communities are the primary focus of an intervention, their cultural perspectives and needs are always considered and honoured. Implementing the Eating Disorder Safe principles without the comprehensive inclusion of the Companion Document compromises the effectiveness of these initiatives and fails to uphold the principles of equity, trauma-informed approaches and cultural safety, sensitivity and competence which underpin the National Eating Disorders Strategy 2023-33 (NEDC, 2023).

## Cultural safety

The Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy (AHPRA, 2020) offers the following definition of cultural safety:

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

According to that Strategy, enacting cultural safety in the healthcare setting involves:

Acknowledging colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health.

Health practitioners acknowledging and addressing individual racism, their own biases, assumptions, stereotypes and prejudices and providing care that is holistic, and free of bias and racism.

Recognising the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.

Fostering a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

Implementing 'Eating Disorder Safe' principles needs to happen both within and beyond healthcare, into settings such as early childhood education centres, schools, family services, community services, sports clubs, media and online. In this sense, we are seeking to embed cultural safety in the ways that all messages about health, food, minds and bodies are conveyed.

A proposed definition for cultural safety in this context is:

Cultural safety is determined by Aboriginal and Torres Strait Islander people, families and communities, who are the experts in their unique and collective experiences of factors that affect their relationships with health, food, mind and body.

Cultural safety upholds the strength of Aboriginal and Torres Strait Islander cultures, their ways of knowing, being and doing, and their holistic understanding of the interconnectedness of all things. It recognises and seeks to redress power imbalances. It is about **how** care is provided.

Cultural safety is inherently relational, respectful and creates spaces where people can be comfortable being themselves. Everyone has a role to play.

We invite you to hold this definition in your mind as you read the rest of this Companion Document, and whenever you are taking action to implement the Eating Disorder Safe principles.

## Context and background

Before colonisation, Aboriginal and Torres Strait Islander peoples enjoyed a rich and sustainable relationship with the land and surrounding waters, which provided the foundation for their food, medicine, cultural practice, spirituality and overall wellbeing. Health practices were holistic, based on understandings that mind, body, spirit, community and Country were all inextricably linked, and nurtured by generations of traditional knowledge. This ancient wisdom, deeply embedded in the everyday lives of First Nations people, continues to be a living practice that sustains families and communities today.

The onset of colonisation marked the beginning of systematic efforts to erase or assimilate First Nations peoples via brutal, state-sanctioned means. This prolonged genocide led to a profound disconnection from Country, culture, language, and kin, attempting to permanently sever the ties that sustained communal health. The disruption extended to food systems and traditional medicines, critical components of First Nations peoples' health and healing systems. The forced removal of children from their families, the dispossession of land, combined with the imposition of new laws which actively disenfranchised First Nations peoples and communities, initiated a cycle of intergenerational trauma. This intergenerational trauma persists, alongside ongoing trauma from oppression and systemic racism which endures today. Both have lasting and continuing impacts on health and wellbeing.

Not all First Nations people experience these effects in the same ways, however all First Nations people experience the ongoing effects of colonisation profoundly. This shared history -- which includes resistance, resilience, strength and survival -- forms a backdrop against which ongoing health, social and economic disparities should be addressed. Recognising the historical and current contexts is crucial to implementing health and wellbeing initiatives that are not only culturally sensitive and appropriate but also effective in healing and supporting First Nations communities to thrive. Self-determination is a critical aspect of this.



## Key issues in relation to health, food, mind and body

First Nations health and wellbeing is conceptualised according to holistic and collectivist worldviews, and influenced by many community and cultural factors, in addition to social and commercial determinants of health. While the Eating Disorder Safe principles seem to draw a circle around 'health, food, mind and body' to the exclusion of all else, recognising their interconnected nature with each other as well as with wider factors is central to understanding how to apply them for all people, and particularly for First Nations people and communities. This is shown at Figure 1.

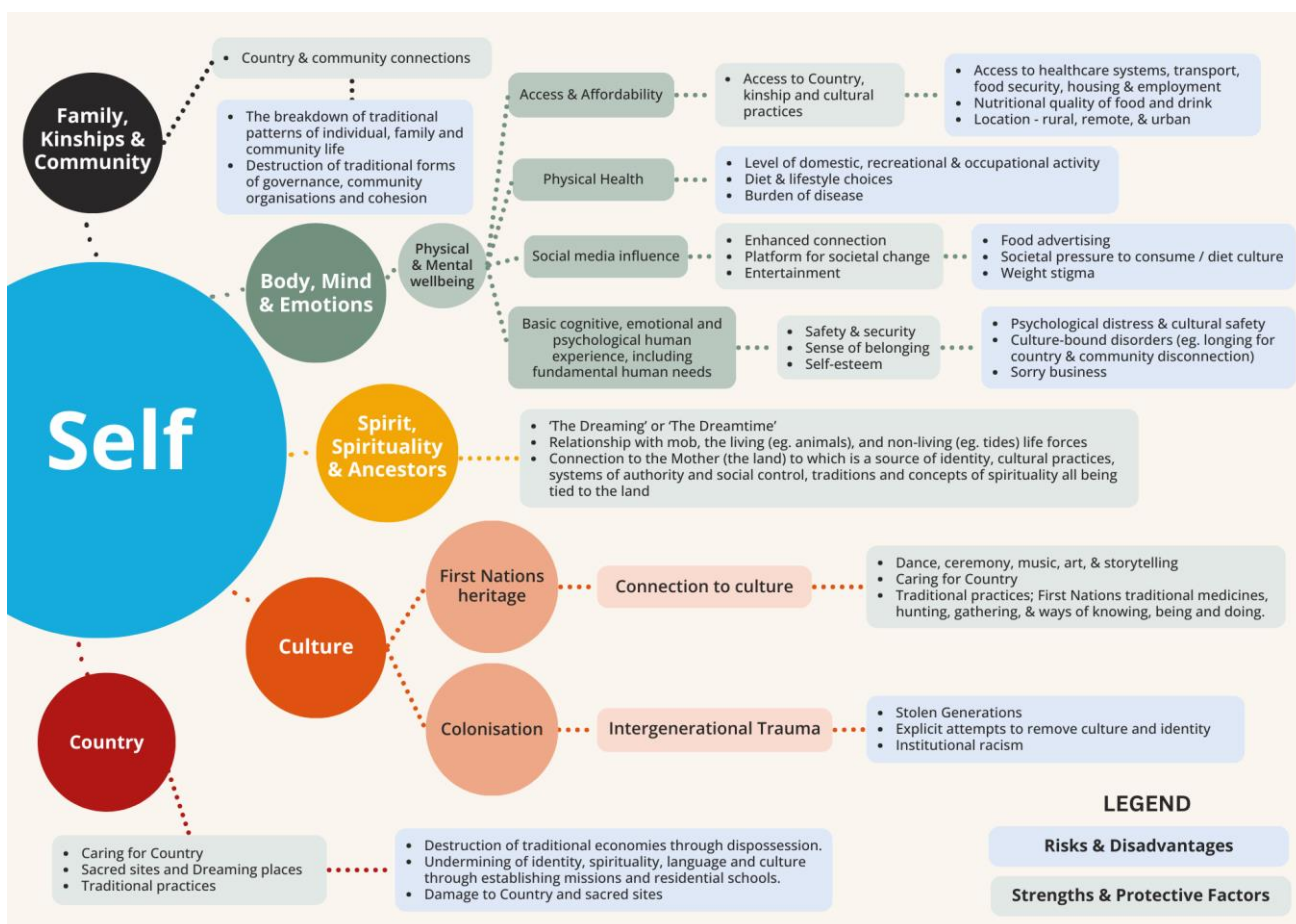


Figure 1: Systems map showing the interrelationship between First Nations ways of Knowing, Being and Doing, historical factors, and the social and commercial determinants of health

Some discussion of key issues that particularly effect First Nations peoples and communities follows on the next pages. This is, inherently, not an exhaustive list.



## Structural racism

Structural racism and discrimination present significant barriers to accessing essential services such as healthcare, housing, food, education, and employment opportunities. These barriers contribute to both physical and mental health disparities between First Nations peoples and the wider Australian population.

The Western healthcare system can reflect a carceral approach to care, with policies and practices that do not account for the cultural needs and contexts of First Nations peoples, which can prevent access to necessary care. This is also seen within eating disorder care, including involuntary psychiatric care, where treatment approaches can include punitive methods and a loss of consent and choice, rather than culturally responsive, community-driven approaches. This compounds a lack of trust between the person and the provider, which can lead to patients being disbelieved, receiving inappropriate treatment and experiencing further negative impacts on their mental health and wellbeing.



## Material disadvantage

The healthcare cost gap makes it even more difficult for many First Nations people and families to afford the care they need. This financial barrier is compounded by the broader context of economic disadvantage that stems from systemic discrimination and unequal access to education and employment.

Food insecurity occurs within many First Nations communities, with the specific drivers and challenges varying according to factors such as level of remoteness or urbanisation. The impact of food insecurity is significant: it greatly increases household stress, makes it harder for children to learn or adults to work, and increases current and lifetime risk of disordered eating and eating disorders, particularly binge-type disorders. While not the fault of the individual or family, experiences of food insecurity can evoke feelings of shame. This sense of shame can be exacerbated by well-intended nutrition programs that are often poorly targeted and fail to address the lived realities of communities. A lack of food sovereignty -- self-determination in relation to food systems -- further disempowers communities from sustaining health through traditional and culturally appropriate means.



## Poorly targeted interventions

Inappropriate approaches to health promotion and health literacy development also contribute to lower health status for First Nations communities. To effectively build health literacy among First Nations peoples, culturally relevant and community-centred strategies are essential. This includes co-developing programs which reflect local languages, cultural practices and health beliefs and use culturally valid methods such as artwork, storytelling and yarning. Unfortunately, culturally safe and relevant approaches are often not implemented due to a lack of engagement and consultation before the program is developed, assumptions that programs will work without testing them with community, and low investment in culturally informed practices within Western health services. This limits the success of these initiatives, and can have unintended consequences such as causing shame or offense and disengagement from health services.



## Lack of representation

Body image distress is also notably prevalent within First Nations communities, influenced by external stereotypes and internalised pressures that are often magnified by mainstream media and narratives that do not reflect the diversity of First Nations bodies and experiences. Experiences such as body checking, body comparison and attempts to control body composition have additional layers of meaning for communities where racialised bodies are less safe. Experiences such as body positivity or body neutrality are inherently privileged and may be much less accessible to First Nations peoples who experience body image distress in direct connection to racism, weight stigma and other forms of discrimination.



## Non-communicable diseases

There is a higher incidence of non-communicable diseases and metabolic conditions among First Nations communities when compared to the wider Australian population. These health issues may be influenced by disrupted access to traditional foods and medicines, changes in lifestyle that are imposed rather than chosen, the structural factors mentioned above and the stress felt in relation to these. Well targeted and culturally safe approaches to prevention and ongoing care may be available in some communities and not others, or for some health conditions and not others. A high degree of 'lifestyle stigma' exists within some communities in relation to metabolic conditions which may be seen as being the fault of the individual.

**Addressing these issues requires a multifaceted approach that considers the holistic nature of health and social and emotional wellbeing as understood by First Nations peoples. Implementation of enforceable policies that directly tackle both the symptoms of these disparities and their root causes is urgently needed. Cultural safety and self-determination are crucial to achieving health and social equity. Implementation of the Eating Disorder Safe principles may contribute to several of these efforts.**

## Listening to First Nations wisdom: key principles and frameworks to inform action

First Nations peoples are the oldest continuing culture in the world. They have over 65,000 years of knowledges that have been passed down through the generations. Whenever First Nations peoples choose to share this knowledge with others, it is a gift, and should be acknowledged as such. Indeed, listening to and integrating First Nations wisdom into the implementation of the Eating Disorder Safe principles has the potential not only to ensure that culturally safe and relevant approaches are used within First Nations communities, but also to bring a much more holistic, interconnected and integrated view of health, food, mind and body to all Eating Disorder Safe initiatives.

### First Nations ways of Knowing, Being, and Doing

First Nations ways of Knowing, Being, and Doing encapsulate the holistic framework through which First Nations peoples understand and interact with the world, themselves and each other (Martin & Mirraboopa, 2003). This encompasses ancestral knowledge, cultural practices, and spiritual beliefs that guide daily lives and health practices. This holistic approach naturally extends into the concept of Social and Emotional Wellbeing (SEWB).

### Social and Emotional Wellbeing (SEWB)

SEWB underscores the understanding that individual wellbeing is deeply connected to the community, spiritual, cultural, and ancestral health (Gee et al., 2014). SEWB promotes a balanced state of wellbeing that includes the physical, social, emotional, cultural, and spiritual dimensions of a person's life within their family and community.

### The Fabric of First Nations Wellbeing

Building on the SEWB model is the Fabric of First Nations Wellbeing model (Garvey et al., 2021), which uses the metaphor of traditional basket-weaving practices to reflect the beauty and strength of First Nations cultures and worldviews. The Fabric of Wellbeing model highlights the ways in which all important aspects of health and wellbeing are interwoven with their family, community and culture, and that wellbeing of the person is connected to the strength of these threads.

### Strengths-based approaches

Strengths-based approaches shift the focus from too often-cited deficits to the inherent strengths within people, families and communities. Strengths-based approaches recognise the strengths and values inherent within First Nations communities, such as family and kinship systems, social relationships, collective identities and cultural practices (Fogarty et al, 2018). Strengths-based approaches acknowledge that First nations ways of knowing being and doing are best for achieving strong health outcomes for First Nations communities. Crucially, this must involve equipping First Nations peoples with the skills and resources to empower self-determination, rather than being led by non-First Nations people's perspectives.



## Trauma-informed approaches

Trauma-informed approaches recognise and address the widespread impact of historical and ongoing trauma on individuals and their communities (Tujague & Ryan, 2021). These approaches are designed to prevent re-traumatisation by creating services that are accessible, understanding, and appropriate to those who have experienced trauma and its effects.

## Healing-informed approaches

Healing-informed approaches go a step further by integrating traditional healing practices with contemporary health services to support recovery and wellbeing (Hewlett et al, 2023). These approaches acknowledge the healing power of cultural practices, traditional medicines, and community rituals, which are essential in restoring balance and health according to First Nations worldviews.

## Lifespan approaches

Lastly, Lifespan approaches consider the health needs of individuals across all stages of life, from infancy to Elderhood, within the context of extended family groups and wider communities. Attention to varying needs across the lifespan ensures that supports are relevant, timely, and support a continuous journey of health and wellbeing.

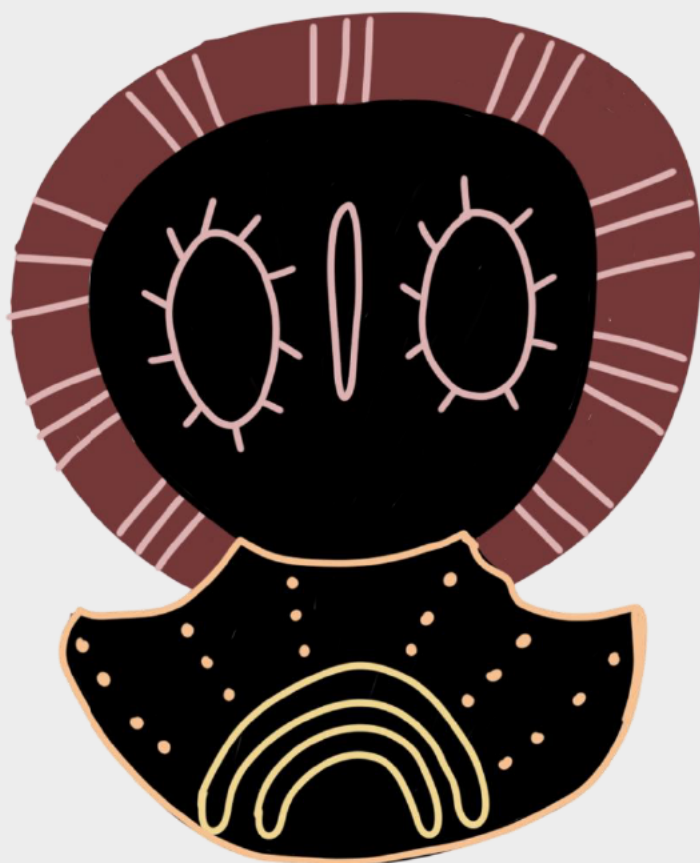
**These principles and frameworks are not isolated; they are deeply interrelated, each reinforcing and supporting the others. By embedding these interconnected First Nations frameworks, the Eating Disorder Safe principles can be truly transformative, both for First Nations communities and the wider Australian landscape in respect of health, food, mind and body.**

## In practice

At the core of this Companion Document is the recognition that health, food, mind, and body cannot be disentangled from the cultural, historical, and social contexts of First Nations peoples. These elements are not standalone facets but are interconnected within the holistic worldview upheld by First Nations communities, a perspective that deeply enriches and informs the 'Eating Disorder Safe' principles. Implementing these principles without integrating First Nations perspectives would undermine the effectiveness of health initiatives and perpetuate cycles of disempowerment and trauma. Instead, embracing a culturally safe, informed and relevant approach will ensure that Eating Disorder Safe initiatives are grounded in history, tradition, self-determination and community-led solutions.

By ensuring that the Eating Disorder Safe principles, including this Companion Document, are embedded across various settings—from healthcare to education, from community services to media—we can transform practices to be responsive to the needs and preferences of Aboriginal and Torres Strait Islander peoples in their own communities. This in turn, will improve the responsiveness of the Eating Disorder Safe principles within broader Australian society as well.

We offer the following suggestions to support deep integration of First Nations perspectives in any efforts to implement the Eating Disorder Safe principles, as well as considerations for culturally safe, informed and relevant prevention and care of eating disorders generally.



## Being culturally safe to be Eating Disorder Safe

- **Integrate cultural safety across all Eating Disorder Safe initiatives:** Ensure that the principles of cultural safety and cultural responsiveness are embedded in all activities aimed at making health, food, mind and body interactions Eating Disorder Safe, not just those directly targeting First Nations communities. This includes health policy, education, media, social media, sports, and community engagement strategies.
- **Comprehensive training and education:** Provide comprehensive training and ongoing professional development for professionals across sectors to understand and implement culturally safe, eating disorder safe practices in their work. This training should cover the historical contexts, contemporary issues, and the importance of cultural sensitivity in relation to all discussions of health, food, mind and body.
- **Policy development and review:** Involve First Nations leaders and communities in the development and continuous review of health and social policies to ensure they are culturally safe, eating disorder safe and supportive of First Nations perspectives.
- **Culturally inclusive messaging in media:** Media outlets and social media platforms to convey messages about health, food, mind and body in ways that are respectful and culturally informed as well as reducing eating disorder risk and harm. Encourage the portrayal of diverse body images and stories that reflect the realities of First Nations peoples, including a focus on strengths and social and emotional wellbeing. Observe and follow cultural protocols for respectful communication.
- **Safe spaces in education and sports:** Work to ensure that all environments in educational and sports settings are safe and inclusive for all minds and bodies, and that they honor and reflect First Nations cultures. This could include curriculum to include First Nations histories and knowledge, as well as culturally appropriate support systems for students and athletes.
- **Community engagement and empowerment:** Actively engage (and appropriately remunerate) First Nations communities to co-design, co-implement and co-evaluate programs related to health, food, mind, and body. Prioritise community-driven solutions and leadership.
- **Resource allocation for cultural safety:** Allocate resources specifically for the enhancement of cultural safety in all areas impacted by the Eating Disorder Safe principles. This includes funding for community-led health initiatives, culturally relevant educational materials, and support for First Nations media representation.

## Case study: Body image and media representation

The workers at the local youth program for First Nations kids observed rising levels of body dissatisfaction among the young people they support. They recognised that negative stereotypes, as well as a lack of representation in mainstream media, were contributing to these issues.

To address this, the youth program launched a media literacy program aimed at helping First Nations youth critically assess media messages about body image and develop self-esteem. Through workshops and yarns, youth were encouraged to share their experiences, question harmful media narratives, and embrace diverse body types.

Prompted by the young people, the youth program collaborated with local media outlets to increase positive representation of First Nations people in reportage, advertisements and public service announcements. As a result, the program helped young people build resilience against harmful body image pressures, as well as building advocacy skills. They reported increased confidence and a better understanding of how to challenge negative stereotypes in media. The program also succeeded in creating a supportive network of community members who continued to promote positive body image within the community and challenge negative stereotypes. Members of the wider community saw media stories which showed the strengths of First Nations people, as well as representing body diversity within the local community as a normal part of life.



## Tips to be a good ally in the eating disorder space

- **Educate Yourself:** Deepen your understanding of how eating disorders and body image issues manifest uniquely within First Nations communities. Recognise the role of cultural, historical, and social factors and educate yourself about the specific challenges faced in different communities. Refer to the Further Reading and Resources section of this document.
- **Promote and support culturally informed research:** Advocate for and support research that specifically explores eating disorders and body image issues within First Nations populations. This is an area of critical need (to understand why, see Gall et al., 2024). Ensure that this research respects community knowledge and protocols and seeks to understand these issues within cultural contexts.
- **Amplify First Nations voices:** Actively seek out and amplify the voices of First Nations leaders, experts and advocates in discussions about eating disorders and body image. Ensure First Nations perspectives are central in conferences, panels, policy discussions, and media stories.
- **Challenge stereotypes and stigmas:** Work to challenge and dismantle stereotypes and stigmas around eating disorders and body image that disproportionately affect First Nations peoples. This includes addressing harmful narratives in healthcare, media, and public discourse.
- **Support culturally tailored programs:** Support the development and implementation of prevention and treatment programs or healing approaches that are tailored to the cultural, social, and spiritual needs of First Nations communities. This might involve providing resources, sharing networks, or providing or advocating for funding.
- **Provide accessible and inclusive care:** Work to ensure that healthcare services and support systems for eating disorders are accessible to First Nations people and sensitive to their cultural needs. This can involve advocating for policy changes, improving service delivery, ensuring that healthcare professionals receive appropriate training in cultural competence and finding ways to work alongside and be led by Aboriginal and Torres Strait Islander Health Workers and Practitioners or other workers and providers from the Community Controlled sector.
- **Practice active listening and humility:** When engaging with First Nations people, families and communities, practice active listening and humility, or find out about approaches to deep listening. Recognise that their experiences and knowledge are paramount in understanding the nuances of eating disorders and body image issues in their contexts.
- **Support economic and social policies that reduce inequity:** Advocate for broader social and economic policies that reduce the inequity for First Nations communities relative to eating disorder risk and harm. This includes policies aimed at improving food security, improving housing access, reducing poverty, lowering child removal rates, lowering incarceration rates, and enhancing overall health and wellbeing.

## Case study: Being an ally in eating disorder prevention



Eli, a dietitian, had always been passionate about promoting healthy eating habits, but he realised he had much to learn about how eating disorders impacted First Nations communities. He began by listening carefully to First Nations community members' experiences with eating disorders and body image issues. He heard stories about how healthcare services often failed to consider cultural differences, resulting in treatments that did not meet the needs of First Nations patients. He also learned about the pressures these communities faced from systemic barriers that affected their health.

Eli reached out to a local Aboriginal Community Controlled Health Organisation (ACCHO) and proposed collaborating on a project to improve the cultural relevance of nutritional guidance and eating disorder prevention programs. By working closely with the organisation's leaders, Eli helped develop educational materials and workshops that incorporated traditional foods and respected the holistic approach of First Nations healthcare. He shared his knowledge of medical nutrition therapy with the SEWB team, so that they could deliver safe messages to community in culturally relevant and respectful ways.

In addition to the education program, Eli advocated for systemic changes in his own workplace. He lobbied for cultural competence training among his colleagues and for better and fairer representation of First Nations voices in policymaking. This led to several First Nations-led research projects related to eating disorders, ensuring that First Nations perspectives and expertise were embedded in studies focused on preventing eating disorders.

## Specific notes for First Nations people, communities, workers and organisations

- **Strengthen community networks:** Build and maintain networks among First Nations health workers to share knowledge, strategies, and support around eating disorder prevention and care. Involve other community members where needed, particularly community members who are well placed to spot early warning signs, such as in schools or sports groups.
- **Engage youth:** Find ways to involve First Nations children and young people in promoting positive social and emotional wellbeing, positive body image and healthy relationships with food, which are informed by cultural values and teachings.
- **Document and disseminate success stories:** Document successful initiatives within communities and share these practices widely to provide models that can be adapted by others.
- **Know the signs:** Help ensure the people in your community know what kinds of signs to lookout for; it's more than just crash dieting. There are resources in the section below that you can use and share. Yarn about them within your community, including thinking about ways that the signs might show up for community members at different ages and stages, as well as all genders.
- **Look out for each other:** One of the best ways to prevent eating disorders is to help everyone in the community feel that they are valued and accepted for who they are, no matter what they look like and no matter what their mind and body can do. Lay these foundations early, and then keep reinforcing them as part of the strength of your culture and community.
- **Care for carers:** When someone in the community does have an eating disorder, disordered eating or body image distress, they need a lot of support. So do the people who are supporting them. Help break the silence around eating disorders in your community, so that carers don't feel they have to keep their loved one's struggles a secret. That will make it easier for them to get support and breaks, too.

