

Service Change Progress Indicators

This evaluation tool has been developed for service leaders, commissioners of services, implementers, and local champions. It provides a menu of options for identifying progress indicators, setting outcome goals, and measuring the impact and effectiveness of service/program changes implemented based on the standards and actions outlined within the National Eating Disorders Strategy.

The tool comprises 4 key areas:

- 1. Indicator.** This is a measurable outcome based on the Progress Indicators outlined within the National Strategy (please see page 74 of the Strategy). These can be used to indicate progress towards improved service provision and outcomes for people experiencing eating disorders, their families, supports, and communities.
- 2. Tools and Measure(s).** These are examples of validated tools and other methods for observing and recording information about the indicator to measure outcomes and track change over time.
- 3. Outcomes.** These are examples of specific markers that can be used to assess the effectiveness of changes implemented.
- 4. Objectives (SMART goal).** Objectives set specific, measurable targets for monitoring implementation of your service changes. The [SMART framework](#) can be utilised to develop objectives for your activities. This column is left blank in the tool for you to develop your own SMART objectives.

Click on the following icons to go to the areas you wish to focus on:





Tips for measuring progress

In addition to using this tool to plan how you will track outcomes of your service changes, here are some suggestions for enriching your strategy:

- Co-design your service evaluation, progress indicators and objectives with service users and/or other Lived Experience professionals.
- Evaluate multiple levels and perspectives of change, including eliciting direct feedback from people with lived experience, staff feedback, as well as changes in policy, resources, and structural changes.
- Use multiple data collection and reporting methods, including quantitative and qualitative data.
- Include demographic characteristics within your measures to determine whether some groups are differentially impacted by service changes.
- Take measurements of your outcomes pre and post implementing change, and ongoing.
- Use your tracking of progress over time to adjust your approach and inform ongoing quality improvement.
- Disseminate and/or publish and present on your outcomes to support ongoing learning for other people, services, and organisations. Promote this within your service, and report back to your service users on outcomes.
- Provide feedback to us about this tool and/or let us know about your service changes and outcomes - we want to know! Email us at nationalstrategy@nedc.com.au



Prevention Progress Indicators

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>1.1. Disordered eating rates are reduced for our service users* (across all presentations)</p>	<ul style="list-style-type: none"> <p>Eating attitudes test (EAT-26©; Garner et al., 1982)</p> <p><i>The EAT-26 measures disordered eating and can be used as a screen for eating disorders. It has three subscales, Dieting, Bulimia and Food Preoccupation, and Oral Control. The measure can be used with adolescents (13+) and adults.</i></p> <p>Eating Disorders Examination Questionnaire Restraint & Eating Concern subscales (EDE-Q 6.0; Fairburn and Beglin, 2008)</p> <p><i>The EDE-Q is designed to assess the range, frequency and severity of behaviours associated with eating disorders. It comprises 4 subscales (Restraint, Eating Concern, Shape Concern and Weight Concern) and an overall global score. The measure is designed to be used with people aged 14 and over. The Weight and Shape subscales measure aspects of body image.</i></p> <p><i>**The EDE-Q is currently linked to MBS Item eligibility criteria. Consider whether using the EDE-Q could serve multiple purposes for the person completing it, for example, taking results to their GP or treating team.</i></p> <p>See gender expansive community norms, and other community norms. Norms also exist for cisgender men and boys.</p> <p>12-item EDE-Q Short form (EDE-QS). There are multiple short forms of the EDE-Q. These have been shown to have good validity for use in trans and gender diverse individuals.</p> <p><i>For more information about the EDE-Q, click here.</i></p> <p>Disordered eating behaviour frequency</p> <p><i>Develop your own survey and have service users rate the frequency of disordered eating behaviour (i.e., Never – Rarely – Sometimes – Always – Often.</i></p> <p><i>See the EDE-Q in Indicator 1.3 for disordered eating behaviour examples), or NEDC's page on Disordered Eating & Dieting.</i></p> <p>Service user focus groups/interviews</p> <p><i>Engage service users in focus groups, or ask qualitative questions on surveys. Analyse current themes in peoples' experiences of disordered eating and the impacts of this for them.</i></p> 	<ul style="list-style-type: none"> Number of service users reporting disordered eating behaviours Severity/frequency of disordered eating behaviours Type of disordered eating behaviours Most affected groups (gender, age, diagnosis, co-occurring health/mental conditions, high risk populations etc.) Change in service user disordered eating narrative themes over time 	<ul style="list-style-type: none"> <i>e.g., 20% reduction on baseline disordered eating rates within year 1 across all programs</i>



