National Eating Disorders Collaboration

Evidence Experience Expertise

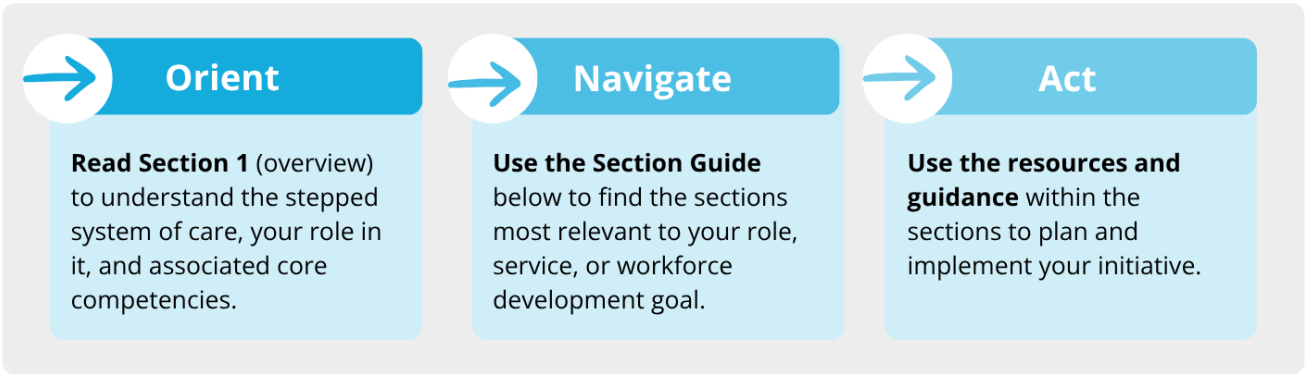
National Eating Disorders Workforce Implementation Plan

Implementing Workforce Priority Actions from the National Eating Disorders Strategy 2023-2033

Contents

How to use this Implementation Plan

To use this Implementation Plan, follow these 3 steps:



Section Guide

The Workforce Implementation Plan is designed to be used by individuals, teams, services, educators, sector leaders, and system stewards. Not every section will be relevant to every reader. Use the table below to navigate directly to the sections most relevant to your role.

Section	If you work in or lead:	Focus area
1. **Overview**	Any role. Start here if new to this Implementation Plan	Background, framework, navigation
2. **Prevention**	Health and mental health services; education (early childhood, school, tertiary); sport and fitness; workplace wellbeing; communications and media; community services; public health and health promotion	Eating Disorder Safe principles training; weight stigma; health promotion and prevention programs
3. **Identification**	Health and mental health services; general practice (GPs, nurse practitioners, practice nurses); emergency departments; schools (counsellors, teachers); dietitians; Aboriginal and Torres Strait Islander Health Workers/Practitioners; alcohol and other drug services; sports and fitness; helplines	Warning sign recognition; engagement, screening tools; referral pathways
4. **Initial Response**	Mental health professionals (psychologists, social workers, occupational therapists, psychiatrists, counsellors, mental health nurses, nurse practitioners, psychotherapists); GPs, paediatricians; emergency department staff; dietitians	Assessment, diagnosis, psychoeducation, referral, Medicare Eating Disorder Treatment and Management Plan (EDP) items

5.	**Treatment**	Mental health treatment providers; dietitians providing eating disorder treatment; GPs providing ongoing medical monitoring; hospital and inpatient ward staff; residential eating disorder services; community mental health service managers and clinical leads; eating disorder-specific service providers	Multidisciplinary team capability, training standards, ANZAED Credential, supervision, practice support
6.	**Psychosocial & Recovery Support**	Psychosocial support services; community service workers and case managers; Lived Experience workers including peer support workers; housing and financial support services; social workers; family and carer support services	Eating Disorder Safe training for non-clinical support; Lived Experience workforce
7.	**Workforce System Enablers**	Health and mental health service leaders and managers; Government (Commonwealth, state and territory); tertiary and vocational education providers and curriculum leads; health professional bodies; eating disorder service development and lived experience organisations; organisations and services employing Lived Experience workers; NEDC	Workforce planning, data, curriculum, national coordination

Timeline

All activities identified in the Workforce Implementation Plan are tagged with an indicative timeframe, as below. These align with the implementation phases of the National Strategy.

Immediate	Short term	Medium term	Ongoing
Within 12 months	1-2 years	2-4 years	Continuous, recurring

Note: 'Immediate' actions are those where existing resources and clear accountability make early implementation feasible. Timeframes will be reviewed in consultation with the sector as implementation progresses.

Implementation leads and partners

Within Sections 2-6, each activity will have an identified Implementation Lead and Implementation Partner/s. These are defined as:

- **Implementation Lead**: The organisation(s) with primary responsibility for implementing the Action
- **Implementation partner**: Organisations/services with a key supporting or collaborative role in implementing the Action

Resources and tools

Each section of this Plan includes 'Resources and Tools' to support implementation. This will support more efficient access to those resources needed for workforce building.

Resources are organised into four types, as outlined below:

Training	Training resources support workers to build the knowledge, skills, and confidence needed for their role. These include eLearning modules, face-to-face training programs, and clinical training aligned to national standards.
Practice Support Tools	Practice support tools help workers and teams apply their skills in day-to-day practice. These include validated assessment tools, clinical guidelines, referral pathway guides, how-to resources, and role-specific implementation guides.
Organisational Support Systems	Organisational support resources assist services and leaders to embed and sustain eating disorder capability. These include workforce planning tools, supervision frameworks, needs analysis surveys, position description guides, and resources to support organisational culture change.
Data and CQI	Data and Continuous Quality Improvement (CQI) resources support local monitoring and ongoing improvement. These include outcome measurement tools, progress tracking templates, and workforce needs analysis surveys to help services understand where they are now and track change over time.

Resource gaps: Identified resource gaps are addressed in Section 8 – National Coordination of Workforce Development. Resources developed across the lifecycle of this Plan will sit on NEDC's Workforce Development Hub.

SECTION 1
Overview

Overview

The National Eating Disorders Strategy 2023-2033 outlines a roadmap for developing a comprehensive, stepped system of care encompassing prevention, identification, initial response, treatment, and psychosocial and recovery support. Of its 141 priority actions, 63 relate to workforce, underscoring the critical role of a capable and well-supported workforce in delivering the Strategy's vision. The Workforce Implementation Plan translates and operationalises these 63 workforce-focused Priority Actions.

This Plan complements National and State/Territory health, mental health and associated workforce strategies by informing how they are translated for eating disorder-specific workforce development.

Why workforce development matters

The evidence is clear that eating disorders are yet to be prevented (1) are under-identified (2), and evidence-based treatment is offered too rarely (1, 3) and too late (3, 4). Workforce capability, or its absence, is a primary driver of these gaps in the Australian healthcare system.

Professionals across key identification and entry points consistently report feeling underprepared to recognise eating disorders (5), support access to care (6), and provide an appropriate, evidence-based response (7, 8). In Australia, this is partly attributable to a shortage of health professionals pursuing post-qualification training in eating disorders (9-12; 14-17), alongside limited opportunities to learn about eating disorders within existing tertiary and vocational education programs (13, 18).

Principles to work safely and effectively across issues related to food, body, and eating have only recently emerged and are not yet embedded within broader frameworks such as trauma-informed, person-centred, and recovery-oriented care (see Eating Disorder Safe principles).

As a result, workers at key points across the care pathway may lack the knowledge, confidence, or organisational support required to recognise eating disorders early, respond appropriately, and facilitate access to care.

The impacts go beyond missed opportunities. People with lived experience report harm from underprepared professionals, including missed and delayed diagnosis (19), stigma (20, 21), and reinforcement of disordered behaviours (22). Evidence shows many healthcare professionals are undertrained, under-resourced, and affected by negative attitudes, directly shaping the care provided.

When workers are well equipped, outcomes improve (23,24). Prevention, early identification and intervention reduce severity and impact (25,26), enabling timely recognition, referral, and effective care. In a field with significant access gaps, a more skilled and distributed workforce is a key lever for change.

The case for a broader workforce

Eating disorders require skilled responses across the full care continuum; from prevention and early identification to assessment, referral, treatment, and recovery support. Traditionally, the workforce has been seen as a small group of specialist medical, mental health, and dietetic professionals in dedicated services (27). While essential, this workforce is too limited and not sufficiently distributed to meet current demand.

Many of those most likely to first encounter someone at risk; GPs, school counsellors, emergency nurses, community workers, coaches, are not specialists. Moreover, brief and self-guided interventions (28) delivered by non-specialists (29) within local communities are effective first interventions. Building capability across this broader workforce, alongside strengthening specialist expertise, is a national priority.

Progress to date

Australia's eating disorder workforce development sector has stronger foundations to build from than is often recognised. Significant progress has been made, driven by dedicated individuals, eating disorder services, service development and lived experience organisations, researchers, and advocates.

Key enablers already in place include:

- **A national policy backbone**: the National Eating Disorders Strategy 2023–2033 is established and operational, with a published Evaluation Framework and associated facilitative infrastructure.
- **A shared capability framework**: the Workforce Core Competencies (2025) define what capability looks like across the stepped system of care, providing common language for training, credentialing, and workforce planning.
- **Structured credentialing and capability building pathways**: the ANZAED Eating Disorder Credential and National Framework for Eating Disorders Training provide the treatment workforce with a nationally recognised pathway from training to endorsed practice.
- **Training infrastructure**: there are existing eLearning, webinars, and approved trainings covering prevention, identification, initial response, and treatment model training.
- **Sector relationships and coordination**: eating disorder service development organisations have built deep, trusted relationships with the services they support.
- **State and territory momentum:** state-based eating disorder strategies and models of care demonstrate what is possible when government investment meets a coordinated sector response.
- **A growing Lived Experience workforce:** Lived Experience roles are increasingly embedded in multidisciplinary teams, with lived experience organisations active in governance and training

Further examples of Australia-wide system- and workforce-building initiatives are captured in NEDC's National Strategy Action Hub.

Despite this progress, substantial workforce gaps remain, compounded by resourcing disparity and coordination challenges across the wider service system. The National Eating Disorders Strategy and associated Workforce Implementation Plan aims to change this.

Building the Eating Disorders Workforce

The Workforce Implementation Plan

The National Eating Disorders Workforce Implementation Plan (the Workforce Implementation Plan) facilitates coordinated implementation of the 63 National Strategy workforce-relevant Priority Actions, translating them into practical guidance and resources for building capability at an individual, team, service, regional, state, and national level.

The Implementation Plan works across the full pipeline from tertiary education and early career development through to professional practice and specialist training. It seeks to:

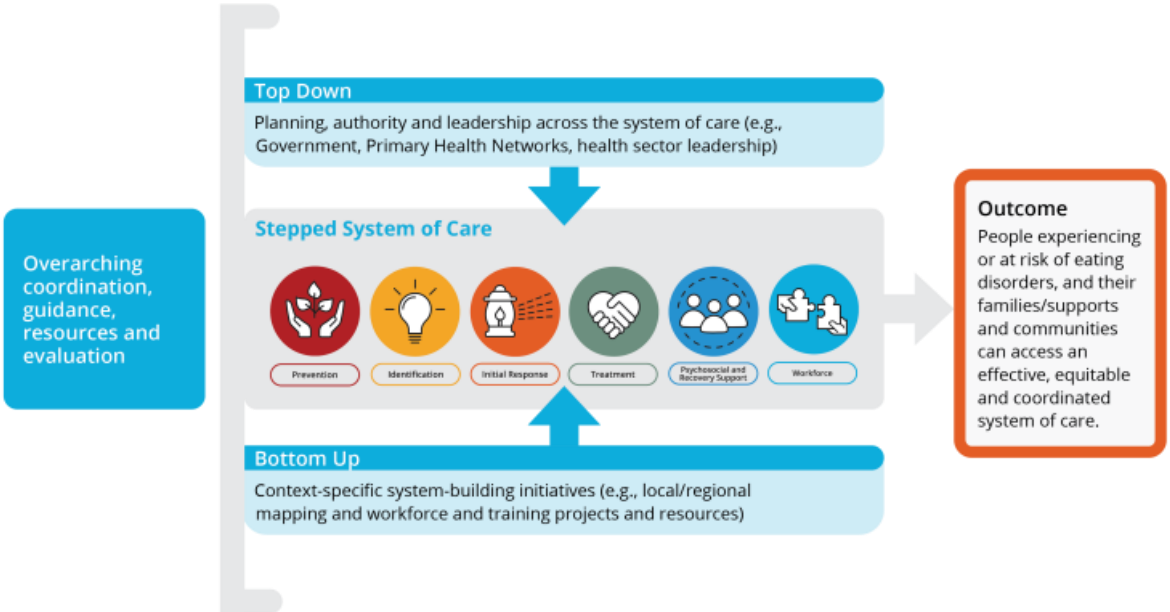
- Reduce stigma and structural barriers to professional practice in eating disorders, including recognition that eating disorders can be experienced by any person, at any stage of their life
- Whole-of-health system capability development, so that people seeking help encounter an adequately resourced workforce and coordinated system that meets their needs
- Increase participation in fit-for-purpose training and professional development
- Strengthen coordination of needs analysis, training promotion, and mechanisms to monitor uptake, effectiveness, and continuous quality improvement

The Workforce Implementation Plan was developed with funding from the Australian Government Department of Health, Disability and Ageing.

Implementation Approach

Progress against National Strategy workforce-related Standards and Priority Actions will require a combination of top-down planning, authority, and leadership alongside bottom-up, context-specific, system-building initiatives. This is consistent with the implementation principles of the National Strategy.

Sections 2-6 contain guidance for bottom-up initiatives and Section 7 (Workforce Systems Enablers) outlines top-down and overarching coordination initiatives.



What we are working towards

By 2033, the National Strategy aims to achieve a workforce that is skilled, diverse, and distributed across the full system of care: one where people experiencing or at risk of an eating disorder encounter a capable, confident response wherever they present, whether in a GP clinic, a school, an emergency department, or a specialist service.

The following high-level workforce outcomes will guide and measure progress toward this vision:

- There is increased availability of a skilled and diverse workforce across the system of care
- The workforce is confident and willing to provide care to people experiencing or at risk of eating disorders

The Stepped System of Care and Workforce Core Competencies

NEDC's Stepped System of Care for Eating Disorders (Page 15) outlines a continuum from prevention to psychosocial and recovery support, requiring a workforce that is adequately sized, skilled, and distributed across all components.

NEDC's Workforce Core Competencies define the skills, knowledge, attitudes, and values needed for each component of the system of care. They support capability assessment, workforce development, role design, and supervision. As shown below, both the competencies and the Workforce Implementation Plan are organised around the Stepped System of Care.

Section	Component	Focus
2	**Prevention**	Reducing risk factors and strengthening protective factors
3	**Identification**	Recognising warning signs and supporting access to an initial response
4	**Initial Response**	Initial assessment, diagnosis, psychoeducation, referral
5	**Treatment**	Community to inpatient evidence-based care
6	**Psychosocial and Recovery Support**	Supporting psychological, social, and recovery needs

National Eating Disorders Collaboration

Stepped System of Care for Eating Disorders

Principles; Guidelines; Lived experience; Research and evaluation

Involvement of person, family/supports and community

Prevention

Actions, programs, or policies that aim to reduce modifiable risk factors for eating disorders, and/or bolster protective factors, to reduce the likelihood that a person will experience an eating disorder. Eating disorder prevention actions, programs or policies may also seek to address the broader factors which impact on health, known as the social determinants of health.

Contexts: Whole of community response including: government; public health; schools and education settings; health and community services including primary care; sports, cultural, youth and other settings; lived experience organisations; media and social media; individuals, families, and communities.

Identification

Identification of warning signs or symptoms, and engagement with the person who may be experiencing an eating disorder, to support access to an initial response. In some instances, warning signs or symptoms may be self-identified, and the person may seek out an initial response themselves.

Contexts: Individuals and families; community services; schools and education settings; sports, cultural, youth and other settings; lived experience organisations; helplines and digital tools; public and private health and mental health services including general practice, community health services, child and adolescent/youth and adult community mental health services, headspace, Medicare Mental Health Centres, Aboriginal Community Controlled Health Services, emergency departments, eating disorder-specific services.

Initial Response

Completion of an initial assessment and preliminary diagnosis, and referral to the most appropriate treatment options based on the person's psychological, physical, nutritional, and psychosocial needs. This may include facilitating access to an appropriate intervention for a person experiencing sub-threshold eating/body image concerns. An initial response should also provide psychoeducation, support the person to engage with treatment, and encourage the involvement of the person's family/supports and community.

Contexts: Public and private health and mental health services including general practice, child and adolescent/youth and adult community mental health services, headspace, Medicare Mental Health Centres, Aboriginal Community Controlled Health Services, emergency departments, eating disorder-specific services.

Treatment

Community-based Treatment

Evidence-based mental health treatment delivered in the community, ranging from self-help and brief interventions to longer courses of treatment, in conjunction with medical monitoring and treatment, nutritional intervention, and coordinated access to a range of services and transition support as needed.

Contexts: Digital interventions; public and private health and mental health services including general practice, child and adolescent/youth and adult community mental health services, headspace, Medicare Mental Health Centres, Aboriginal Community Controlled Health Services, eating disorder-specific services.

Community-based Intensive Treatment

Evidence-based mental health treatment delivered in the community, at a higher level of frequency or intensity than community-based treatment, in conjunction with medical monitoring and treatment, nutritional intervention, and coordinated access to a range of services and transition support as needed. Community-based intensive treatment can be delivered in a number of forms, including day programs, intensive outpatient programs, and community or home outreach interventions.

Contexts: Public and private eating disorder-specific services; child and adolescent/youth and adult community mental health services.

Hospital and Residential Treatment

Admission to hospital for people who are at medical and/or psychiatric risk, or admission to a hospital or residential program for people who are medically stable but would benefit from a higher level of treatment and support than can be provided through community-based or community-based intensive treatment options. Hospital or residential treatment should also include coordinated access to a range of services and transition support as needed. Nutritional support and intervention are a key part of hospital and residential treatment.

Contexts: Medical and psychiatric inpatient units; eating disorder-specific inpatient units; emergency departments; hospital in the home; rehabilitation units; residential eating disorder services.

Psychosocial and Recovery Support

Psychosocial support refers to services and programs which support the broader psychological and social needs of the person experiencing or at risk of an eating disorder and their family/supports and community. Recovery support refers to services and programs which support a person experiencing an eating disorder to engage with or sustain recovery or improved quality of life and assist family/supports and community in their caring role. People experiencing eating disorders and their families/supports and communities may engage in a range of psychosocial and recovery support services and programs across the system of care, at different stages of their journey.

Contexts: Community and social services; health and mental health services including primary care, headspace, Medicare Mental Health Centres; lived experience organisations; peer support services; helplines and digital resources.