## Case study: Culturally safe healthcare for eating disorders



Sarah, a 25-year-old woman from a remote First Nations community, had bulimia nervosa for several years. The difficulties accessing a steady supply of affordable and nourishing food meant that she would eat a lot of food very quickly when she could get it. Then she would feel shame about not being able to save food, and about what it would do to her body if she ate so much, so she would then try to make up for everything she had eaten by exercising way too much.

Her previous experiences with Western healthcare had left her feeling misunderstood and judged, which stopped her from seeking help for her bulimia. This changed when a regional clinic nearby launched a culturally safe healthcare initiative specifically aimed at First Nations patients with eating disorders. The program was designed in consultation with Elders, community members and First Nations healthcare professionals, integrating traditional healing practices alongside evidence-informed models of care. The program also included nutritional counselling that respected traditional food practices, as well as dealing directly with strategies to address food insecurity.

When Sarah began attending the clinic, she found herself in a welcoming environment where she felt respected and understood. The combination of traditional healing and evidence-informed treatment helped her address the root causes of her disorder while improving her overall health. The culturally safe approach was key to her positive experience, and she felt empowered and supported on her journey toward recovery.



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## Section 3

# Eating Disorder Safe How-To Guides

## Eating Disorder Safe principles in practice: How-To Guides

This Guide sets out options and ideas for putting the Eating Disorder Safe principles into practice across a broad range of contexts. Recognising the wide diversity of individuals, families communities, service providers, educators, researchers, policymakers and other organisations who could put these principles into practice within their respective settings and spheres of influence, this Guide is divided into sub-sections to help you find the guidance that is the best fit for your context. Use the links below to jump to the relevant section:

- [Guidance for individuals and families](#)
- [Guidance for frontline workers \(all disciplines\)](#)
- [Guidance for service managers and planners \(all disciplines\)](#)
- [Guidance for researchers and policymakers](#)
- [Guidance for communicators, media and relevant platforms](#)
- [Guidance for the workplace](#)

As you work through the guidance materials, you will see that there is a section for you to add your own notes at the end of the list. Use the notes however you like so that you can capture and record your thoughts and ideas as you work through the principles.

At the end of the How-To Guides, you will find a [Reflection Activity](#), [Self-check Tool](#) and an [Action Plan template](#). Use these to gauge your level of familiarity with the various ways to be Eating Disorder Safe within your own context (including your own ideas about how to do this), then set out the steps that you will take to make positive change within your sphere of influence.

You can keep coming back to this guide, looking for new ideas, re-doing the Self-check Tool and updating your action plan whenever you like. Each time you do, you're renewing your commitment to being part of the change and making society increasingly Eating Disorder Safe.

# **Eating Disorder Safe: Guidance for individuals and families**

## Individuals and families

Putting the Eating Disorder Safe principles into practice at the individual and family level could look different for every individual and every family. This How-To Guide is intended to give you some ideas, but you will know what works best for your own life, values and circumstances. Most of the suggestions here are free or low-cost, however they will generally require some time investment while you research, plan and put things into practice.

If the Eating Disorder Safe concept is new to you, we suggest picking one area at a time to focus on. Perhaps you could have a family meeting, and vote on which area feels most important or most achievable, and then work together to come up with your own action plan. Once you feel you have that area well integrated into your daily life, come back and choose another.

Remember, these are suggested strategies that you can use as an individual or family, but that doesn't mean that all the responsibility to make your day-to-day experience 'Eating Disorder Safe' rests with you. The other How-To Guides are targeted at workers, 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 homelife, NEDC would love to hear about it! Submit your story to [nationalstrategy@nedc.com.au](mailto:nationalstrategy@nedc.com.au).

## Getting started with Eating Disorder Safe actions

Creating an Eating Disorder Safe environment can start at home. By making small changes in the way we talk about health, food, minds and bodies, we can foster a more supportive and positive space for everyone.

Individuals and families often have many competing priorities and may not know where to start, which is why we have suggested two “quick wins” to get you started. We suggest these two actions because they are easy to implement and can have a significant positive impact on your or your family's wellbeing.

### Quick Wins:

#### 1. Keep Negative Body Talk Out of the Home

**Action:** Make a household pact to avoid making negative comments about anyone's body, including your own.

**Why?** This helps to create an inclusive and supportive atmosphere, reducing stress and promoting self-esteem for all household members.

**How?** Check out [Butterfly's Body Kind Families](#) and the [Embrace Collective's Education Hub](#) for tips, worksheets, videos, podcasts and other resources to help you on your way.

#### 2. Use Neutral Language to Describe Food

**Action:** Describe food by its taste, texture, or nutritional content rather than labelling it as "good" or "bad."

**Why?** This approach encourages a balanced and kinder relationship with food and reduces food-related anxiety.

**How?** Practice describing food neutrally during family meals, focusing on sensory experiences like taste and texture, or check out some food exploration resources from [the Embrace Hub](#).

**Ready to take some more action?** Turn the page to explore more ideas and strategies for creating a supportive and safe environment for everyone at home.

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	Families are supported to experience and model positive relationships with food, bodies and movement from the earliest opportunity and across the lifespan.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> 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?</p> <p><b>Learning:</b> What concepts do I/we need to know more about? Who can I/we learn from?</p> <p><b>Using my/our influence:</b> Who can I/we involve in these actions? Who will lead the actions we take?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Learn about concepts such as responsive feeding, intuitive eating, body acceptance, body neutrality, body esteem, positive body image, or joyful movement. Seek perspectives from people or organisations with cultural relevance to you.</li> <li>• Explore ways to eat and move for health and wellbeing through planning activities, preparing meals and eating together.</li> <li>• Learn about the history of body positivity and its intersections with race and queerness.</li> <li>• Develop your media literacy in regards to these concepts – how do you know when you are reading an evidence-based or community-informed account, as opposed to an account which uses these terms to promote unsafe products or practices?</li> <li>• Make a personal or family plan to integrate some of these concepts into your daily life – keep it realistic and choose an action that feels achievable first.</li> <li>• Look for resources in your community that can help you get started and keep going, e.g. ‘come and try’ days, active ageing programs, library resources, etc.</li> <li>• Make a pact to keep negative body talk out of the home.</li> <li>• Group together with some other local families to create a ‘body inclusive playgroup.’</li> <li>• Incorporate traditional food and movement practices into your routines to honour your cultural heritage and promote holistic health.</li> <li>• Seek guidance from community Elders on traditional ways of maintaining health and wellbeing.</li> <li>• Use storytelling to pass down knowledge and practices related to food, body image, and health.</li> </ul>

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	The unique relationships between eating, chronic illness, disability and experiences of healthcare are acknowledged and addressed.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> 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?</p> <p><b>Learning:</b> What concepts do I/we need to know more about? Who can I/we learn from?</p> <p><b>Using my/our influence:</b> Who can I/we involve in these actions? Who will lead the actions we take?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Seek out materials that discuss adaptive eating strategies, nutritional needs for specific health conditions, and the intersection of disability and body image.</li> <li>• Create a plan to address the unique food needs related to chronic illnesses or disabilities within your household or family. This could include meal planning, and incorporating adaptive tools or methods for food preparation.</li> <li>• Look for “low spoon” cooking ideas online or borrow relevant cookbooks from the library, such as books which include adaptive cooking strategies.</li> <li>• Look for community resources such as community pantries, specialised dietary services, accessible fitness programs, or adaptive cooking classes.</li> <li>• Ask your GP for a Chronic Disease Management Plan or Eating Disorder Management Plan (if relevant) and seek subsidised support from a dietitian who understands your specific needs and preferences.</li> <li>• Discuss your food and eating needs with your NDIS Planner and request assistance from a dietitian who understands your specific needs and preferences.</li> <li>• Prepare for medical appointments by keeping a log of dietary challenges, successes, and questions to discuss with your healthcare team. Ensure these are addressed and any ongoing support is provided in ways that meet your needs and preferences.</li> <li>• Advocate for accessible and inclusive healthcare services that recognise and address the dietary needs of people with chronic illnesses and disabilities, such as through improvements to meal planning, catering and meal support.</li> <li>• Advocate for accessible and inclusive healthcare services that recognise and address body image with people with chronic illnesses and disabilities.</li> <li>• Encourage open and positive discussions about the challenges and needs related to eating, chronic illness, and disability within your family and social circles.</li> <li>• Create a supportive environment at home where everyone feels comfortable discussing their dietary needs and preferences without judgment.</li> </ul>



<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	Communications use size-inclusive, non-stigmatising language and imagery in respect of health, food, minds and bodies.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> 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?</p> <p><b>Learning:</b> What concepts do I/we need to know more about? Who can I/we learn from?</p> <p><b>Using my/our influence:</b> Who can I/we involve in these actions? Who will lead the actions we take?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create a personal or family plan to use inclusive and respectful language when discussing health, food, minds, and bodies.</li> <li>• Agree to avoid using stigmatising language in the home.</li> <li>• Try to avoid bringing pieces of communication (e.g. magazines, brochures, pamphlets) into the home if they use stigmatising language or images. Send feedback to the publishers about your reasons for rejecting these messages.</li> <li>• Teach family members media literacy skills to critically evaluate and respond to stigmatising language and imagery.</li> <li>• Create family media projects, such as videos or blogs, that use size-inclusive and non-stigmatising language and imagery.</li> <li>• Participate in community art projects that promote positive and inclusive messages about health and body image.</li> <li>• Share and promote social media content that aligns with size-inclusive and non-stigmatising principles.</li> </ul>

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	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 and wellbeing.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> 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?</p> <p><b>Learning:</b> What concepts do I/we need to know more about? Who can I/we learn from?</p> <p><b>Using my/our influence:</b> Who can I/we involve in these actions? Who will lead the actions we take?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Research local options for organised movement groups that have a focus on wellbeing or skill development. This could include ‘walk and talk’ groups, community dance classes, yoga for mental health sessions or tai chi in the park.</li> <li>• Look out for ‘come and try’ days to experience new ways of moving and to get a feel for other movement communities in your area.</li> <li>• Make a family plan to include movement-based adventures in your weekly or monthly routine. This could include bushwalks, bike rides or other creative ways to get out and about together. Make a family roster so everyone gets a turn to choose an adventure.</li> <li>• Participate in your cultural practices such as dance and caring for Country, along with family and community.</li> <li>• Think of other ways to move which support your lifestyle or connect to your values. This could include gardening, joining a local environmental team to plant trees or pick up rubbish, metal detecting, or using active transport to get to work or school.</li> <li>• Explore movement through play. Incorporate playful activities like frisbee, backyard cricket, scavenger hunts, or dance parties at home. Note: play-based movement can be an option for individuals just as much as families.</li> <li>• Volunteer for active community projects. Engage in community projects that involve movement, such as helping out at local farms, community clean-ups, or assisting at charity runs and walks.</li> </ul>

<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	Neutral language is used to describe food and its properties and food messaging is appropriate for its audience.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> 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?</p> <p><b>Learning:</b> What concepts do I/we need to know more about? Who can I/we learn from?</p> <p><b>Using my/our influence:</b> Who can I/we involve in these actions? Who will lead the actions we take?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Help your kids learn about food by focusing on their senses – how the food looks, smells, sounds, tastes and feels, both while eating it and then as it moves through the body. Introduce factual nutrition information incrementally, based on your child’s level of cognitive development.</li> <li>• Make a pact to avoid labeling foods as "good" or "bad" within the home and to focus on the qualities, properties and enjoyment of food.</li> <li>• Go on a "food adventure" where each family member picks a new, neutral way to describe and enjoy a different type of food.</li> <li>• Set aside time for family or household discussions about how to talk about food neutrally and why it matters.</li> <li>• Write short stories or poems about food using neutral language, and share them during family gatherings.</li> <li>• Get creative with ways to experience and enjoy food. Try eating in the yard (or have an indoor floor picnic if it’s raining), pick different cuisines to learn about, hold theme nights, try swapping dinner and breakfast foods to the other end of the day, make faces or artwork with your food and then eat your masterpiece, or come up with your own new ideas.</li> <li>• Seek out parent and child resources that can help with the above, such as online accounts from qualified professionals.</li> <li>• Create and display posters or infographics at home that promote neutral food language.</li> <li>• Practice role-playing scenarios with family members or friends to reinforce the use of neutral language when discussing food. Make this a regular activity or game, to help you build the habit.</li> <li>• Make an agreement with other families in your network to create a supportive environment where neutral food language is encouraged and practiced.</li> <li>• Host a community potluck where attendees are encouraged to use neutral language to describe their dishes.</li> </ul>

<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	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.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> 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?</p> <p><b>Learning:</b> What concepts do I/we need to know more about? Who can I/we learn from?</p> <p><b>Using my/our influence:</b> Who can I/we involve in these actions? Who will lead the actions we take?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Research and identify qualified professionals who provide weight-neutral and culturally safe dietary advice.</li> <li>• Look for resources in your community that offer weight-neutral dietary advice, such as cooking classes or culturally specific dietary programs. If the services in your area don't offer weight-neutral and culturally safe options, ask them to consider developing some.</li> <li>• Share information and experiences within your friendship group about finding and working with qualified, weight-neutral health professionals.</li> <li>• Organise family dinners where everyone participates in cooking dishes from different cultures, focusing on enjoyment and balance.</li> <li>• Attend webinars hosted by dietitians and nutritionists who work from a weight-neutral perspective. Look for events that resonate with your cultural background and other specific needs and preferences.</li> <li>• Create a family recipe book with favourite recipes that reflect culture, heritage and the important social functions of meals made and shared with love.</li> <li>• Share family or community stories about traditional food practices and how they contribute to overall health and well-being.</li> </ul>

<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	Food security is addressed to support safe relationships with food and eating at individual and population levels.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> 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?</p> <p><b>Learning:</b> What concepts do I/we need to know more about? Who can I/we learn from?</p> <p><b>Using my/our influence:</b> Who can I/we involve in these actions? Who will lead the actions we take?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Firstly, know that your experience of food insecurity is not your fault, and that wider system changes are also needed. The rest of the tips for putting this principle into practice are made with that in mind.</li> <li>• Understand that getting enough food for you and your family is a good enough goal. Read about the <a href="#">Satter Hierarchy of Food Needs</a> to learn more about ways to approach nutrition when resources are scarce.</li> <li>• Consider looking for food relief options, if you aren't already. Different services have different criteria (e.g. local area residents, concession card holders, etc). <a href="#">Ask Izzy</a> is a good place to start your search.</li> <li>• Where possible, incorporate your traditional food practices into your routines to honour your heritage and promote spiritual health. Seek advice from Elders on how you might do this together with other community members.</li> <li>• Organise a meal-share or a crop-swap with your friends, neighbours or community to help everyone get access to nutritious food.</li> <li>• Map out local food resources such as food banks, markets, bargain basements, suppliers that offer free or discounted food at the end of the day, community pantries and community kitchens, and share this information with others.</li> <li>• If you are not currently facing food insecurity, consider ways that you or your family may be able to help others and support the health of your wider community, such as via volunteering, charitable donations, assisting community activities like the ones listed above, or system advocacy.</li> </ul>

<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	Diet culture and its far-reaching consequences are understood, reduced and ultimately eliminated, with actions based on contemporary evidence.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> 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?</p> <p><b>Learning:</b> What concepts do I/we need to know more about? Who can I/we learn from?</p> <p><b>Using my/our influence:</b> Who can I/we involve in these actions? Who will lead the actions we take?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create a personal or family plan to reject diet culture, such as by focusing on health rather than weight, avoiding appearance-based comments, and focusing on each person’s strengths and interests. Keep it realistic and choose actions that feel achievable first.</li> <li>• Do a diet-culture detox: unfollow unhelpful accounts on social media, choose magazines that do not promote diets or body ideals, remove books with diet-related messaging (check the kids’ books, too).</li> <li>• Start seeking new accounts, media and books, either that celebrate body diversity or that deal with topics which aren’t weight, beauty or body related at all. Share your findings with friends and family.</li> <li>• Group together with other community members to support each other in rejecting diet culture and promoting positive, evidence-based approaches to health and well-being.</li> <li>• Use social media platforms to spread evidence-based information about diet culture and its harms.</li> <li>• Start conversations with your friends and family about the unhelpful messaging that you can now identify when rewatching nostalgic TV shows and movies.</li> </ul>

Eating Disorder Safe: Mind	
<b>Principle</b>	Mental health stigma and its harms in relation to health, food, mind and body are of concern and must be eliminated.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> 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?</p> <p><b>Learning:</b> What concepts do I/we need to know more about? Who can I/we learn from?</p> <p><b>Using my/our influence:</b> Who can I/we involve in these actions? Who will lead the actions we take?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Learn about mental health stigma and its effects. Seek perspectives both from people or organisations with cultural relevance to you as well as from a range of other diverse experiences.</li> <li>• Hold a family or friends film night and discuss the themes together.</li> <li>• Join a book group with a mental health focus, or suggest a relevant title to a book group you are already part of.</li> <li>• Agree to avoid stigmatising language and behaviours within the home and to promote open and supportive discussions about mental health.</li> <li>• Practice mindfulness, meditation or a suitable alternative as a household or family to improve mental wellbeing and normalise the idea of taking steps to protect mental health.</li> <li>• Find out if your local library or community centre runs any mental health awareness events, or ask them to do so if they don't already.</li> <li>• Write letters, meet or have a yarn with local leaders, school officials, or employers advocating for mental health awareness programs.</li> <li>• Get involved in stigma-reduction campaigns as a voice of lived experience, an ally, or a skilled volunteer. Ensure the campaign has support mechanisms in place, and that your mental health is well supported before you start.</li> <li>• Encourage community leaders to participate in mental health first aid and stigma reduction training programs, including culturally safe and specific programs.</li> </ul>

Eating Disorder Safe: Mind	
<b>Principle</b>	The bidirectional relationship between food, eating and mental health is recognised, within the context of individual, social, cultural and economic factors.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> 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?</p> <p><b>Learning:</b> What concepts do I/we need to know more about? Who can I/we learn from?</p> <p><b>Using my/our influence:</b> Who can I/we involve in these actions? Who will lead the actions we take?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Take some time to reflect on your own relationship with food and eating. What are your needs, values and preferences? What gets in the way of them? Choose one achievable action to try. See if it helps you feel any better about food and eating.</li> <li>• Ask your GP for a Chronic Disease Management Plan, Mental Health Care Plan or Eating Disorder Management Plan (if relevant) and seek subsidised support from a dietitian and/or mental health professional who understands your specific needs and preferences.</li> <li>• Prepare for medical appointments by keeping a log of food and eating challenges, successes, and questions to discuss with your healthcare team. Ensure these are addressed and any ongoing support is provided in ways that meet your needs and preferences.</li> <li>• Advocate for accessible and inclusive healthcare services that recognise and address the food, eating and mental health, such as through improvements to meal planning, catering and meal support.</li> <li>• Encourage open and positive discussions about the challenges and needs related to food, eating and mental health within your family and social circles.</li> <li>• Create a supportive environment at home where everyone feels comfortable discussing their food needs and preferences without judgment.</li> </ul>



<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	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.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> 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?</p> <p><b>Learning:</b> What concepts do I/we need to know more about? Who can I/we learn from?</p> <p><b>Using my/our influence:</b> Who can I/we involve in these actions? Who will lead the actions we take?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create a personal or family plan to promote inclusivity in everyday settings, such as using inclusive language and supporting inclusive initiatives.</li> <li>• Find ways to make the home environment feel welcoming and inclusive of all household members and visitors, such as through creative expression, quiet spaces, etc.</li> <li>• Encourage your kids to learn about diverse perspectives, backgrounds and abilities through their friendships at school or sport, as well as through books and media with a broad range of diverse representation.</li> <li>• Group together with other community members to advocate for inclusive practices in schools, workplaces, and community settings, ensuring everyone feels welcome and valued. This can be done by allies, rather than the people who are often excluded having to self-advocate; the people who are most affected by the issue should always be offered the opportunity to speak up or lead if they wish for this.</li> <li>• Conduct informal accessibility audits of local facilities and provide feedback to improve inclusivity.</li> <li>• Celebrate cultural and diversity awareness days to educate family members and friends about different cultures and perspectives.</li> <li>• Engage in traditional physical activities like dance or caring for Country, to promote family bonding and holistic health.</li> </ul>

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	Neutral language is used to describe bodies at all ages and stages of development, all sizes, shapes, abilities and ethnicities.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> 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?</p> <p><b>Learning:</b> What concepts do I/we need to know more about? Who can I/we learn from?</p> <p><b>Using my/our influence:</b> Who can I/we involve in these actions? Who will lead the actions we take?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Agree to avoid labelling bodies in ways that could be harmful or judgmental within the home, focusing instead on the unique qualities and strengths of each person or the things that bodies allow us to do.</li> <li>• Create and display positive affirmations around the house that focus on qualities other than appearance.</li> <li>• Engage in body-positive art projects where family members create art that celebrates diverse body types.</li> <li>• Identify and discuss role models who represent body positivity, body neutrality and diversity. Look for role models from within your culture or community.</li> <li>• Look for resources in your community that promote body neutrality and positive body image, such as body-positive events and workshops.</li> <li>• Group together with other local families to support each other in using neutral body language and promoting positive body image in the community.</li> <li>• Have regular family discussions about body image and the importance of using neutral language.</li> </ul>

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	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 be a barrier to education, employment or civic participation.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> 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?</p> <p><b>Learning:</b> What concepts do I/we need to know more about? Who can I/we learn from?</p> <p><b>Using my/our influence:</b> Who can I/we involve in these actions? Who will lead the actions we take?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Make a pact to challenge weight-based discrimination and stereotypes within the home and to support each other's diverse abilities and strengths.</li> <li>• Advocate for weight-neutral, size-inclusive or fat-liberationist policies and practices in education, employment, and civic participation.</li> <li>• Participate in sports and physical activities for enjoyment and skill development rather than to try to look like an idealised image of a healthy or fit person.</li> <li>• Set health goals that focus on overall wellbeing, such as improved energy, strength, or mental health, rather than weight.</li> <li>• Encourage family members to pursue hobbies and skills that they enjoy or want to build skills in, regardless of their body size or shape. If they experience barriers to participation, ask them if they would like you to help advocate for them, and if so, how.</li> </ul>

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	Weight stigma and its consequences are of concern and must be eliminated.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> 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?</p> <p><b>Learning:</b> What concepts do I/we need to know more about? Who can I/we learn from?</p> <p><b>Using my/our influence:</b> Who can I/we involve in these actions? Who will lead the actions we take?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Encourage positive self-talk and body acceptance within the family. Compliment qualities that are not related to appearance, such as kindness, creativity, and perseverance.</li> <li>• Actively question and challenge stereotypes or negative comments about weight and body size when they arise in conversations, media, or social settings. Encourage open discussions about the importance of diversity and acceptance.</li> <li>• Choose and promote media that showcases body diversity and positive representation of all body sizes. Let the publishers or broadcasters know why you are choosing this content over other materials.</li> <li>• Write opinion pieces or letters to the editor in local newspapers to raise awareness about weight stigma and to promote weight-neutral alternatives.</li> <li>• Advocate for policies in schools, workplaces, and community organisations that address and reduce weight stigma.</li> <li>• Make a pact to challenge weight-based discrimination and stereotypes within the home and to support each other's abilities and strengths.</li> </ul>

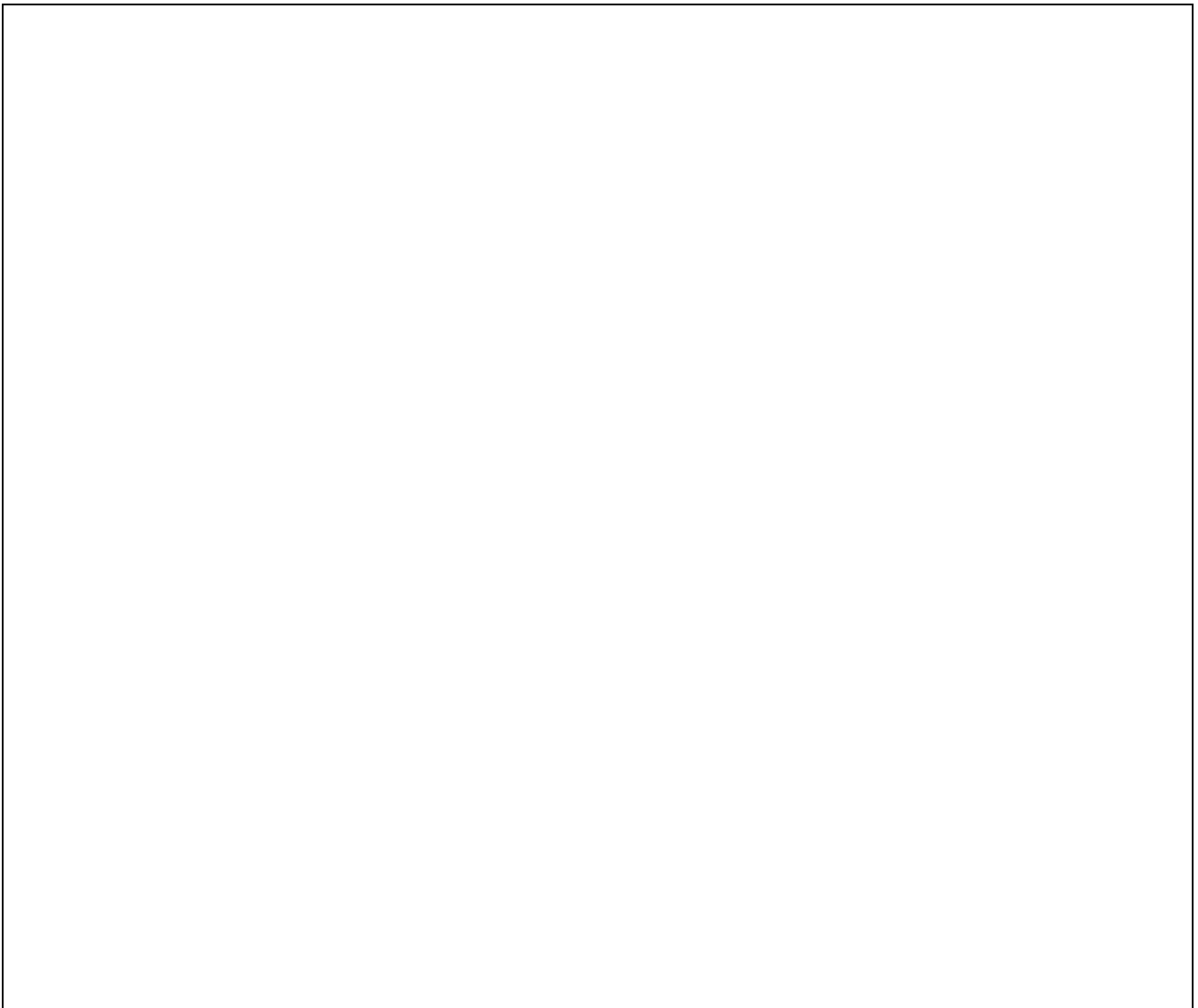
<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	System-level drivers of eating disorder risk, for example institutional weight stigma, diet culture, medical and health professional weight bias, are addressed.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> Where am I/are we at with this principle right now? Where would I/we like to be a month or a year from now?</p> <p><b>Learning:</b> What concepts do I/we need to know more about? Who can I/we learn from?</p> <p><b>Using my/our influence:</b> Who can I/we involve in these actions? Who will lead the actions we take?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Make a pact or pledge to demonstrate through your actions and words that health and worth are not determined by body size.</li> <li>• Group together with other community members to advocate for systemic change, supporting initiatives that aim to reduce eating disorder risk at a community or institutional level.</li> <li>• Provide input at public hearings, school board meetings or similar forums about the need to address systemic drivers of eating disorders.</li> <li>• Seek out healthcare professionals who practice weight-neutral and inclusive care. You can switch providers if you encounter weight bias, and can provide feedback about your reasons for doing this if you feel able to do so.</li> <li>• Contribute to or support research efforts that aim to understand and mitigate the systemic drivers of eating disorder risk. Stay informed about new findings and share them with your community.</li> </ul>

## 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. As an individual, household or family, you might choose an approach to handling mistakes as they occur, so that they can support your learning without adding a sense of shame or blame.