Prevention Progress Indicators

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>1.2. Body dissatisfaction is reduced for our service users* (across all presentations)</p>	<ul style="list-style-type: none"> • Body Image-Acceptance and Action Questionnaire-5 (BIAAQ-5; Basarkod, 2017) <i>BIAAQ-5 is a short, 5 item version of the BIAAQ. It assesses the extent to which people are flexible with respect to negative thoughts and emotions about their bodies, and are able to engage in valued activity despite these. The measure has been designed to be used with adults.</i> • Eating Disorders Examination Questionnaire Weight concern & Shape Concern Subscales (EDE-Q 6.0; Fairburn and Beglin, 2008) <i>See information about the EDE-Q in Indicator 1.1.</i> • Multidimensional Body-Self Relations Questionnaire (MBSRQ; Cash, 2000) <i>The MBSRQ is a 69-item self-report inventory for the assessment of self-attitudinal aspects of the body image construct.</i> • Body satisfaction/dissatisfaction rating <i>Develop your own survey and have service users rate their body satisfaction/dissatisfaction, e.g., highly dissatisfied, moderately dissatisfied, neither satisfied nor dissatisfied, moderately satisfied, highly satisfied).</i> • Service user focus groups/interviews <i>Engage service users in focus groups or ask qualitative questions on surveys. Analyse current themes in peoples' experiences of body satisfaction/dissatisfaction and the impacts of this for them.</i> 	<ul style="list-style-type: none"> • Number of service users reporting body dissatisfaction • Severity/frequency of body dissatisfaction • Type of body dissatisfaction experiences • Most affected groups (gender, age, diagnosis etc) • Change in service user body dissatisfaction narrative themes over time 	
<p>1.3. Eating disorder rates are reduced for our service users (across all presentations)*</p>	<ul style="list-style-type: none"> • Eating Disorders Examination Questionnaire Global Score (EDE-Q 6.0; Fairburn and Beglin, 2008) <i>See information about the EDE-Q in Indicator 1.1.</i> 		



Prevention Progress Indicators

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>1.3. Eating disorder rates are reduced for our service users (across all presentations)*</p>	<ul style="list-style-type: none"> • Diagnosis Data within eMR/CMI/My Health Record /My Health Record and other existing data collection systems <p><i>Utilise data from existing systems to examine changes in eating disorder rates.</i></p> <p><i>Note that training in ED identification and record keeping may be required as part of your initiative, and pre-service change data may not be accurate due to reporting errors/under-identification.</i></p>	<ul style="list-style-type: none"> • Number of service users reporting body dissatisfaction 	
<p>1.4. Experience and impacts of weight stigma and associated health care, and other social and economic inequity are reduced (i.e., employment rates, school engagement, economic position)</p>	<ul style="list-style-type: none"> • Weight Stigma Heat Map (Willer, 2023) <p><i>The weight stigma heat map can be used to identify elements that perpetuate the stigmatisation of larger-bodied people in health-related resources, including academic publications, health curricula, consumer and marketing resources, health promotion project design and evaluation plans, public health messaging and campaigns, and health policy and strategy documents.</i></p> <ul style="list-style-type: none"> • Measures to assess experience of Weight Bias (UConn Rudd Centre for Food Policy & Obesity, 2023) <p><i>These measures can be used to assess service user experience of weight bias:</i></p> <ul style="list-style-type: none"> - Stigmatizing Situations Inventory (SSI). - Stigmatizing Situations Inventory- Brief (SSI Brief). <ul style="list-style-type: none"> • Fat Attitudes Assessment Toolkit (FAAT Cain, 2022) <p><i>The FAAT includes nine scales: Empathy, Activism Orientation, Size Acceptance, Attractiveness, Critical Health, General Complexity, Socioeconomic Complexity, Responsibility, and Body Acceptance. Specific subscales can be combined to form two composite measures: Fat Acceptance and Attribution Complexity.</i></p> <ul style="list-style-type: none"> • Survey questions assessing weight stigma attitudes, behaviours, equipment, and physical spaces within your service. <p><i>Design a survey specific to your service that assesses weight stigma attitudes, behaviours, equipment, and physical spaces.</i></p>	<ul style="list-style-type: none"> • Severity/frequency of body dissatisfaction 	



Prevention Progress Indicators

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>1.4. Experience and impacts of weight stigma and associated health care, and other social and economic inequity (i.e., employment rates, school engagement, economic position) are reduced (across all presentations)</p>	<ul style="list-style-type: none"> • Survey questions assessing experience of weight stigma <i>Design a survey specific to your service that asks about service user experience of staff attitudes, appropriateness of equipment, and care received. You can base this on one of the earlier measures listed.</i> • Service user rating of weight bias within service <i>Develop a ‘temperature check’ single item 5pt Likert scale for service users to rate the level of weight bias within the service (be sure to provide information about the different forms of weight bias). Include a free text section where people can describe further.</i> • Service user focus groups/interviews, qualitative survey responses <i>Engage service users in focus groups or ask qualitative questions in surveys. Analyse current themes in peoples’ experiences of weight bias within your service and the impacts of this for them.</i> • Measures to Assess Weight Bias (UConn Rudd Centre for Food Policy & Obesity, 2023) <i>These measures can be used to assess biased attitudes within your service:</i> <ul style="list-style-type: none"> – Anti-fat Attitudes Questionnaire (AFA) – Anti-fat Attitudes Scale (AFAS) – Anti-fat Attitudes Test (AFAT) – Attitudes toward Obese Persons Scale (ATOP) – Beliefs about Obese Persons Scale (BAOP) – Fat Phobia Scale – short form – Universal Measure of Bias-Fat Scale (UMB-FAT) – Weight Bias Internalization Scale (WBIS) – Weight Bias Internalization Scale – Modified (WBIS-M) 		
<p>NB. Services and service users may be hesitant to report on experiences of weight stigma, or stigmatised beliefs. Consider how you can protect the identity of individuals, and/or consider use of proxy measures such as attrition (i.e., as you implement change, people may leave your service due to weight stigma).</p>			