What enables eating disorders workforce development?

Effective workforce development fits the demands of each role, builds progressively over time, and sits within existing structures. It should add value without adding burden.

Three implementation approaches support this:

1. **Build eating disorder capability progressively**

   Starting with Eating Disorder Safe principles and foundational awareness, then enhance knowledge and skill over time. Match what you ask of your workforce to what they are ready to learn and apply.

2. **Spread capability across the team**

   Rather than concentrating it in one or two people, a tiered approach works best. This means baseline awareness for all staff, targeted skill development for those regularly encountering eating disorder presentations, and a defined coordination or champion role for those leading the work.

3. **Build learning into existing supervision, team meetings, and professional development time**

   Rather than treating training as a separate activity, sustained capability comes from practice and ongoing support.

The Workforce Development Key Components Model presented on the following page identifies four core components that, together, increase the likelihood of lasting practice change. The three domains for targeted action draw on recent research (30) which locates barriers to eating disorder practice across structural factors, organisational culture, and resource availability.

The model underpins all sections of the Workforce Implementation Plan. Use it alongside the Resources and Tools tables in Sections 2–6 to guide local workforce initiative design and development.

Learn more about the model here.

Workforce development key components model

	Organisational culture Attitudes and shared ownership	**Team, systems and pathways**	**Resources** Time, funding & environment
Prepare Building the pipeline of workers ready to develop eating disorder capability	• Eating disorders seen as within scope, not just specialist • Open, positive attitudes toward presentations • Leaders model and promote awareness	• Clear roles and scope of practice for eating disorder care • Supporting policies, procedures, and guidelines • Visible leadership commitment	• Sustainable funding to support quality eating disorder care • Fit-for-purpose equipment and consultation spaces
Train Building role-aligned knowledge, skills, and confidence	• Shared team interest and collective responsibility for eating disorder capability • Normalisation of eating disorder presentations across the service	• Access to appropriate training and clinical supervision • Clear internal, external referral pathways • Progressive capability development over time	• Protected time for training, supervision, and development • Adequate time allocated for evidence-based care
Retain Sustaining capability within services over time	• Organisational culture that values and invests in eating disorder capability • Positive attitudes that reduce practitioner burnout and attrition	• Policies/guidelines that embed and protect eating disorder roles • Ongoing clinical supervision pathways • Sustained, shared team capability development	• Dedicated time for care coordination and follow-up • Protected continuing professional development time and budget
Mature Deepening expertise and building sector leadership	• Leadership that champions ongoing development and expanded responsibility • Eating disorder expertise recognised and valued as a professional asset	• Communities of practice and peer reflection • Defined leadership, supervision, and mentoring roles • Secondments and exchange programs	• Investment in secondments, exchange programs, coaching and mentoring • Funding for specialist supervision and sector leadership pathways
Data and Continuous Quality Improvement			

- Ground workforce development in best practice and evidence
- Use data to track progress, barriers, and needs
- Continuously refine based on what works and evolving service/team needs
- Share learnings to strengthen the evidence base and innovation

Implementation support

Support to create and implement workforce development initiatives is available through multiple sources outlined below.

NEDC's Workforce Development Hub offers access to evidence-informed, eating-disorder-specific workforce development resources, tools, and implementation approaches.

Click here to access the Workforce Development Hub

Eating disorder-specific service development organisations and services operate to build and strengthen systems of care within their jurisdictions. Note that the roles, functions, and scope vary across organisations and across national, state, and regional levels.

Click here to find out more about services that could support your initiative.

NEDC can partner with planners, organisations, and services to support a wide range of workforce development initiatives and opportunities.

To explore training, partnership, or workforce development opportunities, email training@nedc.com.au.

Assessing needs and measuring progress

Effective workforce development starts with a clear understanding of what is needed by workers and teams, and the communities they serve. It also requires monitoring over time so that effort is directed to the most impactful areas and progress can be demonstrated.

Each section of the Workforce Implementation Plan includes practical tools to support local needs analysis, recommended progress indicators, and guidance on tracking outcomes consistently. These tools are designed to support continuous improvement and shared learning across the sector, not compliance.

Further articulation of the systems to coordinating and aligning data collection and reporting can be found in Section 7 – Workforce system enablers.

SECTION 2
Workforce Priority Actions:
Prevention

Workforce Priority Actions: Prevention

Primarily for: Health and mental health workers; teachers, school counsellors, early childhood educators; sports coaches; workplace wellbeing staff; public health and health promotion practitioners; communications and media professionals; community services workers

Overview

This section describes the workforce development priorities for eating disorder prevention, including the Eating Disorder Safe principles. It covers the skills, training, and resources needed by those with a prevention or harm minimisation role across health and mental health services, public health and health promotion, community, education, sport, performing arts and media settings.

The Eating Disorder Safe principles offer a shared framework to guide practice in each of these environments, ensuring interactions strengthen protective factors against eating disorder development and minimise potential harm.

Weight stigma is a well-documented risk factor for eating disorders and a barrier to help-seeking and treatment (31). The National Strategy explicitly calls for its elimination from professional practice, requiring action from both tertiary education providers, who shape the next generation of health professionals, and professional bodies, who support the current workforce through continuing professional development.

Use this section to: Understand the Priority Actions for the prevention workforce and then build your or your team's prevention capability; access Eating Disorder Safe training and resources.

Learning from Lived Experience

Click **here** to hear from people with lived experience about

National Strategy Prevention Standards relevant to workforce

Standard 3

There is increased community capacity and expertise to prevent eating disorders through a 'do no harm' approach which acts to reduce risk and bolster protective factors.

Priority Actions: 3.1

Standard 4

Home and family, school, work, health, online, and sports, fitness and performance environments bolster protective factors and reduce risk factors.

Priority Actions: 4.2-4.7

Standard 5

Prevention programs are evidence-based and accessible, meeting the needs of people from different ages and backgrounds.

Priority Actions: 5.3

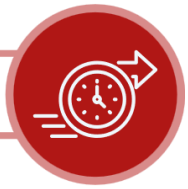
Standard 6

Weight stigma is challenged and reduced, working towards elimination.

Priority Actions: 6.2, 6.3

A complete list of workforce-related National Strategy Standards and Actions can be found here.

Quick Actions



Use the table below to identify your role and a quick action you could take to support greater Prevention.

If you are a...	Quick Actions
Health or mental health worker	Complete Eating Disorder Safe eLearning; apply the ED Safe principles using the How-To Guides
Teacher/ childhood educator/ school counsellor	Access Butterfly Foundation and The Embrace Collective school and early childhood resources
Sports coach / fitness professional	Complete Embrace Fitness Professional training; Access Activate by Embrace Kids, Butterfly BodyKind Sports, and/or AiS resources
Dance teacher / performing arts professional	Access Embrace Activate Dance Recommendations; find resources on NEDCs Workforce Development Hub
Workplace wellbeing manager	Apply Eating Disorder Safe principles in practice using the How-To Guide for Workplaces; access Eating Disorders Victoria Body Peace Workplaces or Butterfly BodyKind Workplaces
Media professional	Access media-specific reporting guidelines and resources; apply the ED Safe principles using the How-To Guide for media
Eating disorder service development organisation	Support services to implement Prevention actions through targeted training and resources.
Tertiary / vocational educator	Access contemporary, safe, and evidence-based teaching materials
Professional body	Include weight stigma CPD in member offerings

Prevention Priority Actions - Implementation approach

The table below outlines all workforce-related Prevention Priority Actions, with identified lead and partner/s, timeframes, and resources and tools.

National Strategy Priority Action	Implementation responsibility	Timeframe	Resources / Tools
3.1 Partner with sectors, industries, professional bodies and consumer groups to develop and disseminate training and resources in eating disorder-safe principles, and support their implementation across community, health, sport and education settings.	**Implementation Lead** Eating disorder service development orgs; lived experience orgs **Implementation Partner** Professional bodies; consumer groups; sector organisations	Short term	NEDC Eating Disorder Safe eLearning, resources and How To Guides for frontline workers, managers and planners Eating Disorder Safe First 2000 Days Implementation Plan
4.2 Implement whole-of-service policies and procedures to drive a culture of body appreciation and positive relationships with food and eating in early childhood education and care settings.	**Implementation Lead** Early childhood education and care settings; NEDC; Edith Cowan University; Better Health Network; **Implementation Partner** Early childhood peak bodies; Early Childhood Education and Care regulatory bodies	Medium term	Eating Disorder Safe First 2000 Days Implementation Plan
4.3 Implement whole-of-school policies and procedures to drive a culture of body appreciation and positive relationships with food and eating, promote wellbeing and mental health literacy, take a harm minimisation approach across all curricula, and adopt a zero-tolerance approach to appearance or identity-based teasing and bullying.	**Implementation Lead** Primary and secondary schools **Implementation Partner** Education departments; eating disorder service development orgs	Ongoing	Butterfly Body Bright Butterfly Body Kind Embrace Collective programs NEDC 'Eating Disorders in Schools' booklet InsideOut EducatED eLearning

4.4 Uphold approaches which promote body appreciation and do no harm in respect of eating disorder risk factors, particularly within student health and wellbeing services.	**Implementation Lead** Tertiary and vocational education settings **Implementation Partner** Eating disorder service development orgs	Medium term	NEDC Eating Disorder Safe eLearning Eating Disorder Safe How-To Guides for frontline workers, managers and planners
4.5 Partner with industry bodies to develop and roll out workplace initiatives for eating disorder prevention, such as eating disorder-safe guidelines for workplaces, employee wellbeing programs and staff health/activity challenges.	**Implementation Lead** Employers; HR and wellbeing professionals; **Implementation Partner** Eating disorder organisations; industry bodies	Medium term	Body Peace Workplaces program (EDV) Eating Disorder Safe How-To Guide for workplaces
4.6 Embed a focus on eating disorder prevention within club/organisation culture, including through culture change programs and efforts to ensure inclusion of diverse bodies.	**Implementation Lead** Sports, fitness and performance organisations (all levels) **Implementation Partner** Eating disorder service development orgs; national sporting bodies	Ongoing	Butterfly BodyKind Sports Activate by Embrace Kids Eating Disorder Safe How-To Guides for frontline workers, managers and planners; National sporting and performing arts organisation policies and resources
4.7 Uphold the use of inclusive language and imagery, ensure algorithms support diverse bodies and identities, enforce bans	**Implementation Lead** Social media platform providers and media organisations	Ongoing	Eating Disorder Safe How-To Guide for communications and media; Mindframe-NEDC media reporting

on appearance-related abuse and harassment, provide support to moderators, and employ a diverse workforce.	**Implementation Partner** Eating disorder service development orgs; media regulators; NEDC		guidelines and quick reference guides
5.3 Continue to provide evidence-based training, resources and support for people delivering prevention programs or interventions (e.g. school staff, sports coaches, workplace wellbeing managers).	**Implementation Lead** Eating disorder service development orgs; lived experience orgs **Implementation Partner** Schools; sporting organisations; employers; community organisations	Ongoing	Butterfly programs and resources The Embrace Collective programs and resources NEDC Workforce Development Hub
6.2 Include course content on the impact of weight stigma, and how to reduce and remove it from professional practice, in tertiary and vocational health and mental health professional courses.	**Implementation Lead** Tertiary and vocational education providers **Implementation Partner** Eating disorder service development orgs; professional bodies	Medium term	NEDC Eating Disorders in Tertiary Education NEDC National Education Framework (in development)
6.3 Deliver continuing professional development activities on the impact of weight stigma, and how to reduce and remove it from professional practice, across all health professional disciplines.	**Implementation Lead** Health professional bodies (all disciplines) **Implementation Partner** Eating disorder service development orgs; NEDC	Ongoing	NEDC Eating Disorder Safe eLearning Management of Eating Disorders in People with Higher Weight eLearning Eating Disorder Safe How-To Guides NEDC Weight Stigma resources

Summary of Prevention Resources and Tools

The following resources support implementation of prevention workforce actions. Gaps identified inform sector resource development priorities and associated coordination efforts outlined in Section 8 - National Coordination.

The NEDC Workforce Development Hub offers a searchable, centralised database of workforce development resources and training including prevention and Eating Disorder Safe care.

Resource	Description	Links
Training		
Eating Disorder Safe eLearning	Online training covering Eating Disorder Safe principles for community members, carers, educators, and other professionals (Introduction) and health professionals (Healthcare)	NEDC Eating Disorder Safe eLearning: Introduction to the Eating Disorder Safe Principles and Eating Disorder Safe: Healthcare
Management of Eating Disorders in People with Higher Weight eLearning	Equips health professionals to recognise, respond to, and support people with higher weight who are experiencing disordered eating or an eating disorder	NEDC eLearning: Management of eating disorders in people with higher weight
Eating disorder prevention: Early childhood settings	Training for those supporting eating disorder prevention in early childhood settings	Body Blocks by Embrace Kids
Eating disorder prevention: Schools	Training for those supporting eating disorder prevention and identification in school settings	Butterfly Body Bright (for primary schools) Butterfly BodyKind Professional Development (12yrs+) Butterfly Body Image – Educate and Support Embrace Kids Teacher Masterclass InsideOut EducatED eLearning
Online education for students	eLearning for Australian secondary school students	Butterfly BodyKind Online Education (body image, secondary school)

Eating disorder prevention: Sport and fitness	Training to support early identification and prevention of eating disorders in sport and fitness settings	Embrace Collective Becoming an EMBRACE Fitness Professional Embrace Kids Activate Masterclass (community sport) Butterfly BodyKind Sports for clubs AiS Eating Disorders in Sport Workshop (High performance sport)
Workplace wellbeing	Training for those supporting eating disorder prevention in workplaces	EDV Body Peace Workplaces Butterfly BodyKind Workplaces
Teaching resources for vocational and higher education	NEDC's initiative to embed eating disorder teaching within vocational and higher education curricula	NEDC Eating Disorders in Tertiary Education Initiative
Practice Support Tools		
Eating Disorder Safe resources	A range of resources to help people translate ED Safe principles into practice across a wide range of settings	NEDC Eating Disorder Safe resources
Eating Disorder Safe How-to guides	Ideas and approaches for putting the Eating Disorder Safe principles into practice for specific roles	Eating Disorder Safe How-To Guides for: Frontline workers; Managers and planners; Researchers and policymakers; Communicators, media and relevant platforms; Workplaces
Body image programs and tools	Summary of evidence-based body image programs and tools we have available for families, educators and communities (Embrace) and others (NEDC)	NEDC Body Image resource The Embrace Collective: Body image resource guide for health professionals
First Nations Perspectives Resource	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	Eating Disorder Safe First Nations Perspectives: Strengthening the Eating Disorder Safe Principles
First Nations Approaches: Workforce	Resources for Social and Emotional Wellbeing (SEWB) and eating disorders	NEDC Social and Emotional Wellbeing for First Nations peoples information and resources

Eating Disorders and Neurodivergence	Resources and information on the interplay between eating disorders and neurodivergence across the system of care from prevention to treatment and recovery	EDNA report Eating Disorders and Neurodivergence: A Stepped Care Approach EDNA information sheets for consumer self-advocacy and service-related considerations NEDC Eating Disorders and Neurodivergence resources
Food security	Information, practice guidance and resources for understanding, preventing and supporting individuals around food insecurity	NEDC food security resources NEDC First 2000 Days Implementation Plan
Eating disorder prevention: Early childhood settings	Practical tools to support eating disorder prevention activities within early childhood settings	The Embrace Collective Body Blocks
Eating disorder prevention: Schools	Practical tools to support eating disorder prevention activities within schools	Butterfly Body Bright (primary schools) and BodyKind Schools (secondary schools) Embrace Kids Classroom Program NEDC Eating Disorders in Schools Booklet
Eating disorder prevention: Sport and fitness	Practical tools to support eating disorder prevention activities within sporting organisations	Activate by Embrace Kids, Activate Playbook The Embrace Collective + Sport Integrity Australia Sport is for Every BODY campaign & resources BodyKind Sports (coaches - community through to pathway/development)
Workplace wellbeing	Practical tools to support eating disorder prevention activities within workplaces	Eating Disorder Safe How-To Guide for Workplaces Body Peace Workplaces program (EDV) Eating Disorder Safe How-To Guide for workplaces

Weight Stigma CPD Resources	CPD and curriculum resources on weight stigma for health professionals (existing) and vocational and higher education providers (to be developed)	NEDC Weight Stigma resources NEDC Eating Disorders in Tertiary Education Initiative Size Inclusive Health Australia Training and Resources
Curriculum Development resources for vocational and higher education	Resources to embed eating disorder teaching within vocational and higher education curricula across Australian programs and practice settings	NEDC Eating Disorders in Tertiary Education Initiative NEDC National Education Framework (in development)
Organisational Support Systems		
Directory of weight-neutral health providers	Search for providers who offer care from a weight-neutral framework consistent with the Health at Every Size principles®	Size Inclusive Health Australia Verified Provider Database
Media reporting guidelines	Advice and resources for best-practice reporting and portrayal of eating disorders	Mindframe Guidelines on reporting and portrayal of eating disorders NEDC media guidelines overview Eating Disorder Safe How-To Guide: Communicators, media and relevant platforms
Eating Disorder Safe First 2000 Days Implementation Plan	Sets out a multi-systems approach to embedding comprehensive eating disorder prevention across all major touchpoints for children and families from pre-conception to age 5.	Will be available on the NEDC website from mid-late 2026.
Disordered Eating Policy/Guidance – Sport and fitness	Organisational policies, guidelines and resources for sport and fitness organisations	Australian Institute of Sport: Disordered eating in high performance sport initiative, Position statement and High performance toolkit See NEDC Workforce Development Hub for specific organisational policies and resources within national sporting organisations

Disordered Eating Policy/Guidance - Performance arts	Organisational policies, guidelines and resources for performance arts organisations	Embrace Collective Activate Dance Recommendations See NEDC Workforce Development Hub for specific organisational policies and resources within performance arts organisations
Data and Continuous Quality Improvement		
Workforce needs assessment: Prevention	A ready-made survey to assess workforce needs against prevention core competencies	NEDC Workforce Development Hub
Eating Disorder Safe Principles training pre-post survey	A ready-made survey to assess Eating Disorder Safe training effectiveness	Available on request
BodyKind Youth Survey	Nationwide snapshot of body image in a large sample of young people in Australia aged 12 to 18 years.	Butterfly BodyKind Youth Survey Findings 2024

Progress indicators

What are we working towards in Prevention?

- Population-level disordered eating rates are reduced.
- Population-level body dissatisfaction rates are reduced.
- Population-level eating disorder rates are reduced.
- Experiences and impacts of weight stigma and associated health care inequity are reduced, working towards elimination.
- Levels of knowledge about eating disorder risk and protective factors in the general population and relevant workforces are improved.