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# **Eating Disorder Safe: 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](mailto: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.

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	Families are supported to experience and model positive relationships with food, bodies and movement from the earliest opportunity and across the lifespan.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p><b>Learning:</b> What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Scope of practice:</b> 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><b>Using my influence:</b> Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Offer workshops for families on topics such as intuitive eating, body positivity, and joyful movement. Ensure these workshops are accessible and culturally relevant.</li> <li>• Provide families with educational materials that promote positive relationships with food, bodies, and movement. Include books, pamphlets, and online resources.</li> <li>• 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.</li> <li>• 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.</li> <li>• Use respectful and culturally appropriate communication when discussing health, food, mind, and body.</li> <li>• 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.</li> </ul>

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	The unique relationships between eating, chronic illness, disability and experiences of healthcare are acknowledged and addressed.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p><b>Learning:</b> What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Scope of practice:</b> 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><b>Using my influence:</b> Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Provide training for frontline workers on the complex interplay between eating, chronic illness, disability, and healthcare experiences. Include case studies and role-playing scenarios.</li> <li>• Seek out professional development opportunities including lived experience perspectives, and engage in reflective practice with your colleagues.</li> <li>• 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.</li> <li>• Encourage the creation of collaborative care plans that involve dietitians, healthcare providers, and support workers to address the unique dietary needs of clients.</li> <li>• Establish networks for frontline workers to share best practices and strategies for supporting individuals with chronic illnesses or disabilities.</li> <li>• Advocate for policies that recognise and address the unique dietary needs of individuals with chronic illnesses and disabilities within healthcare settings.</li> </ul>

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	Communications use size-inclusive, non-stigmatising language and imagery in respect of health, food, minds and bodies.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p><b>Learning:</b> What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Scope of practice:</b> 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><b>Using my influence:</b> Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Design and promote health campaigns that use size-inclusive, non-stigmatising language and imagery.</li> <li>• Participate in training on using size-inclusive, non-stigmatising language and imagery.</li> <li>• Provide patients, clients, students and others with materials that use size-inclusive, non-stigmatising language and imagery.</li> <li>• Consistently use size-inclusive, non-stigmatising language in professional interactions.</li> <li>• Encourage students to use size-inclusive, non-stigmatising language and imagery in their work.</li> <li>• Provide training for staff responsible for communications on how to use inclusive language and imagery.</li> <li>• Establish systems for receiving feedback on communications to ensure they are inclusive and non-stigmatising.</li> </ul>

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	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.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p><b>Learning:</b> What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Scope of practice:</b> 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><b>Using my influence:</b> Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Develop and promote exercise and movement programs that emphasise mental health and social and emotional wellbeing.</li> <li>• Educate clients on the benefits of holistic approaches to movement and exercise.</li> <li>• Collaborate with mental health professionals to integrate emotional wellbeing into physical activity programs.</li> <li>• Ensure exercise options are accessible and enjoyable for people of all abilities and preferences.</li> <li>• Implement feedback mechanisms to understand client experiences and improve programs.</li> <li>• Create opportunities for children to interact and collaborate with their peers during exercise and movement programs to encourage social connections and emotional wellbeing.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>

<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	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.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p><b>Learning:</b> What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Scope of practice:</b> 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><b>Using my influence:</b> Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Participate in professional development focused on culturally sensitive and weight neutral approaches to nutrition.</li> <li>• Work with dietitians and nutritionists with skills in weight-neutral approaches to provide comprehensive care to clients, keeping within your own scope of practice.</li> <li>• Establish mentorship programs for new frontline workers to learn best practices in providing weight-neutral and culturally appropriate dietary advice.</li> <li>• Work with inter- or multidisciplinary teams to ensure appropriate dietary advice is integrated into comprehensive care plans.</li> <li>• Organise workshops with local dietitians to educate clients, students, athletes or families on balanced nutrition and cultural foods.</li> <li>• 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.</li> <li>• Promote positive, weight-neutral messages about nutrition and performance to athletes, dancers or students and their families.</li> <li>• Model eating in ways that focus on overall wellbeing rather than weight.</li> <li>• 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.</li> <li>• Provide individualised dietary support that respects each resident's cultural background and specific needs and preferences.</li> </ul>

<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	Neutral language is used to describe food and its properties and food messaging is appropriate for its audience.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p><b>Learning:</b> What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Scope of practice:</b> 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><b>Using my influence:</b> Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Demonstrate the use of neutral language regarding food in all professional interactions, setting a positive example for others.</li> <li>• 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.</li> <li>• 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.</li> <li>• Provide patients, students, athletes, clients and families with educational materials that use neutral language related to food.</li> <li>• Encourage students to create projects that use neutral language to discuss food and its properties.</li> <li>• Implement feedback mechanisms where clients can report if they feel food language is inappropriate, using this feedback to improve practices.</li> <li>• Partner with First Nations health organisations to deliver culturally relevant resources.</li> </ul>

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



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

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

Eating Disorder Safe: Mind	
<b>Principle</b>	The bidirectional relationship between food, eating and mental health is recognised, within the context of individual, social, cultural and economic factors.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p><b>Learning:</b> What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Scope of practice:</b> 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><b>Using my influence:</b> Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Develop and deliver awareness programs that educate about the ways that mental health, food and eating all influence each other.</li> <li>• 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.</li> <li>• Distribute informational materials on the links between food, eating and mental health, tailored to various audiences.</li> <li>• Establish support groups where individuals can share experiences and strategies for managing mental health in the context of food and eating challenges.</li> <li>• Organise community events that promote mental health awareness and provide resources for support, particularly in relation to food and eating.</li> <li>• Organise storytelling circles where residents can share their personal experiences with mental health, food and eating in a safe and supportive environment.</li> <li>• Seek continuing professional development in nutritional psychiatry and the relationships between food and mood.</li> </ul>

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	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.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p><b>Learning:</b> What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Scope of practice:</b> 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><b>Using my influence:</b> Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Educate patients, clients, students, athletes, residents and families about the importance of inclusivity and respect for diversity.</li> <li>• Conduct audits of your environment to ensure it is inclusive and welcoming for all.</li> <li>• 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]).</li> <li>• 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.</li> <li>• Encourage clients to set health goals that are unrelated to weight, such as improved mobility or mental wellbeing.</li> <li>• Use educational materials that feature diverse body types and avoid promoting a single "ideal" body type.</li> <li>• Emphasise skill development, effort, and enjoyment over appearance or body size in sports and physical activities.</li> <li>• Host workshops for families on promoting body esteem and reducing weight stigma at home.</li> <li>• Facilitate support groups where families can share experiences and strategies for fostering inclusive environments.</li> <li>• Use intake forms that include options for various gender identities and sexual orientations.</li> <li>• Create a welcoming environment with visible signs of support, such as rainbow flags or Safe Space stickers.</li> <li>• Offer resources specifically designed to support LGBTQ+ clients, including mental health support and social groups.</li> <li>• Establish or support LGBTQ+ groups where students and youth can find support and community.</li> <li>• Educate families on LGBTQ+ issues to foster acceptance and support at home.</li> </ul>

- 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.

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	Neutral language is used to describe bodies at all ages and stages of development, all sizes, shapes, abilities and ethnicities.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p><b>Learning:</b> What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Scope of practice:</b> 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><b>Using my influence:</b> Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Develop and distribute materials that promote the use of neutral language in discussing bodies, ensuring they are age-appropriate and culturally sensitive.</li> <li>• Ensure materials provided to patients, clients, students and others use neutral language to describe bodies and portray diversity in a positive light.</li> <li>• Consistently use neutral language to describe bodies in professional interactions, setting a positive example.</li> <li>• 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.</li> <li>• 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.</li> <li>• Integrate lessons on body neutrality into educational curricula and coaching sessions, and provide resources with relevant examples.</li> <li>• Communicate with parents about the importance of using neutral language to describe bodies, and provide resources to support them with this.</li> <li>• 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.</li> <li>• 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.</li> </ul>

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

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



<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	System-level drivers of eating disorder risk, for example institutional weight stigma, diet culture, medical and health professional weight bias, are addressed.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p><b>Learning:</b> What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Scope of practice:</b> 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><b>Using my influence:</b> Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Conduct or participate in an analysis of your organisation's practices to identify and address systemic drivers of eating disorder risk.</li> <li>• Advocate for systemic changes within your institution to reduce weight stigma, diet culture, and professional bias.</li> <li>• Educate colleagues and patients about the systemic drivers of eating disorder risk and promote change.</li> <li>• Educate clients about the systemic drivers of eating disorder risk and promote self-advocacy.</li> <li>• Facilitate discussions about the systemic drivers of eating disorder risk with students, athletes and parents.</li> <li>• Create a supportive team culture, backed up by policy, that challenges systemic drivers of eating disorder risk.</li> </ul>

## **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.

<b>Eating Disorder Safe: Harm Minimisation</b>	
<b>Principle</b>	Alternatives to weight-focused activities and outcomes are prioritised as far as possible (e.g., other health, quality of life, performance, and wellbeing metrics).
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p><b>Learning:</b> What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Scope of practice:</b> 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><b>Using my influence:</b> Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Participate in ongoing professional development regarding alternatives to weight-centric healthcare.</li> <li>• Educate patients, clients, students and others about the benefits of focusing on overall health and wellbeing rather than weight.</li> <li>• Provide patients, clients, students and others with resources and tools that emphasise wellbeing and quality of life metrics.</li> <li>• Design programs, care plans, assignments or team goals that measure success through holistic health outcomes rather than weight loss.</li> <li>• Implement systems for clients to share their experiences and feedback on weight neutral or size inclusive approaches.</li> </ul>

<b>Eating Disorder Safe: Harm Minimisation</b>	
<b>Principle</b>	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*.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p><b>Learning:</b> What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Scope of practice:</b> 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><b>Using my influence:</b> Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Understand the scope of your responsibility to identify and respond to eating disorder warning signs. Refer to the <a href="#">NEDC Stepped System of Care for Eating Disorders</a> for more information.</li> <li>• Participate in regular training, including refresher courses, to help you identify key warning signs among the population you work with.</li> <li>• Implement regular screening procedures for eating disorders in your practice.</li> <li>• Develop referral networks within your area, and become familiar with the various avenues for seeking an eating disorder treatment provider.</li> <li>• Run awareness campaigns within your community or organisation to educate others about eating disorders.</li> <li>• 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.</li> </ul>

\* 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.

<b>Eating Disorder Safe: Harm Minimisation</b>	
<b>Principle</b>	Weight stigma has no place in the healthcare setting, no matter the condition being treated.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p><b>Learning:</b> What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Scope of practice:</b> 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><b>Using my influence:</b> Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Participate in training programs and other professional development activities that focus on understanding and eliminating weight bias and stigma in healthcare.</li> <li>• Implement inclusive practices that ensure all patients receive respectful and equitable care.</li> <li>• 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.</li> <li>• Participate in case reviews with colleagues, including a focus on reviewing where weight bias may be impacting care plans.</li> <li>• Take the <a href="#">Harvard Implicit Association Test</a> 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.).</li> </ul>

<b>Eating Disorder Safe: Harm Minimisation</b>	
<b>Principle</b>	Eating disorder risk is a consideration when making decisions around a person's health, care, learning, work or sports participation.
<b>Putting it into practice</b>	<p><b>Self-reflection:</b> Where am I at with this principle right now? Where would I like to be a month or a year from now?</p> <p><b>Learning:</b> What concepts do I need to know more about? How can I incorporate cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Scope of practice:</b> 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><b>Using my influence:</b> Who can I involve in these actions? Who will lead the actions we take? Who can we empower?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Participate in professional development on assessing and addressing eating disorder risk in your work setting and within your scope of practice.</li> <li>• Implement screening protocols to identify individuals at risk of eating disorders, even if this is not your main area of clinical focus.</li> <li>• 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.</li> <li>• 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 <a href="#">the Care Team</a> for people with eating disorders.</li> <li>• 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).</li> <li>• 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.</li> </ul>

## 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.

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# **Eating Disorder Safe: Guidance for managers and planners**



## Managers and planners

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

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

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

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

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

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

## Getting started with Eating Disorder Safe actions

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

### Quick Wins:

#### 1. Promote Neutral Language in Internal and External Communications

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

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

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

#### 2. Provide Resources to support Body Acceptance or Neutrality

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

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

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

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

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	Families are supported to experience and model positive relationships with food, bodies and movement from the earliest opportunity and across the lifespan.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Design and implement programs that promote family engagement in balanced eating, body esteem, and enjoyable physical activity. Include components that cater to different cultural and developmental needs.</li> <li>• Develop, implement and evaluate policies that ensure all family programs emphasise positive relationships with food and bodies, avoiding weight-centric approaches.</li> <li>• Review existing programs to ensure alignment with this principle, and make adjustments as needed.</li> <li>• Provide training for staff on how to support families in fostering positive relationships with food, bodies, and movement.</li> <li>• Establish partnerships with community organisations to offer family-friendly activities that promote positive body image and joyful movement.</li> <li>• Create metrics to evaluate the effectiveness of family support programs in promoting positive relationships with food, bodies, and movement.</li> <li>• Appoint a member of your family services team to act as a champion in relation to this area.</li> <li>• Ensure resources used by your teams (e.g. screeners, growth charts, education materials) are current and reflect contemporary understandings about promoting positive relationships with food and body.</li> <li>• Host family nights where invited experts can provide guidance to families who use your service.</li> </ul>

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	The unique relationships between eating, chronic illness, disability and experiences of healthcare are acknowledged and addressed.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Develop and implement integrated care models that address the unique dietary needs of individuals with chronic illnesses and disabilities.</li> <li>• Provide specialised training for staff on the interplay between chronic illness, disability, and eating, ensuring they are informed by lived experience.</li> <li>• Offer tailored services that include adaptive eating strategies and nutritional support for clients with chronic illnesses and disabilities.</li> <li>• Facilitate interdisciplinary collaboration between dietitians, healthcare providers, and support workers to create comprehensive care plans.</li> <li>• Implement systems for collecting feedback from clients with chronic illnesses and disabilities to continually improve service delivery.</li> </ul>

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	Communications use size-inclusive, non-stigmatising language and imagery in respect of health, food, minds and bodies.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create and implement comprehensive guidelines for all written and spoken communications that mandate the use of size-inclusive, non-stigmatising language and imagery. Ensure these guidelines are easily accessible to all staff. Evaluate their uptake and adjust processes as needed.</li> <li>• Provide staff training and development on the importance of using size-inclusive language and imagery. Include practical examples and exercises, or consider using a real-world example from a current project or campaign that the team can work on collaboratively.</li> <li>• Conduct an audit of existing materials, such as brochures, websites, and promotional content, to identify and remove any stigmatising language or imagery. Replace these with inclusive alternatives.</li> <li>• Engage with your community to ensure that communications are respectful and effective. Establish a community advisory committee for any major publications, key resources or campaigns, including people with a breadth of perspectives.</li> <li>• Ensure that all visual content, such as photos and illustrations, represents a diverse range of body sizes, shapes, abilities, and ethnicities. Avoid using images that reinforce harmful stereotypes or ideals.</li> <li>• Establish systems for receiving and addressing feedback from clients and staff about the language and imagery used in communications. Use this feedback to make continuous improvements.</li> </ul>

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	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.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Work with your team and your community to design and implement exercise and movement programs that cater to a wide range of abilities and interests. Ensure these programs focus on enjoyment, social interaction, and holistic health rather than weight loss or appearance.</li> <li>• Offer a diverse array of activities that emphasise fun and social engagement where the movement is only one aspect of the activity, such as group walks, dance classes, yoga sessions, team sports, and gardening clubs.</li> <li>• Foster an environment where everyone feels welcome and encouraged to participate, regardless of their fitness level or body size. Ensure that facilities are accessible and provide necessary accommodations.</li> <li>• Provide training for staff on how to support and encourage participants in a positive and inclusive manner, such as focusing on promoting wellbeing, fun, skill development or team achievement, rather than physical appearance.</li> <li>• Collaborate with local organisations, schools, and community centres to create opportunities for inclusive physical activities, such as hosting ‘come and try’ days for your service users and the wider community.</li> <li>• Design programs that promote social interaction and involve incidental movement, such as ‘walk and talk’ groups, garden groups, community scavenger hunts or community games days.</li> <li>• Integrate mental health resources into physical activity programs, such as mindfulness sessions, stress management workshops, or access to mental health professionals. Emphasise the mental health benefits of regular positive movement experiences.</li> <li>• Recognise and celebrate the efforts and achievements of participants in ways that do not focus on physical outcomes. This can include participation certificates, community shout-outs, or special events.</li> </ul>

<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	Neutral language is used to describe food and its properties and food messaging is appropriate for its audience.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Develop communication standards that mandate the use of neutral language in all materials and interactions related to food.</li> <li>• Conduct workshops for staff on the importance of neutral food language and how to implement it in their daily interactions, with reference to the ages, cultures, and other relevant circumstances of your client, school or sporting community.</li> <li>• Create and distribute resources that use neutral language when discussing food, tailored to different audiences such as students, patients, and athletes.</li> <li>• Review all existing educational and promotional materials to identify and remove any stigmatising or language or language that places value judgements on food (e.g., good/bad, healthy/unhealthy, clean/junk, etc.). Replace these with neutral, inclusive alternatives.</li> <li>• Develop new materials that use neutral language to describe food and its properties. Ensure these resources are tailored to be appropriate for various audiences, including different age groups and cultural backgrounds.</li> <li>• Consult with nutritionists, dietitians, and health communication experts to ensure that food messaging is accurate, neutral, and appropriate for the intended audience.</li> <li>• Consider the specific health literacy approaches which are relevant to your client group and ensure staff are equipped with the relevant skills and knowledge, or engage workers with the right cultural expertise and authority.</li> <li>• Ensure that visual materials accompanying food messaging reflect a diverse range of foods and eating contexts, avoiding images that could be perceived as stigmatising or judgmental (e.g., conflating takeaway food with high weight or with binge eating).</li> <li>• Establish feedback mechanisms to ensure that food messaging remains neutral and appropriate for its audience. Provide feedback and support to staff as needed to maintain standards.</li> </ul>

<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	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.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Ensure any staff who are providing dietary advice are suitably qualified and trained in weight neutral and culturally appropriate practices.</li> <li>• Ensure staff who are not qualified to provide dietary advice are working within their scope of practice (e.g., a teacher can help students learn about the properties of foods, but not suggest a meal plan).</li> <li>• Implement cultural competency training programs for all staff involved in dietary counselling and support.</li> <li>• Engage with community leaders to understand and integrate culturally specific dietary practices into service delivery.</li> <li>• Develop and enforce policies that mandate weight neutral and culturally sensitive approaches in nutrition programming.</li> <li>• Create mechanisms to regularly monitor and evaluate the quality of dietary advice or nutrition programming, ensuring it meets set standards.</li> </ul>



<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	Food security is addressed to support safe relationships with food and eating at individual and population levels.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Ensure staff have the relevant training and skills to screen for and respond to food insecurity within their scope of practice and role.</li> <li>• Conduct regular needs assessments to identify food insecurity within the community and develop targeted interventions.</li> <li>• Consider a staff climate survey and investigate whether food security is an issue for your team. If so, consider the options your organisation may have to alleviate these pressures (such as increased in-house catering, flexible work hours to facilitate food access) as well as addressing wellbeing needs, particularly for any staff who are supporting clients who are also facing food insecurity.</li> <li>• Partner with local food banks, community gardens, and nutrition assistance programs to support individuals and families facing food insecurity.</li> <li>• Design and implement programs that provide access to nutritious, affordable food. This could include food pantries, community kitchens, school breakfast programs, meal delivery services, and subsidised grocery programs.</li> <li>• 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.</li> <li>• Establish support groups for individuals and families facing food insecurity, providing a safe space for sharing experiences, resources, and strategies for coping with food-related challenges. Ensure these groups, and any other events for food insecure communities, are generously catered.</li> <li>• Advocate for policies at the local, state, territory and national levels that address food insecurity and support sustainable food systems. Support initiatives that improve access to nourishing foods in underserved areas.</li> <li>• Raise public awareness about food insecurity and its impact on physical and mental health through community events and educational campaigns. Include referral pathways and links to other support options for those in need.</li> </ul>

Eating Disorder Safe: Food	
<b>Principle</b>	Diet culture and its far-reaching consequences are understood, reduced and ultimately eliminated, with actions based on contemporary evidence.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Implement regular training sessions for all staff to educate them about diet culture, its harmful effects, and evidence-based alternatives. Ensure training includes up-to-date research and practical strategies for reducing diet culture influence.</li> <li>• Create and enforce organisational policies that reject diet culture. These policies should promote body diversity, body neutrality and a holistic approach to health and wellbeing that does not focus on size, weight, shape or appearance.</li> <li>• Ensure all communication within the organisation uses inclusive, non-stigmatising language that does not promote diet culture. This includes written materials, verbal communication, and digital content.</li> <li>• Conduct a thorough review of all educational and promotional materials to identify and remove any diet culture messages. Replace these with messages that emphasise holistic health, wellbeing, body acceptance and self-esteem.</li> <li>• Collaborate with nutritionists, dietitians, mental health professionals and body image experts to ensure that programs and messaging are aligned with contemporary evidence and best practices, as well as attuned to the specific cultural and developmental needs of your organisation's client group.</li> <li>• Design programs and physical spaces that support a culture of respect for all body types, such as offering a variety of physical activities that focus on enjoyment, fitness and wellbeing rather than weight control.</li> <li>• Teach staff and community members to critically evaluate media and social media messages about diet and body image. Provide tools and resources to help them recognise and reject diet culture.</li> <li>• Regularly assess the effectiveness of initiatives aimed at reducing diet culture. Collect feedback from staff, clients, and the community to continuously improve efforts and stay aligned with the latest evidence.</li> <li>• Advocate for systemic changes in schools, workplaces, and healthcare settings that promote body diversity and reject diet culture. Support legislation and policies that protect against weight discrimination and promote inclusive health practices.</li> </ul>