Prevention Progress Indicators

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>1.5. Levels of knowledge about eating disorders prevention within our service is improved.</p>	<ul style="list-style-type: none"> • Staff eating disorder prevention survey <i>Develop a survey to assess staff self-rated knowledge, skill and willingness to engage in actions to prevent eating disorders (i.e., promoting weight neutral approaches to health, media literacy, body esteem/acceptance, food security, non-diet approaches to health).</i> • Service user and/or staff rating of prevention actions within your service <i>Develop a survey for service users to rate and report back on actions to address ED risk and protective factors within your service organisation (i.e., promoting weight neutral approaches to health, media literacy, body esteem/acceptance, food insecurity, non-diet approaches to health).</i> • Service user focus groups/interviews, qualitative survey responses <i>Engage service users in focus groups, or ask qualitative questions in surveys. Analyse current themes in peoples' experiences of prevention initiatives within your service and the impacts of this for them.</i> 	<ul style="list-style-type: none"> • Service user feedback on service knowledge and implementation of prevention actions • Staff feedback on service knowledge and implementation of prevention actions • Number of resources, policies, and procedures in place for supporting eating disorders prevention • Quality and breadth of resources, policies, and procedures in place for supporting eating disorders prevention • Number of staff aware of and accessing resources, policies, and procedures for supporting eating disorders prevention 	
<p>1.6. Positive relationships with food and eating are increased within our service users (across all presentations)</p>	<ul style="list-style-type: none"> • Global Food Insecurity Experience Scale (FIES; United Nations FAO, 2023) <i>Food security highly influences a person's relationship toward food and eating. The FIES is an 8-item measure that examines food insecurity (having enough food and having inadequate quality and diversity of food).</i> • Normal Eating Scale (Hart, 2010) <i>The Normal Eating Scale is a non-validated questionnaire that aims to measure attitudes to nutrition, and its relationship to a healthy diet. A total score is obtained at different time points to assess whether dietary and attitudinal changes towards eating have been made.</i> 	<ul style="list-style-type: none"> • Number of service users reporting food insecurity • Number of service users reporting positive relationship with food and eating • Strength of positive relationships with food and eating (noting that this may be variable depending on culture, ethnicity, neurodivergence etc.) 	



Prevention Progress Indicators

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>1.6. Positive relationships with food and eating are increased within our service users (across all presentations)</p>	<ul style="list-style-type: none"> • Satter Eating Competence Inventory (ecSI 2.0TM). <i>The ecSI comprises 16 items that address four factors: eating attitudes, food acceptance, food regulation, and contextual skills. It has been validated for use in adults.</i> • Intuitive Eating Scale-2 (Tylka, 2006) <i>The IES-2 measures eating based on physiological hunger and satiety cues rather than situational and emotional cues. It comprises 3 factors; unconditional permission to eat, eating for physical rather than emotional reasons, and reliance on internal hunger/satiety cues.</i> • Service user focus groups/interviews, qualitative survey responses <i>Engage service users in focus groups, or ask qualitative questions in surveys. Analyse current themes in peoples' experiences of positive food and eating attitudes and behaviours and the impacts of this for them.</i> • Anonymous staff survey <i>Ask staff to rate the service culture around food and eating and promotion of positive food and eating attitudes and behaviours, free from weight bias.</i> <i>Ask staff about their experiences of positive food and eating attitudes and behaviours and the impacts of this for them.</i> <p>Note: A limitation to many existing eating assessment tools is that they include assumptions related to neuronormative eating and feeding behaviours and may not be appropriate for use in neurodivergent individuals. See here for more information about Eating Disorders and Neurodivergence to inform your measures.</p>	<ul style="list-style-type: none"> • Type of positive food and eating attitudes/ behaviours, with consideration of unique needs and preferences relating to culture, neurotype, etc • Group differences (gender, age, diagnosis, co-occurring health/ mental conditions, high risk populations etc) • Service user narrative review • Staff feedback on impacts on knowledge about positive relationships with food and eating • Number of resources, policies, and procedures in place for promoting positive relationships with food and eating • Quality of resources, policies, and procedures in place for promoting positive relationships with food and eating • Number of staff aware of and accessing resources, policies, and procedures for promoting positive relationships with food and eating 	