The following indicators will be used by NEDC to track implementation of Prevention Priority Actions:

Indicator	Data source	Frequency
Number of professionals completing Eating Disorder Safe training annually by setting	Training provider data / NEDC eLearning reporting / NEDC training data	Annual
Uptake of Tertiary Identification Learning Packages	NEDC reporting	Annual
Proportion of health/mental health professional courses including weight stigma content	Curriculum audit / education provider survey	Biennial
Number of professional bodies offering weight stigma CPD to members	Professional body survey	Biennial
Number of prevention-specific resources developed and disseminated	NEDC workforce development hub	Annual

Resources to support local workforce needs analysis and tracking capability development can be found in the Data and Continuous Quality Improvement section of the resources and tools table on p

SECTION 3
Workforce Priority Actions:
Identification

Workforce Priority Actions: Identification

Primarily for: Health and mental health workers; GPs, nurse practitioners, practice nurses; emergency department staff; school counsellors and teachers; dietitians; Aboriginal and Torres Strait Islander Health Workers/Practitioners; alcohol and other drug workers; sports and fitness professionals.

Overview

symptoms and to support people to access an initial response. Provides guidance and resources for a broad range of professionals who may encounter eating disorders in the course of their work.

This section addresses two National Strategy Identification Standards. The first focuses on professionals at key entry and referral points and their capacity to recognise warning signs and support access to response. The second focuses on proactive identification during routine interactions with the health system. Both require a skilled, confident, and well-resourced workforce.

Workforce development in identification is not limited to clinical professionals. Many people disclose or first present in community or non-clinical settings. Ensuring that staff in diverse settings, including mental health support lines, schools, AOD services, and sporting organisations, have foundational identification skills is a core priority.

Use this section to: Strengthen your or your team's ability to recognise and respond early; access identification training and tools; understand the priority actions for the identification workforce.

Learning from Lived Experience

Click **here** to hear from people with lived experience about Identification

National Strategy Standards relevant to workforce

Standard 2

Professionals at key entry or referral points can recognise eating disorder warning signs and symptoms and provide or support access to an initial response.

Priority Actions: 2.1, 2.2, 2.4

Standard 3

People who may be experiencing an eating disorder are proactively identified during interactions with the health system and in other settings.

Priority Action: 3.4

A complete list of workforce-related National Strategy Standards and Priority Actions can be found here.

Quick Actions

Use the table below to identify your role and a quick action you could take to support greater Identification.

If you are a...	Quick Action
Health or mental health worker (any setting)	Complete online identification training; review local referral pathways
Teacher, educator	Complete online NEDC identification or EducatED eLearning access resources from BodyKind, Embrace Kids and/or resources
Sports and fitness, or performance arts professional	Access eLearning or live training from Butterfly, Embrace, and/or InsideOut
Psychosocial support worker	Complete online identification training; review resources
Mental health support line staff	Complete online identification training and include eating disorder referral pathways
Vocational / higher education educator / curriculum lead	Access contemporary, safe, and evidence-based teaching resources

Identification Priority Actions - Implementation approach

The table below outlines all workforce-related Identification Priority Actions, with identified lead and partner/s, timeframes, and resources and tools.

Actions for: Health, mental health, education, social community service workers

These Priority Actions apply to all health, mental health, psychosocial support, education, sport and fitness, or performing arts and service staff in any setting; community, primary care, hospital, residential both general and specialist, who may encounter a person experiencing or at risk of an eating disorder.

National Strategy Priority Action	Implementation responsibility	Timeframe	Resources / Tools
2.1 Ensure staff are trained to identify eating disorders and have access to up-to-date local, regional and online treatment and support options.	**Implementation Lead** Health, mental health and community program/service leaders **Implementation Partner** NEDC; state/territory eating disorder organisations	Short term	Identification eLearning Referral database: Butterfly National Database
2.2 Disseminate accessible online and face-to-face training, and evidence-based screening tools, to support health and mental health professionals in identification.	**Implementation Lead** Eating disorder service development orgs; lived experience orgs **Implementation Partner** Professional bodies; training providers	Ongoing	Identification eLearning Screening tools HealthPathways: A national eating disorder HealthPathway will be launched in 2027
2.4 Ensure that tertiary and vocational curricula routinely include eating disorder safe principles of care and competencies for identification and referral.	**Implementation Lead** Tertiary and vocational health/mental health education providers **Implementation Partner** NEDC; professional bodies	Medium term	NEDC Identification Learning Packages NEDC National Education Framework (in development)

Actions for: Mental health support and counselling lines

These actions apply to all mental health support and counselling line staff. They are a key point at which someone experiencing or at risk of an eating disorder may first make contact with the health system, requiring skilled recognition and guided access.

National Strategy Priority Action	Implementation responsibility	Timeframe	Resources / Tools
3.4 Ensure staff have training to identify eating disorders and guide people to appropriate eating disorder support.	**Implementation Lead** Mental health support and counselling line managers **Implementation Partner** NEDC; state/territory eating disorder organisations; LE orgs	Short term	Identification eLearning Screening tools Referral database: Butterfly Find a Professional

Summary of identification resources and tools

The following resources support implementation of Identification Priority Actions. Gaps identified inform sector resource development priorities and associated coordination efforts outlined in Section 8 - National Coordination.

The NEDC Workforce Development Hub offers a searchable, centralised database of workforce development resources and training including identification.

Resource	Description	Links
Training		
Identification eLearning	Accessible online training for health and mental health professionals on warning signs, screening, and referral pathways	NEDC eLearning: Foundations in Eating Disorders: Identification
Identification eLearning for school staff	Training for school staff to identify and effectively manage young individuals with eating disorders in the school environment.	Butterfly Body Bright (for primary schools) and BodyKind Professional Development (12yrs+) Embrace Kids Teacher Masterclass InsideOut eLearning EducatED
Identification eLearning for non-clinical workers	Training for non-clinical workers in identification, support, and resource provision	Eating Disorder Queensland – First steps to eating disorder support: A training for non-clinical workers
Identification & response eLearning – sports & fitness professionals	Introduction to eating disorders, including screening, identification, and management within fitness / sporting environments	InsideOut eLearning 'Red Flags' for at-risk Clients in the Fitness Industry Education Hub by Embrace
Management of Eating Disorders in People with Higher Weight eLearning	Equips health professionals to recognise, respond to, and support people with higher weight who are experiencing disordered eating or an eating disorder	NEDC eLearning Management of eating disorders in people with higher weight
Teaching identification in vocational and higher education settings	Resources for contemporary, safe, and evidence-based teaching through a flexible delivery model that integrates into existing curricula	NEDC Eating Disorders in Tertiary Education Identification Learning Packages and Educator Training Pathway

Practice Support Tools		
Warning sign checklists	Information and lists to support detection of eating disorder warning signs	NEDC warning signs resource NEDC identification resource
Resources for GPs	Tailored online training and practice support resources for general practices and practitioners	InsideOut GP Hub & Practice Management Toolkit NEDC GP Booklet
Screening Tools for health professionals	Validated screening instruments for use in primary care and community settings	Australian Eating Disorders Research and Translation Centre: Tool Finder NEDC identification and screening
Identification and screening for dietitians	A step-by-step guide to supporting dietitians in the identification and response of eating disorders	NEDC and Dietitians Australia Dietitian Decision Making Tool
Online assessment and help-seeking tool for parents	Online tool and website to promote help seeking in parents of children and adolescent with body and / or eating concerns	Feed Your Instinct (FYI)
Online self-assessment and help-seeking tool for adults (15+)	Online tool and website to promote help seeking in people (15years+) experiencing body and / or eating concerns	Reach Out and Recover (ROAR)
Identification within schools	Information and resources for schools and school staff to effectively prevent, identify, and respond to eating disorders in their community	Butterfly Body Bright (primary schools) and BodyKind Schools (secondary schools) Embrace Kids Classroom Program NEDC Eating Disorders in Schools Booklet
Identification resources for sports and fitness professionals	Information and resources for sports and fitness professionals to effectively prevent, identify, and respond to eating disorders in their settings and community	Activate by Embrace Kids Education Hub by Embrace Butterfly Bodykind Sports NEDC Sports & Fitness Professionals resources

Social and Emotional Wellbeing resources	Resources for Social and Emotional Wellbeing (SEWB) and eating disorders	NEDC Social and Emotional Wellbeing for First Nations peoples information and resources
Aboriginal youth eating disorder screening tool	Culturally grounded eating disorder screening tool for Aboriginal young people 12–24yrs) in the Kimberley (WA) **Community/region specific*	In development: Feelings about my body and eating screening tool
Eating Disorders and Neurodivergence	Resources and information on the interplay between eating disorders and neurodivergence across the system of care from prevention to treatment and recovery	EDNA information sheets for consumer self-advocacy and service-related considerations NEDC Eating Disorders and Neurodivergence resources
Organisational Support Systems		
Local/regional referral pathways	State-by-state guide to treatment and support options for referral	Butterfly national database and HealthPathways
Directory of weight-neutral health providers	Search for providers who offer care from a weight-neutral framework consistent with the Health at Every Size principles®	Size Inclusive Health Australia Verified Provider Database
Data and Continuous Quality Improvement		
Workforce needs assessment: Identification	A ready-made survey to assess workforce needs against identification core competencies,	NEDC Workforce Development Hub
Identification training pre-post survey	A ready-made survey to assess identification training effectiveness	Available on request from NEDC
Eating Disorder Tool Finder	Central hub for evidence-based screening tools, assessments, guidance, and treatments for eating disorders	Australian Eating Disorders Research and Translation Centre: Tool Finder

How progress will be measured

What are we working towards in Identification?

- A higher proportion of eating disorders are identified.
- Eating disorders are identified earlier in illness or sub-threshold illness.
- People report improved help-seeking experiences.

The following indicators will be used by NEDC to track implementation of Identification Priority Actions:

Indicator	Data source	Frequency
Number of health and mental health staff completing eating disorder identification training	Training provider data / NEDC reporting	Annual
Proportion of tertiary and vocational health/mental health courses including eating disorder identification competencies	Curriculum audit / education provider survey	Biennial
Number of mental health support lines with eating disorder identification training in place for staff	Service audit / NEDC survey	Annual
Availability of up-to-date local/regional referral pathway guides	NEDC resource register	Annual

Resources to support local workforce needs analysis and tracking capability development can be found in the Data and Continuous Quality Improvement section of the resources and tools table on page 38.

SECTION 4
Workforce Priority Actions:
Initial Response

Workforce Priority Actions: Initial Response

Primarily for: Mental health professionals (including psychologists, social workers, occupational therapists, psychiatrists, counsellors, mental health nurses, nurse practitioners, and psychotherapists); dietitians; GPs, and paediatricians; emergency department staff.

Overview

This section addresses the workforce capability needed to conduct an initial eating disorder assessment, make a preliminary diagnosis, provide psychoeducation, and refer to the most appropriate level of care. It is the critical bridge between identification and treatment.

The National Eating Disorders Strategy sets Standards for mental health professionals, medical professionals (including GPs and emergency department staff), and dietitians, recognising that each profession brings specific capabilities and plays a different role in initial response. This section addresses all three.

Use this section to: Understand the Priority Actions for the initial response workforce and then develop your or your team's initial response capability, and access validated assessment tools and clinical resources.

Learning from Lived Experience

Click **here** to hear from people with lived experience about Initial Response

National Strategy Initial Response Standards relevant to workforce

Standard 1

Mental health professionals at key entry or referral points can conduct an initial eating disorder assessment including psychiatric risk, make a preliminary diagnosis, provide psychoeducation, refer to the appropriate level of treatment, and continue to engage the person and family throughout any waiting time.

Priority Actions: 1.1, 1.2

Standard 2

GPs and other medical professionals including emergency department staff can conduct an initial eating disorder assessment including medical and psychiatric risk, make a preliminary diagnosis, provide psychoeducation, refer to the appropriate level of treatment, and continue to provide medical monitoring throughout any waiting time.

Priority Actions: 2.1, 2.2, 2.3

Standard 3

Dietitians can conduct an initial eating disorder assessment, provide nutrition education and dietetic intervention, refer for assessment of medical and psychiatric risk, and continue to engage the person and family throughout any waiting time.

Priority Actions: 3.1, 3.2

Standard 4

Mental health and health professionals at key entry or referral points have access to clinical and training resources to support their role in initial response.

Priority Actions: 4.1, 4.2, 4.3

A complete list of workforce-related National Strategy Standards and Priority Actions can be found here.

Quick Actions

Use the table below to identify your role and a quick action you could take to support enhanced Initial Response.

If you are a...	Quick Action
Mental health professional	Access mental health-specific initial response training; ensure organisational support for initial response role
GP / medical professional	Complete GP-specific initial response training; access Medicare EDP resources
Dietitian	Access dietitian- specific initial response training; ensure organisational support for initial response role
Eating disorder service development organisations / training provider	Develop and disseminate assessment tools, initial response training, brief intervention resources, and tertiary curriculum support

Initial Response Priority Actions - Implementation approach

The table below outlines all workforce-related Initial Response Priority Actions, with identified lead and partner/s, timeframes, and resources and tools.

Priority Actions for: Mental Health Professionals

Psychologists, social workers, occupational therapists, psychiatrists, mental health nurses, counsellors and other mental health professionals at key entry and referral points.

National Strategy Priority Action	Implementation responsibility	Timeframe	Resources / Tools
1.1 Training providers equip mental health professionals to conduct an initial eating disorder assessment including psychiatric risk, make a preliminary diagnosis, provide psychoeducation, refer appropriately, and engage the person and family during waiting time.	**Implementation Lead** Eating disorder training providers Mental health professional training providers **Implementation Partner** NEDC; Eating disorder service development organisation; Professional bodies (e.g, APS, AAPi, ACPA, AIPA, AASW, RANZCP, OTA, ACMHN, PACFA, NAATSIHWP, IAHA SARRAH)	Short term	Initial response eLearning Psychoeducation materials Butterfly national database Family and supports resources
1.2 Ensure staff in mental health services are trained to provide an initial response according to their scope of practice and clinical role.	**Implementation Lead** Mental health service leaders and managers **Implementation Partner** NEDC; Eating disorder service development organisations	Short term	Initial response eLearning Workforce Core Competencies

Note: Professional body abbreviations: APS (Australian Psychological Society); AAPi (Australian Association of Psychologists); ACPA (Australian Clinical Psychology Association); AIPA (Australian Indigenous Psychologists Association); AASW (Australian Association of Social Workers); OTA (Occupational Therapy Australia); ACMHN (Australian College of Mental Health Nurses); RANZCP (Royal Australian and New Zealand College of Psychiatrists), PACFA (Psychotherapy and Counselling Federation of Australia); NAATSIHWP (National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners); SARRAH (Services for Australian Rural and Remote Allied Health); IAHA (Indigenous Allied Health Australia.

Priority Actions for: GPs and Medical Professionals

General practitioners, paediatricians, emergency department staff, and other medical professionals who conduct initial assessments, and partners in this (e.g., practice nurses, allied health assistants).

National Strategy Priority Action	Implementation responsibility	Timeframe	Resources / Tools
2.1 Ensure training providers equip GPs to conduct an initial eating disorder assessment including psychiatric and medical risk, make a preliminary diagnosis, provide psychoeducation, refer appropriately, and provide medical monitoring.	**Implementation Lead** Eating disorder training providers; GP/medical training providers; medical schools **Implementation Partner** NEDC; Eating disorder service development organisations; Professional bodies (i.e., RACGP, ACRRM, ACEM, AIDA)	Short term	Initial Response eLearning IOI GP Hub NEDC GP Booklet
2.2 Ensure health service staff are trained to provide an initial response according to their scope of practice and clinical role.	**Implementation Lead** Health service leaders and managers **Implementation Partner** NEDC; state/territory health departments	Short term	Initial response eLearning Psychoeducation materials Butterfly national database and HealthPathways
2.3 Ensure emergency department staff are trained to conduct an initial eating disorder assessment including psychiatric and medical risk, make a preliminary diagnosis, provide psychoeducation, and refer appropriately.	**Implementation Lead** Hospital executive / ED clinical leads **Implementation Partner** Eating disorder service development orgs; training providers	Medium term	Initial Response eLearning Assessment tools Butterfly national database State based eating disorder admission guidelines

Note: Professional body abbreviations: RACGP (Royal Australian College of General Practitioners), ACRRM (Australian College of Rural and Remote Medicine), ACEM (Australasian College for Emergency Medicine), AIDA (Australian Indigenous Doctors' Association); CATSINaM (The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives).

Priority Actions for: Dietitians

Dietitians in primary care, community, hospital, and specialist settings who may conduct initial eating disorder assessments.

National Strategy Priority Action	Implementation responsibility	Timeframe	Resources / Tools
3.1 Training providers to ensure dietitians are equipped to conduct an initial eating disorder assessment, provide nutrition education and dietetic intervention, and refer for assessment of medical and psychiatric risk.	**Implementation Lead** Eating disorder training providers; Dietetic training providers; Dietitians Australia **Implementation partner** NEDC; Eating disorder service development organisations	Short term	Initial Response eLearning Approved dietitian introductory training
3.2 Services ensure dietitians are trained to provide an initial response according to their scope of practice and clinical role.	**Implementation Lead** Health and community service leaders **Implementation partner** NEDC; Eating disorder service development organisations; Professional bodies (i.e., DA, IAHA)	Short term	Initial response eLearning Approved dietitian introductory training Workforce Core Competencies Psychoeducation materials Butterfly national database Family and supports resources

Note: Professional body abbreviations: DA (Dietitians Australia); IAHA (Indigenous Allied Health Australia).

Priority Actions for: Systems enablers

Actions for eating disorder service development organisations, training providers, and tertiary education providers to build the resources that underpin initial response capability across all professions.

National Strategy Priority Action	Implementation responsibility	Timeframe	Resources / Tools
4.1 Continue to develop and disseminate online and face-to-face training, validated assessment tools, and psychoeducation resources to support health and mental health professionals in assessment, preliminary diagnosis, and engaging the person and family.	**Implementation Lead** NEDC; Eating disorder service development orgs; Eating disorder lived experience orgs **Implementation partner** Training providers; professional bodies	Ongoing	NEDC Workforce Development Hub Initial Response eLearning IOI GP Hub Psychoeducation materials Butterfly national database HealthPathways Family and supports resources
4.2 Disseminate information to health and mental health services about brief interventions such as single session interventions, self-help and guided self-help.	**Implementation Lead** NEDC; Eating disorder service development orgs; Eating disorder lived experience orgs **Implementation partner** Training providers; services	Ongoing	NEDC brief and early interventions summary IOI eClinic CCI self-help
4.3 Ensure tertiary and vocational curricula routinely include or provide access to information about eating disorder assessment tools and treatment including brief interventions.	**Implementation Lead** Tertiary and vocational health/mental health education providers **Implementation partner** NEDC; state-based eating disorder service development orgs; professional bodies	Medium term	Eating Disorders in Tertiary Education Initiative

Summary of initial response resources and tools

The following resources support implementation of initial response workforce actions. Identified gaps inform sector resource development priorities and associated coordination efforts outlined in Section 8 - National Coordination.