Eating Disorder Safe: Mind	
<b>Principle</b>	Mental health stigma and its harms in relation to health, food, mind and body are of concern and must be eliminated.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Implement mandatory training for leaders on understanding and addressing mental health stigma and strategies to reduce it.</li> <li>• Create and enforce policies that promote mental health awareness and inclusivity. Ensure these policies explicitly address the elimination of stigma related to mental health.</li> <li>• Encourage an organisational culture where mental health can be openly discussed without fear of judgment. Provide safe spaces for staff and clients to share their experiences and seek support.</li> <li>• Audit all educational and promotional materials to ensure they do not perpetuate mental health stigma. Replace any stigmatising language or imagery with supportive and inclusive alternatives.</li> <li>• Ensure that all staff and clients have access to mental health resources, including counselling services, support groups, and educational materials. Make these resources easily accessible and widely promoted.</li> <li>• Make public commitments to mental health initiatives, demonstrating the organisation's dedication to reducing stigma.</li> <li>• Regularly evaluate the effectiveness of anti-stigma initiatives. Collect feedback from staff, clients, and the community to identify areas for improvement and ensure ongoing progress.</li> </ul>

Eating Disorder Safe: Mind	
<b>Principle</b>	The bidirectional relationship between food, eating and mental health is recognised, within the context of individual, social, cultural and economic factors.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Provide training sessions and other ongoing professional development for staff to understand the complex relationships between food, eating and mental health. Include information on how social, cultural, and economic factors influence this relationship, with reference to the communities that your team works with.</li> <li>• Develop and implement assessment tools that consider the interconnectedness of food, eating and mental health. Ensure these assessments are holistic and address individual, family, community, social, cultural, and economic contexts.</li> <li>• Design and offer mental health promotion programs and initiatives that respect and incorporate the cultural food practices and preferences of the community. Use culturally validated co-design approaches to ensure respect, relevant and effectiveness.</li> <li>• Provide access to resources that support both mental health and nutritional needs. Create a network of referrals to specialists who can address specific issues related to food and mental health.</li> <li>• Engage with the community to understand their specific needs and challenges related to food and mental health. Use this information to tailor programs and services that are relevant and effective.</li> <li>• Advocate for and implement programs that address food insecurity, understanding its impact on mental health.</li> <li>• Run campaigns that raise awareness about the importance of the relationship between food and mental health, with reference to social, cultural and economic factors. Ensure involvement of community members to test messaging for acceptability and to avoid inadvertent shame or harm.</li> </ul>

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	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.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Conduct regular audits of your settings to ensure they are inclusive and welcoming for all individuals.</li> <li>• Design programs that cater to a diverse range of participants, ensuring accessibility and inclusivity.</li> <li>• Provide training for staff on creating inclusive environments and supporting diversity.</li> <li>• Develop and implement policies that promote inclusivity and diversity in all areas of service delivery.</li> <li>• Collect and act on feedback from the community to continually improve inclusivity and accessibility.</li> </ul>

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	Neutral language is used to describe bodies at all ages and stages of development, all sizes, shapes, abilities and ethnicities.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Establish and implement comprehensive guidelines for the use of neutral, inclusive language when describing bodies. Ensure these guidelines are accessible by staff and periodically reviewed.</li> <li>• Provide regular training for staff on the importance of using neutral language and how to implement it.</li> <li>• Review all existing educational, promotional, and communication materials to identify and remove any stigmatising language or language which perpetuates body and appearance ideals. Replace these with inclusive alternatives that convey respect for body diversity.</li> <li>• Develop resources that use neutral language and reflect diversity, and distribute them widely within your client population or the wider community.</li> <li>• Implement a system for regularly reviewing internal and external communications to ensure compliance with neutral language guidelines. Provide feedback and support to staff to maintain high standards.</li> <li>• Establish channels for receiving feedback from clients, patients, and staff about the language used in communications. Use this feedback to make continuous improvements.</li> </ul>

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	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 be a barrier to education, employment or civic participation.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Develop policies that promote a holistic approach to health, considering multiple factors beyond size, shape, or weight.</li> <li>• Implement evaluation methods that assess health and well-being using a variety of indicators.</li> <li>• Train staff on the limitations of using size, shape, or weight as health measures and the importance of a holistic approach.</li> <li>• Create public messages that challenge discrimination based on weight, size or shape.</li> <li>• Advocate for changes in education, employment, and civic participation policies and practice to eliminate discrimination based on size, shape, or weight.</li> </ul>

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	Weight stigma and its consequences are of concern and must be eliminated.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Develop and enforce policies that explicitly prohibit weight-based discrimination and stigma in all areas of service delivery. Ensure these policies are well-communicated to all staff and clients.</li> <li>• Provide comprehensive training for all staff on understanding weight stigma, its harmful effects, and strategies to eliminate it.</li> <li>• Conduct an audit of all existing materials, including educational content and promotional materials to identify and remove any weight-stigmatising language or imagery. Replace these with inclusive, respectful alternatives.</li> <li>• Conduct an audit of all internal documents to identify any weight-stigmatising or discriminatory policies, procedures or practices. Implement weight-neutral alternatives and ensure staff and community members are informed about the change and understand their rights and responsibilities.</li> <li>• Encourage a shift from weight-focused to health-focused approaches in all programs and services. Emphasise overall wellbeing, including physical, mental, social and emotional health, rather than weight or appearance.</li> <li>• Establish systems for collecting feedback from clients and staff about their experiences with weight stigma. Use this feedback to make ongoing improvements and hold the organisation accountable.</li> <li>• Regularly assess the effectiveness of anti-stigma initiatives through surveys, focus groups, and other evaluation methods. Use this data to continuously improve efforts and ensure they are meeting the needs of the community.</li> <li>• Advocate for broader policy changes at local, state, and national levels that address and reduce weight stigma. Support legislation and policies that protect against weight-based discrimination and promote inclusive practices and environments.</li> </ul>



<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	System-level drivers of eating disorder risk, for example institutional weight stigma, diet culture, medical and health professional weight bias, are addressed.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Regularly review organisational policies, practices, and materials to identify and eliminate any elements that perpetuate weight stigma, diet culture, or professional weight bias. This includes training materials, intake forms, client outcome questionnaires, assessment and treatment protocols and educational resources.</li> <li>• Create and enforce policies that promote weight-neutral and size-inclusive practices. Ensure these policies address weight stigma, diet culture, and bias in all aspects of service delivery.</li> <li>• Shift the focus from weight-centric to health-centric approaches in all programs and services. Emphasise overall wellbeing, including physical, mental, social and emotional health, rather than weight or appearance.</li> <li>• Cultivate an organisational culture that values and respects body diversity. Encourage open dialogue about the harms of weight stigma and diet culture and promote body diversity or acceptance in all communications.</li> <li>• Stay informed about the latest research on eating disorders, weight stigma, and diet culture. Integrate evidence-based practices into all aspects of service delivery and continually update programs based on new findings.</li> <li>• Establish systems for collecting and addressing feedback from patients, clients, and staff about their experiences with weight stigma, diet culture, and professional bias. Use this feedback to make continuous improvements.</li> <li>• Regularly evaluate the impact of interventions aimed at reducing eating disorder risk. Use metrics and feedback to assess effectiveness and make necessary adjustments to improve outcomes.</li> </ul>

## **Harm Minimisation**

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

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

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

<b>Eating Disorder Safe: Harm Minimisation</b>	
<b>Principle</b>	Alternatives to weight-focused activities and outcomes are prioritised as far as possible (e.g., other health, quality of life, performance, and wellbeing metrics).
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Establish and implement guidelines, processes and protocols that prioritize metrics for health, quality of life, performance, and wellbeing, rather than weight. Ensure these guidelines are accessible to all staff and regularly updated.</li> <li>• Review and redesign existing programs and services to shift the focus from weight control to holistic health outcomes.</li> <li>• Ensure all communication, both internal and external, uses language that emphasises health and wellbeing over weight. Avoid terms that reinforce the idea that weight is the primary indicator of health.</li> <li>• Implement comprehensive health assessments that consider a wide range of factors, including fitness, mental health, nutrition, and social and community connections, rather than focusing on weight.</li> <li>• Work with experts in nutrition, mental health, and exercise physiology to develop programs that support holistic health. Ensure these programs are evidence-based and inclusive of diverse body types and abilities.</li> <li>• Showcase stories of individuals who have improved their health, quality of life, or performance through means other than weight loss. Use these stories to inspire and educate both staff and clients.</li> <li>• Establish mechanisms for collecting feedback from clients and staff about their experiences with weight-neutral approaches. Use this feedback to continuously improve programs and services.</li> <li>• Advocate for changes in organisational and public policies that support weight neutral approaches to health. Work towards creating a broader shift in how health is measured and promoted.</li> </ul>

<b>Eating Disorder Safe: Harm Minimisation</b>	
<b>Principle</b>	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*.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Provide regular, mandatory training for all staff on recognising and responding to eating disorder warning signs and symptoms within their scope of practice and role. Ensure training covers a variety of body types and demographics to avoid bias.</li> <li>• Integrate screening tools into routine assessments to help identify early signs of eating disorders. Ensure staff are trained in using these tools and interpreting the results.</li> <li>• Establish clear protocols and guidelines for identifying and addressing eating disorder signs and symptoms. Ensure these protocols are accessible and understood by all staff and that staff receive adequate supervision.</li> <li>• Keep training materials up to date with the latest research and best practices in recognising and responding to eating disorders. Regularly review and update protocols to ensure they remain effective.</li> <li>• Establish mechanisms for staff to provide feedback on their experiences and challenges in recognising and responding to eating disorders. Use this feedback to improve training and response protocols continuously.</li> <li>• Partner with local eating disorder organisations and mental health services to provide additional resources and support for staff and clients. This can include workshops, consultations, and referral pathways.</li> <li>• Regularly evaluate the effectiveness of training programs and response protocols. Use metrics such as incident reports, staff surveys, and client feedback to monitor impact and make necessary adjustments.</li> </ul>

\* 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.

<b>Eating Disorder Safe: Harm Minimisation</b>	
<b>Principle</b>	Weight stigma has no place in the healthcare setting, no matter the condition being treated.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create clear, comprehensive policies that explicitly prohibit weight-based discrimination and stigma in all aspects of service delivery. Ensure these policies are well-communicated to all staff.</li> <li>• Provide mandatory training for all healthcare staff on the impacts of weight stigma, the importance of weight-neutral care, and strategies to avoid stigmatising or discriminatory practices.</li> <li>• Audit all educational, promotional, and informational materials to identify and remove any content that reinforces weight stigma. Replace with materials that promote body diversity and acceptance and weight-neutral approaches to health.</li> <li>• Make sure all facilities are equipped with furniture and equipment that accommodate all body sizes comfortably and respectfully. This includes providing larger blood pressure cuffs, examination couches and seating.</li> <li>• Implement systems for patients to provide feedback on their experiences with weight stigma. Use this feedback to continuously improve care practices and address any issues promptly.</li> <li>• Share stories and case studies that illustrate the benefits of weight-neutral care and the positive outcomes achieved without focusing on weight loss. Use these stories to educate and inspire staff, clients and other stakeholders.</li> <li>• Advocate for policy changes at local, state, and national levels that support weight-neutral healthcare practices. Engage in efforts to raise awareness about the harms of weight stigma and promote systemic change.</li> <li>• Continuously monitor the implementation of anti-stigma policies and practices. Conduct regular evaluations to ensure that weight stigma is being effectively addressed and eliminated in all settings within your scope.</li> </ul>

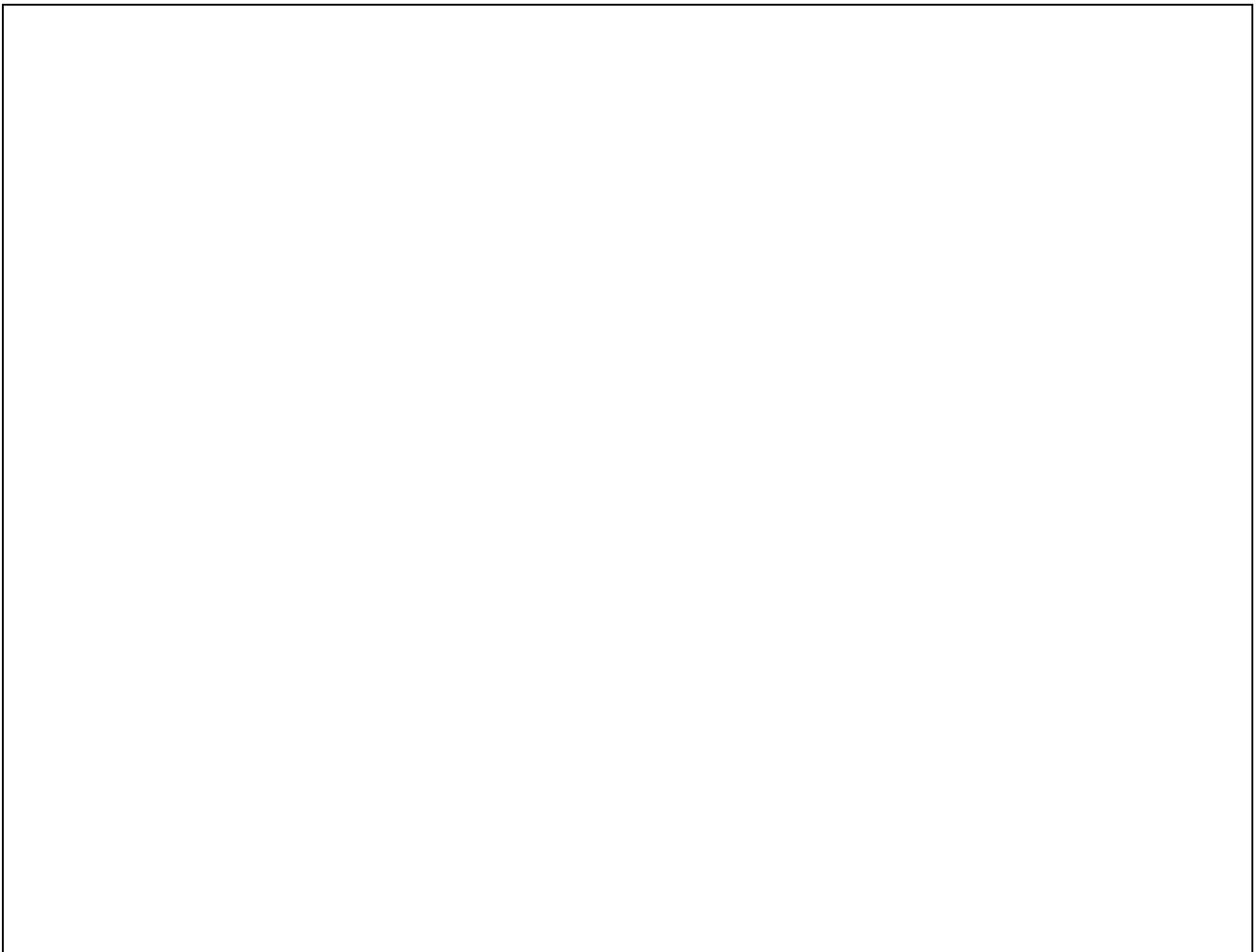
<b>Eating Disorder Safe: Harm Minimisation</b>	
<b>Principle</b>	Eating disorder risk is a consideration when making decisions around a person's health, care, learning, work or sports participation.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Incorporate eating disorder risk assessments into routine evaluations and decision-making processes. Ensure that these assessments are thorough and consider various risk factors, including physical, psychological, and social aspects.</li> <li>• Create guidelines that outline the importance of considering eating disorder risk in all relevant decisions. Ensure these guidelines are clear, accessible, and regularly updated based on the latest research.</li> <li>• Provide ongoing training for all staff on recognising the signs and symptoms of eating disorders and understanding the risk factors. Ensure that staff are equipped to make informed decisions that consider these risks.</li> <li>• Develop policies that explicitly require consideration of eating disorder risk in all decisions related to health, care, learning, work, and sports. Ensure these policies are implemented and adhered to consistently.</li> <li>• Establish mechanisms for regularly monitoring and evaluating the impact of decisions on eating disorder risk. Use this data to make necessary adjustments and improvements.</li> <li>• Establish specific feedback mechanisms to gather input from individuals about how decisions are affecting their health and wellbeing. Use this feedback to continuously improve policies and practices.</li> </ul>

## Next steps

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

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

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# **Eating Disorder Safe: 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](mailto: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.

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	Families are supported to experience and model positive relationships with food, bodies and movement from the earliest opportunity and across the lifespan.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> 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?</p> <p><b>Leadership:</b> 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?</p> <p><b>Continuous feedback:</b> 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?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Allocate funding for community programs that promote positive relationships with food, bodies and movement. Support initiatives that cater to diverse populations and age groups.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	The unique relationships between eating, chronic illness, disability and experiences of healthcare are acknowledged and addressed.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> 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?</p> <p><b>Leadership:</b> 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?</p> <p><b>Continuous feedback:</b> 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?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	Communications use size-inclusive, non-stigmatising language and imagery in respect of health, food, minds and bodies.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> 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?</p> <p><b>Leadership:</b> 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?</p> <p><b>Continuous feedback:</b> 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?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Provide training programs that educate researchers, healthcare providers, and policymakers on the importance of using size-inclusive language and imagery.</li> <li>• 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.</li> <li>• 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.</li> <li>• Design and implement public health campaigns that promote physical and mental health and wellbeing without focusing on weight.</li> <li>• Establish a system to monitor media and academic publications for compliance with size-inclusive, non-stigmatising language guidelines. Provide feedback and support for improvement.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	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.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> 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?</p> <p><b>Leadership:</b> 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?</p> <p><b>Continuous feedback:</b> 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?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>

<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	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.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> 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?</p> <p><b>Leadership:</b> 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?</p> <p><b>Continuous feedback:</b> 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?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Advocate for healthcare policies that mandate the provision of weight-neutral, culturally sensitive, and developmentally appropriate dietary advice within public health and clinical settings.</li> </ul>

<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	Neutral language is used to describe food and its properties and food messaging is appropriate for its audience.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> 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?</p> <p><b>Leadership:</b> 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?</p> <p><b>Continuous feedback:</b> 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?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• <a href="#">Audit</a> 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Advocate for the integration of neutral language guidelines into national and local food policies. Ensure that all public health communications adhere to these guidelines.</li> <li>• 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.</li> </ul>



<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	Food security is addressed to support safe relationships with food and eating at individual and population levels.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> 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?</p> <p><b>Leadership:</b> 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?</p> <p><b>Continuous feedback:</b> 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?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Support initiatives that promote sustainable and resilient food systems.</li> <li>• 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.</li> <li>• Work with local, state and national planning departments to identify and eradicate food deserts.</li> </ul>

<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	Diet culture and its far-reaching consequences are understood, reduced and ultimately eliminated, with actions based on contemporary evidence.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> 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?</p> <p><b>Leadership:</b> 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?</p> <p><b>Continuous feedback:</b> 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?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Create and disseminate evidence-based and community-informed guidelines for healthcare providers, educators, and media professionals on recognising and addressing diet culture.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>

Eating Disorder Safe: Mind	
<b>Principle</b>	Mental health stigma and its harms in relation to health, food, mind and body are of concern and must be eliminated.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> 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?</p> <p><b>Leadership:</b> 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?</p> <p><b>Continuous feedback:</b> 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?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Create evidence-based, community-informed guidelines for healthcare providers, educators, and community leaders on how to recognise and combat mental health stigma.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Partner with mental health advocacy groups to amplify efforts to reduce stigma. Leverage their expertise and community connections to enhance program effectiveness.</li> <li>• 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.</li> </ul>

Eating Disorder Safe: Mind	
<b>Principle</b>	The bidirectional relationship between food, eating and mental health is recognised, within the context of individual, social, cultural and economic factors.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> 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?</p> <p><b>Leadership:</b> 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?</p> <p><b>Continuous feedback:</b> 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?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Advocate for policies that address the social determinants affecting both food security and mental health, such as poverty, education, housing, and access to healthcare.</li> <li>• 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.</li> <li>• 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.</li> </ul>

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	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.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> 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?</p> <p><b>Leadership:</b> 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?</p> <p><b>Continuous feedback:</b> 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?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Create and disseminate evidence-based, community-informed guidelines that promote inclusivity across all settings.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Establish systems for monitoring and evaluating the inclusivity of different settings. Use data to identify areas for improvement and track progress over time.</li> <li>• 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.</li> <li>• 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.</li> </ul>

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	Neutral language is used to describe bodies at all ages and stages of development, all sizes, shapes, abilities and ethnicities.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> 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?</p> <p><b>Leadership:</b> 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?</p> <p><b>Continuous feedback:</b> 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?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Engage with diverse communities to understand their language needs and preferences and address their specific requirements.</li> <li>• 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.</li> <li>• 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.</li> <li>• Establish systems to monitor and evaluate media representation of bodies. Provide feedback to media organisations and support them in adopting neutral language practices.</li> <li>• 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.</li> <li>• Establish mechanisms to regularly evaluate the impact of neutral language initiatives. Use feedback and data to continuously refine and improve guidelines and practices.</li> </ul>

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	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 be a barrier to education, employment or civic participation.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> 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?</p> <p><b>Leadership:</b> 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?</p> <p><b>Continuous feedback:</b> 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?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Adopt new methods and approaches to research that provide a comprehensive view of health, rather than using measures such as BMI as a proxy.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	Weight stigma and its consequences are of concern and must be eliminated.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> 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?</p> <p><b>Leadership:</b> 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?</p> <p><b>Continuous feedback:</b> 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?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Remove weight discrimination from research practice (e.g. BMI cut-offs to exclude people from research participation, drug trials, treatments, etc).</li> <li>• Create and disseminate evidence-based, community-informed guidelines for healthcare providers, educators, employers, and policymakers on recognising and eliminating weight stigma.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>



<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	System-level drivers of eating disorder risk, for example institutional weight stigma, diet culture, medical and health professional weight bias, are addressed.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> 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?</p> <p><b>Leadership:</b> 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?</p> <p><b>Continuous feedback:</b> 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?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Encourage the adoption of holistic health models that prioritise overall physical and mental wellbeing rather than weight in healthcare and public health initiatives.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Establish systems to monitor and evaluate the effectiveness of initiatives aimed at reducing eating disorder risks. Use data to monitor and refine strategies.</li> <li>• 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.</li> <li>• 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.</li> <li>• Share examples of successful interventions that have reduced systemic drivers of eating disorders. Use these stories to inspire and guide future initiatives.</li> <li>• 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.</li> </ul>

## 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)
- LGBTIQ+ 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.

<b>Eating Disorder Safe: Harm Minimisation</b>	
<b>Principle</b>	Alternatives to weight-focused activities and outcomes are prioritised as far as possible (e.g., other health, quality of life, performance, and wellbeing metrics).
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> 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?</p> <p><b>Leadership:</b> 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?</p> <p><b>Continuous feedback:</b> 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?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Create evidence-based, community-informed guidelines that promote the use of alternative metrics in health, sport, and workplace settings.</li> <li>• 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.</li> <li>• 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.</li> <li>• Encourage employers to implement wellbeing programs that focus on holistic health outcomes. Provide resources and incentives for businesses to adopt these programs.</li> <li>• 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.</li> <li>• Address the social determinants that impact health and wellbeing. Advocate for policies that improve access to healthcare, education, and social support systems.</li> </ul>

<b>Eating Disorder Safe: Harm Minimisation</b>	
<b>Principle</b>	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*.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> 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?</p> <p><b>Leadership:</b> 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?</p> <p><b>Continuous feedback:</b> 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?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Evaluate approaches to eating disorder identification across the system of care, including support coordination, referral pathways and interagency collaboration.</li> <li>• Advocate for implementation of regular screenings for eating disorder symptoms in high-risk settings, ensuring culturally safe and valid approaches are adopted.</li> <li>• 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.</li> <li>• Promote early intervention to prevent the progression of eating disorders. Advance policies that support early identification and referral pathways.</li> <li>• 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.</li> <li>• 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.</li> </ul>

\* 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.