Prevention Progress Indicators

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>1.7. Body acceptance, body neutrality or body esteem is increased within our service users (across all presentations)</p>	<ul style="list-style-type: none"> • Body Appreciation Scale-2 (Tylka et al., 2015 – scale in appendix) <i>The BAS-2 is a 10-item measure of body appreciation (the ability to relate with one's body in an accepting and loving manner, and to appreciate its uniqueness, regardless of the identification of certain aspects which may be inconsistent with the societally-prescribed beauty ideals).</i> • Body Esteem Scale-Revised (Frost et al., 2017) <i>The BES-R is a 28-item measure of multidimensional body esteem. It measures respondents' feelings toward their body across 3 domains; sexual attractiveness, weight concern and physical condition.</i> • Body Esteem Scale for Adolescents and Adults (BESAA; Mendelson et al., 2001) <i>The BESAA measures body esteem across 3 key domains: Appearance (general feelings about appearance), Weight (weight satisfaction), and Attribution (evaluations attributed to others about one's body and appearance).</i> • Service user focus groups/interviews, qualitative survey responses <i>Engage service users in focus groups or ask qualitative questions in surveys. Analyse current themes in peoples' experiences of body acceptance, body neutrality and/or body esteem and the impacts of this for them.</i> • Anonymous staff survey <i>Ask staff to rate the service culture and promotion of body acceptance, body neutrality and/or body esteem.</i> <i>Ask staff about their experiences of positive food and eating attitudes and behaviours and the impacts of this for them.</i> <p>Note: Body acceptance, body neutrality or body esteem is impacted by intersecting identities/experience including (but not limited to) race, ethnicity, disability, gender, sexual identity, body size, trauma and other experiences. This should be taken into account when designing your evaluation.</p>	<ul style="list-style-type: none"> • Number of service users reporting body acceptance, body neutrality or body esteem • Strength/degree of body acceptance, body neutrality or body esteem • Type of body acceptance attitudes/behaviours • Group differences (gender, age, diagnosis etc) • Service user narrative review • Staff feedback on impacts on knowledge about positive relationships with food and eating • Number of resources, policies, and procedures in place for promoting body acceptance • Quality of resources, policies, and procedures in place for promoting body acceptance • Number of staff aware of and accessing resources, policies, and procedures for promoting body acceptance 	



Prevention Progress Indicators

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>1.8. Other service-specific indicator:</p> <p><i>Please develop additional indicators, tools, outcomes, and objectives relevant to your service.</i></p>			

Note: Many existing measurements tools have not been validated for use in Aboriginal and/or Torres Strait Islander peoples, trans, non-binary and individuals with other diverse gender identities, as well as those for different ethnicities, cultural backgrounds, abilities and neurotypes. Please exercise discretion when selecting outcome measures for your group and consider the impact of intersecting identities on eating disorder experience and key outcomes.

**"Service users" refers to the people who receive services, care or who are the targets of interventions delivered by your organisation. There is no universally preferred term to describe this group of people. This could be students, the general population, athletes, patients, clients, or consumers. Include consideration for the families, carers, supports and communities of your service users.*

***Improved identification of eating disorders will initially increase eating disorder rate data within your service. Consider how you might be able to measure change in ED rates with this in mind.*



Identification Progress Indicators

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>2.1. A higher proportion of eating disorders are identified within our service</p>	<ul style="list-style-type: none"> Diagnosis data within eMR/CMI/My Health Record and other existing data collection systems <i>Utilise data from existing systems to examine changes in eating disorder rates.</i> Note: <i>Training in ED record keeping may be required as part of your initiative, and pre-service change data may not be accurate due to reporting errors/ under-identification.</i> Workforce survey <i>Design a survey to fit your service and across tiers and roles within the workforce that examines workforce willingness, knowledge and skill to identify eating disorder signs and symptoms in others.</i> <i>See Appendix A – suggested Likert scale responses for measuring willingness, knowledge and skill.</i> <i>Design a survey based on content standards for introduction to eating disorders training within the National Framework for Eating Disorders Training.</i> Staff feedback about learning needs <i>Design a survey or engage staff in focus groups regarding their learning needs to examine themes pre- and post-service change.</i> Service user survey <i>Design a survey for your service users to examine their willingness, knowledge and skill to identify eating disorder signs and symptoms within themselves.</i> Service user focus groups/interviews <i>Collect qualitative data and feedback on service practices, processes and capability to identify eating disorders.</i> <i>Ask service users to rate your service on ED early intervention initiatives & outcomes.</i> 	<ul style="list-style-type: none"> Number of service users with ED diagnosis Type of ED diagnoses, number, % Most frequently identified groups (gender, age, diagnosis, co-occurring health/ mental conditions, high risk populations etc) Team/staff level of knowledge about identifying eating disorders eating disorders Level of service user knowledge/confidence to identify eating disorder signs and symptoms within themselves. Number of resources, policies, and procedures in place for identifying eating disorders Quality of resources, policies, and procedures in place for identifying eating disorders Number of staff aware of and accessing resources, policies, and procedures for identifying eating disorders 	<ul style="list-style-type: none"> <i>e.g., Staff self-rated knowledge to increase to 3/5 on self-rated knowledge in the next year within community team</i>