The NEDC Workforce Development Hub offers a searchable, centralised database of workforce development resources and training focused on identification.

Resource	Description	Status
Training		
Initial Response eLearning	Training covering assessment, preliminary diagnosis, psychoeducation, and referral for mental health professionals, dietitians and medical professionals	NEDC eLearning Foundations in Eating Disorders: Initial Response
Identification & Initial Response eLearning - ARFID	Course to identify ARFID, provide a thorough assessment, be able to differentiate it from other feeding and eating disorders, and understand the emerging treatment options.	IOI eLearning ARFID Fundamentals
Introduction to Eating Disorders training for mental health professionals, dietitians and GPs	Nationally approved introductory training in eating disorders. Equips health professionals to provide an evidence-based initial response.	Approved introductory training for mental health professionals, dietitians, and GPs
Introduction to eating disorders for fertility care	Introductory eating disorder training for fertility professionals, covering identification, screening, referral, and treatment basics.	NEDC eLearning Core Skills for Fertility Care Professionals
Management of Eating Disorders in People with Higher Weight eLearning	Equips health professionals to recognise, respond to, and support people with higher weight who are experiencing disordered eating or an eating disorder	NEDC eLearning Management of eating disorders in people with higher weight

Practice Support Tools		
General Practice resources hub	Tailored online training and practice support resources for general practices and practitioners, including use of Medicare EDP items	InsideOut GP Hub & Practice Management Toolkit
Eating disorder assessment tools	Validated instruments for initial assessment across professional groups	Australian Eating Disorders Research and Translation Centre: Tool Finder NEDC Initial Response resources
Eating disorder diagnostic tools and guides	Evidence-based diagnostic tools and guidance	Australian Eating Disorders Research and Translation Centre Tool Finder NEDC Types of Eating Disorders resources
Eating disorder risk assessment guides	Guidance for eating disorder risk assessment and management	Australian Eating Disorders Research and Translation Centre Tool Finder CEED Physical Risk in Suspected Eating Disorders Mental Health Clinician Response Guide NEDC Workforce Development Hub
Psychoeducation resources	Resources to support clinicians in providing psychoeducation to individuals and families at initial response	NEDC Psychoeducation materials database
First Nations Perspectives Resource	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	Eating Disorder Safe First Nations Perspectives: Strengthening the Eating Disorder Safe Principles

Social and Emotional Wellbeing resources	Resources for Social and Emotional Wellbeing (SEWB) and eating disorders	NEDC Social and Emotional Wellbeing for First Nations peoples information and resources
Eating Disorders and Neurodivergence	Resources and information on the interplay between eating disorders and neurodivergence across the system of care from prevention to treatment and recovery	EDNA report Eating Disorders and Neurodivergence: A Stepped Care Approach NEDC Eating Disorders and Neurodivergence resources EDNA Sensory & Communication Guides
Food security	Information, practice guidance and resources for understanding, preventing and supporting individuals around food insecurity	NEDC food security resources NEDC First 2000 Days Implementation Plan (due to be launched in mid-late 2026
Management of eating disorders for people with higher weight: clinical practice guideline	Current best practice approaches to management for people with an eating disorder who are at higher weight, based on the premise that every person with an eating disorder is deserving of equitable, safe, accessible, and evidence-based care regardless of their body size	NEDC Higher weight clinical practice guideline and resources
Resources for families and supports	Resources for families and support people of those with lived experience of an eating disorder, including online tools, programs, and telephone, online, and face-to-face services	Eating Disorders Families Australia supports & resources NEDC Resources for Families & Supports NEDC Interactive Digital Resources for Eating Disorders
Brief interventions resource guide	Summary of evidence, information and resources for single session interventions, self-help, guided self-help and other brief interventions	NEDC brief and early interventions webpage

Organisational Support Systems		
Local/regional referral pathways	State-by-state guide to treatment and support options for referral	Butterfly national database HealthPathways (via PHNs)
Treatment setting decision making matrix	A decision-making matrix to assist in determining the appropriate treatment setting and focus for adults with eating disorders	CEED Eating Disorder Treatment Setting Decision Matrix for Adults (Geller, 2017)
Treatment settings overview	Outlines the different levels of treatment that people can access.	NEDC Treatment settings
Admission guidelines	Guidelines to support the assessment and management of medical and psychological risks and needs of people with eating disorders in hospital settings.	Please see your state-based admission guidelines.
Eating Disorder Treatment and Management Plan (EDP)	Steps to create and manage an Eating Disorder Treatment and Management Plan (EDP).	NEDC Medicare resources IOI GP Hub
Data and Continuous Quality Improvement		
Eating disorder tool finder	Central hub connecting clinicians, researchers, educators, and community organisations to evidence-based screening tools, assessments, guidance, and treatments for eating disorders	Australian Eating Disorders Research and Translation Centre: Tool Finder
Workforce needs assessment: Initial response	A ready-made survey to assess workforce needs against initial response core competencies	NEDC Workforce Development Hub (available late 2026)
Initial response training pre-post survey	A ready-made survey to assess workforce needs against initial response core competencies	Available on request from NEDC

How progress will be measured

What are we working towards in initial response?

- There is increased availability of initial eating disorder assessment and referral in health and mental health services.
- The time between identification and initial response is reduced.

The following indicators will be used by NEDC to track implementation of Initial Response Priority Actions:

Indicator	Data source	Frequency
Number of mental health professionals trained in eating disorder initial response per year	Training provider data / NEDC reporting / Professional body data	Annual
Number of GPs completing eating disorder initial response training per year	Training provider data / NEDC reporting / RACGP and ACCRM CPD data	Annual
Number of dietitians completing eating disorder initial response training per year	Training provider data / NEDC reporting / DA CPD data	Annual
Number of emergency departments with trained staff for eating disorder initial response	Eating disorder service development orgs / NEDC reporting	Annual
	Hospital/health service audit	Biennial
Availability of validated assessment tools and psychoeducation resources for all three professional groups	NEDC workforce development hub	Annual

Resources to support local workforce needs analysis and tracking capability development can be found in the Data and Continuous Quality Improvement section of the resources and tools table on page 51.

SECTION 5
Workforce Priority Actions:
Treatment

Workforce Priority Actions:

Treatment

Primarily for: Mental health treatment providers; dietitians providing eating disorder treatment; GPs providing ongoing medical monitoring; hospital and inpatient ward; residential eating disorder service staff; community mental health service managers and clinical leads; eating disorder-specific service providers

Overview

This section provides workforce development guidance for the full range of treatment settings and levels. It covers training standards, credentialing, supervision, and multidisciplinary team capability.

Treatment is the most complex and resource-intensive part of the stepped system of care. The workforce delivering treatment must meet clearly defined training standards, be supported by adequate supervision, and work within well-functioning multidisciplinary teams.

The National Eating Disorders Strategy sets standards at three levels of treatment; community-based, community-based intensive, and hospital and residential. This section addresses the workforce requirements for each.

Use this section to: Ensure you or your team meets national training standards; access treatment model training and supervision pathways; understand the priority actions for the treatment workforce across all treatment levels.

Learning from Lived Experience

Click **here** to hear from people with lived experience about Treatment

National Strategy Treatment Standards relevant to workforce

Treatment

Standard 4

Treatment models and practices are effective and evidence-based.

Priority Action: 4.2

Standard 7

Eating disorder treatment is provided by a multidisciplinary team. Service development organisations and professional bodies to continue to build networks of clinical supervisors and communities of practice.

Priority Action: 7.2

Standard 8

Treatment is affordable. Training providers and professional organisations to ensure GPs and mental health professionals are equipped to utilise Medicare EDP items.

Priority Action: 8.3

Standard 9

Treatment providers are trained and skilled for the level of treatment they provide in line with national training standards.

Priority Actions: 9.1–9.6

Treatment – Community-based

Standard 1

Community-based public mental health services provide evidence-based treatment across a range of disorders and levels of need.

Priority Actions: 1.2, 1.3

Standard 2

Treatment services routinely offer or refer to early and brief community interventions where clinically indicated.

Priority Actions: 2.1, 2.4

Standard 3

GPs and paediatricians are equipped to provide ongoing medical monitoring and treatment.

Priority Actions: 3.1-3.4

Treatment – Community-based intensive

Standard 2

Community-based intensive services ensure staff are trained in line with national standards.

Priority Action: 2.1

Treatment – Hospital and residential

Standard 2

All emergency departments are able to assess and provide medical and psychiatric stabilisation.

Priority Actions: 2.2, 2.3

Standard 3

All public hospitals have capacity to provide medical and psychiatric inpatient care.

Priority Action: 3.1

Standard 4

Mental health support is provided appropriate to the goals of the admission regardless of setting.

Priority Actions: 4.1, 4.2, 4.3

A complete list of workforce-related National Strategy Standards and Actions can be found here.

Quick Actions

Use the table below to identify your role and a quick action you could take to support greater eating disorder treatment.

If you are...	Quick Actions
Mental health clinician	Access approved introductory and treatment training; investigate becoming an ANZAED Credentialed Eating Disorder Clinician
Community mental health service manager/clinician	Audit staff training against national standards and workforce capabilities; access training
GP / paediatrician	Access GP-specific eating disorder management training; review practice management tools
Community-based intensive service staff/manager	Access meal support training and service planning resources
Hospital/residential service staff, manager, or clinical lead	Access meal support training, Emergency Department and inpatient resources

Treatment Priority Actions - Implementation approach

The table below outlines all workforce-related Treatment Priority Actions, with identified lead and partner/s, timeframes, and resources and tools.

Priority Actions for: Treatment

These Priority Actions apply to all mental health treatment providers, service leaders, training providers, and professional bodies. They set the baseline requirements for the treatment workforce.

National Strategy Priority Action	Implementation responsibility		Timeframe	Resources / Tools
4.2 Treatment providers to have the required skills in line with national eating disorder clinical and training standards.	**Implementation Lead** Mental health treatment providers; service leaders **Implementation Partner** NEDC; ANZAED; Eating disorder service dev orgs; professional bodies		Immediate	National Framework for Eating Disorders Training Workforce Core Competencies Approved treatment model trainings
7.2 Continue to build networks of clinical supervisors and communities of practice for the different professions involved in eating disorder treatment.	**Implementation Lead** Eating disorder service development orgs; ANZAED; professional bodies **Implementation Partner** Clinical services; supervisors; peak bodies		Ongoing	ANZAED member database ANZAED online consultation IOI treatment provider database
8.3 Ensure GPs and mental health professionals are equipped to utilise the Medicare Eating Disorder Treatment and Management Plan.	**Implementation Lead** Eating disorder training providers; relevant professional organisations **Implementation Partner** Professional bodies, NEDC		Short term	NEDC MBS resources IOI GP Hub
9.1 Ensure treatment providers meet minimum training standards in line with the National Training Framework.	Mental health and health service leaders	NEDC; ANZAED; professional bodies	Immediate	National Framework for Eating Disorders Training Approved treatment model trainings

National Strategy Priority Action	Implementation responsibility	Timeframe	Resources / Tools
9.2 Align eating disorder training with the National Training Framework and obtain approval for those relevant to the ANZAED Credential.	**Implementation Lead** Eating disorder training providers **Implementation Partner** ANZAED; NEDC	Short term	National Framework for Eating Disorders Training NEDC training approvals and approved training
9.3 Continue to provide and promote the ANZAED Eating Disorder Credential for mental health and dietetic providers.	**Implementation Lead** ANZAED **Implementation Partner** NEDC; eating disorder organisations; professional bodies; services	Ongoing	ANZAED Eating Disorder Credential and connect.ed database
9.4 Develop accessible online training in eating disorder-safe principles for all staff involved in the treatment of people experiencing eating disorders and their families/supports.	**Implementation Lead** NEDC; Eating disorder organisations **Implementation Partner** Service leaders; training providers	Short term	NEDC Eating Disorder Safe eLearning
9.5 Provide professional development opportunities for eating disorders across professions.	**Implementation Lead** Relevant professional bodies **Implementation Partner** NEDC; eating disorder training providers, service development orgs **Implementation Partner** NEDC; state/territory eating disorder organisations	Ongoing	National training calendar NEDC Workforce Development Hub Contact NEDC for other opportunities

National Strategy Priority Action	Implementation responsibility	Timeframe	Resources / Tools
9.6 Promote opportunities for staff to learn and enhance skills through secondments, exchange programs, coaching, mentoring, peer reflective practices, and communities of practice.	**Implementation Lead** Services and service leaders **Implementation Partner** NEDC; ANZAED; Eating disorder service dev orgs; professional bodies	Ongoing	NEDC Workforce Development Hub ANZAED consultation program ANZAED member database

Priority Actions for: Community-based treatment

Community-based mental health services including child and adolescent/youth services, adult services, headspace, Medicare Mental Health Centres, and Aboriginal Community Controlled Health Services.

National Strategy Priority Action	Implementation responsibility	Timeframe	Resources / Tools
1.2 Ensure sufficient staff are trained and supported to provide evidence-based treatment for a full range of eating disorder presentations and to refer appropriately for others.	**Implementation Lead** Community-based mental health service leaders **Implementation Support** NEDC; state/territory mental health services; eating disorder specialist services	Short term	Approved introductory training Approved treatment model training Clinical support tools NEDC Workforce Development Hub
1.3 Ensure that, at a minimum, staff providing eating disorder treatment have completed introductory training, are trained in an evidence-based treatment model, and have access to ongoing supervision and organisational support.	**Implementation Lead** Mental health service leaders and managers **Implementation Support** NEDC; ANZAED; training providers	Immediate	Approved introductory training Approved treatment model training Supervisor databases NEDC Workforce Development Hub
2.1 Ensure treatment providers are trained and supported to provide early and brief interventions for people with relevant eating disorder presentations where clinically indicated.	**Implementation Lead** Treatment providers; service leaders **Implementation Support** NEDC; training providers	Short term	Approved introductory training Brief and early intervention summary

National Strategy Priority Action	Implementation responsibility	Timeframe	Resources / Tools
2.4 Continue to provide accessible online training to health and mental health professionals to deliver self-help and guided self-help interventions.	**Implementation Lead** Eating disorder service development orgs; training providers **Implementation Support** Services; professional bodies	Ongoing	Approved treatment model training Brief and early intervention overview IOI eClinic
3.1 Continue to provide and promote tailored and accessible online training and resources for GPs and other medical professionals in management of eating disorders.	**Implementation Lead** Eating disorder service development orgs; training providers **Implementation Support** RACGP; ACRRM; APNA; NEDC; PHNs	Ongoing	IOI GP Hub NEDC Core Skills for GPs eLearning NEDC GP Booklet Butterfly national database HealthPathways NEDC Workforce Development Hub
3.2 Include management of eating disorders in professional development content for medical professionals	**Implementation Lead** Medical professional bodies (RACGP, RACP, ACRRM, RANZCP) **Implementation Support** NEDC; eating disorder service development orgs	Short term	IOI GP Hub NEDC Core Skills for GPs eLearning NEDC GP Booklet PHN workforce teams
3.3 Map eating disorder content in medical training and facilitate its inclusion as part of tertiary level training for the medical workforce.	**Implementation Lead** NEDC; Medical schools **Implementation Support** Eating disorder service development orgs; Medical professional bodies	Medium term	Eating Disorders in Tertiary Education Scoping Review NEDC Eating Disorders in Tertiary Education Initiative

National Strategy Priority Action	Implementation responsibility	Timeframe	Resources / Tools
3.4 Implement organisational strategies to manage GP workload and support the GP role for eating disorders, including optimising the role of practice nurses and supporting GP session time allocation.	**Implementation Lead** GP practices; Primary Health Networks **Implementation Support** RACGP; NEDC; state/territory health departments	Medium term	IOI GP Hub GP eating disorder practice management guide

Priority Actions for: Community-based intensive treatment

Staff and managers in day programs and other community-based intensive eating disorder treatment services.

National Strategy Priority Action	Implementation responsibility	Timeframe	Resources / Tools
2.1 Collaborate to promote existing training resources and develop new resources in areas of practice including meal support for people experiencing eating disorders	**Implementation Lead** Eating disorder service development orgs; lived experience orgs **Implementation Support** Community-based intensive services; training providers	Short term	IOI meal support training NEDC Workforce Development Hub

Priority Actions for: Hospital and residential treatment

Emergency department staff, inpatient ward staff, consultation/liaison psychiatry staff, and residential eating disorder service staff.

National Strategy Priority Action	Implementation responsibility	Timeframe	Resources / Tools
2.2 Develop and disseminate tailored training for emergency departments in eating disorder identification, psychiatric and medical risk assessment, stabilisation, preliminary diagnosis, and referral.	**Implementation Lead** Eating disorder service development orgs; training providers; professional bodies **Implementation Support** Hospitals; ED clinical leads	Short term	Identification eLearning IOI eLearning: Inpatient Management for Children & Adolescents and Adults, nutrition management of children and adolescents in inpatient settings Workforce Development Hub
3.1 Ensure workforces are trained to provide medical and psychiatric inpatient care for eating disorders according to scope of role.	**Implementation Lead** Public hospital leaders and executives **Implementation Support** State/territory health departments; NEDC; eating disorder specialist services	Short term	IOI Inpatient care training
4.1 Ensure training on eating disorder-safe principles and meal support is made available to all staff involved with eating disorder admissions.	**Implementation Lead** Hospital and residential service leaders **Implementation Support** Eating disorder service development orgs; training providers	Short term	NEDC Eating Disorder Safe eLearning IOI Meal support training

National Strategy Priority Action	Implementation responsibility	Timeframe	Resources / Tools
4.2 Develop and disseminate training in eating disorder-safe principles, identification, initial response, and referral for hospital consultation/liaison psychiatry staff.	**Implementation Lead** Eating disorder service development orgs; training providers Hospitals; consultation/liaison services; professional bodies	Short term	NEDC Eating Disorder Safe eLearning Identification eLearning Initial response eLearning Workforce Development Hub
4.3 Ensure workforces are trained and supported to provide evidence-based acute and high-intensity care for people experiencing eating disorders.	**Implementation Lead** Hospital and residential service leaders NEDC; eating disorder specialist services; training providers	Short term	IOI Inpatient care training Workforce Development Hub

Resources and tools

The following resources support implementation of treatment workforce Priority Actions. Identified gaps inform sector resource development priorities and associated coordination efforts outlined in Section 8 – National Coordination.

The NEDC Workforce Development Hub offers a searchable, centralised database of workforce development resources and training focused on treatment.