<b>Eating Disorder Safe: Harm Minimisation</b>	
<b>Principle</b>	Weight stigma has no place in the healthcare setting, no matter the condition being treated.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> 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?</p> <p><b>Leadership:</b> 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?</p> <p><b>Continuous feedback:</b> 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?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Encourage the use of holistic health assessments that consider a range of physical, mental, and social health factors, rather than focusing on weight.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>

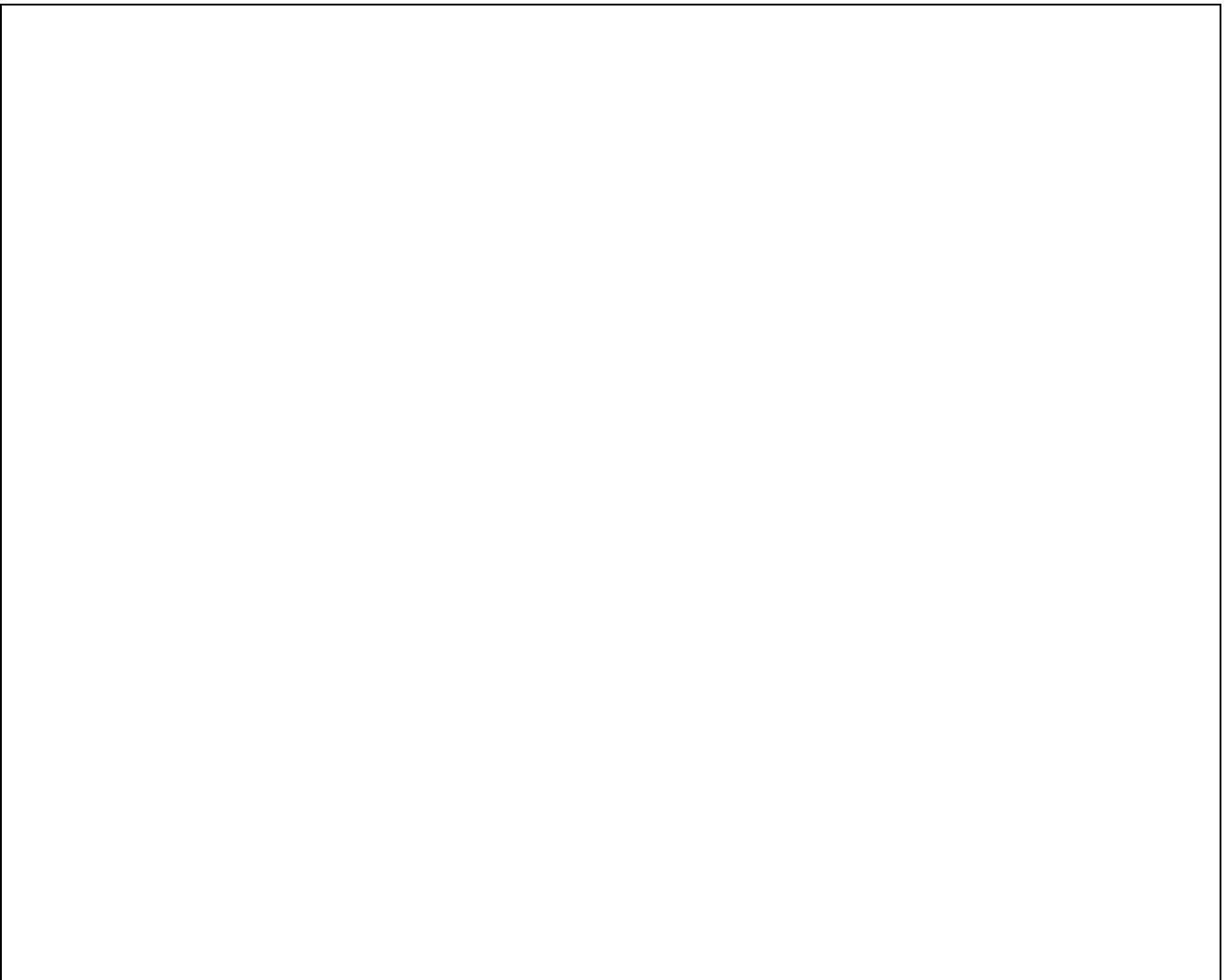
<b>Eating Disorder Safe: Harm Minimisation</b>	
<b>Principle</b>	Eating disorder risk is a consideration when making decisions around a person's health, care, learning, work or sports participation.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> 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?</p> <p><b>Leadership:</b> 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?</p> <p><b>Continuous feedback:</b> 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?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Develop and enforce policies that prioritize the prevention of eating disorders in various settings.</li> <li>• 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.</li> <li>• 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.</li> </ul>

## 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.

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# **Eating Disorder Safe: Guidance for communicators, media and relevant platforms**



## Communicators, media and relevant platforms

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. When considering actions for the communications, media, and social media sectors, we are addressing those who shape public discourse and influence societal attitudes. This goes well beyond coverage of eating disorders.

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

- Journalists and reporters in print, broadcast, and online media
- Editors and content managers in news organisations and media outlets
- Social media managers and strategists across various platforms
- Influencers and content creators on social media
- Communication directors and public relations professionals in corporate and non-profit sectors
- Advertising and marketing professionals
- Organisational leaders and decision-makers in media and social media companies
- Media educators and trainers

If the Eating Disorder Safe concept is new to you or your team, we recommend starting with a focused approach. Consider organising a workshop or a training session to introduce one principle at a time. You could choose to run a series of stories or a campaign focused on one of the principles and build your internal expertise and external networks in that space. Once you feel confident in implementing one area, you can expand your efforts to incorporate additional principles.

Alternatively, you may choose to adopt a comprehensive approach, aligning efforts to target multiple principles simultaneously. You could create editorial guidelines or social media strategies that align with these principles. Coordinating actions across different principles can help create a more cohesive and impactful approach to building safer social norms.

If you do implement the Eating Disorder Safe principles in a communications or media context, NEDC would love to hear about it! Submit your case study to [nationalstrategy@nedc.com.au](mailto:nationalstrategy@nedc.com.au), or contact us if you would like to test your ideas with a member of the team.

## Getting started with Eating Disorder Safe actions

As a communicator or media professional, the stories and content you create shape public perception. In the context of busy news cycles and packed media schedules, you may want to choose a couple of simple steps to start making positive changes without a significant time investment. We suggest these two quick wins because they are easy to integrate into your work and can help promote a more inclusive and respectful narrative.

### Quick Wins:

#### 1. Use Inclusive Language and Imagery

**Action:** Ensure all content uses size-inclusive, non-stigmatising language and imagery.

**Why?** Creating respectful and supportive media narratives helps to reduce stigma and promote body positivity.

**How?** Develop a style guide for your team that outlines the use of inclusive language and imagery in all content. Refer to the [Mindframe Guidelines](#) for key considerations. Seek out and use stock images of diverse bodies from diverse content creators ([example here](#)).

#### 2. Promote Educational Content on Body Diversity

**Action:** Feature content that informs audiences about body diversity, such as normalising the fact that bodies change as they age, or that most bodies don't "snap back" after delivering a baby, or that weight gain is necessary for healthy child and adolescent development.

**Why?** Highlighting diverse body types and real, normal body experiences raises awareness and fosters greater acceptance among the community of bodies that differ from dominant beauty standards.

**How?** Create a content calendar that includes regular features on stories that highlight diverse bodies and normalise body experiences. Seek expert input from the [NEDC](#), [Butterfly Foundation](#), [InsideOut Institute](#), [Australian Eating Disorder Research and Translation Centre](#), [Australia and New Zealand Academy for Eating Disorders](#), [Eating Disorders Neurodiversity Australia](#) or [the Embrace Collective](#).

**Ready to make a bigger impact?** Turn the page for more tips and strategies for safe, inclusive and impactful storytelling and larger structural changes your media organisation or platform can make to be part of the Eating Disorder Safe movement.

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	Families are supported to experience and model positive relationships with food, bodies and movement from the earliest opportunity and across the lifespan.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> What human, intellectual, community, material and financial resources are needed to enact this principle? How are we advocating for safety, equity and fairness? What are the costs of inaction?</p> <p><b>Leadership:</b> Who will lead our work to enact this principle? How can we inspire others to take action within their sphere of influence? Who else should be at the table?</p> <p><b>Continuous feedback:</b> How are we checking if our efforts in implementing this principle are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Develop content to highlight positive relationships with food, body and movement. Focus on stories that celebrate diverse body types and health practices.</li> <li>• Ensure that all media content uses language that is inclusive, respectful, and free from stigma. Avoid terms that promote diet culture or unrealistic body standards. Refer to <a href="#">Guidelines on reporting and portrayal of eating disorders: A Mindframe resource for communicators</a> for more information.</li> <li>• Include stories and perspectives from people of various sizes, shapes, ages, abilities, and cultural backgrounds. Highlight the importance of positive relationships with food and body across different communities.</li> <li>• Shift the focus of health-related content from weight loss to physical and mental health and overall wellbeing. Emphasise the benefits of balanced nutrition, physical activity, mental health, and social connections.</li> <li>• Work with dietitians, nutritionists, mental health professionals, exercise physiologists, fitness professionals, and diverse community members to ensure that health and wellbeing content is accurate and promotes health behaviours. Use community insights to create supportive messaging which avoids shame and blame and is culturally safe and relevant.</li> <li>• Actively challenge and debunk stereotypes and myths about food, bodies, and movement. Use media platforms to educate the public about the dangers of diet culture and weight stigma.</li> <li>• Feature role models who exemplify healthy relationships with food, body and movement. Use their stories to inspire and educate audiences.</li> <li>• Create and distribute materials that teach families how to model positive behaviours related to food and body image. Include practical tips and strategies for parents and caregivers.</li> <li>• Ensure that advertisements on media platforms promote healthy and positive messages about food and body image. Avoid promoting products that contribute to diet culture or unhealthy behaviours.</li> </ul>

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	The unique relationships between eating, chronic illness, disability and experiences of healthcare are acknowledged and addressed.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> What human, intellectual, community, material and financial resources are needed to enact this principle? How are we advocating for safety, equity and fairness? What are the costs of inaction?</p> <p><b>Leadership:</b> Who will lead our work on enacting this principle? How can we inspire others to take action within their sphere of influence? Who else should be at the table?</p> <p><b>Continuous feedback:</b> How are we checking if our efforts in implementing this principle are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Share stories that explore the experiences of people with chronic illness or disability, focusing on their relationships with food, body image and healthcare. Ensure that these stories highlight the complexity and diversity of their experiences.</li> <li>• Use language that is respectful and inclusive when discussing chronic illness, disability, and eating habits. Avoid stigmatising terms and emphasise the individuality and dignity of each person. Ask the person whether they prefer person-first or identity-first language and uphold their preferences.</li> <li>• Develop content that emphasises holistic health approaches, recognising the interconnectedness of physical health, mental health, and nutrition. Highlight strategies that support overall physical and mental health and wellbeing for people with chronic illness or disability.</li> <li>• Create awareness about the barriers that individuals with chronic illnesses and disabilities face in accessing healthcare and maintaining positive relationships with food and body. Highlight the need to improve accessibility and inclusivity in healthcare settings.</li> <li>• Offer practical tips and resources for people with chronic illness or disability to help them navigate healthcare and their relationships with food and body. Include information on accessible nutrition, adaptive cooking techniques, and finding supportive healthcare providers.</li> <li>• Actively work to challenge and debunk stereotypes and misconceptions about chronic illness, disability, and eating challenges. Use your platform to promote accurate, nuanced portrayals.</li> <li>• Regularly assess the impact of your content on public perceptions and attitudes towards chronic illness, disability, and eating challenges. Use feedback and data to improve the inclusivity and accuracy of your reporting.</li> </ul>

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	Communications use size-inclusive, non-stigmatising language and imagery in respect of health, food, minds and bodies.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> What human, intellectual, community, material and financial resources are needed to enact this principle? How are we advocating for safety, equity and fairness? What are the costs of inaction?</p> <p><b>Leadership:</b> Who will lead our work to enact this principle? How can we inspire others to take action within their sphere of influence? Who else should be at the table?</p> <p><b>Continuous feedback:</b> How are we checking if our efforts in implementing this principle are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create and implement guidelines that mandate the use of size-inclusive, non-stigmatising language and imagery in all communications. Ensure these guidelines are accessible to all staff and regularly updated.</li> <li>• Offer regular training sessions for all staff on the importance of size-inclusive, non-stigmatising language and imagery.</li> <li>• Review current content, including articles, advertisements, and social media posts, to identify and revise any non-inclusive or stigmatising language and imagery. Replace them with respectful, inclusive alternatives, or attach a notice that your organisation no longer uses these terms.</li> <li>• Ensure that all visual content, such as photos and illustrations, represents a diverse range of body sizes, shapes, abilities, and ethnicities. Avoid images that perpetuate stereotypes or stigmatise certain body types.</li> <li>• Develop editorial policies that prioritise size-inclusive, non-stigmatising content. Ensure all contributors are aware of and adhere to these policies.</li> <li>• Feature stories and perspectives from people of various sizes, shapes, and backgrounds. Highlight their experiences and expertise in discussions about health, food, minds, and bodies.</li> <li>• Involve the community in your efforts to promote size-inclusive, non-stigmatising content. Seek feedback and input from diverse groups to ensure your messaging resonates and is respectful.</li> <li>• Work with advertisers to ensure that ads on your platforms use size-inclusive, non-stigmatising language and imagery. Avoid advertising products or services that promote diet culture or unhelpful idealised body standards.</li> <li>• Regularly assess the impact of your content on audiences' perceptions and attitudes. Use feedback and data to make continuous improvements to your communications strategies.</li> <li>• Create a work environment that supports and values size diversity among your staff. Encourage a culture of respect and inclusivity within your organisation.</li> </ul>

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	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.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> What human, intellectual, community, material and financial resources are needed to enact this principle? How are we advocating for safety, equity and fairness? What are the costs of inaction?</p> <p><b>Leadership:</b> Who will lead our work to enact this principle? How can we inspire others to take action within their sphere of influence? Who else should be at the table?</p> <p><b>Continuous feedback:</b> How are we checking if our efforts in implementing this principle are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Ensure that language and imagery in your content represent people of all sizes, ages, abilities, and backgrounds. Avoid focusing solely on traditional fitness ideals and instead promote movement for overall wellbeing.</li> <li>• Partner with fitness professionals and mental health professionals to create content that emphasises the holistic benefits of exercise. Ensure information is accurate and supports physical, mental, social and emotional wellbeing.</li> <li>• Feature stories of people who have experienced positive changes in their lives through movement. Highlight how exercise has improved their mental health, social connections, and overall happiness.</li> <li>• Promote community-based exercise initiatives, such as local walking groups, community sports leagues, and dance classes. Emphasise the social benefits of participating in group activities.</li> <li>• Develop content that is accessible to all, including tutorials and tips for people with varying levels of mobility and fitness. Ensure that everyone feels encouraged to move in ways that are comfortable and enjoyable for them.</li> <li>• Produce content that explains the connection between physical activity and mental health. Share information on how movement can reduce stress, improve mood, and enhance cognitive function.</li> <li>• Use your platform to advocate for policies that create safe and accessible spaces for physical activity. Promote the development of parks, playgrounds, and community centres that are inclusive of all abilities.</li> <li>• Launch campaigns that encourage people to view movement as a celebration of what their bodies can do, rather than a means to change their appearance. Promote the idea that all forms of movement are valuable.</li> <li>• Create content that supports movement across the lifespan: activities and advice for children, teens, adults, and seniors to help everyone find ways to stay active.</li> </ul>

<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	Neutral language is used to describe food and its properties and food messaging is appropriate for its audience.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> What human, intellectual, community, material and financial resources are needed to enact this principle? How are we advocating for safety, equity and fairness? What are the costs of inaction?</p> <p><b>Leadership:</b> Who will lead our work to enact this principle? How can we inspire others to take action within their sphere of influence? Who else should be at the table?</p> <p><b>Continuous feedback:</b> How are we checking if our efforts in implementing this principle are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create and implement guidelines for using neutral, non-stigmatising language when describing food and its properties. Ensure these guidelines are accessible to all staff and regularly reviewed.</li> <li>• Provide regular training sessions for staff on the importance of using neutral language in food-related content. Include examples of neutral language and common pitfalls to avoid.</li> <li>• Emphasise variety and balance rather than categorising foods as "good" or "bad." Highlight the role of different foods in a balanced diet without moral judgment.</li> <li>• Include content that celebrates a wide range of cultural food practices and dietary preferences. Highlight the nutritional and social benefits of diverse cuisines and food traditions.</li> <li>• Ensure food messaging is appropriate for the target audience. Consider factors such as age, cultural background, health conditions, and personal preferences.</li> <li>• Refrain from using sensational or alarmist language when discussing food and nutrition. Focus on evidence-based information and practical advice.</li> <li>• When discussing the nutritional properties of foods, avoid language that stigmatises certain foods or eating habits. Present information in a way that encourages informed choices and acknowledges systemic barriers.</li> <li>• Ensure that images accompanying food-related content are inclusive and representative of diverse populations. Avoid images that promote unrealistic body standards or reinforce stereotypes in connection to food.</li> <li>• Seek feedback from diverse community groups to ensure that food messaging is respectful and relevant. Use this input to continually improve the inclusivity of your content.</li> <li>• Promote content that encourages positive relationships with food, such as intuitive eating, enjoyment of meals, and social aspects of dining. Avoid messaging that promotes restrictive or punitive attitudes towards eating.</li> </ul>

<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	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.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> What human, intellectual, community, material and financial resources are needed to enact this principle? How are we advocating for safety, equity and fairness? What are the costs of inaction?</p> <p><b>Leadership:</b> Who will lead our work on enacting this principle? How can we inspire others to take action within their sphere of influence? Who else should be at the table?</p> <p><b>Continuous feedback:</b> How are we checking if our efforts in implementing this principle are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Ensure that all dietary advice and content related to nutrition is provided by qualified professionals such as dietitians and nutritionists. Clearly state their qualifications to build trust and credibility.</li> <li>• Reconsider coverage that implies that one person’s way of eating is accessible or appropriate for other people (e.g., ‘day on a plate’).</li> <li>• Reconsider publishing calorie/kilojoule content alongside recipes.</li> <li>• Create and adhere to guidelines for providing dietary advice that emphasise weight-neutral, culturally, and developmentally appropriate content. Regularly review them to ensure they align with the latest research and best practices.</li> <li>• Include content that respects and celebrates diverse cultural dietary practices. Work with cultural experts to ensure that dietary advice is relevant and respectful of different cultural traditions and preferences.</li> <li>• Provide dietary advice that is appropriate for different developmental stages, from children to older adults. Ensure that content is relevant to the specific nutritional needs of each age group and explained in terms that they can fully comprehend – seek advice from child development experts as needed.</li> <li>• Emphasise a holistic approach to nutrition that considers physical health, mental wellbeing, and social factors. Encourage balanced, flexible eating habits that promote overall health and wellbeing.</li> <li>• Refrain from using sensational or fear-based messaging about food and nutrition. Focus on evidence-based information and practical advice.</li> <li>• Collect feedback from your audience to ensure dietary advice is meeting their needs and expectations. Use this feedback to continually improve your content.</li> <li>• Ensure that advertisements related to food and nutrition on your platforms promote safe, weight-neutral messages. Avoid ads that endorse fad diets or weight-loss products.</li> </ul>



<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	Food security is addressed to support safe relationships with food and eating at individual and population levels.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> What human, intellectual, community, material and financial resources are needed to enact this principle? How are we advocating for safety, equity and fairness? What are the costs of inaction?</p> <p><b>Leadership:</b> Who will lead our work to enact this principle? How can we inspire others to take action within their sphere of influence? Who else should be at the table?</p> <p><b>Continuous feedback:</b> How are we checking if our efforts in implementing this principle are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create content that raises awareness about food security issues and their impact on mental health and eating. Emphasise the connection between food insecurity and the risk of eating disorders.</li> <li>• Showcase community programs and initiatives that aim to improve food security. Highlight the positive impact of these programs on individuals and communities and encourage audience engagement and support.</li> <li>• Work with nutritionists, social workers, and public health experts to provide accurate information on the relationship between food security and eating disorders. Ensure that your content is evidence-based and community-informed.</li> <li>• Include stories and perspectives from people who have experienced food insecurity and its impact on their relationship with food. Use these stories to humanize the issue and illustrate its complexity.</li> <li>• Advocate for solutions to food insecurity that address the root causes, such as poverty, unemployment, and lack of access to food, housing, education and healthcare. Emphasise the need for systemic changes to improve food security at both individual and population levels.</li> <li>• Ensure your content uses inclusive language and imagery that respects the dignity of those experiencing food insecurity. Avoid stigmatising or blaming language.</li> <li>• Create public awareness campaigns that highlight the importance of food security in preventing eating disorders. Use these campaigns to educate the public about the need for equitable access to nourishing food.</li> <li>• Share success stories of interventions that have effectively improved food security and reduced the risk of eating disorders. Use these examples to inspire and inform future efforts.</li> <li>• Highlight and support movements that advocate for food justice and equitable access to nourishing food.</li> </ul>

<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	Diet culture and its far-reaching consequences are understood, reduced and ultimately eliminated, with actions based on contemporary evidence.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> What human, intellectual, community, material and financial resources are needed to enact this principle? How are we advocating for safety, equity and fairness? What are the costs of inaction?</p> <p><b>Leadership:</b> Who will lead our work to enact this principle? How can we inspire others to take action within their sphere of influence? Who else should be at the table?</p> <p><b>Continuous feedback:</b> How are we checking if our efforts in implementing this principle are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create content that educates your audience about diet culture, its origins, and its harmful effects on physical and mental health. Use evidence-based information to debunk myths and misconceptions.</li> <li>• Develop campaigns and content that celebrate body diversity and promote body esteem or acceptance. Highlight stories and images of people of all sizes, shapes, and abilities living healthy, fulfilling lives.</li> <li>• Avoid language that reinforces diet culture, such as terms that promote weight loss, thinness, or food moralization. Use neutral, respectful language that focuses on physical and mental health and wellbeing rather than appearance.</li> <li>• Actively challenge stereotypes and assumptions about body size and health. Use your platform to educate your audience about the complexities of health and the many factors that contribute to it.</li> <li>• Share stories and research about the negative impacts of diet culture on mental health, self-esteem, and eating behaviours. Use these narratives to build empathy and understanding.</li> <li>• Offer content that provides practical advice on developing a positive relationship with food and body image. Include tips for intuitive or responsive eating, self-care, and stress management.</li> <li>• Regularly review your content to ensure it does not inadvertently promote diet culture. Make necessary revisions to align with best practice.</li> <li>• Involve your audience in conversations about diet culture and its effects. Encourage them to share their experiences and perspectives, and use this feedback to inform your content.</li> <li>• Advocate for policies that reduce the influence of diet culture, such as regulations on diet product advertising and initiatives that promote body diversity in media.</li> <li>• Partner with <a href="#">conscious content creators</a> who promote body acceptance and wellbeing. Use their platforms to expand your reach and amplify your message.</li> </ul>

Eating Disorder Safe: Mind	
<b>Principle</b>	Mental health stigma and its harms in relation to health, food, mind and body are of concern and must be eliminated.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> What human, intellectual, community, material and financial resources are needed to enact this principle? How are we advocating for safety, equity and fairness? What are the costs of inaction?</p> <p><b>Leadership:</b> Who will lead our work to enact this principle? How can we inspire others to take action within their sphere of influence? Who else should be at the table?</p> <p><b>Continuous feedback:</b> How are we checking if our efforts in implementing this principle are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create content that educates your audience about mental health conditions, their impact on health, food, mind, and body, and the importance of seeking help. Use evidence-based information to reduce misconceptions and stigma.</li> <li>• Ensure all content uses language that is respectful and inclusive of people with mental health conditions. Avoid terms that are stigmatising or that reinforce negative stereotypes.</li> <li>• Provide information about mental health resources, including hotlines, support groups, and counselling services. Encourage your audience to seek help if they need it.</li> <li>• Actively challenge stereotypes about mental health in your content. Use your platform to educate the public about the realities of living with mental health conditions and the importance of compassionate support.</li> <li>• Ensure that content about health, food, mind, and body includes considerations of mental health. Highlight the interconnectedness of physical and mental wellbeing.</li> <li>• Emphasise the importance of a holistic approach to health that includes mental, social, emotional, and physical wellbeing. Highlight practices that support overall health, such as mindfulness, movement, and balanced nutrition.</li> </ul>

Eating Disorder Safe: Mind	
<b>Principle</b>	The bidirectional relationship between food, eating and mental health is recognised, within the context of individual, social, cultural and economic factors.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> What human, intellectual, community, material and financial resources are needed to enact this principle? How are we advocating for safety, equity and fairness? What are the costs of inaction?</p> <p><b>Leadership:</b> Who will lead our work to enact this principle? How can we inspire others to take action within their sphere of influence? Who else should be at the table?</p> <p><b>Continuous feedback:</b> How are we checking if our efforts in implementing this principle are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create content that educates your audience about the relationships between food, eating, and mental health. Highlight how mental health can affect eating behaviours and how diet can impact mental wellbeing.</li> <li>• Feature stories from diverse individuals who share their experiences with the interplay between food, eating, and mental health. Include perspectives from various cultural, social, and economic backgrounds.</li> <li>• Ensure that all content uses language that is inclusive and sensitive to different cultural and socioeconomic contexts.</li> <li>• Emphasise the importance of a holistic approach to health that integrates physical, mental, social and emotional wellbeing. Highlight the role of balanced nutrition and intuitive or responsive eating in supporting mental health.</li> <li>• Create content that discusses the social determinants of health, such as access to nutritious food, economic stability, and social support. Highlight how these factors influence the relationship between food and mental health.</li> <li>• Highlight community programs and initiatives that address food security, provide mental health support, and promote positive relationships with food. Encourage your audience to get involved or support these programs.</li> <li>• Actively challenge stereotypes and misconceptions about mental health and eating behaviours. Use your platform to promote understanding and empathy.</li> </ul>

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	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.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> What human, intellectual, community, material and financial resources are needed to enact this principle? How are we advocating for safety, equity and fairness? What are the costs of inaction?</p> <p><b>Leadership:</b> Who will lead our work to enact this principle? How can we inspire others to take action within their sphere of influence? Who else should be at the table?</p> <p><b>Continuous feedback:</b> How are we checking if our efforts in implementing this principle are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create and share stories that highlight inclusive environments in various settings, such as schools, workplaces, communities, and healthcare facilities. Showcase examples of inclusivity and the positive impacts they have on people's lives.</li> <li>• Ensure that all visual content reflects a diverse range of people. Use images that represent various body types, ages, abilities, genders, sexual orientations, and cultural backgrounds.</li> <li>• Highlight personal stories of people from diverse backgrounds who have thrived in inclusive settings. Use these stories to illustrate the importance of inclusivity and to inspire others.</li> <li>• Partner with organisations that advocate for diversity and inclusion. Work with them to create content that promotes inclusive practices and raises awareness about the importance of welcoming environments.</li> <li>• Ensure that all written and spoken content uses language that is inclusive and respectful of all people. Avoid terms that may be stigmatising or exclusive.</li> <li>• Advocate for the design of physical spaces that are accessible to everyone. Highlight examples of architecture, urban planning, service delivery, teaching methods that welcome and empower people of all identities.</li> <li>• Regularly review your content, seek feedback from diverse audiences and make necessary adjustments to improve inclusivity.</li> <li>• Involve people from diverse backgrounds in the creation and review of your content. Ensure their perspectives are represented, valued and fairly rewarded.</li> <li>• Use your platform to advocate for policies that promote inclusivity in schools, workplaces, healthcare settings, and communities. Highlight the need for systemic changes to support diverse populations.</li> </ul>