Identification Progress Indicators

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>2.2. Eating disorders are identified earlier in illness or sub-threshold illness within our service</p>	<ul style="list-style-type: none"> • Diagnosis data within eMR/CMI/My Health Record and other existing data collection systems <i>Utilise data from existing systems to examine changes in eating disorder rates.</i> • Note: <i>Training in ED record keeping may be required as part of your initiative, and pre-service change data may not be accurate due to reporting errors/ under-identification.</i> • Service user report of early identification <i>Collect data from service users regarding the time between symptom commencement and identification.</i> <i>Collect data from service users about the services' performance on early identification.</i> 	<ul style="list-style-type: none"> • Service user rating of service performance • Time between ED symptom onset and identification • Number of sub-threshold EDs identified • Most affected groups (gender, age, diagnosis, co-occurring health/ mental conditions, high risk populations etc.) • Change in service user early intervention experience narrative themes over time 	
<p>2.3. People report improved help-seeking experiences within our service</p>	<ul style="list-style-type: none"> • Service user survey <i>Design a survey asking service users to rate the service on key help seeking actions.</i> • Service user focus groups/interviews <i>Collect qualitative data and feedback on on service practices, processes and capability to identify eating disorders.</i> <i>Collect feedback on ways to improve help seeking practices and resources within your service.</i> 	<ul style="list-style-type: none"> • Service user rating of service performance • Change in service user help seeking experience narrative themes over time • QI feedback 	



Identification Progress Indicators

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>2.4. Other service-specific indicator:</p> <p><i>Please develop additional indicators, tools, outcomes, and objectives relevant to your service.</i></p>			

Note: Many existing measurements tools have not been validated for use in Aboriginal and/or Torres Strait Islander peoples, trans, non-binary and individuals with other diverse gender identities, as well as those for different ethnicities, cultural backgrounds, abilities and neurotypes. Please exercise discretion when selecting outcome measures for your group and consider the impact of intersecting identities on eating disorder experience and key outcomes.

**"Service users" refers to the people who receive services, care or who are the targets of interventions delivered by your organisation. There is no universally preferred term to describe this group of people. This could be students, the general population, athletes, patients, clients, or consumers. Include consideration for the families, carers, supports and communities of your service users.*

***Improved service response may reduce the number of identifiable eating disorders your service. Consider how you might be able to measure change in eating disorder identification rate with this in mind.*



Initial Response Progress Indicators

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>3.1. There is increased initial eating disorder assessment and referral within our service</p>	<ul style="list-style-type: none"> Diagnosis specific triage/assessment and referral data within eMR/CM/My Health Record and other existing data collection systems <i>Utilise data from existing systems to examine changes in initial assessment and referral rates.</i> Note: <i>Training in ED record keeping may be required as part of your initiative, and pre-service change data may not be accurate due to reorting errors/under-identification.</i> Workforce survey <i>Design a survey to fit your service and across tiers and roles within the workforce that examines workforce willingness, knowledge and skill to assess for eating disorders and make an appropriate referral. You can base this on the NEDC workforce core competencies or content standards for introduction to eating disorders training within the National Framework for Eating Disorders Training.</i> <i>See Appendix A – suggested Likert scale responses for measuring willingness, knowledge, and skill.</i> Staff feedback about learning needs Service user survey <i>Design a survey for your service users to report on their experience of assessment and referral in your service.</i> <i>Ask service users to rate your service on ED assessment and referral.</i> Service user focus groups/interviews <i>Collect qualitative data and feedback on service practices, processes, and capability in assessing EDs and referring appropriately.</i> 	<ul style="list-style-type: none"> Number of ED assessments Type of ED diagnoses, number, % Number of appropriate referrals based on service user needs Most frequently identified groups (gender, age, diagnosis, co-occurring health/mental conditions, high risk populations etc.) Team/staff level of willingness, knowledge, and skill to assess and make an appropriate referral for eating disorders (in service and to external service) Number of resources, policies, and procedures in place for eating disorder assessment and referral Quality of resources, policies, and procedures in place for eating disorder assessment and referral Number of staff aware of and accessing resources, policies, and procedures for eating disorder assessment and referral 	<ul style="list-style-type: none"> <i>e.g., Themes in service user experience of assessment and referral change to more positive assessment and referral experience over next 6 months</i>



Initial Response Progress Indicators

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>3.2. The time between identification and initial response is reduced within our service</p>	<ul style="list-style-type: none"> Diagnosis specific triage/assessment and referral data within eMR/CMI/My Health Record and other existing data collection systems <i>Utilise data from existing systems to examine changes in initial assessment and referral rates.</i> Note: <i>Training in ED record keeping may be required as part of your initiative, and pre-service change data may not be accurate due to reporting errors and/or under-identification.</i> Service user report of early identification <i>Collect data from service users regarding the time between identification and initial response.</i> <i>Collect data from service users about the services' performance on initial</i> 	<ul style="list-style-type: none"> Change in themes of service user experience of assessment and referral Time between ED identification and initial response Most affected groups (gender, age, diagnosis, co-occurring health/ mental conditions, high risk populations etc.) Change in themes of service user narratives regarding time between identification and initial response 	



Initial Response Progress Indicators

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>3.3. Other service-specific indicator:</p> <p><i>Please develop additional indicators, tools, outcomes, and objectives relevant to your service.</i></p>			

Note: Many existing measurements tools have not been validated for use in Aboriginal and/or Torres Strait Islander peoples, trans, non-binary and individuals with other diverse gender identities, as well as those for different ethnicities, cultural backgrounds, abilities and neurotypes. Please exercise discretion when selecting outcome measures for your group and consider the impact of intersecting identities on eating disorder experience and key outcomes.