Resource	Description	Links
Training		
Introduction to eating disorders for health professionals (mental health, dietitians, GPs) (Approved[1])	Introductory training that has been approved by NEDC as meeting National Training Standards.	NEDC Approved Training
Other evidence-based intervention training	Training content across introductory, treatment provision, advanced concepts and/or a specific topic or skill development area	NEDC Workforce Development Hub
Brief intervention and guided self-help training	Summary of evidence, information and resources for single session interventions, self-help, guided self-help and other brief interventions	NEDC brief and early interventions summary
Eating Disorders for Primary Health Nurses - Micro credential	Provides Primary Health Nurses with knowledge and tools in prevention, identification, screening, and management of patients with eating disorders	University of Sydney: Eating Disorders for Primary Health Nurses
Meal support training	Training in meal support for community-based intensive and inpatient settings	IOI eLearning: Meal Support in the Hospital Setting EDQ Shared Table
Eating disorders treatment micro skills training	Training in skills to support treatment provision including motivational interviewing and harm reduction	NEDC Workforce Development Hub

[1] to be awarded the ANZAED Eating Disorder Credential clinicians are required to complete two Approved core trainings: Introduction to eating disorders for health professionals; and Evidence-based eating disorder treatment model (mental health professionals); or Evidence-informed dietetic practice for eating disorders (dietitians)

Management of Eating Disorders in People with Higher Weight eLearning	Equips health professionals to recognise, respond to, and support people with higher weight who are experiencing disordered eating or an eating disorder	NEDC eLearning Management of eating disorders in people with higher weight
Practice Support Tools		
Hub of General Practice resources	Tailored online training and practice support resources for general practices and practitioners, including use of Medicare EDP items	InsideOut GP Hub & Practice Management Toolkit
GP professional resource	An accredited, professional resource for general practitioners providing key information and links to support the identification, response and treatment of eating disorders.	NEDC GP Booklet
Care Team resources	Outlines the eating disorder care team members, roles and responsibilities.	NEDC The Care team
Eating disorder treatment guidelines	Clinical guideline on the assessment and treatment of eating disorders across diagnostic presentations and settings.	In development and due to be launched in 2027 (NEDC)
Eating disorder treatment approaches	Evidence-based treatment approaches and protocols, overview of treatment options for people experiencing an eating disorder within Australia	NEDC Treatment Approaches Australian Eating Disorders Research and Translation Centre: Tool Finder (for evidence summary)
Harm reduction	Evidence-informed harm reduction frameworks and approaches to help clinicians support adults with disordered eating alongside treatment	CEED Harm Reduction for Adults with Eating Disorders Clinician resource
Safe exercise guidelines	Facilitates incorporation and management of movement in eating disorder treatment in a safe and evidence-based manner	Safe Exercise at Every Stage guidelines

Psychoeducation resources	Resources to support clinicians in providing psychoeducation to individuals and families at initial response	Psychoeducation materials
First Nations perspectives resource	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	Eating Disorder Safe First Nations Perspectives: Strengthening the Eating Disorder Safe Principles
Social and Emotional Wellbeing resources	Resources for Social and Emotional Wellbeing (SEWB) and eating disorders	NEDC Social and Emotional Wellbeing for First Nations peoples information and resources
Eating disorders and neurodivergence	Resources and information on the interplay between eating disorders and neurodivergence across the system of care from prevention to treatment and recovery	EDNA report Eating Disorders and Neurodivergence: A Stepped Care Approach EDNA information sheets for consumer self-advocacy and service-related considerations NEDC Eating Disorders and Neurodivergence resources EDNA Sensory & Communication Guides
Food security	Information, practice guidance and resources for understanding, preventing and supporting individuals around food insecurity	NEDC food security resources
Longstanding eating disorders resources	Resources to support people with longstanding eating disorders and those who care for them through complex challenges, with care tailored to diverse, evolving needs	NEDC Longstanding Eating Disorders resources including the Holding Hope Guide and Workbook Series
Working with families and supports	Guidance for working with families and supports of adults with an eating disorder	CEED working with families and supports of adults with an eating disorder resource

Resources for families and supports	Resources for families and supports including online tools, programs, and telephone, online, and face-to-face services	Eating Disorders Families Australia supports & resources NEDC Resources for Families & Supports
Organisational Support Systems		
Local/regional referral pathways	State-by-state guide to treatment and support options for referral	Butterfly national database HealthPathways
Treatment settings overview	Outlines the different levels of treatment that people can access.	NEDC Treatment settings
Treatment setting decision making matrix	A decision-making matrix to assist in determining the appropriate treatment setting and focus for adults	CEED Eating Disorder Treatment Setting Decision Matrix for Adults
National Framework for Eating Disorders Training	The national framework setting training standards for eating disorder treatment providers	NEDC National Framework for Eating Disorders Training – A guide for training providers
ANZAED Eating Disorder Credential	Credential for mental health professionals, dietitians and GPs; eligibility and application information	Connect.ed ANZAED Eating Disorder Credential information
Supervision and Community of Practice Networks	Databases to locate supervision group consultation and communities of practice	ANZAED member directory and online consultation program NEDC Workforce Development Hub
Data and Continuous Quality Improvement		
Eating Disorder Tool Finder	Central hub connecting clinicians, researchers, educators, policymakers, and community organisations to evidence-based screening tools, assessments, guidance, and treatments for eating disorders	Australian Eating Disorders Research and Translation Centre: Tool Finder
Workforce needs assessment: Treatment	A ready-made survey to assess workforce needs against treatment core competencies	NEDC Workforce Development Hub (available late 2026)
Treatment training pre-post survey	Standardised pre-post assessment items	Available on request from NEDC

How progress will be measured

What are we working towards in treatment?

- Eating disorder recovery outcomes are improved.
- The time between initial response and treatment commencement is reduced.
- Access to short term evidence-based interventions is increased.
- Increased number of people receive care in the community.
- People with an eating disorder report a 'no wrong door' experience to treatment-seeking and service navigation.
- Hospital admission and readmission rates are reduced.

The following indicators will be used by NEDC to track implementation of Treatment Priority Actions:

Indicator	Data source	Frequency
Number of treatment providers holding or working towards the ANZAED Eating Disorder Credential	ANZAED data	Annual
Proportion of community mental health services meeting minimum staff training standards	Service self-audit / state health service data	Biennial
Number of GPs completing eating disorder management training per year	RACGP CPD data; training provider data	Annual
Number of hospitals with documented eating disorder inpatient care training protocols	Hospital audit	Biennial
Number of ANZAED-approved training providers aligned with the National Framework	ANZAED register	Annual
Number of eating disorder clinical supervisors available nationally (by profession)	NEDC / ANZAED supervisor directory	Annual

Resources to support local workforce needs analysis and tracking capability development can be found in the Data and Continuous Quality Improvement section of the resources and tools table on page 69.

SECTION 6
Workforce Priority Actions:
Psychosocial and Recovery Support

Workforce Priority Actions:

Psychosocial and Recovery Support

PRIMARILY FOR | Psychosocial support services; community service workers and case managers; Lived Experience workers including peer support workers; housing and financial support services staff; social workers; family and carer support services

Overview

This section addresses the workforce capability needed to deliver psychosocial and recovery support services and programs for people experiencing eating disorders and their families and supports. It covers the awareness, skills, and training needed by community workers, peer support workers, social services staff, and others providing non-clinical support.

For many people with eating disorders, psychosocial and recovery support services are part of their ongoing care long after clinical treatment ends or provide critical support for those who cannot access or are awaiting clinical services. The workers in these settings are often not clinically trained but provide critical support requiring foundational knowledge about eating disorders and the confidence to provide safe, informed support.

This section also addresses the eating disorder Lived Experience workforce, a growing and important part of the system of care. Lived Experience workers bring unique insight, credibility and offerings, and require clearly defined roles, appropriate training, supervision, and fair remuneration to do so. This plan addresses those National Strategy Standards related to the Lived Experience workforce. The NEDC Lived Experience Workforce Implementation Guide (in development) also supports this work.

Use this section to: Build your or your team's understanding of eating disorders in psychosocial and recovery support contexts; access role-relevant training and resources; understand the priority actions for this workforce.

Learning from Lived Experience

Click **here** to hear from people with lived experience about Psychosocial & Recovery

National Strategy Psychosocial & Recovery Support Standards relevant to workforce

Standard 2

Staff providing psychosocial and recovery support services and programs have understanding about eating disorders appropriate to their role and context.

Priority Actions: 2.1, 2.2, 2.3

A complete list of workforce-related National Strategy Standards and Priority Actions can be found here.

Quick Actions

Use the table below to identify your role and a quick action you could take to support greater access to Psychosocial and Recovery Support.

If you are a...	Quick Actions
Psychosocial / community support worker	Access Eating Disorder Safe training; access practice support tools
Lived Experience / peer support worker	Access Lived Experience workforce resources; advocate for clear role descriptions and appropriate supervision

Psychosocial and Recovery Support Priority Actions - Implementation approach

The table below outlines all workforce-related Psychosocial and Recovery Support Priority Actions, with identified lead and partner/s, timeframes, and resources and tools.

Priority Actions for: Psychosocial and Recovery Support Workforce

Community service workers, case managers, housing support workers, social workers, family and carer support staff, and others in non-clinical recovery support roles.

National Strategy Priority Action	Implementation Responsibility	Timeframe	Resources / Tools
2.1 Collaborate to develop accessible online training in eating disorder-safe principles and practice, and eating disorder information and skills tailored for psychosocial and recovery support service settings.	**Implementation Lead** Eating disorder service development orgs; lived experience orgs **Implementation Partner** Psychosocial and recovery support services; training providers	Short term	NEDC Eating Disorder Safe eLearning Eating Disorder Safe How-To-Guides Eating Disorder Queensland – First steps to eating disorder support: A training for non-clinical workers
2.2 Promote and disseminate online training in eating disorder-safe principles and practice via tertiary and vocational education settings and psychosocial and recovery support service settings.	**Implementation Lead** NEDC **Implementation Partner** Tertiary and vocational education providers; Eating disorder service development orgs; psychosocial service managers	Ongoing	Eating Disorders in Tertiary Education Initiative NEDC Eating Disorder Safe eLearning Eating Disorder Safe How-To-Guides

Priority Actions for: Lived Experience Workforce

Peer support workers, consumer consultants, carer consultants, and other Lived Experience workers in eating disorder and broader mental health services.

National Strategy Priority Action	Implementation Responsibility	Timeframe	Resources / Tools
2.3 Develop competencies and training guidelines for eating disorder peer support workers.	**Implementation Lead** Eating disorder sector; service development and lived experience orgs (lived experience led) **Implementation Partner** Mental health Lived Experience peak bodies; training providers	Medium term	Lived Experience Workforce Implementation Guide

Resources and tools for Psychosocial & Recovery Support

The following resources support implementation of psychosocial and recovery support workforce actions. Identified gaps inform sector resource development priorities and associated coordination efforts outlined in Section 8 – National Coordination.

The NEDC Workforce Development Hub offers a searchable, centralised database of workforce development resources and training focused on psychosocial and recovery support.

Resource	Description	Status
Training		
Eating Disorder Safe eLearning	Accessible online training module covering eating disorder-safe principles and practice for non-clinical support settings	NEDC Introduction to the Eating Disorder Safe principles eLearning
Training for non-clinical workers	Supports non-clinical workers to better understand eating disorders, identify early signs, use appropriate language when supporting clients, and help reduce stigma	EDQ First Steps to Eating Disorder Support eLearning
Meal support training	Training in meal support for community settings	EDQ Shared Table IOI meal support training
Resources for family and carer support services	Tailored eating disorder awareness training for services supporting family members and carers	NEDC Interactive Digital Resources for Eating Disorders
Practice Support Tools		
Psychoeducation resources	Resources to support clinicians in providing psychoeducation to individuals and families at initial response	Psychoeducation materials
Eating Disorder Safe resources	A range of resources to help people translate ED Safe principles into practice across a wide range of settings	NEDC Eating Disorder Safe resources
Harm reduction guidance	Evidence-informed harm reduction frameworks and approaches to help clinicians support adults	CEED Harm Reduction for Adults with Eating Disorders Clinician resource

Brief interventions resource guide	Summary of evidence, information and resources for single session interventions, self-help, guided self-help and other brief interventions	NEDC brief and early interventions summary
First Nations Perspectives Resource	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	Eating Disorder Safe First Nations Perspectives: Strengthening the Eating Disorder Safe Principles
Social and Emotional Wellbeing resources	Resources for Social and Emotional Wellbeing (SEWB) and eating disorders	NEDC Social and Emotional Wellbeing for First Nations peoples information and resources
Eating disorders and neurodivergence	Resources and information on the interplay between eating disorders and neurodivergence across the system of care from prevention to treatment and recovery	NEDC Eating Disorders and Neurodivergence resources EDNA information sheets for consumer self-advocacy and service-related considerations Eating Disorders Neurodiversity Australia Sensory & Communication Guides
Food security	Information, practice guidance and resources for understanding, preventing and supporting individuals around food insecurity	NEDC food security resources NEDC First 2000 Days Implementation Plan
Working with families and supports	Guidance for working with families and supports of adults with an eating disorder	CEED working with families and supports of adults with an eating disorder resource NEDC Workforce Development Hub
Resources for families and supports	Resources for families and support people of those with lived experience of an eating disorder, including online tools, programs, and telephone, online, and face-to-face services	Eating Disorders Families Australia supports & resources NEDC Resources for Families & Supports

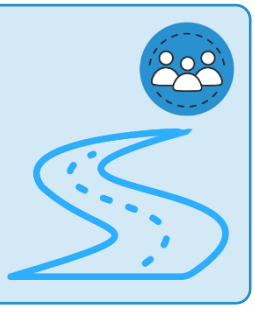
Organisational Support Systems

Local/regional referral pathways	State-by-state guide to treatment and support options for referral	Butterfly national database
Lived Experience Workforce Implementation Guide	Guides users through preparing for, implementing and supporting a lived experience workforce	In development
Treatment settings overview	Outlines the different levels of treatment that people can access.	NEDC Treatment settings
Data and Continuous Quality Improvement		
Eating Disorder Tool Finder	Central hub connecting clinicians, researchers, educators, policymakers, and community organisations to evidence-based screening tools, assessments, guidance, and treatments for eating disorders	Australian Eating Disorders Research and Translation Centre: Tool Finder
Workforce needs assessment: Psychosocial and recovery support	A ready-made survey to assess workforce needs against psychosocial support core competencies	NEDC Workforce Development Hub

How progress will be measured

What are we working towards in psychosocial and recovery support

- Psychosocial support services and programs provide more services for people experiencing eating disorders.
- People can access recovery support services during the recovery journey.



The following indicators will be used by NEDC to track implementation of psychosocial and recovery support workforce actions:

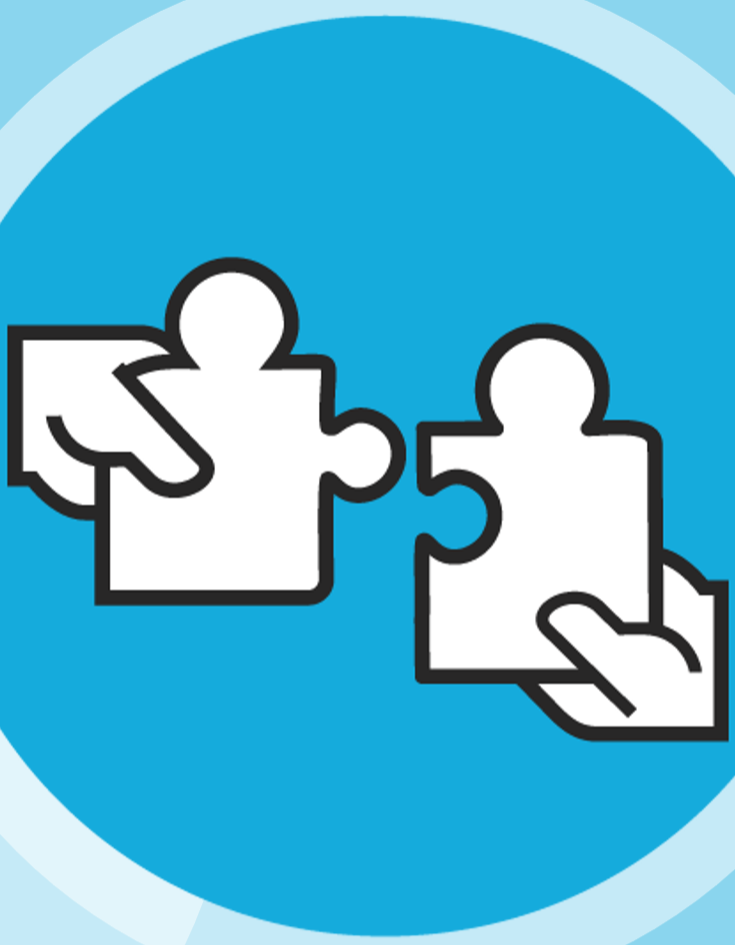
Indicator	Data source	Frequency
Number of psychosocial and recovery support workers completing eating disorder-safe principles training	Training provider data / NEDC reporting	Annual
Number of psychosocial and recovery support workers completing eating disorder psychosocial support training	Training provider data / NEDC reporting	Annual
Number of services with eating disorder-safe principles training embedded in staff induction or professional development	Service survey / NEDC audit	Biennial
Development and dissemination of competencies and training guidelines for eating disorder peer support workers	NEDC project milestone reporting	Annual
Number of peer support worked in eating disorder services with access to relevant lived experience led supervision and professional development	Service survey	Biennial

Resources to support local workforce needs analysis and tracking capability development can be found in the Data and Continuous Quality Improvement section of the resources and tools table on page 75.

SECTION 7

Workforce Priority Actions:

Workforce Systems Enablers



Workforce Priority Actions:

Workforce Systems Enablers

Primarily for| Health and mental health service leaders and managers; Government (Commonwealth, state and territory); Tertiary and vocational education providers and curriculum leads; Health professional bodies; Eating disorder service development and lived experience organisations; Organisations and services employing Lived Experience workers

Overview

Sections 2–6 of the Workforce Implementation Plan describe how to build capability across each component of the stepped system of care. They are primarily addressed to services, teams, and individuals who identify, plan, and implement workforce development at a local or regional level.

This section addresses the structural and systemic conditions needed at a national scale for local effort to succeed as aligned with the 'Workforce' section of the National Strategy. The Priority Actions focus on systems-level change including embedding eating disorders in workforce planning, updating curricula, building organisational conditions for the Lived Experience workforce, and strengthening national coordination. The leads are typically organisations and leaders rather than individual practitioners.

This section is broken down into four subsections as aligned with the National Strategy Workforce Standards. Each section is tailored to specific audiences, with corresponding actions and resources:

Learning from lived experience

Click **here** to hear from people with lived experience about Workforce

National Strategy Workforce Standards

Standard 1

Engagement in eating disorder practice by the current and future health and mental health workforce is increased and barriers are reduced.