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	Neutral language is used to describe bodies at all ages and stages of development, all sizes, shapes, abilities and ethnicities.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> What human, intellectual, community, material and financial resources are needed to enact this principle? How are we advocating for safety, equity and fairness? What are the costs of inaction?</p> <p><b>Leadership:</b> Who will lead our work to enact this principle? How can we inspire others to take action within their sphere of influence? Who else should be at the table?</p> <p><b>Continuous feedback:</b> How are we checking if our efforts in implementing this principle are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create clear guidelines for using neutral, inclusive language when describing bodies. Ensure these guidelines are accessible to all staff and regularly reviewed and updated.</li> <li>• Provide regular training for all staff on the importance of using neutral language to describe bodies. Conduct audits of current content, including articles, advertisements, and social media posts, to identify and revise any instances of non-neutral or stigmatising language. Replace them with inclusive alternatives or attach a notice that your organisation no longer uses these terms.</li> <li>• Ensure that all visual content reflects the diversity of bodies in terms of age, size, shape, ability, and ethnicity. Use images that promote positive, inclusive representations of all body types.</li> <li>• Feature stories and perspectives from people of different ages, sizes, shapes, abilities, and ethnicities. Ensure that their experiences and voices are accurately and respectfully represented.</li> <li>• Avoid language that categorises or judges bodies based on societal standards or biases. Focus on describing physical characteristics neutrally and respectfully.</li> <li>• Involve community members and advocates in the creation and review of content. Seek their feedback to ensure language and imagery are respectful and inclusive.</li> <li>• Regularly monitor and evaluate your content to ensure it adheres to inclusive language guidelines. Use audience feedback and engagement metrics to make continuous improvements.</li> <li>• Offer resources and tools for your audience to learn about the importance of neutral language in describing bodies. Include articles, videos, and infographics that explain how language impacts perceptions and self-esteem.</li> <li>• Actively challenge and counteract stereotypes about bodies. Use your platform to educate the public about the diversity and natural variation of bodies.</li> </ul>

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	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 be a barrier to education, employment or civic participation.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> What human, intellectual, community, material and financial resources are needed to enact this principle? How are we advocating for safety, equity and fairness? What are the costs of inaction?</p> <p><b>Leadership:</b> Who will lead our work to enact this principle? How can we inspire others to take action within their sphere of influence? Who else should be at the table?</p> <p><b>Continuous feedback:</b> How are we checking if our efforts in implementing this principle are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Offer regular training for all staff on the importance of using holistic measures of physical and mental health and wellbeing rather than basing assumptions on weight. Include practical examples and exercises to reinforce these principles.</li> <li>• Develop content that emphasises a comprehensive approach to health and wellbeing, considering physical, mental, and emotional aspects. Avoid content that links health exclusively to body size or weight.</li> <li>• Ensure that all content uses inclusive language and imagery that respects and represents people of all sizes, shapes, and weights. Avoid images that reinforce stereotypes or promote unrealistic body standards.</li> <li>• Actively challenge and debunk stereotypes that link body size, shape, or weight to health, skill, aptitude, or performance.</li> <li>• Highlight role models from diverse backgrounds who excel in their fields regardless of their size, shape, or weight. Use their stories to inspire and educate your audience without sensationalising their weight (e.g. don't tell it as a 'triumph over adversity' story).</li> <li>• Advocate for policies in education, employment, and civic participation that focus on inclusivity and do not discriminate based on size, shape, or weight. Highlight organisations that successfully implement these policies.</li> <li>• Offer resources and tools for your audience to understand and promote inclusive practices. Include guides, articles, and videos that explain why size, shape, and weight should not be measures of ability or barriers to work and education.</li> <li>• Involve diverse community members in content creation and review processes. Ensure their voices are heard and their perspectives are included and fairly rewarded.</li> <li>• Use your platform to advocate for legal protections against discrimination based on size, shape, or weight.</li> </ul>

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	Weight stigma and its consequences are of concern and must be eliminated.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> What human, intellectual, community, material and financial resources are needed to enact this principle? How are we advocating for safety, equity and fairness? What are the costs of inaction?</p> <p><b>Leadership:</b> Who will lead our work to enact this principle? How can we inspire others to take action within their sphere of influence? Who else should be at the table?</p> <p><b>Continuous feedback:</b> How are we checking if our efforts in implementing this principle are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create and enforce guidelines that prohibit weight-stigmatising language and imagery in all content. Ensure these guidelines are accessible to all staff and regularly updated.</li> <li>• Offer regular training sessions for all staff on the harmful effects of weight stigma and how to create inclusive, respectful content.</li> <li>• Develop and share content that promotes body esteem and celebrates body diversity.</li> <li>• Actively challenge and debunk stereotypes and myths about body size and health. Use your platform to promote accurate, evidence-based and community-informed information.</li> <li>• Regularly review your content to ensure it does not perpetuate weight stigma. Use audience feedback to make continuous improvements.</li> <li>• Launch campaigns that raise awareness about the harms of weight stigma and promote body acceptance. Use these campaigns to educate and inspire change.</li> <li>• Work with community organisations and advocacy groups to ensure your content reflects diverse perspectives and promotes inclusivity.</li> <li>• Highlight and support research on the impacts of weight stigma and advocate for policies that reduce stigma and promote inclusivity in healthcare, education, employment and other settings.</li> <li>• Provide resources for your audience on how to combat weight stigma and promote body acceptance in their communities. Include tips for fostering inclusive environments.</li> </ul>



<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	System-level drivers of eating disorder risk, for example institutional weight stigma, diet culture, medical and health professional weight bias, are addressed.
<b>Putting it into practice</b>	<p><b>Reform:</b> How can our work contribute to changes which uphold this principle at a population level?</p> <p><b>Investment:</b> What human, intellectual, community, material and financial resources are needed to enact this principle? How are we advocating for safety, equity and fairness? What are the costs of inaction?</p> <p><b>Leadership:</b> Who will lead our work to enact this principle? How can we inspire others to take action within their sphere of influence? Who else should be at the table?</p> <p><b>Continuous feedback:</b> How are we checking if our efforts in implementing this principle are working? Who needs to hear about our findings? How are we integrating them in a continuous improvement cycle?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create content that educates your audience about the system-level drivers of eating disorder risk. Explain how institutional weight stigma, diet culture, and medical bias contribute to the development of eating disorders.</li> <li>• Partner with health professionals, researchers and lived experience experts to ensure your content is informed by the latest research on eating disorders.</li> <li>• Ensure that all content uses neutral, non-stigmatising language when discussing weight, health, and eating behaviours. Avoid language that reinforces diet culture or weight bias.</li> <li>• Create investigative pieces that explore systemic issues contributing to eating disorders, such as biased medical practices, societal pressures, and the influence of diet culture in media and advertising.</li> <li>• Share stories from a diverse range of people who have experienced eating disorders and the systemic factors that contributed to their struggles. Use these narratives to humanise the issue and illustrate the impact of systemic drivers. Adhere to <a href="#">safe reporting guidelines</a>.</li> <li>• Actively challenge and debunk diet culture myths in your content. Promote messages that encourage balanced, sustainable approaches to eating and health.</li> <li>• Use your platform to advocate for policy changes that address systemic drivers of eating disorders. Support legislation and policies that promote body diversity, food security, and access to comprehensive healthcare.</li> <li>• Launch campaigns to raise awareness about the systemic drivers of eating disorders. Use these campaigns to educate the public and inspire collective action to address these issues.</li> <li>• Partner with advocacy organisations working to address eating disorder risk. Use your platform to amplify their messages and support their efforts to create systemic change.</li> </ul>

## **A note on Harm Minimisation**

The Eating Disorder Safe principles includes a sub-set of principles focused on harm minimisation, that is, adopting approaches to working with people who are already experiencing an eating disorder, disordered eating or body image distress in ways which do not exacerbate disordered cognitions, behaviours or other symptoms.

While these principles are not directly applicable to communications and media, a responsible approach to handling sensitive topics in relation to health, food, mind and body for people who are already unwell is advised.

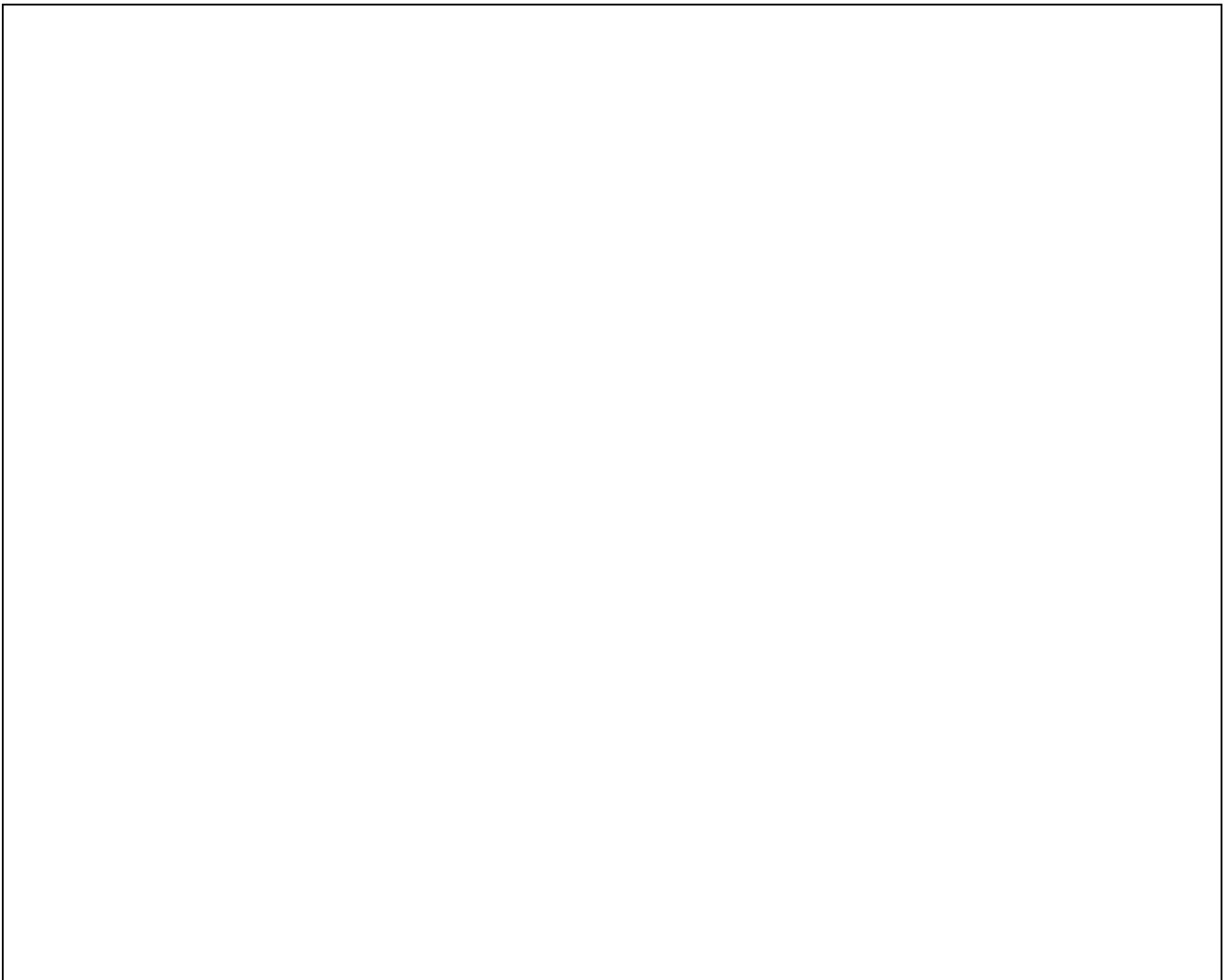
Refer to [Guidelines on reporting and portrayal of eating disorders: A Mindframe resource for communicators](#) for more information.

## 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 teammates, colleagues or a supervisor, so that you can support each other's learning without adding a sense of shame or blame.

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# **Eating Disorder Safe: Guidance for workplaces**

## Workplaces

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. This may appear novel in a workplace context, though the precedent exists in relation to wider mental health and wellbeing initiatives.

This How-To Guide is for those people who influence and shape organisational culture and employee wellbeing beyond the traditional eating disorder sector. Of course, this includes all employees at some level, as we all have a part to play in the culture of our workplaces.

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

- Organisational leaders and executives across various industries
- People and Culture managers responsible for employee engagement and well-being
- Human Resources (HR) personnel involved in policy development and employee support
- Diversity and Inclusion officers promoting equitable workplace practices
- Occupational health and safety officers
- Employee Assistance Program (EAP) coordinators
- Corporate wellbeing program managers
- Training and development managers
- Employees who wish to champion the Eating Disorder Safe principles within their workplace
- Employees who are open to being part of positive culture change.

If the Eating Disorder Safe concept is new to you or your team, we recommend starting with a focused approach. Consider hosting a leadership meeting or a workshop to introduce one principle at a time, based on staff feedback about the areas where the need is greatest. You could also develop internal policies or employee programs that align with these principles. Once you feel confident in implementing one area, you can expand your efforts to incorporate additional principles.

Alternatively, you may choose 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 workplace wellbeing initiatives or HR policies. Coordinating actions across different principles can help create a more supportive and inclusive workplace environment.

If you do implement the Eating Disorder Safe principles in your workplace, NEDC would love to hear about it! Submit your case study to [nationalstrategy@nedc.com.au](mailto: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

Creating an Eating Disorder Safe workplace benefits all employees by fostering an environment where employees can leave diet culture at the door and focus on doing their work well. To get started, you may be looking for some practical and quick steps that can be implemented without extensive resources, so that your colleagues can see the impact of these actions before investing more deeply in workplace culture change. We suggest these two quick wins because they are low-cost and can make an immediate positive impact.

### Quick Wins:

#### 1. Encourage Inclusive or Neutral Language in the Workplace

**Action:** Promote the use of inclusive or neutral language among all staff, particularly in communications related to health, food, minds, bodies and wellbeing.

**Why?** Language that is inclusive of all people and neutral in not placing judgements on food or bodies helps create a supportive workplace environment, reducing the risk of stigma and distress, and promoting overall physical, mental, social and emotional wellbeing.

**How?** Encourage employees to take short breaks every couple of hours to stretch, walk, or simply relax. Consider setting up a quiet space where employees can go for a few minutes of peace.

#### 2. Remove Weight Focus from Existing Employee Programs

**Action:** Review and revise any current employee wellbeing programs or charity drives to eliminate elements that focus on weight, such as diet clubs or weight loss competitions.

**Why?** Removing weight-focused elements from workplace activities promotes a more inclusive approach to employee wellbeing, reduces stigma and protects against unintended consequences such as mental or emotional distress in the workplace.

**How?** Replace weight-focused initiatives with programs that emphasise overall wellbeing, such as physical activity challenges that focus on skill development or enjoyment, sharing food at cultural events or team picnic days.

**Ready to make a bigger impact?** Turn the page for a comprehensive range of strategies to promote a safer and more inclusive work environment.

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	Families are supported to experience and model positive relationships with food, bodies and movement from the earliest opportunity and across the lifespan.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Implement wellbeing programs that emphasise health and wellbeing rather than focus on weight or size. Focus on activities colleagues can enjoy together or involve their families in, such as yoga sessions, nature walks, and mindfulness practices.</li> <li>• Provide benefits that support overall family wellbeing, such as access to Employee Assistance Programs, stress management resources, and workshops on positive body image and intuitive or responsive eating. Ensure systems are in place to facilitate employee access to these programs (e.g., release from duties, sessions planned at different times to accommodate employees' attendance patterns as well as their personal commitments outside work, etc.).</li> <li>• Foster a workplace culture that promotes body acceptance and self-esteem. Encourage inclusive language and behaviours that respect all body types and abilities. The actions throughout this guide give examples of how to do this.</li> <li>• Encourage policies that support work-life balance, such as flexible working hours, remote work options, and generous family leave policies. Allow employees time to engage in health promoting activities with their colleagues, friends or families.</li> <li>• Organise events that involve employees and their families, such as picnic days. Use these events to promote positive relationships with food and movement.</li> <li>• Promote gentle physical activities that can be enjoyed by people of all ages and abilities, such as walking clubs, stretching sessions, and recreational sports that emphasise fun over competition or weight-related goals.</li> <li>• Ensure that wellbeing programs and resources are inclusive and consider the diverse needs of your workforce, including cultural, dietary, and physical diversity.</li> <li>• Encourage a positive relationship with food by offering diverse, nourishing options in the workplace without labelling them as "good" or "bad." Focus on the enjoyment of food and communal eating experiences, allowing staff flexibility to eat in the manner that best supports their wellbeing at work.</li> <li>• Create channels for employees to provide feedback on wellbeing initiatives. Use this feedback to make continuous improvements and address any concerns.</li> </ul>

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	The unique relationships between eating, chronic illness, disability and experiences of healthcare are acknowledged and addressed.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create wellbeing programs that accommodate the needs of employees with chronic illness or disability. Include options for various dietary requirements, physical abilities, and healthcare needs.</li> <li>• Make physical adjustments to the workplace to ensure it is accessible to all employees, including those with chronic illness or disability. This includes accessible kitchens, lunchrooms, restrooms, quiet spaces and meeting spaces.</li> <li>• Foster a workplace culture that is understanding and supportive of employees with chronic illness or disability. Provide platforms for employees to share their experiences and needs and act responsively.</li> <li>• Ensure that mental health resources are readily available and tailored to the needs of employees with chronic illness or disability. Provide equitable access to Employee Assistance Programs and stress management programs.</li> <li>• Create channels for employees to provide feedback on workplace inclusivity and support. Use this feedback to make continuous improvements to your policies and programs.</li> <li>• Ensure that workplace food options accommodate employees' dietary needs and preferences without stigma.</li> <li>• Recognise that some employees may be caregivers for family members with chronic illness or disability. Offer flexible work arrangements and support to accommodate their dual responsibilities.</li> </ul>



<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	Communications use size-inclusive, non-stigmatising language and imagery in respect of health, food, minds and bodies.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create clear guidelines for all internal and external communications that emphasise size-inclusive, non-stigmatising language and imagery. Ensure these guidelines are evidence-based where possible and developed in consultation with staff, people with lived experience and/or relevant organisations. Distribute the guidelines so that they are accessible to all employees.</li> <li>• Review current communication materials, including internal memos, marketing content, and employee handbooks, to identify and revise any non-inclusive or stigmatising language and imagery.</li> <li>• Ensure all visual content, including website images, marketing materials, and internal communications, reflects diverse body types, abilities, and ethnicities. Avoid images that perpetuate stereotypes or promotes unhelpful body standards.</li> <li>• Partner with diversity and inclusion experts to review and enhance your communication practices.</li> <li>• Create channels for employees to provide feedback on workplace communications. Use this feedback to continuously improve and ensure that communications are inclusive and respectful.</li> <li>• Support and promote initiatives that celebrate body diversity and inclusivity. Encourage participation in events that emphasise the value of all body types.</li> <li>• Regularly assess the impact of your communications on employee wellbeing and workplace culture. Use surveys, focus groups, and other tools to gather data and make necessary adjustments.</li> <li>• Provide resources and workshops that educate employees on weight stigma and diet culture, and the importance of using inclusive language and imagery.</li> <li>• Ensure that all marketing and external communications represent diverse body types and use inclusive language. Avoid promoting products or services that reinforce diet culture or stigmatise certain body types.</li> <li>• Encourage leadership to model inclusive language and behaviours. Leaders should actively promote and participate in initiatives that support size inclusivity and non-stigmatising practices.</li> </ul>

<b>Eating Disorder Safe: Health</b>	
<b>Principle</b>	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.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Offer a range of wellbeing programs that cater to different interests and abilities. Include options such as yoga, walking groups, dance classes, mindfulness sessions, and recreational sports that emphasise fun and participation rather than competition.</li> <li>• Reconsider any employee challenges that involve a focus on healthy eating, weight loss or competitive counting (e.g. steps, calories, kilos, reps).</li> <li>• Encourage activities that are non-competitive and focus on enjoyment and participation. Highlight the benefits of physical activities that support emotional and social wellbeing.</li> <li>• Provide flexible scheduling options that allow employees to participate in wellbeing activities without impacting their work commitments. Offer activities at various times to accommodate different schedules.</li> <li>• Ensure that workplace facilities are inclusive and accessible to all employees. Provide equipment and spaces that cater to different physical abilities and encourage a wide range of activities.</li> <li>• Promote regular movement breaks throughout the workday. Encourage employees to take short walks, stretch, or engage in light exercises to boost energy and reduce stress.</li> <li>• Organise social events that incorporate physical activities, such as group hikes, team-building games, or family-friendly sports days.</li> <li>• Integrate mental health support into your wellbeing programs. Offer activities that promote relaxation and stress relief, such as meditation or tai chi.</li> <li>• Encourage employees to engage in community-based wellbeing programs and events. Support participation in local sports leagues, charity walks, or community movement classes.</li> </ul>

<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	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.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Propose an employee pact to keep diet-talk out of the workplace.</li> <li>• Consider whether any dietary advice needs to be delivered within your workplace context. Only enact the suggestions below if needed (e.g. if on-site catering is provided for personnel with specific nutrition requirements related to their role).</li> <li>• Ensure that dietary advice is provided by qualified professionals such as dietitians and nutritionists who have appropriate credentials and experience. Verify their qualifications and scope of practice.</li> <li>• Create guidelines for providing dietary advice that promote a weight-neutral, culturally sensitive, and developmentally appropriate approach (e.g. for personnel under 18). Ensure these guidelines are accessible to all relevant staff.</li> <li>• Encourage a focus on overall physical and mental health and wellbeing rather than weight. Highlight the benefits of balanced nutrition, mental health, and physical activity in a non-judgmental manner.</li> <li>• Ensure all dietary advice uses inclusive, non-stigmatising language. Avoid terms that categorize foods or eating habits as "good" or "bad" and instead focus on balance and enjoyment.</li> <li>• Make resources on nutrition and healthy eating readily available to relevant employees. Include access to online tools, informational pamphlets, and consultation services with qualified professionals.</li> <li>• Encourage eating practices that focus on enjoying food, recognising hunger and fullness cues, and appreciating the cultural and social aspects of eating.</li> </ul>

<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	Neutral language is used to describe food and its properties and food messaging is appropriate for its audience.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Review all current communication materials, including internal newsletters, cafeteria menus, and wellbeing programs, to identify and revise any language that is not neutral or could be considered stigmatising.</li> <li>• Ensure that all written and spoken communications about food avoid moralistic terms such as "good" or "bad," and instead focus on describing foods in terms of their properties (crunchy, fresh, tasty) and social or cultural significance (birthday cake, festival day).</li> <li>• Acknowledge and celebrate the diversity of dietary practices and preferences within your workforce.</li> <li>• Promote a workplace culture that values and respects diverse food choices. Encourage employees to share their food traditions and experiences in a supportive environment.</li> </ul>

<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	Food security is addressed to support safe relationships with food and eating at individual and population levels.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Ensure that workplace cafeterias, vending machines, and snack areas offer a variety of nourishing and affordable food options.</li> <li>• Provide access to Employee Assistance Programs (EAPs) that offer support for those experiencing food insecurity. Include services such as financial counselling, and referral to agencies who can support access to food banks and food vouchers.</li> <li>• Foster a workplace culture that recognises and supports employees facing food insecurity. Encourage open dialogue and provide a safe space for employees to seek help without stigma.</li> <li>• Establish programs that provide employees with access to healthy food, such as subsidised meal plans, food delivery services, or on-site food pantries.</li> <li>• Conduct anonymous surveys to assess the food security status of your workforce. Use this data to inform policies and programs aimed at reducing food insecurity among employees.</li> <li>• Encourage leaders to advocate for food security initiatives and participate in related programs.</li> <li>• Offer flexible working arrangements to support employees' access to food (e.g. ability to get to the local food relief service within its opening hours).</li> <li>• Review remuneration policies and consider whether there are opportunities to increase employees' take-home pay or otherwise ease financial strain.</li> </ul>