**"Service users" refers to the people who receive services, care or who are the targets of interventions delivered by your organisation. There is no universally preferred term to describe this group of people. This could be students, the general population, athletes, patients, clients, or consumers. Include consideration for the families, carers, supports and communities of your service users.*

***Improvements in the system of care may reduce the number of initial responses for eating disorders within your service over time. Consider how you might be able to measure change in eating disorder initial response within your service with this in mind.*



Treatment Progress Indicators (Service Setting)

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>4.1. Eating disorder recovery outcomes are improved</p>	<p>Progress toward recovery</p> <ul style="list-style-type: none"> • Service user ranking <i>Develop a Likert Scale/Visual Analogue Scale for service users to rate their current progress toward recovery.</i> • Service user self-report <i>Design surveys or hold focus groups to understand service users experiences of recovery within your service. Ask service users to rank your service on its ability to support recovery.</i> • Existing service recovery, goal and QoL measures <i>Use existing service tools to measure goal/recovery progress and QoL outcomes (i.e., HoNOS, SDQ, CGAS).</i> • Goal attainment scales (GAS) <i>Goal Attainment Scaling (GAS) is a method that can be used as a means of measuring outcome data from different contexts set out on a 5-point scale of -2 to +2.</i> • Outcome Rating Scale (ORS, Miller et al., 2000) <i>The ORS is a simple, four-item session-by-session measure designed to assess areas of life functioning known to change as a result of therapeutic intervention.</i> • Recovery Assessment Scale – Domains and Stages (RAS-DS) <i>The RAS-DS is a 38-item mental health recovery measure that asks about engagement in values-based action, meaning and purpose, mental health mastery, connection and belonging.</i> • Warwick Edinburgh Mental Wellbeing Scale (WEMWBS). <i>The WEMBS is a 14-item measure of mental wellbeing designed for use in the general population. It asks about feeling and functioning aspects of mental wellbeing.</i> 	<ul style="list-style-type: none"> • Improved service user rating of progress toward recovery at discharge • Improved degree of change in service user self-rated recovery admission to discharge • Number of service users recovered at discharge • Improved symptom remission/reduction in service users at discharge • Enhanced food, eating and body image wellbeing in service users at discharge • Reduced number of episodes of care in EDs • Most affected groups (gender, age, diagnosis, co-occurring health/mental conditions, high risk populations etc.) • Change in themes of service user narratives regarding recovery experience within the service 	<ul style="list-style-type: none"> • <i>e.g., Service users rate progress toward recovery higher at discharge at 12 month followed up compared to baseline.</i>



Treatment Progress Indicators (Service Setting)

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>4.1. Eating disorder recovery outcomes are improved</p>	<ul style="list-style-type: none"> • World Health Organization Brief Quality of Life Assessment Scale (WHOQOL-BREF, 2000) <i>The WHOQOL-BREF is a self-administered general QoL questionnaire comprising 26 questions on the individual's perceptions of their health and well-being over the previous two weeks. It includes 4 domains; Physical Health, Psychological, Social Relationships, and Environment.</i> • Eating Disorder Quality of Life (EDQOL; Engel et al., 2006). <i>The EDQOL is a 25-item measure of quality of life in adolescents and adults with an eating disorder. It has 4 domains; Psychological, Physical/Cognitive, Financial, and Work/School.</i> • Clinical Impairment Assessment Questionnaire (CIA 3.0; Bohn & Fairburn, 2008) <i>The CIA is a 16-item eating disorder specific measure designed assess the severity of psychosocial impairment due to eating disorder features over the past 28 days. It includes mood and perception of self, cognitive functioning, interpersonal functioning, and work performance and includes norms for adults 17-65 years of age.</i> • Symptom reduction See Prevention Indicators 1.1-1.3. • Enhanced food, eating and body image wellbeing See Prevention Indicators 1.6, 1.7. 	<ul style="list-style-type: none"> • Improved service user rating of progress toward recovery at discharge • Improved degree of change in service user self rated recovery admission to discharge • Number of service users recovered at discharge • Improved symptom remission/reduction in service users at discharge • Enhanced food, eating and body image wellbeing in service users at discharge • Reduced number of episodes of care in EDs • Most affected groups (gender, age, diagnosis, co-occurring health/ mental conditions, high risk populations etc.) • Change in themes of service user narratives regarding recovery experience within the service 	<ul style="list-style-type: none"> • <i>e.g., Service users rate progress toward recovery higher at discharge at 12 month followed up compared to baseline.</i>