Priority Actions: 1.1–1.6

Standard 2

Eating disorders are a workforce priority in mainstream health and mental health services.

Priority Actions: 2.1–2.5

Standard 3

There is a skilled and diverse Lived Experience workforce operating across the system of care, including in governance, leadership, consultation, and direct care roles.

Priority Actions: 3.1–3.5

Standard 4

The education, social and community services workforces are skilled and knowledgeable about eating disorders appropriate to role and function.

Priority Actions: 4.1, 4.2

A complete list of the workforce-related National Strategy Standards and Actions can be found here.

Quick Actions

Use the table below to identify your role and your National Strategy Priority Actions in this section.

If you are a...	Quick Actions
Health or mental health service leader / manager	Access the Workforce Planning Guide for Services and NEDC's workforce needs assessment tools.
Government representative (Commonwealth, state or territory)	Include eating disorders within health and mental health workforce planning; engage with the National Strategy Implementation Network.
Tertiary or vocational education provider / curriculum lead	Map where eating disorders could be embedded in current curricula via NEDC's Eating Disorders in Tertiary Education Initiative.
Professional/peak body representative	Include eating disorder professional development in your member offerings; contact NEDC to connect with discipline-specific resources.
Eating disorder Lived Experience organisation leader	Partner in developing standards, competencies, and training frameworks; engage via the NEDC Lived Experience Lead.
Organisation or service leader employing Lived Experience workers	Build eating disorder capability through organisational readiness; clear role descriptions and access to supervision.
Eating disorder service development organisation leader / NEDC team member	Section 7 is relevant to eating disorder service development organisations. Section 8 guides national coordination and sector development, including the workforce resources and tools for sector development.

Workforce Priority Actions: Implementation Approach

Workforce Standard 1: Training pathway and tertiary education

A sustainable eating disorders workforce depends on continuous investment from early education through to ongoing professional development. Workforce Standard 1 supports this by embedding eating disorder content in tertiary curricula, reducing stigma, expanding student placements, broadening professional development across disciplines. Achieving this requires collaboration between service development organisations, tertiary institutions, and professional bodies. NEDC leads curriculum and placement infrastructure, professional bodies drive ongoing development, and service organisations and training providers deliver essential training and resources.

Workforce Standard 1: Priority Actions for implementation

The table below outlines all Priority Actions under Workforce Standard 1, with identified lead and partner/s, timeframes, and resources and tools.

National Strategy Priority Action	Implementation Responsibility	Timeframe	Resources / Tools
1.1 Work with tertiary and vocational health and mental health education providers to map and increase eating disorder content in undergraduate and postgraduate courses.	**Implementation Lead** NEDC with the EDTE Expert Advisory Group and EDTE Collaborative Network **Implementation Partner** Tertiary and vocational health/mental health education providers; professional bodies	Ongoing	NEDC Eating Disorders in Tertiary Education Initiative
1.2 Work to reduce barriers, including stereotypes and stigma around eating disorder professional practice.	**Implementation Lead** Eating disorder service development organisations (including NEDC); researchers **Implementation Partner** Eating disorder lived experience organisations; professional bodies; services; educators	Ongoing	NEDC Eating Disorders in Tertiary Education Initiative NEDC Workforce Development Hub

National Strategy Priority Action	Implementation Responsibility	Timeframe	Resources / Tools
1.3 Partner with tertiary and vocational health and mental health education institutions and industry to co-design student skill development pathways, such as eating disorder placement networks and early intervention student clinic hubs.	**Implementation Lead** NEDC with the EDTE Expert Advisory Group and EDTE Collaborative Network **Implementation Partner** Eating disorder services; tertiary and vocational education providers Services; industry; clinical placement coordinators; professional bodies	Medium term	NEDC Eating Disorders in Tertiary Education Initiative National Strategy Action Hub
1.4 Partner to develop and incentivise eating disorder placements in rural and remote settings.	**Implementation Lead** Tertiary and vocational health/mental health education providers; rural/remote eating disorder service providers **Implementation Partner** State/territory governments; workforce agencies; Right Care Right Place	Medium term	NEDC Eating Disorders in Tertiary Education Initiative Right Care Right Place initiative
1.5 Collaborate to increase national coordination and promotion of training and professional development opportunities (online and face-to-face) and ensure coverage across the different professions.	**Implementation Lead** NEDC with the Training Providers Reference Group **Implementation Partner** Eating disorder service development and lived experience organisations; ANZAED; training providers; professional bodies	Short term	NEDC Workforce Development Hub National training calendar

National Strategy Priority Action	Implementation Responsibility	Timeframe	Resources / Tools
1.6 Promote eating disorder sector engagement with broader mental health sector training and professional development opportunities, including trauma-informed care, culturally safe practice, transdiagnostic approaches, and co-occurring conditions.	**Implementation Lead** Eating disorder service development and lived experience organisations (including NEDC) **Implementation Partner** Mental health peak bodies; training providers; mental health services	Ongoing	NEDC Workforce Development Hub National training calendar Training Providers Reference Group

Workforce Standard 1: Resources and tools

The following resources support implementation of Workforce Priority Actions under Standard 1. Gaps identified inform sector workforce resource development priorities outlined in Section 8 – National Coordination.

Resource	Description	Link
Organisational Support Systems		
Workforce Development Hub	Searchable, centralised database of workforce development resources and training	NEDC Workforce Development Hub
Eating Disorders in Tertiary Education Initiative (Tertiary & vocational education)	National initiative to embed eating disorder content across undergraduate and postgraduate health, mental health, education, and community services courses. Includes teaching materials, curriculum resources, and placement support.	NEDC Eating Disorders in Tertiary Education
National Education Framework (Tertiary & vocational education)	Framework for embedding eating disorder content across health and mental health professional courses, including recommended	NEDC National Education Framework (in development; to be launched December 2027)

	competencies and curriculum resources.	
National Educator database (Tertiary & vocational education)	showcases professionals who deliver eating disorders education across universities, TAFEs and vocational training settings	NEDC Eating Disorders in Tertiary Education National Educator Database
National training calendar	Searchable, up-to-date calendar of eating disorder training and professional development opportunities by profession, setting, and state/territory.	NEDC Workforce Development Hub NEDC National Training Calendar
Workforce Core Competencies	Outlines the skills, knowledge, attitudes, values, and abilities professionals need to effectively work with eating disorders.	NEDC Workforce Core Competencies
Supervisor database	Database to find supervisors for individual needs as well as ANZAED's online group consultation program	ANZAED supervisor database Online consultation program
Data and continuous quality improvement		
Eating Disorder Tool Finder	Central hub connecting clinicians, researchers, educators, policymakers, and community organisations to evidence-based screening tools, assessments, guidance, and treatments for eating disorders	Australian Eating Disorders Research and Translation Centre: Tool Finder
Workforce needs assessment: Workforce systems enablers	Ready-made survey to assess workforce planning and governance needs at a service or system level, with NEDC providing summary data.	NEDC Workforce Development Hub

Workforce Standard 2: Eating disorders in health and mental health services

National Strategy Workforce Standard 2 calls on health and mental health service leaders and governments to treat eating disorders as a core service accountability. The Priority Actions under Standard 2 focus on making that shift real, through formal endorsement, systematic workforce planning, data-informed decision-making, and a commitment to maintaining sufficient expertise across the team.

For many services, this will require a change in how eating disorder presentations are framed within the organisation, shifting from a rare or specialist approach to an expected and plannable component of the service's scope.

Workforce Standard 2: Priority Actions for implementation

The table below outlines Priority Actions under Workforce Standard 2, with identified lead and partner/s, timeframes, and resources and tools.

National Strategy Priority Action	Implementation Responsibility	Timeframe	Resources / Tools
2.1 Endorse eating disorders as a core service accountability and workforce planning priority for public health and mental health services.	**Implementation Lead** Government (Commonwealth, state and territory); health and mental health service leaders **Implementation Partner** Eating disorder sector	Immediate	NEDC Workforce Development Hub State and territory strategies, plans and organisational policies
2.2 Routinely include consideration of eating disorder-specific skills in workforce planning to match the scope of the service.	**Implementation Lead** Health and mental health service leaders and managers **Implementation Partner** Eating disorder sector	Short term	NEDC Workforce Development Hub Workforce Planning Guide for Services (in development) Eating Disorder Quality Improvement tool for PHNs
2.3 Ensure sufficient eating disorder expertise within the team to meet the needs	**Implementation Lead** Health and mental health service leaders and managers	Ongoing	Workforce Needs Assessment Tools (in development)

National Strategy Priority Action	Implementation Responsibility	Timeframe	Resources / Tools
of people presenting with eating disorders.	**Implementation Partner** Eating disorder sector		Workforce Core Competencies NEDC Workforce Development Hub
2.4 Ensure that data and needs assessments underpin workforce planning and development for eating disorders, and that outcome data is utilised and disseminated to drive continuous quality improvement and innovation.	**Implementation Lead** Health and mental health service leaders; government **Implementation Partner** Eating disorder sector; researchers; data agencies	Short term	NEDC Workforce Development Hub Progress and outcome measurement toolkits AEDRTC Tool Finder
2.5 Support clinicians to access eating disorder professional development and training, supervision, and opportunities to practice.	**Implementation Lead** Health and mental health service leaders and managers **Implementation Partner** Eating disorder sector	Ongoing	NEDC Workforce Development Hub National training calendar ANZAED supervisor database

Workforce Standard 2: Resources and tools

The following resources support implementation of Workforce Priority Actions. Gaps identified inform sector resource development priorities outlined in Section 8 – National Coordination.

Resource	Description	Link
Training		
National training calendar	Searchable, up-to-date calendar of eating disorder training and professional development opportunities by profession, setting, and state/territory.	NEDC Workforce Development Hub NEDC National Training Calendar
Eating Disorder Safe eLearning	Online training covering Eating Disorder Safe principles for community members, carers, educators, and other professionals (Introduction) and health professionals (Healthcare)	NEDC Eating Disorder Safe eLearning Introduction to the Eating Disorder Safe Principles Eating Disorder Safe: Healthcare
Eating Disorders in Tertiary Education Initiative (Tertiary & vocational education)	National initiative to embed eating disorder content across undergraduate and postgraduate health, mental health, education, and community services courses.	NEDC Eating Disorders in Tertiary Education
National Education Framework (Tertiary & vocational education)	Framework for embedding eating disorder content across health and mental health professional courses, including recommended competencies and curriculum resources.	NEDC National Education Framework (in development; to be launched December 2026)
National Educator database (Tertiary & vocational education)	showcases professionals who deliver eating disorders education across universities, TAFEs and vocational training settings	NEDC Eating Disorders in Tertiary Education National Educator Database
Data and continuous quality improvement		
Workforce needs assessment: Workforce pathway	Ready-made survey to assess professional development needs across professions and settings.	NEDC Workforce Development Hub

Workforce Standard 3: Lived experience workforce

The Lived Experience workforce is a critical and growing part of the eating disorder system of care. Lived Experience workers bring unique insight, expertise, and skills to governance, leadership, consultation, and direct care roles. Their contribution is integral to a system of care that genuinely reflects the needs and perspectives of people with lived experience.

Workforce Standard 3 sets out what is needed to build and sustain this workforce including: organisational readiness among services that employ Lived Experience workers; the development of role standards, competency frameworks, and training; access to appropriate supervision and professional development; upskilling of the broader Lived Experience workforce in eating disorder awareness; and fair remuneration.

The *National Eating Disorders Lived Experience Workforce Implementation Guide* provides detailed practical guidance for implementing these actions and should be used alongside this section.

Workforce Standard 3: Priority Actions for implementation

The table below lists all workforce-related Priority Actions for National Strategy Workforce Standard 3.

National Strategy Priority Action	Implementation Responsibility	Timeframe	Resources / Tools
3.1 Endorse and build organisational readiness to support the leadership and work of eating disorder Lived Experience workers, recognising them as integral partners in the system of care.	**Implementation Lead** Organisational and service leaders **Implementation Partner** Lived experience organisations; NEDC	Immediate	Lived Experience Workforce Implementation Guide Organisational Readiness Guide for Lived Experience Workforce (in development)
3.2 Develop standards, competencies, and training frameworks for the eating disorder Lived Experience workforce, building on existing work in the eating disorder and broader mental health sector.	**Implementation Lead** Eating disorder lived experience organisations; eating disorder service development organisations (including NEDC) **Implementation Partner** Mental health Lived Experience peak bodies; training providers	Short term	Lived Experience Workforce Implementation Guide

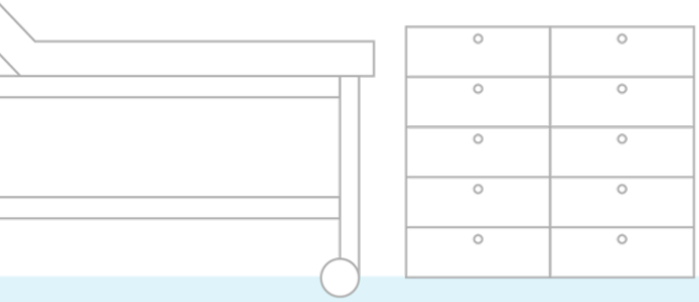
National Strategy Priority Action	Implementation Responsibility	Timeframe	Resources / Tools
3.3 Ensure that eating disorder Lived Experience leaders and workers have clear role descriptions, policies, and procedures, and access to supervision, training, and professional development commensurate with their skills, expertise, and experience.	**Implementation Lead** Organisations and services employing Lived Experience workers **Implementation Partner** Lived experience organisations; NEDC; professional bodies	Immediate	Lived Experience Workforce Implementation Guide
3.4 Develop practical guidelines and training to upskill the broader mental health Lived Experience workforce in eating disorder awareness.	**Implementation Lead** Eating disorder lived experience organisations; service development organisations (including NEDC) **Implementation Partner** Mental health Lived Experience peak bodies; training providers	Short term	Lived Experience Workforce Implementation Guide
3.5 Pay eating disorder Lived Experience workers according to appropriate award structures.	**Implementation Lead** Organisations and services employing Lived Experience workers **Implementation Partner** Sector peak bodies; government; NEDC	Immediate	Lived Experience Workforce Implementation Guide

Workforce Standard 3: Resources and tools

The following resources support implementation of Workforce Priority Actions. Gaps identified inform sector resource development priorities outlined in the Appendix. 'Resource Development Priorities.

The NEDC Lived Experience Workforce Implementation Guide provides detailed guidance, templates, and resources for all relevant Priority Actions.

Resource	Description	Status
Organisational support systems		
Lived Experience Workforce Implementation Guide	Comprehensive toolkit covering all aspects of building and sustaining the eating disorder Lived Experience workforce, including organisational readiness, role design, supervision, training, and remuneration.	In development – NEDC For updates, see here.



Workforce Standard 4: Education, community and social services

National Strategy Workforce Standard 4 recognises that eating disorders are encountered well beyond health and clinical settings. This includes schools, community organisations, and social services, and that early, evidence-informed responses in these settings can be critical to timely help-seeking and recovery. The Priority Actions under Standard 4 focus on equipping this broader workforce with eating disorder-safe knowledge appropriate to their role and ensuring that people are met with understanding rather than harm at key points in their everyday lives. Achieving this requires eating disorder service development and lived experience organisations to take an active role in partnering with the education, social and community services sector and provide training, resources, and ongoing professional development to build capacity across the system.

Workforce Standard 4: Priority Actions for implementation

The table below lists all workforce-related Priority Actions for National Strategy Workforce Standard 4.

National Strategy Priority Action	Implementation Responsibility	Timeframe	Resources / Tools
4.1 Partner with the education, social and community services sector to develop and disseminate training and supporting resources in eating disorder-safe principles and support their implementation.	**Implementation Lead** Eating disorder service development organisations (including NEDC); lived experience organisations **Implementation Partner** Education, social and community service sector organisations; training providers	Short term	NEDC Eating Disorder Safe eLearning Eating Disorder Safe How-to guides NEDC Workforce Development Hub
4.2 Provide professional development opportunities to the education, social and community services sector.	**Implementation Lead** Eating disorder service development organisations (including NEDC); lived experience organisations **Implementation Partner** Education, social and community service sector organisations; professional bodies	Ongoing	NEDC eLearning NEDC Workforce Development Hub The Embrace Collective training and resources Butterfly Body Bright

Workforce Standard 4: Resources and tools

The following resources support implementation of Workforce Priority Actions under Standard 4. Gaps identified inform sector workforce resource development priorities outlined on page 107 - Resource Development Priorities of Section 8.

Resource	Description	Link
Training		
Eating disorder training (live)	Searchable, up-to-date calendar of eating disorder training and professional development opportunities by profession, setting, and state/territory.	NEDC Workforce Development Hub NEDC National Training Calendar
Eating Disorder Safe eLearning	Online training covering Eating Disorder Safe principles for community members, carers, educators, and other professionals (Introduction) and health professionals (Healthcare)	NEDC eLearning: Introduction to the Eating Disorder Safe Principles and Eating Disorder Safe: Healthcare
Data and continuous quality improvement		
Workforce needs assessment	Ready-made survey to assess professional development needs across professions and settings.	NEDC Workforce Development Hub

How progress will be measured

What are we working towards in workforce

- There is increased availability of a skilled and diverse workforce across the system of care.
- The workforce is confident and willing to provide care to people experiencing or at risk of eating disorders.