<b>Eating Disorder Safe: Food</b>	
<b>Principle</b>	Diet culture and its far-reaching consequences are understood, reduced and ultimately eliminated, with actions based on contemporary evidence.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create and implement guidelines that discourage the promotion of diet culture within the workplace. Ensure these guidelines focus on physical and mental health and wellbeing rather than weight or appearance.</li> <li>• Foster a workplace culture that celebrates body diversity and promotes self-esteem. Encourage language and behaviours that respect all body types and challenge appearance-based judgments.</li> <li>• Try a staff challenge where people avoid giving appearance-based compliments for a month. See who can generate the most creative list of alternative compliments.</li> <li>• Ensure all workplace communications, including marketing materials and internal messages, use inclusive language and imagery that do not perpetuate diet culture.</li> <li>• Avoid sharing employee before-and-after photos or content that emphasises weight loss.</li> <li>• Prioritise approaches to health that support mental, physical, social and emotional wellbeing. Highlight activities and practices that support overall health rather than focusing on weight.</li> <li>• Develop wellbeing programs that focus on overall health and wellbeing, including stress management, mental health support, and enjoyable physical activities. Avoid programs that promote weight loss or dieting.</li> <li>• Launch internal awareness campaigns that educate employees about the harmful effects of diet culture and promote a safer, more inclusive approach to health and wellbeing.</li> </ul>

Eating Disorder Safe: Mind	
<b>Principle</b>	Mental health stigma and its harms in relation to health, food, mind and body are of concern and must be eliminated.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create and implement workplace policies that support mental health and explicitly prohibit stigma and discrimination based on mental health conditions, including eating disorders. Ensure these policies are communicated clearly to all employees.</li> <li>• Offer regular training for all employees on mental health awareness, focusing on the importance of mental health and how to recognise and address stigma.</li> <li>• Ensure that employees have access to mental health resources, such as Employee Assistance Programs and mental health hotlines. Regularly remind employees about these resources through internal communications.</li> <li>• Encourage an open and supportive workplace culture where employees feel comfortable discussing mental health issues. Host regular discussions, workshops, and seminars to normalise conversations about mental health.</li> <li>• Ensure that all workplace communications use inclusive and non-stigmatising language when discussing mental health, food, and body image. Avoid terms that could perpetuate stereotypes or negative perceptions.</li> <li>• Incorporate mental health support into existing wellbeing programs. Offer activities that promote mental wellbeing, such as mindfulness sessions, yoga, and stress management workshops.</li> <li>• Regularly assess the workplace environment and practices to ensure they support mental health and do not perpetuate stigma. Use employee feedback to make continuous improvements.</li> <li>• Partner with mental health organisations to provide expert-led workshops and access to resources. Leverage their expertise to enhance your workplace initiatives.</li> </ul>

Eating Disorder Safe: Mind	
<b>Principle</b>	The bidirectional relationship between food, eating and mental health is recognised, within the context of individual, social, cultural and economic factors.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create workplace policies that recognise and support the bidirectional relationship between food, eating, and mental health, such as via lunchroom policies which uphold mental wellbeing. Ensure these policies are inclusive and consider the diverse needs of employees.</li> <li>• Implement wellbeing programs that focus on holistic health, integrating nutrition, mental health, and physical activity. Emphasise the interconnectedness of these aspects and the importance of balance.</li> <li>• Ensure all communications use inclusive and non-stigmatising language when discussing food, eating habits, and mental health. Avoid language that moralizes food choices or stigmatises mental health conditions.</li> <li>• Provide flexible work options that allow employees to manage their eating habits and mental health needs effectively. This can include flexible hours, remote work, quiet spaces and sufficient break times.</li> <li>• Respect and support diverse dietary practices and preferences. Ensure that workplace food offerings and programs are culturally sensitive and inclusive.</li> </ul>



<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	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.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create and enforce workplace policies that explicitly promote inclusion and prohibit discrimination based on size, shape, weight, gender, sexuality, culture, neurotype, and ability. Ensure these policies are well-communicated and accessible to all employees.</li> <li>• Offer regular training programs on diversity, equity, and inclusion for all employees. Include topics such as unconscious bias, cultural competence, and creating inclusive environments.</li> <li>• Ensure that all communications, both internal and external, use inclusive language and imagery that reflect the diversity of the workforce. Avoid stereotypes and representations that marginalise any group.</li> <li>• Encourage the formation of employee resource groups for various communities within the workplace. Provide support and resources for these groups to foster a sense of belonging and community.</li> <li>• Offer flexible working hours, remote work options, and other accommodations that support employees' diverse needs and life circumstances.</li> <li>• Ensure that hiring practices are equitable and inclusive. Use diverse hiring panels, unbiased job descriptions, and outreach strategies to attract a diverse pool of candidates. Monitor hiring practices to ensure equity and transparency.</li> <li>• Regularly celebrate and acknowledge cultural events, heritage months, and other diversity-related initiatives. Use these opportunities to educate employees and build a more inclusive workplace.</li> <li>• Conduct regular surveys and feedback sessions to understand employees' experiences and perceptions of inclusivity in the workplace. Use this feedback to inform and improve policies and practices.</li> <li>• Provide leadership training focused on diversity, equity and inclusion.</li> <li>• Create clear, unbiased pathways for career advancement that are accessible to all employees. Monitor promotion practices to ensure equity and transparency.</li> <li>• Ensure that reasonable accommodations are available for employees with disabilities or other needs. Make the process for requesting accommodations clear and straightforward.</li> </ul>

- Share stories of employees who have thrived in the inclusive environment of your workplace. Use these stories to inspire and demonstrate the impact of your inclusivity efforts.

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	Neutral language is used to describe bodies at all ages and stages of development, all sizes, shapes, abilities and ethnicities.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create and implement guidelines for using neutral, inclusive language and images when describing or depicting bodies. Ensure these guidelines are accessible to all employees and regularly reviewed for relevance and effectiveness.</li> <li>• Conduct a thorough review of current communication materials, including internal documents, marketing content, and training manuals, to identify and revise any non-inclusive or stigmatising language or images.</li> <li>• Ensure that all visual content, such as photos, illustrations, and videos, represents a diverse range of body types, ages, abilities, and ethnicities. Avoid imagery that reinforces stereotypes or unrealistic body standards.</li> <li>• Partner with diversity and inclusion experts to review and enhance your communication practices.</li> <li>• Regularly assess the impact of your communication practices on employee wellbeing and workplace culture. Use surveys, focus groups, and other tools to gather data and make necessary adjustments.</li> </ul>

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	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 be a barrier to education, employment or civic participation.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create and implement policies that explicitly state size, shape, or weight are not to be used to evaluate employee skill, aptitude or performance. Ensure these policies are well-communicated and enforced throughout the organisation.</li> <li>• Ensure that all workplace communications, including job descriptions, performance evaluations, and health assessments, use inclusive language that does not focus on size, shape, weight or appearance.</li> <li>• Ensure that performance metrics and evaluations are based on skills, achievements, and behaviours rather than physical attributes. Develop clear, objective criteria for assessing performance and aptitude.</li> <li>• Regularly review and assess workplace practices to ensure they are inclusive and do not involve size, shape, or weight discrimination (e.g. offering uniforms in a broad range of sizes and allowing for alterations and adjustments to be made based on individual requirements). Use employee feedback to make continuous improvements.</li> <li>• Provide educational resources on the impact of weight bias and stigma on individuals and organisations. Include information on how to recognise and counteract bias in the workplace, with additional focus on recruitment practices.</li> <li>• Revise your equal employment opportunity (EEO) policies and include proactive steps to provide equal opportunities to employees and candidates with diverse bodies, particularly bodies which are marginalised due to size, weight, shape, colour or gender.</li> </ul>

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	Weight stigma and its consequences are of concern and must be eliminated.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Create clear policies that explicitly prohibit weight stigma and discrimination. Ensure these policies are communicated to all employees and are enforced consistently.</li> <li>• Offer regular training sessions on the impact of weight stigma and how to foster an inclusive workplace. Include topics such as understanding weight bias, recognising stigma, and challenging discrimination.</li> <li>• Design wellbeing programs that are inclusive of all body sizes and shapes. Avoid programs that emphasise weight loss or equate health with weight, and instead focus on activities that promote wellbeing and joy.</li> <li>• Regularly review workplace practices and materials to ensure they do not perpetuate weight stigma. Use employee feedback and audits to identify and address areas for improvement.</li> <li>• Partner with organisations that advocate for body acceptance and the elimination of weight stigma. Use their expertise to inform your policies and practices.</li> </ul>

<b>Eating Disorder Safe: Body</b>	
<b>Principle</b>	System-level drivers of eating disorder risk, for example institutional weight stigma, diet culture, medical and health professional weight bias, are addressed.
<b>Putting it into practice</b>	<p><b>Policies and processes:</b> Do our current policies and processes support this principle? Do they have any consequences that cause or contribute to unintended harm? How can we strengthen cultural safety, intersectionality, trauma-informed and strengths-based approaches?</p> <p><b>Staff development:</b> What knowledge, skills and attitudes do our staff need to deliver on this principle? How can we sustain and embed new competencies?</p> <p><b>Leadership:</b> What culture change do we need in our organisation? What leadership or action does our community want from us? What wider changes can we advocate for?</p>
<b>Suggested actions</b>	<ul style="list-style-type: none"> <li>• Ensure all staff in client-facing roles are aware of the impact their own weight bias can have on client outcomes. Offer training and opportunities for ongoing reflective practice and development.</li> <li>• Ensure that all workplace communications, including wellbeing programs, use inclusive language and imagery that do not perpetuate diet culture or weight stigma. Avoid content that promotes weight loss as the primary goal of health initiatives.</li> <li>• Regularly review and audit workplace practices to identify and address instances of weight stigma and diet culture. Use employee feedback and external audits to continuously improve.</li> <li>• Partner with organisations that advocate for the reduction of weight stigma and diet culture. Use their resources and expertise to inform your workplace policies and programs.</li> <li>• Foster a workplace culture that values diversity and inclusion. Encourage employees to respect and celebrate differences in body size, shape, and health status.</li> <li>• Ensure that performance evaluations and promotions are based on skills, achievements, and behaviours rather than physical attributes. Develop clear, objective criteria for assessments.</li> <li>• Identify and provide additional support for employees who may be at higher risk of developing eating disorders due to workplace practices. Ensure they have access to appropriate resources and support.</li> </ul>

## A note on Harm Minimisation

The Eating Disorder Safe principles includes a sub-set of principles focused on harm minimisation, that is, adopting approaches to working with people who are already experiencing an eating disorder, disordered eating or body image distress in ways which do not exacerbate disordered cognitions, behaviours or other symptoms.

These principles are not directly applicable to the workplace as they go beyond the usual obligations of employers in respect of identifying and acting on employee health concerns. Nevertheless, employers should consider their duty of care to employees with an eating disorder, disordered eating or body image concerns and act accordingly.

Proactive steps could include:

- Engaging an Employee Assistance Program and enquiring about their approaches to handling support requests from employees with food or body image concerns.
- Displaying Helpline information on posters around the work site or in relevant sections of the staff intranet, including the [Butterfly Foundation](#), [Eating Disorders Victoria](#) (where relevant) and [13 YARN](#).
- Offering employees flexibility to attend health appointments, e.g. via extended break times, work from home days, etc.

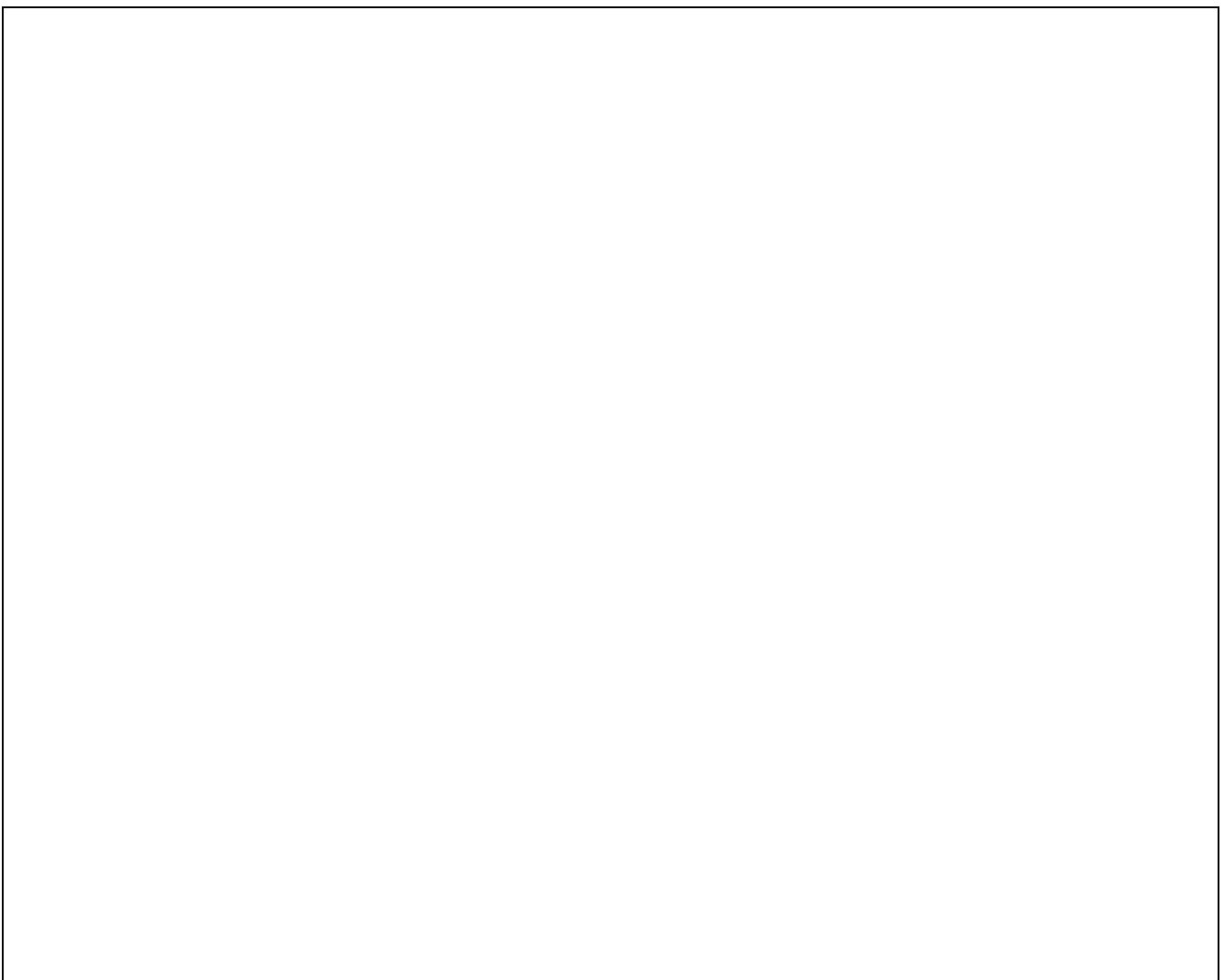
If your organisation has an internal medical team (e.g. for a sporting organisation or performing arts company, or for the armed forces), you may have additional duty of care requirements. Find out whether your organisation has appropriate policies and procedures for identifying and responding to disordered eating and eating disorders within your teams. Or refer to the [Australian Institute of Sport](#) and the Australian Ballet for relevant examples and work to develop and implement a policy tailored to your organisation.

## Next steps

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

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

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# 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.  
(If you need a reminder, the full list of principles is [here](#))
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
<b>Health</b>			
Families are supported to experience and model positive relationships with food, bodies and movement from the earliest opportunity and across the lifespan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The unique relationships between eating, chronic illness, disability and experiences of healthcare are acknowledged and addressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communications use size-inclusive, non-stigmatising language and imagery in respect of health, food, minds and bodies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food</b>			
Neutral language is used to describe food and its properties and food messaging is appropriate for its audience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food security is addressed to support safe relationships with food and eating at individual and population levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet culture and its far-reaching consequences are understood, reduced and ultimately eliminated, with actions based on contemporary evidence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mind</b>			
Mental health stigma and its harms in relation to health, food, mind and body are of concern and must be eliminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The bidirectional relationship between food, eating and mental health is recognised, within the context of individual, social, cultural and economic factors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Body</b>			
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neutral language is used to describe bodies at all ages and stages of development, all sizes, shapes, abilities and ethnicities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 be a barrier to education, employment or civic participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight stigma and its consequences are of concern and must be eliminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System-level drivers of eating disorder risk, for example institutional weight stigma, diet culture, medical and health professional weight bias, are addressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Harm Minimisation (where relevant)</b>			
Alternatives to weight-focused activities and outcomes are prioritised as far as possible (e.g., other health, quality of life, performance, and wellbeing metrics).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight stigma has no place in the healthcare setting, no matter the condition being treated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating disorder risk is a consideration when making decisions around a person's health, care, learning, work or sports participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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](mailto: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?
<b>E.g. Barriers might include feelings of resistance to change, financial barriers, time barriers, competing priorities, or lack of people-power.</b>			

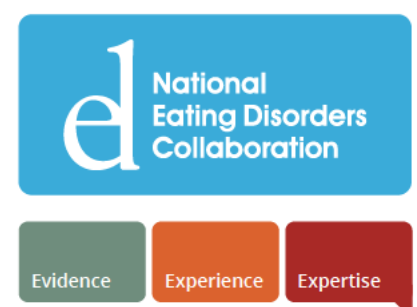
<b>How will we know it's working?</b>
<b>E.g. Our family will feel less anxious about staying healthy; We will get positive client feedback about the ways that we support them to feel safe; Our policy will include tangible measures on weight stigma reduction; etc.</b>

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

# Building a safe, consistent and accessible system of care for people with eating disorders

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The National Eating Disorders Collaboration is an initiative of the Australian Government Department of Health and Aged Care.



## First Nations Perspectives: Strengthening the Eating Disorder Safe Principles



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## About the artwork



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### Title: Guidance & Protection

Symbolism – Starting from the middle, working out:

- Child
- Place / Site
- Group of people
- Meeting place
- Rain
- Sun
- Bush Tucker – Plants
- Bush Tucker – Animals
- Dots and lines of guidance towards and within
- Elder at the top – within the black neck
- Spirit – the large entity
- Behind Spirit are its 2 shields – transparent in appearance and everlasting
- Dark outside layer – outside world with its constant spears, being deflected by Spirit's 2 shields

## STORY

“The world always has something to throw to attack; causing us harm. These are shown in the form of spears, representing physical, mental and emotional harms done to us, but also the negative self-talk that we do to ourselves, which are like needles piercing our mind.

When we are young, we are born into this world with a trusting soul, so we learn and are guided by those around us. This is why trauma/harm done to us when we are young, affects us right down to our core, and stays with us.

As we grow older, we then become one of those within that group of people that guides the young. It is at this time that we have an opportunity to either be an Elder or be one of the ones who guide our young to an Elder, represented by the connecting dots and lines.

Our Elders are guided by Spirit and tell us to stay true to our old and precious ways of eating, knowing, doing, and being. This means holding close our connection to the land, our Country, as this is how we heal and connect to Spirit. Spirit, depicted as the main figure, guides us and shields us from all those spears and helps us to heal.

In the end, it all comes down to your core, to what happened to you, as this never leaves us. But stand strong in who you are, your identity and our old and precious ways; Spirit will protect you, and Country and Spirit will guide and heal you.”

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## Acknowledgements

NEDC acknowledges the traditional custodians of lands throughout Australia. We pay our respects to Aboriginal and Torres Strait Islander Elders, past and present, and acknowledge the important role of Aboriginal and Torres Strait Islander peoples, their cultures and customs across Australia.

This Companion Document is a collaborative effort of the National Eating Disorders Collaboration (NEDC) with Researcher, Key Stakeholders and Partners (see detail below).

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\*Denotes a First Nations person.

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If you require this document in a different format for accessibility, please email [info@nedc.com.au](mailto:info@nedc.com.au)

## Terminology

Throughout this document certain terminology has been chosen to ensure clarity of communication. The authors acknowledge that many of these terms do not have universally agreed definitions, or may not be the preferred terms of all First Nations people. We respectfully offer the following definitions of these terms to assist readers.

**First Nations** – is used throughout the document to respectfully refer to Aboriginal and Torres Strait Islander peoples, while acknowledging that they are not one homogenous group. There are over 250 different language groups across Australia, each with their own language, customs and culture.

**ACCHO** – is an abbreviation for ‘Aboriginal Community Controlled Health Organisation.’ A related term is Aboriginal Community Controlled Health Service (ACCHS). Community Controlled organisations work through processes of self-determination to ensure local First Nations communities can run and receive services that align with that community’s protocols (NACCHO, 2024).

**Country** – is a term often used by First Nations people in Australia to describe the lands, waterways and seas to which they are connected. This connection encompasses dimensions of law, place, custom, language, spiritual belief, cultural practice, material sustenance (including food systems), family and identity (AIATSIS, n.d.).

**Discrimination** – refers to unfair treatment of a person based on characteristics such as racial or cultural background, disability, age, sex or gender, sexuality or carer status (Anti-Discrimination Act, 1977) as well as discrimination based on their body weight, shape or size (NEDC, n.d). First Nations people may experience multiple forms of discrimination, for example if they experience both racial and sex discrimination, which can have a compounding effect.

**Eating Disorders** – refers to a group of health conditions where a person’s relationship with food and/or body image is negatively impacted, leading to distress and potentially harmful behaviours in relation to eating and/or exercise. While eating disorders are common among First Nations peoples, the language often used to describe or diagnose them by the Western health system may be a barrier to awareness and identification within communities.

**Intersectionality** – refers to the interconnected nature of social categorisations such as race, culture, class or gender, and the ways that these experiences overlap. The lived experience of multiple forms of discrimination or disadvantage, such as racism, sexism, homophobia or transphobia is implicated in eating disorder risk, and as such intersectional approaches to eating disorder prevention and harm minimisation are needed. The need for intersectional approaches when working with First Nations people and communities underscores the importance of centring holistic concepts of self, wellbeing, kinship and community.

**Structural Racism** – describes the ways in which institutions, systems and structures discriminate against people, families or communities because of their racial or cultural background. Examples include failing to provide services, failing to uphold equal opportunities, enacting policies which have a direct discriminatory impact (such as requiring people to interact with a system which does not meet their cultural needs), and in the case of First Nations peoples, maintaining systems which have been established through dispossession and denial of sovereignty (Victorian Aboriginal Legal Service, 2022).

## This point in the journey

Throughout the process of developing the National Eating Disorder Strategy 2023-33, First Nations peoples' needs were considered as part of the process. However, when it came to the development of the Eating Disorder Safe principles, it became apparent that simply seeking First Nations perspectives in the development of the principles would not be enough. There needed to be another space to set out the unique experiences and approaches which should be brought into consideration when applying Eating Disorder Safe principles in contexts that affect First Nations people and communities. NEDC owes a debt of gratitude to Dr Alana Gall who, from her position on the Expert Advisory Group for the Eating Disorder Safe principles project, identified the need and put this Companion Document forward as an idea.

From those first few discussions, the work has burgeoned, and relationships and connections have grown. The team has conducted a policy scoping review to look at what information there is to guide prevention and management of eating disorders for First Nations peoples in Australia – and found that much more work is needed. This Companion Document is a step in that process, setting out the collective ideas generated by the Governance Group and the writing team, to reflect 'on paper' our thoughts so far about how to make the 'Eating Disorder Safe' idea work well for First Nations people and communities.

There will be more to do beyond this, beginning with culturally validated approaches to testing the contents of this Companion Document with a wider group of First Nations community members. We expect this Companion Document to evolve, as it brings in the knowledge, strengths and aspirations of more and more First Nations people, as well as allies in arenas such as healthcare and education. Together we will continue to tend the landscape for culturally safe and relevant approaches to eating disorder prevention and care.

## About this Companion Document

This Companion Document to the Eating Disorder Safe principles addresses the unique cultural, historical, and social factors affecting First Nations communities, and the ways that these factors relate to First Nations people's experiences of health, food, mind and body. Current approaches to eating disorder prevention and harm minimisation often fail to consider the profound impact of colonial legacy, ongoing trauma, and cultural disconnection, or may acknowledge these issues without giving adequate guidance about how to respond (Gall et al., 2024). This Companion Document is a step towards addressing these oversights by embedding cultural safety into all Eating Disorder Safe initiatives, ensuring that the strategies and actions are respectful, informed, and responsive to the specific needs of community.

Crucially, the contents of this Companion Document must inform all work to implement the Eating Disorder Safe principles, not just interventions directly targeted at First Nations communities. Given the unique place of First Nations peoples within Australia's national population, it is imperative that efforts to improve the safety of messages about health, food, mind and body ensure cultural safety and respect in every context. A culturally safe approach ensures that, whether or not First Nations communities are the primary focus of an intervention, their cultural perspectives and needs are always considered and honoured. Implementing the Eating Disorder Safe principles without the comprehensive inclusion of the Companion Document compromises the effectiveness of these initiatives and fails to uphold the principles of equity, trauma-informed approaches and cultural safety, sensitivity and competence which underpin the National Eating Disorders Strategy 2023-33 (NEDC, 2023).

## Cultural safety

The Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy (AHPRA, 2020) offers the following definition of cultural safety:

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

According to that Strategy, enacting cultural safety in the healthcare setting involves:

Acknowledging colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health.

Health practitioners acknowledging and addressing individual racism, their own biases, assumptions, stereotypes and prejudices and providing care that is holistic, and free of bias and racism.

Recognising the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.

Fostering a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

Implementing 'Eating Disorder Safe' principles needs to happen both within and beyond healthcare, into settings such as early childhood education centres, schools, family services, community services, sports clubs, media and online. In this sense, we are seeking to embed cultural safety in the ways that all messages about health, food, minds and bodies are conveyed.