Treatment Progress Indicators (Service Setting)

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>4.2. The time between initial response and treatment commencement is reduced within our service</p>	<ul style="list-style-type: none"> • Diagnosis specific triage/assessment and treatment/service provision data within eMR/CMI/My Health Record and other existing data collection systems <p><i>Utilise data from existing systems to examine changes in the timeframes between initial response and treatment/service provision.</i></p> <p>Note: <i>Training in ED record keeping may be required as part of your initiative, and pre-service change data may not be accurate due to reporting errors/under-identification.</i></p> <ul style="list-style-type: none"> • Service user report of treatment response time <p><i>Collect data from service users regarding the time between initial response and treatment/service provision.</i></p> <p><i>Collect data from service users about the services' performance on the timeliness of treatment/service provision.</i></p>	<ul style="list-style-type: none"> • Time between initial response and treatment as measured by date of appointment or other service contact • Determine any group differences , i.e.,(gender, age, diagnosis, co-occurring health/mental conditions, high risk populations etc.) • Change in themes of service user narratives regarding the timeliness of treatment/service response 	
<p>4.3. Access to short term evidence-based interventions is increased within our service</p>	<ul style="list-style-type: none"> • Diagnosis specific triage/assessment and treatment/service provision data within eMR/CMI/My Health Record and other existing data collection systems <p><i>Utilise data from existing systems to examine changes in number of people accessing short term evidence-based interventions.</i></p> <ul style="list-style-type: none"> • Service user report of short-term evidence-based interventions <p><i>Collect data from service users regarding their experience of short-term evidence-based interventions.</i></p> <p><i>Collect data from service users about the services' performance in short-term evidence-based interventions.</i></p> <p><i>Ask service users to rank the organisation on the usefulness of short-term evidence-based interventions.</i></p>	<ul style="list-style-type: none"> • Number of short-term treatment interventions offered within service • Number of short-term treatment interventions delivered within service • Number of successful (accepted) referrals to external short-term treatment interventions • Service user feedback regarding accessibility of short-term evidence-based interventions • Change in themes of service user narratives regarding the experience of short-term treatment interventions 	



Treatment Progress Indicators (Service Setting)

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>4.4. Increased number of our service users receive care in the community</p>	<ul style="list-style-type: none"> • Diagnosis specific triage/assessment and treatment/service provision data within eMR/CMI/My Health Record and other existing data collection systems <i>Utilise data from existing systems to examine changes in number of people accessing service within the community.</i> • Service user report of accessing community-based care <i>Collect data from service users regarding their use of community-based services.</i> <i>Collect data from service users regarding their experience of community-based care.</i> <i>Collect data from service users about the services' performance in either providing, or appropriately referring to community-based care.</i> 	<ul style="list-style-type: none"> • Number of ED presentations seen within service (ideally expected to increase in community services, reduce for inpatient) • Number of people seen within service who reside within region • Service user outcome reporting regarding their predominant care settings • Change in themes of service user narratives regarding their experience of access to community-based treatment/referrals 	
<p>4.5. People with an eating disorder report a 'no-wrong door' experience to treatment-seeking and service navigation</p>	<ul style="list-style-type: none"> • Service user report of experience of treatment-seeking and service navigation <i>Collect data from service users regarding their experience of your service in supporting treatment-seeking and service navigation.</i> <i>Ask service users to rank your service's performance in supporting treatment-seeking and service navigation.</i> <i>Hold focus groups and interviews to hear from your service users about their experience of your services approach to treatment-seeking and service</i> 	<ul style="list-style-type: none"> • Service user outcome reporting regarding their experience of treatment-seeking and service navigation with your service • Change in themes of service user narratives regarding their experience of treatment-seeking and service navigation with your service 	



Treatment Progress Indicators (Service Setting)

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>4.6. Hospital admission and readmission rates are reduced</p>	<ul style="list-style-type: none"> • Diagnosis specific admission data within eMR/CMI/My Health Record and other existing data collection systems <i>Utilise data from existing systems to examine changes in hospital admission and readmission rates.</i> • Service user self-report <i>Collect hospital admission data on intake.</i> <i>Collect data from service users regarding their experience of your service in reducing admission/readmission rates.</i> <i>Ask service users to rank your service's performance in reducing admission/readmission rates.</i> <i>Hold focus groups and interviews to hear from your service users about their experience of your services approach to reducing admission/readmission rates.</i> 	<ul style="list-style-type: none"> • Service-level eating disorder hospital admission/readmission rates • Service user self-reported admission rates • Service user ranking data • Change in themes of service user narratives regarding their experience of approaches to reducing admission/readmission rates with your service 	
<p>4.7. More people receive care for their eating disorder within public mental health settings</p>	<ul style="list-style-type: none"> • Diagnosis specific admission data within eMR/CMI/My Health Record and other existing data collection systems <i>Utilise data from existing systems to examine changes in treatment provision within public mental health settings.</i> • Service user self-report <i>Collect public mental health treatment data on intake.</i> <i>Collect data from service users regarding their experience of your service in either providing or supporting access to public mental health services for treatment provision.</i> <i>Ask service users to rank your service's performance in either providing or supporting access to public mental health services for treatment provision.</i> <i>Hold focus groups and interviews to hear from your service users about their experience of your service in either providing or supporting access to public mental health services for treatment provision.</i> 	<ul style="list-style-type: none"> • Number of ED presentations seen within service, or referred to a public service (where appropriate/preferred) • Service user ranking data • Change in themes of service user narratives regarding their experience of your service providing or supporting access to public mental health services for treatment provision 	