The following indicators will be used to track implementation of workforce actions:

Indicator	Data source	Frequency
Workforce Development Hub updated and maintained	NEDC reporting	Annual
Curriculum mapping completed and eating disorder content increase tracked across tertiary programmes	NEDC curriculum mapping report	Biennial
Number of health and mental health services with eating disorders included in formal workforce planning documents	Service survey / government reporting	Biennial
Number of health and mental health services engaging in workforce development	Service audit / WFD Hub audit / NEDC survey	Biennial
Development and dissemination of Lived Experience workforce standards, competencies and framework	NEDC project milestone reporting	Annual
Number of Lived Experience workers in eating disorder sector paid under appropriate award structures	Sector survey	Biennial
Number of education, social and community service workers completing eating disorder-safe principles training	Training provider data / NEDC reporting	Annual

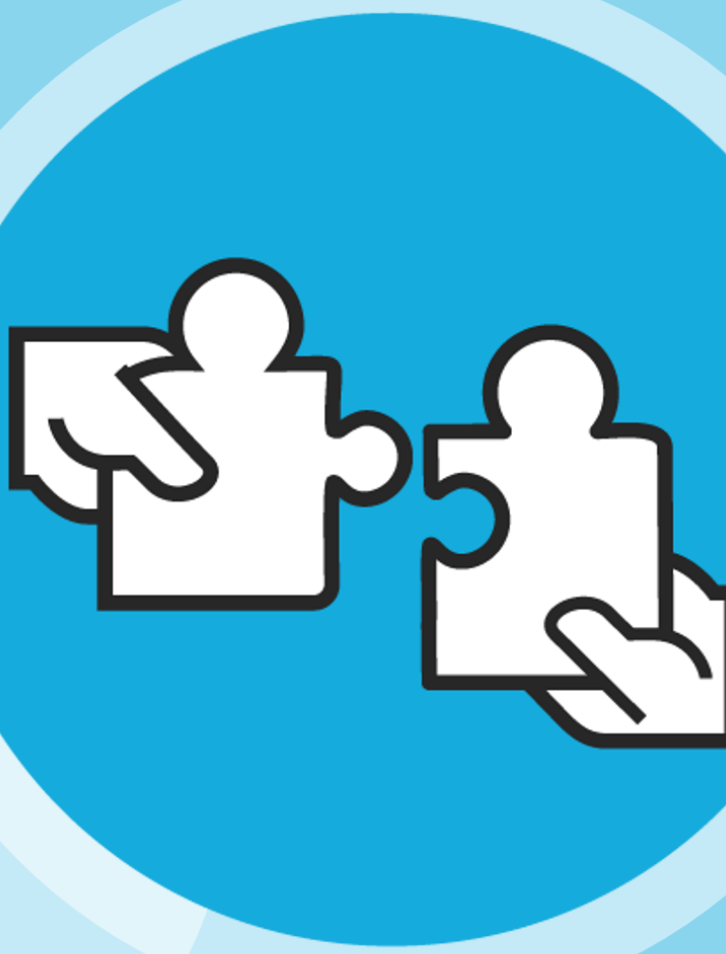
Summary – Workforce Enablers

Section 7 shifts the lens from individual practice and services to the conditions that strengthen eating disorder responses at scale. Across the four Workforce Standards, the common thread is that building an effective eating disorder workforce is not the responsibility of any single sector or role but requires coordinated investment in training pathways, service accountability, Lived Experience workforce infrastructure, and the broader community sectors where people first seek help. The actions in this Section are led primarily by organisations, governments, and sector bodies. Their implementation will determine whether the local and regional efforts described in earlier sections are supported, sustained, and connected into a coherent national response.

SECTION 8

Workforce Priority Actions:

National coordination of workforce development



Workforce Priority Actions:

National coordination of workforce development

Overview

Implementation across sections 2–6 requires a coordinated national approach with shared responsibility, clear accountability, and links between national priorities and local action. NEDC facilitates this by maintaining key infrastructure, including the Workforce Development Hub, national forums, training standards, shared resources, and data reporting. Eating disorder service development organisations provide critical on-the-ground implementation and insights. This section consolidates the coordination of actions and resource priorities that underpin the whole plan, and service as an operational guide for NEDC and partners, and as a transparency tool for the broader sector.

This section is organised into five themes:

1. **Eating disorder sector:** who is involved and what role they play
2. **Activities:** the major streams of work across the stepped system of care
3. **Infrastructure:** advisory groups, forums, networks, and platforms that enable coordination
4. **Resources:** what already exists and what needs to be developed
5. **Timeline:** a phased view of when key activities will be progressed

Approach to implementation

Implementation of the 63 workforce-related National Strategy Priority Actions is a shared endeavour. Progress requires each part of the sector doing what it is best placed to do, coordinating across activities, and building on what already exists rather than starting from scratch.

This Implementation Plan identifies where responsibility naturally sits based on role, remit, and existing relationships, and provides a shared map of who is doing what and when. Each organisation and service brings something the others cannot replicate:

- NEDC brings national coordination capacity and a cross-sector platform
- State and territory eating disorder service development organisations bring deep local relationships and on-the-ground implementation reach
- Lived experience organisations bring essential insight and legitimacy and service provision
- Professional bodies bring disciplinary authority and member networks
- Government brings policy levers and funding
- Educators bring the next generation of practitioners; and
- Researchers bring evidence, evaluation capacity, and the knowledge base that underpins practice

Effective implementation will draw on all of these. The forums and networks described in this section are the mechanisms through which these contributions are coordinated and aligned.

Implementation will take a phased approach, with some activities able to begin immediately, drawing on existing resources and clear accountabilities while others require new infrastructure, government partnership, or multi-year co-development with communities. The phased timeline provided in this Plan will be reviewed through the national facilitative forums as implementation progresses, and updated as new resources become available, priorities shift, and the evidence base evolves.

1. Eating disorder sector: Roles and responsibilities

Implementation of the Workforce Implementation Plan is a shared responsibility across the eating disorders sector, with the table below outlining the primary coordination roles of eating disorders sector organisations.

This does not suggest that responsibility sits solely with these organisations. The broader health, mental health, education, and social and community services systems all have critical roles to play. Those systems are addressed throughout sections 2-7 where the actions of service leaders, professional bodies, government, educators, and employers are described. The focus below is on the national coordination of this Plan which includes facilitation, resourcing, and connecting the work of others.

The specific activities undertaken by each organisation will be determined through the National Strategy Implementation Network and tailored to organisational remit, governance arrangements, and jurisdictional context.

Organisation	Implementation role
National Eating Disorders Collaboration (NEDC)	• Oversees, coordinates and reports on the Workforce Implementation Plan as aligned with the National Eating Disorders Strategy • Maintains and develops the Workforce Development Hub • Convene the facilitative national infrastructure and forums • Develops and maintains national training standards • Coordinates the development of new resources and training and promotes existing ones • Facilitates connections between state/territory organisations and national initiatives • Drive workforce development in Commonwealth-funded services (e.g. those funded through PHNs) • Supports Lived Experience workforce development • Leads the implementation of the national PHN engagement and upskilling strategy, including the delivery of Right Care, Right Place • Leads workforce development in the tertiary and vocational education sector • Share national and jurisdiction-level data with sector via established facilitative national infrastructure and forums

ANZAED	• Develops and supports the eating disorder treatment workforce • Maintains and promotes the ANZAED Eating Disorder Credential • Supports the development of the Lived Experience workforce • Partners in the National Strategy Implementation Network • Deliver continuing professional development opportunities, including training and supervision
State and territory eating disorder service development organisations	• Drives workforce development in services within national or state remit across public, private and not-for-profit health, mental health, education, community, and social services • Drives Lived Experience workforce development within jurisdiction and remit • Works in partnership with state/territory leaders to implement the National Eating Disorders Strategy and existing state/territory eating disorder strategies/frameworks • Partners in the National Strategy Implementation Network • Share jurisdiction-level data with sector via established facilitative national infrastructure and forums
Eating disorder lived experience organisations	• Drive Lived Experience workforce development within jurisdiction and remit in collaboration with eating disorder service development organisations • Drive recovery support workforce development within jurisdiction and remit • Inform training and resource gap analysis and development via national forums • Partners in the National Strategy Implementation Network • Works in partnership with state/territory leaders to implement the National Eating Disorders Strategy and existing state/territory eating disorder strategies/frameworks
Australian Eating Disorder Research and Translation Centre (AEDRTC)	• Drive research workforce development • Creates and implements research tools and guidelines • Maintains the database of evidence-based practice support tools • Partners in workforce-specific research and evaluation initiatives • Shares workforce evidence and data with the sector • Contributes to the workforce implementation evidence base

2. Activities across the system of care

The 63-workforce-related National Strategy Priority Actions span the full stepped system of care, from preventing eating disorders before they develop to supporting recovery. This section draws out the major activity streams that sit across the Plan, grouping them by purpose to give a clearer picture of what needs to happen and where effort is most concentrated.

Building the training pathway

A sustainable eating disorders workforce depends on a well-resourced training pathway from student to specialist.

Key activities include:

- Embedding eating disorder content in tertiary and vocational health and mental health curricula
- Developing and promoting approved introductory and treatment model training
- Expanding clinical placement opportunities including in rural and remote settings
- Reducing the stigma and structural barriers that can discourage health professionals from pursuing eating disorder practice.

Who is responsible?

This work is led primarily by NEDC, tertiary education providers, and professional bodies, with support from eating disorder service development organisations and training providers.

Embedding Prevention and Eating Disorder Safe practice

Eating Disorder Safe principles provide a shared framework for reducing risk and strengthening protective factors across community, health, education, sport, workplace, and media settings.

Key activities include:

- Training a wide range of professionals and organisations in these principles
- Supporting implementation through setting-specific How-To Guides and ‘at-the-shoulder’ support
- Addressing weight stigma in professional practice
- Ensuring culturally safe approaches for First Nations communities and other groups.

Who is responsible?

This is a broad stream involving eating disorder service development organisations, lived experience organisations, professional bodies, and the many sectors in which people experiencing eating disorders may access.

Building identification and initial response capacity

Many people experiencing an eating disorder first present to a professional or service that is not specific to eating disorders. This may be a GP, a school counsellor, an emergency department nurse, or a community worker. Building the capacity of these professionals to recognise warning signs and provide or support access to an appropriate response is a core priority.

Key activities include:

- Training health, mental health, and community staff in identification
- Equipping GPs, mental health professionals, and dietitians for initial eating disorder assessment
- Ensuring emergency departments and mental health support lines have appropriate training
- Maintaining accessible, up-to-date referral pathways.

Who is responsible?

Service leaders and managers carry primary responsibility here, supported by eating disorder service development organisations, NEDC, and professional bodies.

Strengthening treatment and psychosocial & recovery workforce capability

Treatment is the most complex and resource-intensive component of the stepped system of care. It requires a workforce that meets clearly defined training standards, has access to clinical supervision, and works within well-functioning multidisciplinary teams.

Key activities include:

- Ensuring treatment providers meet minimum standards under the National Training Framework;
- Promoting and supporting the ANZAED Eating Disorder Credential
- Building networks of clinical supervisors and communities of practice
- Developing and supporting the Lived Experience workforce
- Fostering secondments, coaching, mentoring, and peer reflective practice.

Who is responsible?

Mental health and health service leaders, ANZAED, professional bodies, and eating disorder service development organisations all have important roles in this stream.

Workforce system enablers

The conditions that allow local workforce development efforts to take hold and be sustained are largely set at a system level.

Key activities include:

- Embedding eating disorders in government health and mental health workforce planning documents;
- Building organisational conditions in health, mental health and community services for the Lived Experience workforce;
- Developing a coordinated national workforce data collection framework

Who is responsible?

These are longer-horizon activities that require government partnership and cross-sector coordination. They are addressed in Section 7 and are essential to ensuring that progress made in the short term is sustained over the seven-year life of the Plan.

National coordination

The activities in Sections 2–7 will only translate into system-level change if they are coordinated, resourced, and tracked at a national level.

NEDC leads this coordination role, including:

- Maintaining the Workforce Development Hub as the central resource and data platform
- Convening the forums and networks described in the following section
- Facilitating the development of new resources to fill identified gaps
- Supporting state and territory organisations to drive local implementation
- Engaging and equipping PHNs to embed eating disorders in planning and commissioning
- Coordinating data collection and progress reporting.

3. Infrastructure: Groups, forums, networks, and platforms

National workforce development requires forums, networks, and platforms through which organisations can share information, coordinate their efforts, discuss emerging needs, and maintain accountability. The structures described below form the backbone of national coordination for this Plan. They will enable communication between the lead organisations and services about national priorities and local implementation of National Strategy Priority Actions and provide the governance through which implementation is tracked and refined over time. Several of these structures are already operating. Others are in development or will need to be further established as implementation activities grow. The table below describes each structure, its purpose, and its relationship to others in the system.

Infrastructure	Purpose	Membership
National Strategy Implementation Network **Existing**	Strategic oversight of the National Strategy, including the Workforce Implementation Plan; guides and drives implementation activities; identifies and responds to gaps; shares progress across organisations.	• NEDC (convener) • National and state/territory: • Eating disorder service development organisations; eating disorder lived experience organisations; Government department representatives • Research partners AEDRTC, others
Training providers reference group (TPRG) **Existing**	Advises on workforce and training initiatives to drive the Workforce Implementation Plan forward; updates on key workforce related initiatives and opportunities; engages in actions to build workforce capability.	• NEDC (convener) • National, and state/territory eating disorder service development organisations • Private training providers • Peak and professional bodies

Infrastructure	Purpose	Membership
National Strategy state and territory advisory/ reference groups **Some existing**	Translates national priorities into local action; coordinates workforce development; shares local insights; supports implementation tracking and data sharing for national monitoring	• State and territory government department representatives • State/territory eating disorder service development organisations • State/territory lived experience organisations • NEDC
Eating Disorders in Tertiary Education Expert Advisory Group (EDTE EAG) **Existing**	Advises NEDC on embedding eating disorder content within Australian tertiary education across the stepped system of care; guides the work of the Collaborative Network (below)	Experts in: • Eating disorder education • Education, discipline-specific learning, industry • Lived experience experts • Students
Eating Disorders in Tertiary Education Collaborative Network (EDTE CN) **Existing**	Advises on the development of resources and initiatives for embedding eating disorder content in tertiary education; disseminates through institutions and networks	• Academics • Educators • Lived experience experts • NEDC
Eating Disorder Safe Collaborative Network **Existing**	A multi-sector platform for shared learning and ongoing refinement of approaches to embedding ED Safe principles and practice.	• Multidisciplinary group of professionals embedding eating disorder prevention and harm minimisation within their wider field.
National Strategy Implementation Forums **Existing**	Broader sector sharing of implementation progress, emerging evidence, innovation, and practice; held periodically (e.g., bi-annually)	Attendees: • NEDC members • Eating disorder sector • Health, mental health, education social and community services • government, • lived experience workforce • service users • researchers

Infrastructure	Purpose	Membership
Strategy in Action Meetings **Existing**	Working-level operational meetings between NEDC and key eating disorder and cross-sector organisations focused on specific implementation challenges, resource co-development, initiative coordination, and data-sharing.	• NEDC • Eating disorder organisations • Relevant cross-sector organisations (by topic/initiative)
NEDC Workforce Development Hub **Existing**	Central platform for accessing resources, completing needs analyses, locating training, tracking implementation activity, and sharing data with NEDC to support national monitoring.	• All Workforce Implementation Plan users (individuals, services, organisations)
NEDC National Strategy Action Hub **Existing**	Central database tracking Implementation of the National Strategy Priority Actions via system-building initiatives across Australia; feeds into coordinated reporting	• All stakeholders involved in the implementation of the National Strategy (individuals, services, organisations)
Lived experience Workforce Co-Production Committee **Existing**	Leads the development of Lived Experience workforce Standards and Priority Actions.	• Lived experience leaders
Clinical supervisor network and directory **Needed: short term**	National database of eating disorder clinical supervisors, by profession; supports access to supervision across all settings	• NEDC • ANZAED • Eating disorder practitioners and supervisors
National workforce data collection framework **Needed: medium term**	Coordinated national data collection on the eating disorders workforce to underpin service and system-level planning; requires government endorsement and leadership	• NEDC • National Strategy Implementation Network

Resources: What we have and what we need to develop

Each section of this plan includes a summary of resources and tools available to support implementation of relevant Priority Actions. Taken together, these represent a significant body of existing infrastructure including trainings, tools, frameworks, and guides.

All resources are accessible via the NEDC Workforce Development Hub.

At the same time, within component of the system of care, there are identifies gaps: resources that do not yet exist, or that need to be updated, evaluated, or made more accessible for specific populations or settings. Those gaps are consolidated in the resource development priorities table in the following pages. They represent the forward development agenda for NEDC and its partners. Once developed, these resources will enable the Priority Actions in this plan to be more fully implemented.

Existing resources

Australia's eating disorder sector has built a strong resource base over recent years. This includes:

- A suite of eLearning covering prevention (Eating Disorder Safe principles), identification, initial response, and treatment model training
- Practice support tools for assessment, diagnosis, risk management, psychoeducation, and referral
- The ANZAED Eating Disorder Credential training pathway and National Framework for Eating Disorders Training
- The Workforce Core Competencies, a shared capability framework across the system of care
- A growing set of resources for specific populations including First Nations communities, neurodivergent people, people with higher weight, and those with longstanding eating disorders
- Workforce needs assessment surveys, training pre-post tools, and continuous quality improvement resources
- The Workforce Development Hub as the central, searchable repository for all of the above

These resources are updated as evidence develops, gaps are identified through sector consultation, and new priorities emerge through the national forums. The National Strategy Action Hub captures system-building initiatives across Australia that are putting these resources to work.

Resources to be developed

Resource development priorities below have been identified through the Priority Action tables in Sections 2–7. Below is a high-level summary of resources that need to be developed in the immediate or short-term (up to two years).

A detailed list of resources is included in the Appendix. Here, they are organised by the component of the stepped system of care and by timeframe. NEDC coordinates and facilitates development of these resources, typically in partnership with eating disorder service development organisations, lived experience organisations, researchers, and eating disorder specific services. These priorities will be reviewed and updated through the national forums as resources are developed and new needs emerge.

Resource	Description
Minimum training standards checklist	Based on the Workforce Core Competencies and National Framework for Eating Disorders Training, this checklist will support self-audit for services and clinicians.
Eating Disorder Clinical Practice Guideline	In development, with planned publication in June 2027.
Outcome measurement toolkit	Developed to support evaluation across each component of the system of care
eLearning modules	Developed for target workforces and topics including the Lived Experience workforce, cultural safety, emergency department staff, and nurses
Referral database	A national, centralised database that supports effective referral for all people impacted by eating disorders, including identifiable pathways for marginalised groups
Supervisor database	An online portal providing details of available eating disorder clinical supervisors to support more efficient process in locating and connecting with a supervisor.
Lived experience workforce resources and tools Organisational readiness guide	Including a training standards framework, organisational readiness guide, to support services building their capacity to employ and support Lived Experience workers
National Education Framework	Framework for embedding eating disorder content across health and mental health professional courses, including recommended competencies and curriculum resources

4. Timeline for implementation

The timeline below provides an at-a-glance view of when key activities are expected to begin and be progressed across the seven-year life of this plan. It is organised by the four implementation phases used throughout:

- Immediate (within 12 months)
- Short term (1–2 years)
- Medium term (2–4 years)
- Ongoing (continuous, recurring across the life of the plan).