A proposed definition for cultural safety in this context is:

Cultural safety is determined by Aboriginal and Torres Strait Islander people, families and communities, who are the experts in their unique and collective experiences of factors that affect their relationships with health, food, mind and body.

Cultural safety upholds the strength of Aboriginal and Torres Strait Islander cultures, their ways of knowing, being and doing, and their holistic understanding of the interconnectedness of all things. It recognises and seeks to redress power imbalances. It is about **how** care is provided.

Cultural safety is inherently relational, respectful and creates spaces where people can be comfortable being themselves. Everyone has a role to play.

We invite you to hold this definition in your mind as you read the rest of this Companion Document, and whenever you are taking action to implement the Eating Disorder Safe principles.

## Context and background

Before colonisation, Aboriginal and Torres Strait Islander peoples enjoyed a rich and sustainable relationship with the land and surrounding waters, which provided the foundation for their food, medicine, cultural practice, spirituality and overall wellbeing. Health practices were holistic, based on understandings that mind, body, spirit, community and Country were all inextricably linked, and nurtured by generations of traditional knowledge. This ancient wisdom, deeply embedded in the everyday lives of First Nations people, continues to be a living practice that sustains families and communities today.

The onset of colonisation marked the beginning of systematic efforts to erase or assimilate First Nations peoples via brutal, state-sanctioned means. This prolonged genocide led to a profound disconnection from Country, culture, language, and kin, attempting to permanently sever the ties that sustained communal health. The disruption extended to food systems and traditional medicines, critical components of First Nations peoples' health and healing systems. The forced removal of children from their families, the dispossession of land, combined with the imposition of new laws which actively disenfranchised First Nations peoples and communities, initiated a cycle of intergenerational trauma. This intergenerational trauma persists, alongside ongoing trauma from oppression and systemic racism which endures today. Both have lasting and continuing impacts on health and wellbeing.

Not all First Nations people experience these effects in the same ways, however all First Nations people experience the ongoing effects of colonisation profoundly. This shared history -- which includes resistance, resilience, strength and survival -- forms a backdrop against which ongoing health, social and economic disparities should be addressed. Recognising the historical and current contexts is crucial to implementing health and wellbeing initiatives that are not only culturally sensitive and appropriate but also effective in healing and supporting First Nations communities to thrive. Self-determination is a critical aspect of this.





## Key issues in relation to health, food, mind and body

First Nations health and wellbeing is conceptualised according to holistic and collectivist worldviews, and influenced by many community and cultural factors, in addition to social and commercial determinants of health. While the Eating Disorder Safe principles seem to draw a circle around 'health, food, mind and body' to the exclusion of all else, recognising their interconnected nature with each other as well as with wider factors is central to understanding how to apply them for all people, and particularly for First Nations people and communities. This is shown at Figure 1.

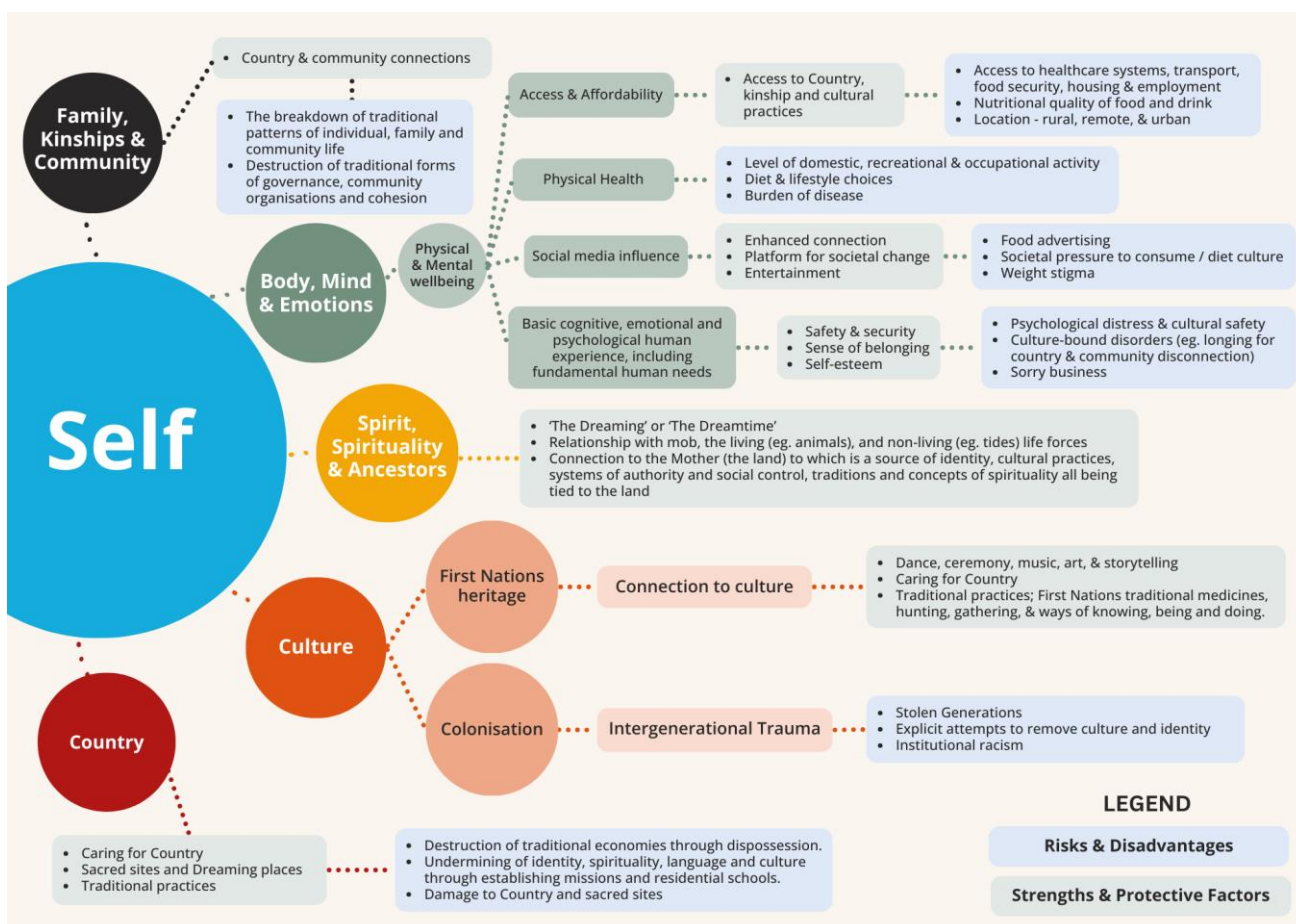


Figure 1: Systems map showing the interrelationship between First Nations ways of Knowing, Being and Doing, historical factors, and the social and commercial determinants of health

Some discussion of key issues that particularly effect First Nations peoples and communities follows on the next pages. This is, inherently, not an exhaustive list.



## Structural racism

Structural racism and discrimination present significant barriers to accessing essential services such as healthcare, housing, food, education, and employment opportunities. These barriers contribute to both physical and mental health disparities between First Nations peoples and the wider Australian population.

The Western healthcare system can reflect a carceral approach to care, with policies and practices that do not account for the cultural needs and contexts of First Nations peoples, which can prevent access to necessary care. This is also seen within eating disorder care, including involuntary psychiatric care, where treatment approaches can include punitive methods and a loss of consent and choice, rather than culturally responsive, community-driven approaches. This compounds a lack of trust between the person and the provider, which can lead to patients being disbelieved, receiving inappropriate treatment and experiencing further negative impacts on their mental health and wellbeing.



## Material disadvantage

The healthcare cost gap makes it even more difficult for many First Nations people and families to afford the care they need. This financial barrier is compounded by the broader context of economic disadvantage that stems from systemic discrimination and unequal access to education and employment.

Food insecurity occurs within many First Nations communities, with the specific drivers and challenges varying according to factors such as level of remoteness or urbanisation. The impact of food insecurity is significant: it greatly increases household stress, makes it harder for children to learn or adults to work, and increases current and lifetime risk of disordered eating and eating disorders, particularly binge-type disorders. While not the fault of the individual or family, experiences of food insecurity can evoke feelings of shame. This sense of shame can be exacerbated by well-intended nutrition programs that are often poorly targeted and fail to address the lived realities of communities. A lack of food sovereignty -- self-determination in relation to food systems -- further disempowers communities from sustaining health through traditional and culturally appropriate means.



## Poorly targeted interventions

Inappropriate approaches to health promotion and health literacy development also contribute to lower health status for First Nations communities. To effectively build health literacy among First Nations peoples, culturally relevant and community-centred strategies are essential. This includes co-developing programs which reflect local languages, cultural practices and health beliefs and use culturally valid methods such as artwork, storytelling and yarning. Unfortunately, culturally safe and relevant approaches are often not implemented due to a lack of engagement and consultation before the program is developed, assumptions that programs will work without testing them with community, and low investment in culturally informed practices within Western health services. This limits the success of these initiatives, and can have unintended consequences such as causing shame or offense and disengagement from health services.



## Lack of representation

Body image distress is also notably prevalent within First Nations communities, influenced by external stereotypes and internalised pressures that are often magnified by mainstream media and narratives that do not reflect the diversity of First Nations bodies and experiences. Experiences such as body checking, body comparison and attempts to control body composition have additional layers of meaning for communities where racialised bodies are less safe. Experiences such as body positivity or body neutrality are inherently privileged and may be much less accessible to First Nations peoples who experience body image distress in direct connection to racism, weight stigma and other forms of discrimination.



## Non-communicable diseases

There is a higher incidence of non-communicable diseases and metabolic conditions among First Nations communities when compared to the wider Australian population. These health issues may be influenced by disrupted access to traditional foods and medicines, changes in lifestyle that are imposed rather than chosen, the structural factors mentioned above and the stress felt in relation to these. Well targeted and culturally safe approaches to prevention and ongoing care may be available in some communities and not others, or for some health conditions and not others. A high degree of 'lifestyle stigma' exists within some communities in relation to metabolic conditions which may be seen as being the fault of the individual.

**Addressing these issues requires a multifaceted approach that considers the holistic nature of health and social and emotional wellbeing as understood by First Nations peoples. Implementation of enforceable policies that directly tackle both the symptoms of these disparities and their root causes is urgently needed. Cultural safety and self-determination are crucial to achieving health and social equity. Implementation of the Eating Disorder Safe principles may contribute to several of these efforts.**

## Listening to First Nations wisdom: key principles and frameworks to inform action

First Nations peoples are the oldest continuing culture in the world. They have over 65,000 years of knowledges that have been passed down through the generations. Whenever First Nations peoples choose to share this knowledge with others, it is a gift, and should be acknowledged as such. Indeed, listening to and integrating First Nations wisdom into the implementation of the Eating Disorder Safe principles has the potential not only to ensure that culturally safe and relevant approaches are used within First Nations communities, but also to bring a much more holistic, interconnected and integrated view of health, food, mind and body to all Eating Disorder Safe initiatives.

### First Nations ways of Knowing, Being, and Doing

First Nations ways of Knowing, Being, and Doing encapsulate the holistic framework through which First Nations peoples understand and interact with the world, themselves and each other (Martin & Mirraboopa, 2003). This encompasses ancestral knowledge, cultural practices, and spiritual beliefs that guide daily lives and health practices. This holistic approach naturally extends into the concept of Social and Emotional Wellbeing (SEWB).

### Social and Emotional Wellbeing (SEWB)

SEWB underscores the understanding that individual wellbeing is deeply connected to the community, spiritual, cultural, and ancestral health (Gee et al., 2014). SEWB promotes a balanced state of wellbeing that includes the physical, social, emotional, cultural, and spiritual dimensions of a person's life within their family and community.

### The Fabric of First Nations Wellbeing

Building on the SEWB model is the Fabric of First Nations Wellbeing model (Garvey et al., 2021), which uses the metaphor of traditional basket-weaving practices to reflect the beauty and strength of First Nations cultures and worldviews. The Fabric of Wellbeing model highlights the ways in which all important aspects of health and wellbeing are interwoven with their family, community and culture, and that wellbeing of the person is connected to the strength of these threads.

### Strengths-based approaches

Strengths-based approaches shift the focus from too often-cited deficits to the inherent strengths within people, families and communities. Strengths-based approaches recognise the strengths and values inherent within First Nations communities, such as family and kinship systems, social relationships, collective identities and cultural practices (Fogarty et al, 2018). Strengths-based approaches acknowledge that First nations ways of knowing being and doing are best for achieving strong health outcomes for First Nations communities. Crucially, this must involve equipping First Nations peoples with the skills and resources to empower self-determination, rather than being led by non-First Nations people's perspectives.

## Trauma-informed approaches

Trauma-informed approaches recognise and address the widespread impact of historical and ongoing trauma on individuals and their communities (Tujague & Ryan, 2021). These approaches are designed to prevent re-traumatisation by creating services that are accessible, understanding, and appropriate to those who have experienced trauma and its effects.

## Healing-informed approaches

Healing-informed approaches go a step further by integrating traditional healing practices with contemporary health services to support recovery and wellbeing (Hewlett et al, 2023). These approaches acknowledge the healing power of cultural practices, traditional medicines, and community rituals, which are essential in restoring balance and health according to First Nations worldviews.

## Lifespan approaches

Lastly, Lifespan approaches consider the health needs of individuals across all stages of life, from infancy to Elderhood, within the context of extended family groups and wider communities. Attention to varying needs across the lifespan ensures that supports are relevant, timely, and support a continuous journey of health and wellbeing.

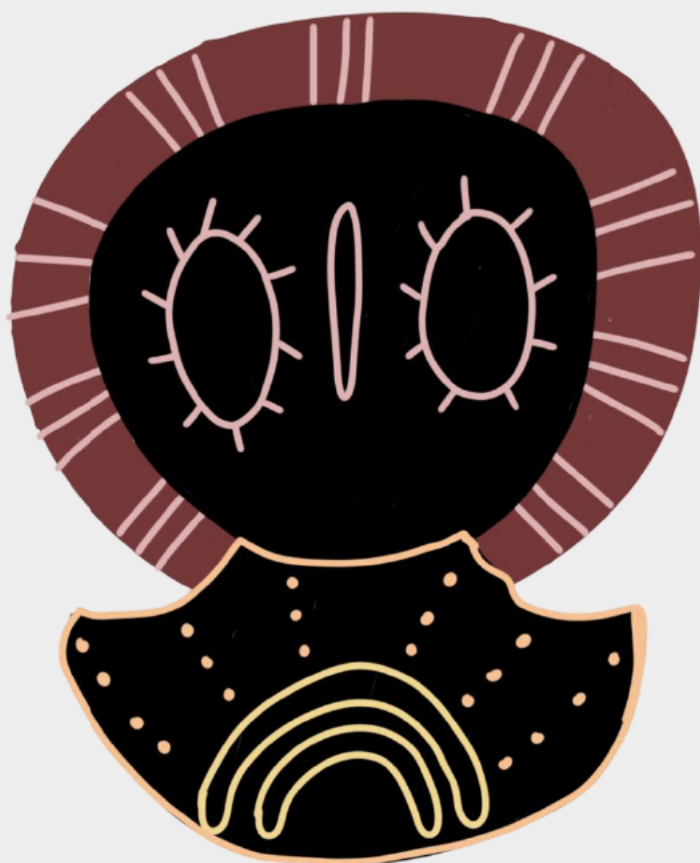
**These principles and frameworks are not isolated; they are deeply interrelated, each reinforcing and supporting the others. By embedding these interconnected First Nations frameworks, the Eating Disorder Safe principles can be truly transformative, both for First Nations communities and the wider Australian landscape in respect of health, food, mind and body.**

## In practice

At the core of this Companion Document is the recognition that health, food, mind, and body cannot be disentangled from the cultural, historical, and social contexts of First Nations peoples. These elements are not standalone facets but are interconnected within the holistic worldview upheld by First Nations communities, a perspective that deeply enriches and informs the 'Eating Disorder Safe' principles. Implementing these principles without integrating First Nations perspectives would undermine the effectiveness of health initiatives and perpetuate cycles of disempowerment and trauma. Instead, embracing a culturally safe, informed and relevant approach will ensure that Eating Disorder Safe initiatives are grounded in history, tradition, self-determination and community-led solutions.

By ensuring that the Eating Disorder Safe principles, including this Companion Document, are embedded across various settings—from healthcare to education, from community services to media—we can transform practices to be responsive to the needs and preferences of Aboriginal and Torres Strait Islander peoples in their own communities. This in turn, will improve the responsiveness of the Eating Disorder Safe principles within broader Australian society as well.

We offer the following suggestions to support deep integration of First Nations perspectives in any efforts to implement the Eating Disorder Safe principles, as well as considerations for culturally safe, informed and relevant prevention and care of eating disorders generally.



## Being culturally safe to be Eating Disorder Safe

- **Integrate cultural safety across all Eating Disorder Safe initiatives:** Ensure that the principles of cultural safety and cultural responsiveness are embedded in all activities aimed at making health, food, mind and body interactions Eating Disorder Safe, not just those directly targeting First Nations communities. This includes health policy, education, media, social media, sports, and community engagement strategies.
- **Comprehensive training and education:** Provide comprehensive training and ongoing professional development for professionals across sectors to understand and implement culturally safe, eating disorder safe practices in their work. This training should cover the historical contexts, contemporary issues, and the importance of cultural sensitivity in relation to all discussions of health, food, mind and body.
- **Policy development and review:** Involve First Nations leaders and communities in the development and continuous review of health and social policies to ensure they are culturally safe, eating disorder safe and supportive of First Nations perspectives.
- **Culturally inclusive messaging in media:** Media outlets and social media platforms to convey messages about health, food, mind and body in ways that are respectful and culturally informed as well as reducing eating disorder risk and harm. Encourage the portrayal of diverse body images and stories that reflect the realities of First Nations peoples, including a focus on strengths and social and emotional wellbeing. Observe and follow cultural protocols for respectful communication.
- **Safe spaces in education and sports:** Work to ensure that all environments in educational and sports settings are safe and inclusive for all minds and bodies, and that they honor and reflect First Nations cultures. This could include curriculum to include First Nations histories and knowledge, as well as culturally appropriate support systems for students and athletes.
- **Community engagement and empowerment:** Actively engage (and appropriately remunerate) First Nations communities to co-design, co-implement and co-evaluate programs related to health, food, mind, and body. Prioritise community-driven solutions and leadership.
- **Resource allocation for cultural safety:** Allocate resources specifically for the enhancement of cultural safety in all areas impacted by the Eating Disorder Safe principles. This includes funding for community-led health initiatives, culturally relevant educational materials, and support for First Nations media representation.

## Case study: Body image and media representation

The workers at the local youth program for First Nations kids observed rising levels of body dissatisfaction among the young people they support. They recognised that negative stereotypes, as well as a lack of representation in mainstream media, were contributing to these issues.

To address this, the youth program launched a media literacy program aimed at helping First Nations youth critically assess media messages about body image and develop self-esteem. Through workshops and yarns, youth were encouraged to share their experiences, question harmful media narratives, and embrace diverse body types.

Prompted by the young people, the youth program collaborated with local media outlets to increase positive representation of First Nations people in reportage, advertisements and public service announcements. As a result, the program helped young people build resilience against harmful body image pressures, as well as building advocacy skills. They reported increased confidence and a better understanding of how to challenge negative stereotypes in media. The program also succeeded in creating a supportive network of community members who continued to promote positive body image within the community and challenge negative stereotypes. Members of the wider community saw media stories which showed the strengths of First Nations people, as well as representing body diversity within the local community as a normal part of life.





## Tips to be a good ally in the eating disorder space

- **Educate Yourself:** Deepen your understanding of how eating disorders and body image issues manifest uniquely within First Nations communities. Recognise the role of cultural, historical, and social factors and educate yourself about the specific challenges faced in different communities. Refer to the Further Reading and Resources section of this document.
- **Promote and support culturally informed research:** Advocate for and support research that specifically explores eating disorders and body image issues within First Nations populations. This is an area of critical need (to understand why, see Gall et al., 2024). Ensure that this research respects community knowledge and protocols and seeks to understand these issues within cultural contexts.
- **Amplify First Nations voices:** Actively seek out and amplify the voices of First Nations leaders, experts and advocates in discussions about eating disorders and body image. Ensure First Nations perspectives are central in conferences, panels, policy discussions, and media stories.
- **Challenge stereotypes and stigmas:** Work to challenge and dismantle stereotypes and stigmas around eating disorders and body image that disproportionately affect First Nations peoples. This includes addressing harmful narratives in healthcare, media, and public discourse.
- **Support culturally tailored programs:** Support the development and implementation of prevention and treatment programs or healing approaches that are tailored to the cultural, social, and spiritual needs of First Nations communities. This might involve providing resources, sharing networks, or providing or advocating for funding.
- **Provide accessible and inclusive care:** Work to ensure that healthcare services and support systems for eating disorders are accessible to First Nations people and sensitive to their cultural needs. This can involve advocating for policy changes, improving service delivery, ensuring that healthcare professionals receive appropriate training in cultural competence and finding ways to work alongside and be led by Aboriginal and Torres Strait Islander Health Workers and Practitioners or other workers and providers from the Community Controlled sector.
- **Practice active listening and humility:** When engaging with First Nations people, families and communities, practice active listening and humility, or find out about approaches to deep listening. Recognise that their experiences and knowledge are paramount in understanding the nuances of eating disorders and body image issues in their contexts.
- **Support economic and social policies that reduce inequity:** Advocate for broader social and economic policies that reduce the inequity for First Nations communities relative to eating disorder risk and harm. This includes policies aimed at improving food security, improving housing access, reducing poverty, lowering child removal rates, lowering incarceration rates, and enhancing overall health and wellbeing.

## Case study: Being an ally in eating disorder prevention



Eli, a dietitian, had always been passionate about promoting healthy eating habits, but he realised he had much to learn about how eating disorders impacted First Nations communities. He began by listening carefully to First Nations community members' experiences with eating disorders and body image issues. He heard stories about how healthcare services often failed to consider cultural differences, resulting in treatments that did not meet the needs of First Nations patients. He also learned about the pressures these communities faced from systemic barriers that affected their health.

Eli reached out to a local Aboriginal Community Controlled Health Organisation (ACCHO) and proposed collaborating on a project to improve the cultural relevance of nutritional guidance and eating disorder prevention programs. By working closely with the organisation's leaders, Eli helped develop educational materials and workshops that incorporated traditional foods and respected the holistic approach of First Nations healthcare. He shared his knowledge of medical nutrition therapy with the SEWB team, so that they could deliver safe messages to community in culturally relevant and respectful ways.

In addition to the education program, Eli advocated for systemic changes in his own workplace. He lobbied for cultural competence training among his colleagues and for better and fairer representation of First Nations voices in policymaking. This led to several First Nations-led research projects related to eating disorders, ensuring that First Nations perspectives and expertise were embedded in studies focused on preventing eating disorders.

## Specific notes for First Nations people, communities, workers and organisations

- **Strengthen community networks:** Build and maintain networks among First Nations health workers to share knowledge, strategies, and support around eating disorder prevention and care. Involve other community members where needed, particularly community members who are well placed to spot early warning signs, such as in schools or sports groups.
- **Engage youth:** Find ways to involve First Nations children and young people in promoting positive social and emotional wellbeing, positive body image and healthy relationships with food, which are informed by cultural values and teachings.
- **Document and disseminate success stories:** Document successful initiatives within communities and share these practices widely to provide models that can be adapted by others.
- **Know the signs:** Help ensure the people in your community know what kinds of signs to lookout for; it's more than just crash dieting. There are resources in the section below that you can use and share. Yarn about them within your community, including thinking about ways that the signs might show up for community members at different ages and stages, as well as all genders.
- **Look out for each other:** One of the best ways to prevent eating disorders is to help everyone in the community feel that they are valued and accepted for who they are, no matter what they look like and no matter what their mind and body can do. Lay these foundations early, and then keep reinforcing them as part of the strength of your culture and community.
- **Care for carers:** When someone in the community does have an eating disorder, disordered eating or body image distress, they need a lot of support. So do the people who are supporting them. Help break the silence around eating disorders in your community, so that carers don't feel they have to keep their loved one's struggles a secret. That will make it easier for them to get support and breaks, too.

## Case study: Culturally safe healthcare for eating disorders



Sarah, a 25-year-old woman from a remote First Nations community, had bulimia nervosa for several years. The difficulties accessing a steady supply of affordable and nourishing food meant that she would eat a lot of food very quickly when she could get it. Then she would feel shame about not being able to save food, and about what it would do to her body if she ate so much, so she would then try to make up for everything she had eaten by exercising way too much.

Her previous experiences with Western healthcare had left her feeling misunderstood and judged, which stopped her from seeking help for her bulimia. This changed when a regional clinic nearby launched a culturally safe healthcare initiative specifically aimed at First Nations patients with eating disorders. The program was designed in consultation with Elders, community members and First Nations healthcare professionals, integrating traditional healing practices alongside evidence-informed models of care. The program also included nutritional counselling that respected traditional food practices, as well as dealing directly with strategies to address food insecurity.

When Sarah began attending the clinic, she found herself in a welcoming environment where she felt respected and understood. The combination of traditional healing and evidence-informed treatment helped her address the root causes of her disorder while improving her overall health. The culturally safe approach was key to her positive experience, and she felt empowered and supported on her journey toward recovery.

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