Activity Stream	**Immediate** Within 12 months	**Short Term** Years 1-2	**Medium Term** Years 2-4	**Longer term** Years 4-7
Building the training pathway	• Treatment providers meet minimum training standards • Training self-audit checklist • National Educator Framework • Curriculum needs assessment	• Supervisor directory • CPD mapped across all professions • Tertiary resource development	• Additional professions included in tertiary initiative • Student placement pathways • Weight stigma in health education • Cultural safety training and resources	• ED content embedded in tertiary and vocational curricula
Embedding prevention and ED Safe practice	• ED Safe How-To Guides disseminated • Service self-assessment against ED Safe principles	• ED Safe training in health, schools, sport and media • Weight stigma addressed in practice standards	• Culturally safe resources for First Nations communities	• ED Safe embedded as standard across sectors
Identification and Initial Response	• Referral pathways reviewed and updated • Mental health support line trained in EDs	• Identification / Response toolkits for all settings • eLearning development: target workforces	• GP, MH and dietitians trained in initial response • Hospital and emergency department packages • Health and community staff trained in identification	• Capability embedded across all key gateways

Activity Stream	Immediate Within 12 months	Short Term Years 1-2	Medium Term Years 2-4	Longer term Years 4-7
Treatment and psychosocial & recovery workforces	• Minimum training standards checklist • ANZAED Credential promoted and supported • Communities of Practice established	• LE Workforce Standards Framework • Clinical supervisor directory • ED Clinical Guideline	• Organisational readiness guide for LE Workforce • LE Workforce eLearning developed • Psychosocial practice support resources • Micro-skill training development	• Embed ED treatment in public MH services • LE Workforce embedded across services • ED specific workforce at sustainable scale
Workforce systems and government	• Workforce Needs Assessment Tool • Workforce Planning Guide • Progress and outcomes measurement toolkits • Curriculum needs assessment survey	• ED in health service workforce planning •	• Rural and remote placement incentive framework • National workforce data collection framework	• ED workforce integrated in national health reporting
Continuous foundations	• **National Standards:** Workforce Core Competencies and National Framework for Eating Disorders Training • **National coordination:** forums, networks, Implementation Network • **Workforce Development Hub:** resources, training, needs analysis, data sharing • **ANZAED Credential:** credentialing process, CPD< supervision supports • **Sector partnerships:** professional bodies, researchers, educators, lived experience organisations • **Progress reporting:** indicators, monitoring, forum-based review of this plan • **Jurisdictional planning:** within PHNs and LHDs			

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Appendix: Resource development priorities

The following tables compile the resource gaps identified across all components of the stepped system of care. Each represents a priority for sector resource development, with NEDC coordinating and facilitating the development. These gaps inform the forward work plan for NEDC and its partners. They should be reviewed and updated through the facilitative national forums as resources are developed and new needs are identified.

Prevention workforce

Resources needed to build prevention capability across health, education, community, sport, and media settings, and to support implementation of Eating Disorder Safe principles. The First 2000 Days Implementation Plan sits separately to this Plan and articulates resources specific to those settings.

Resource	Description	Development lead	Development partner	Timeframe
Training				
Cultural safety in eating disorders training	Training in culturally safe approaches to eating disorder prevention for community, health, and education settings	NEDC; Aboriginal and Torres Strait Islander organisations	NAATSIHWP; community-controlled health organisations	Medium term (2–4 years)
Practice Support Tools				
Cultural safety in eating disorders practice support resources	Practice support resources for culturally safe eating disorder prevention, for use by health, education, and community settings	NEDC; Aboriginal and Torres Strait Islander eating disorder organisations	NAATSIHWP; community-controlled health organisations	Medium term (2–4 years)
Organisational Support Systems				
Vocational and higher education resources for teaching	Teaching resources for providers preparing teachers-in-training in eating disorder safe approaches	EDTE; NEDC	Tertiary and vocational education providers; state education departments	Medium term (2–4 years)
Vocational and higher education resources for early childhood workers	Teaching resources for preparing early childhood educators in eating disorder safe approaches	EDTE; NEDC	Tertiary and vocational education providers; early childhood peak bodies; Embrace	Medium term (2–4 years)

Resource	Description	Development lead	Development partner	Timeframe
Teaching resources for fitness professionals - vocational education	Teaching resources for vocational education providers preparing fitness professionals in eating disorder safe approaches	Eating disorder service development organisations	Fitness Australia; vocational education providers	Medium term (2–4 years)
Data and Continuous Quality Improvement				
Progress and outcome measurement toolkit: Prevention workforce	Structured tools to support local tracking of prevention-related workforce and service outcomes, with guidance on indicator selection and reporting	NEDC	Eating disorder service development organisations; state and territory health departments	Immediate (within 12 months)

Identification workforce

Resources needed to strengthen the capacity of a broad range of professionals to recognise eating disorder warning signs and high-risk groups and support access to an initial response.

Resource	Description	Development lead	Development partner	Timeframe
Practice Support Tools				
Feed Your Instinct (FYI) - evaluation, update, integration and dissemination	Evaluation, update, and dissemination of this online tool for parents of children and adolescents with body and/or eating concerns	CEED/La Trobe	NEDC; primary health networks; paediatric services	Short term (1–2 years)
Reach Out and Recover (ROAR) - evaluation, update, integration and dissemination	Evaluation, update and dissemination of this online tool promoting help-seeking in people aged 15 years and over with body and/or eating concerns	CEED/La Trobe	NEDC; youth and adult mental health services;	Short term (1–2 years)
Resources for identification in Aboriginal and Torres Strait Islander communities	Resources providing clarity on the phenomenology and presentation of eating disorders in Aboriginal and Torres Strait Islander people to support accurate identification	Aboriginal and Torres Strait Islander eating disorder organisations; researchers	NEDC; NAATSIHWP; community-controlled health organisations	Commence immediately; deliver Medium term (2–4 years)

Resource	Description	Development lead	Development partner	Timeframe
Aboriginal and Torres Strait Islander eating disorder screening tools	Culturally grounded eating disorder screening tool(s) for Aboriginal and/or Torres Strait Islander people across the life span	Aboriginal and Torres Strait Islander eating disorder and health organisations	NEDC; NAATSIHWP; researchers; community-controlled health organisations	Commence immediately; deliver Medium term (2–4 years)
Identification resources for alcohol and other drug workers	Identification practice support tools tailored for alcohol and other drug workers	NEDC; Eating disorder service development organisations;	AOD peak bodies and services	Medium term (2–4 years)
Referral networks - practitioners working with underserved populations	Referral directory to improve pathways for underserved populations, including First Nations people, culturally and linguistically diverse communities, LGBTQIA+ people, and people in rural and remote areas	Butterfly	NEDC; ANZAED; national, state and territory eating disorder organisations; PHNs; NAATSIHWP	Short term (1–2 years)
Organisational Support Systems				
Implementation toolkits for: - health and MH services - social and community services - education - sports & fitness - helplines	Service-level tools supporting identification skillset within various settings, including needs assessment, training guidance, and referral pathway resources	NEDC	Eating disorder service development organisations; PHNs; peak bodies; government departments; service providers	Short term (1–2 years) and Medium term (2–4 years)
Data and Continuous Quality Improvement				
Progress and outcome measurement toolkit: Identification workforce	Structured tools to support local tracking of identification-related workforce and service outcomes, with guidance on indicator selection and reporting	NEDC	Eating disorder service development organisations	Immediate (within 12 months)

Initial response workforce

Resources needed to build capability in initial eating disorder assessment, preliminary diagnosis, psychoeducation, and referral across mental health professionals, GPs, and dietitians.

Resource	Description	Development lead	Development partner	Timeframe
Training				
Core skills eLearning for rural and remote care providers	Initial response training tailored for practitioners in rural and remote settings, covering assessment, referral, and remote delivery of care	Eating disorder service development organisations; NEDC	Rural health networks; state and territory health departments	Short term (1–2 years)
Initial response eLearning for nurses	Training in the role of practice nurses in eating disorder initial response, including recognition, risk identification, and support for GP-led care	NEDC; eating disorder training providers	Australian Primary Health Care Nurses Association; PHNs	Short term (1–2 years)
Initial response eLearning for emergency department staff	Training in the role of emergency department staff in eating disorder initial response, including medical and psychiatric risk identification and referral	Eating disorder service development organisations; NEDC	Australasian College for Emergency Medicine; hospital networks	Short term (1–2 years)
Psychoeducation eLearning	Training in eating disorder psychoeducation for delivery by mental health professionals, GPs, and dietitians	NEDC; eating disorder training providers	Professional bodies; eating disorder service development organisations	Medium term (2–4 years)
Culturally responsive care eLearning	Training in culturally responsive eating disorder initial response	NEDC; Aboriginal and Torres Strait Islander organisations	NAATSIHWP; multicultural health organisations	Commence immediately; deliver Medium term (2–4 years)
Practice Support Tools				
Culturally safe practice resources for Initial Response -	Practice support resources for culturally safe initial response with Aboriginal and Torres Strait Islander	Aboriginal and Torres Strait Islander eating	NEDC; NAATSIHWP; community-controlled	Medium term (2–4 years)

Resource	Description	Development lead	Development partner	Timeframe
Aboriginal and Torres Strait Islander peoples	people, developed in partnership with First Nations organisations	disorder organisations	health organisations	
Initial response practice support resources for practice nurses	Role-specific practice tools for practice nurses delivering eating disorder initial response within GP settings	NEDC	Australian Primary Health Care Nurses Association; PHNs	Short term (1–2 years)
Initial response practice support resources for emergency departments	Role-specific practice tools for emergency department staff in eating disorder initial response, including clinical decision support and referral pathways	Eating disorder service development organisations; NEDC	Australasian College for Emergency Medicine; hospital networks	Short term (1–2 years)
Risk assessment guidance for health, mental health and emergency departments	Medical and psychiatric risk assessment guidance for clinicians across health, mental health, and emergency settings	Eating disorder service development organisations; NEDC	Professional bodies; hospital networks	Short term (1–2 years)
National treatment setting matrix	Decision support tool to guide clinicians in matching people to the appropriate level and type of treatment	NEDC	Eating disorder service development organisations; ANZAED; researchers	Medium term (2–4 years)
Neuro-affirming assessment and diagnosis tools	Tools to support neuro-affirming eating disorder assessment and diagnosis for people who are neurodivergent	Eating disorder service development organisations; EDNA; researchers	NEDC; neurodivergent advocacy organisations; ANZAED	Medium term (2–4 years)
Culturally informed assessment and diagnosis resources	Resources to support culturally informed eating disorder assessment and diagnosis, including for First Nations peoples and CALD communities	Aboriginal and Torres Strait Islander eating disorder organisations; eating disorder service development organisations	NEDC; multicultural health organisations	Medium term (2–4 years)

Resource	Description	Development lead	Development partner	Timeframe
Data and Continuous Quality Improvement				
Progress and outcome measurement toolkit: Initial response workforce	Structured tools to support local tracking of initial response-related workforce and service outcomes, with guidance on indicator selection and reporting	NEDC	Eating disorder service development organisations	Short term (1–2 years)

Treatment Workforce

Resources needed to build and sustain evidence-based eating disorder treatment capability across community, intensive community, hospital, and residential settings.

Resource	Description	Development lead	Development partner	Timeframe
Training				
Micro-skills training modules	Short, targeted training modules in specific clinical skills for eating disorder treatment providers	Eating disorder training providers; NEDC	ANZAED; professional bodies	Short term (1–2 years)
Culturally safe adaptations to treatment training	Training in culturally safe approaches to adapting evidence-based eating disorder treatment	Aboriginal and Torres Strait Islander eating disorder organisations; NEDC	NAATSIHWP; multicultural health organisations; eating disorder training providers	Commence immediately; deliver Medium term (2–4 years)
Single Session Intervention (SSI) eLearning	Dedicated eLearning module on single session intervention theory and application for eating disorder treatment providers	Eating disorder training providers; NEDC	SSI researchers; ANZAED	Short term (1–2 years)
Clinical supervisor training	Dedicated training for clinical supervisors supporting eating disorder treatment providers	Eating disorder training providers	ANZAED; NEDC; professional bodies	Short term (1–2 years)

Resource	Description	Development lead	Development partner	Timeframe
ED Core Skills training - psychiatrists	Dedicated training for psychiatrists (across settings) in eating disorder identification, assessment, and appropriate referral and treatment	Eating disorder service development organisations; NEDC	Royal Australian and New Zealand College of Psychiatrists (RANZCP); hospital networks; ANZAED	Longer term (5–7 years)
Formulation training	Training in eating disorder case formulation for treatment providers	Eating disorder training providers	NEDC; ANZAED; researchers	Medium term (2–4 years)
Trauma-informed care training	Training in trauma-informed approaches adapted for eating disorder treatment	Eating disorder training providers	NEDC; Trauma-informed care specialists; ANZAED	Medium term (2–4 years)
First Nations-led treatment training	Training in First Nations-led and culturally grounded treatment approaches, developed in partnership with Aboriginal and Torres Strait Islander communities and organisations	Aboriginal and Torres Strait Islander eating disorder organisations	NEDC; NAATSIHWP; eating disorder training providers	Longer term (5–7 years)
Practice Support Tools				
Care team resources	Resources to support multidisciplinary care, team coordination and communication in eating disorder treatment	NEDC	Eating disorder service development organisations; ANZAED	Short term (1–2 years)
Treatment matching training and decision support tool	Guidance and/or decision-support tool for clinicians in matching treatment modality and intensity to clinical presentation	NEDC; eating disorder service development organisations	Researchers; ANZAED; professional bodies	Medium term (2–4 years)
Organisational Support Systems				
Minimum Training Standards Checklist for service leaders	Self-audit tool to assess staff training against minimum eating disorder training standards	NEDC	ANZAED; eating disorder service development organisations	Immediate (within 12 months)

Resource	Description	Development lead	Development partner	Timeframe
Clinical supervisor network and directory	National database of eating disorder clinical supervisors	ANZAED	NEDC; eating disorder service development organisations	Short term (1–2 years)
Data and Continuous Quality Improvement				
Competency-based assessment tools for treatment providers	Tools to assess clinician competency against eating disorder treatment standards, for use in credentialing, supervision, and performance development	ANZAED; NEDC	Professional bodies; eating disorder training providers	Medium term (2–4 years)
Tools for embedding eating disorders within existing CRMs and PROMs	Technical tools to integrate eating disorder data collection within existing clinical record management systems and patient-reported outcome measures	NEDC; researchers	Health services; digital health partners; state and territory health departments	Longer term (5-7 years)
Tools for embedding eating disorders within existing reporting and data systems	System-level tools for incorporating eating disorder workforce data within existing health reporting and data frameworks	NEDC; Australian Institute of Health and Welfare (AIHW)	State and territory health departments; health services	Longer term (5-7 years)

Psychosocial and Recovery Support Workforce

Resources needed to build capability in psychosocial and recovery support settings, including for Lived Experience workers and peer support workers.

Resource	Description	Development lead	Development partner	Timeframe
Training				
Lived Experience Worker eLearning	eLearning module tailored for Lived Experience workers in eating disorder contexts, covering eating disorder awareness, scope of role, and safe practice	Lived Experience Workforce Co-Production Committee; NEDC	Lived experience organisations; eating disorder service development organisations	Short term (1–2 years)
Training in eating disorders and	Training on the intersection of eating disorders and	Eating disorder	NEDC; NAATSIHWP;	Medium term (2–4 years)

Resource	Description	Development lead	Development partner	Timeframe
Social and Emotional Wellbeing (SEWB) for psychosocial and recovery support workers	SEWB for those working in psychosocial and recovery support roles, including for First Nations communities	service development organisations; Aboriginal and Torres Strait Islander organisations	psychosocial support service peak bodies	
Practice Support Tools				
Practice support resources for eating disorders and SEWB for psychosocial and recovery support workers	Practice tools for psychosocial support workers addressing eating disorders alongside social and emotional wellbeing, including for First Nations contexts	Eating disorder service development organisations; Aboriginal and Torres Strait Islander organisations	NEDC; psychosocial support service peak bodies	Medium term (2–4 years)
Organisational Support Systems				
Psychosocial Support Scope of Practice Guideline	Articulation of the role and scope of psychosocial support in eating disorders, including associated training and development pathways and practice support tools	NEDC; eating disorder service development organisations	Psychosocial support service peak bodies; lived experience organisations	Medium term (2–4 years)
Peer Support Worker Competency Framework (eating disorders)	Framework of competencies and training guidelines for eating disorder Lived Experience and peer support workers, covering role expectations, boundaries, and capability development	Lived Experience Workforce Co-Production Committee	NEDC; lived experience organisations; eating disorder service development organisations	Medium term (2–4 years)
Data and Continuous Quality Improvement				
Workforce needs assessment: Peer support	A ready-made survey to assess workforce development needs against peer support core competencies, with NEDC providing sector-level summary data	NEDC	Lived experience organisations; eating disorder service development organisations	Short term (1–2 years)

Resource	Description	Development lead	Development partner	Timeframe
Psychosocial support training pre-post survey	Survey tool to evaluate training outcomes for psychosocial and recovery support workers in eating disorder contexts	NEDC	Eating disorder service development organisations; training providers	Short term (1–2 years)

Workforce Systems Enablers

System-level resources needed to support national coordination, workforce planning, data collection, and the development of the Lived Experience workforce.

Resource	Description	Development lead	Development partner	Timeframe
Curriculum needs assessment: Workforce pathway	Ready-made survey to assess eating disorder curriculum coverage across professions and training levels, to identify gaps and inform sector curriculum development priorities	NEDC	Tertiary and vocational education providers; professional bodies	Immediate (within 12 months)
Cross-sector and cross-discipline professional development guides	Guides to support eating disorder service development organisations and professional bodies to promote professional development opportunities	NEDC	Eating disorder service development organisations; professional bodies	Short term (1–2 years)
Workforce needs assessment: Lived Experience workforce	Ready-made survey to assess the development needs of the Lived Experience workforce and organisational readiness to employ and support Lived Experience workers effectively	Lived Experience Workforce Co-production Committee	NEDC; lived experience organisations	Short term (1–2 years)
Organisational Readiness Guide for Lived Experience Workforce	Practical guide for organisations building their readiness to employ and support Lived Experience workers effectively, including governance, supervision, and cultural considerations	NEDC	Lived experience organisations; Lived Experience Workforce Co-production Committee	Short term (1–2 years)

Resource	Description	Development lead	Development partner	Timeframe
Rural and remote placement incentive framework	Framework for incentivising and supporting eating disorder placements in rural and remote settings	NEDC; rural health networks and professional bodies	State and territory governments; tertiary and vocational education providers	Medium term (2–4 years)
Professional development packages for	Scaled professional development packages for existing and expanded workforces groups, ensuring consistent access to eating disorder professional development	NEDC; eating disorder service development organisations	Professional bodies; training providers	Medium term (2–4 years)
Lived Experience Workforce Standards Framework	Sector-developed competency and training framework for the eating disorder Lived Experience workforce, covering role expectations, capability development pathways, and training requirements	Lived Experience Workforce Co-production Committee	NEDC; lived experience organisations; eating disorder service development organisations	Medium term (2–4 years)
Coordinated national workforce data collection framework	Consistent national data collection on the eating disorders workforce to underpin service and system-level planning. Government endorsement and leadership required.	Australian Government Department of Health, Disability and Ageing; AIHW	NEDC; state and territory health departments; eating disorder sector	Longer term (5-7 years)