Treatment Progress Indicators (Service Setting)

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>4.8. Other service-specific indicator:</p> <p><i>Please develop additional indicators, tools, outcomes, and objectives relevant to your service.</i></p>			

Note: Many existing measurements tools have not been validated for use in Aboriginal and/or Torres Strait Islander peoples, trans, non-binary and individuals with other diverse gender identities, as well as those for different ethnicities, cultural backgrounds, abilities and neurotypes. Please exercise discretion when selecting outcome measures for your group and consider the impact of intersecting identities on eating disorder experience and key outcomes.

**"Service users" refers to the people who receive services, care or who are the targets of interventions delivered by your organisation. There is no universally preferred term to describe this group of people. This could be students, the general population, athletes, patients, clients, or consumers. Include consideration for the families, carers, supports and communities of your service users.*

***Improved identification of eating disorders may initially increase eating disorder rate data within your service. Consider how you might be able to measure change in ED rates with this in mind.*



Psychosocial and Recovery Support Progress Indicators (Service Setting)

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>5.1. We provide or connect people to psychosocial support services and programs for people experiencing eating disorders</p>	<ul style="list-style-type: none"> • QoL tools and measures <i>See tools outlined in Treatment Indicator 4.1.</i> • Diagnosis specific admission data within eMR/CMI/My Health Record and other existing data collection systems <i>Utilise data from existing systems to examine changes in provision or referral to psychosocial support services and programs.</i> • Service user self-report <i>Psychosocial support services and programs quality improvement feedback.</i> <i>Feedback regarding referral to psychosocial support services and programs.</i> <i>Hold focus groups and interviews to hear from your service users about their quality of life and psychosocial functioning</i> 	<ul style="list-style-type: none"> • Improved psychosocial wellbeing and QoL • Number of psychosocial support services and programs delivered within your service • Number of psychosocial support service referrals made • Change in service user narratives regarding their experience of psychosocial support 	<ul style="list-style-type: none"> • <i>e.g., Overall service user self-reported psychosocial wellbeing score will be improved at 6 month follow up compared to the period before implementation.</i>
<p>5.2. People can access recovery support services during their recovery journey within our service</p>	<ul style="list-style-type: none"> • Diagnosis specific admission data within eMR/CMI/My Health Record and other existing data collection systems <i>Utilise data from existing systems to examine changes in provision or referral to psychosocial support services and programs.</i> • Service user self-report <i>Feedback regarding accessibility of psychosocial support services and programs.</i> <i>Hold focus groups and interviews to hear from your service users about their quality of life and psychosocial functioning.</i> 	<ul style="list-style-type: none"> • Number of psychosocial support services and programs offered within service • Number of psychosocial support services referrals made • Number of successful (accepted) referrals to external psychosocial support services and programs • Change in service user narratives regarding their experience of accessibility of psychosocial support 	



Psychosocial and Recovery Support Progress Indicators (Service Setting)

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>5.3. Other service-specific indicators:</p> <p><i>Please develop additional indicators, tools, outcomes, and objectives relevant to your service.</i></p>			

Note: Many existing measurements tools have not been validated for use in Aboriginal and/or Torres Strait Islander peoples, trans, non-binary and individuals with other diverse gender identities, as well as those for different ethnicities, cultural backgrounds, abilities and neurotypes. Please exercise discretion when selecting outcome measures for your group and consider the impact of intersecting identities on eating disorder experience and key outcomes.

**"Service users" refers to the people who receive services, care or who are the targets of interventions delivered by your organisation. There is no universally preferred term to describe this group of people. This could be students, the general population, athletes, patients, clients, or consumers. Include consideration for the families, carers, supports and communities of your service users.*



Workforce Progress Indicators

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>6.1. There is availability of a skilled and diverse workforce within our service</p> <p>Note: The eating disorder workforce includes health and mental health workers, Lived Experience workers/ professionals, education, social and community services workers and all others within the service who influence the care received by service users.</p>	<ul style="list-style-type: none"> • Workforce survey <i>Design a survey to fit your service and across tiers and roles within the workforce that examines workforce knowledge and skill to provide evidence-based treatment and care for people experiencing eating disorders, their families supports and communities. You can base this on the NEDC workforce core competencies or content standards for introduction to eating disorders training within the National Framework for Eating Disorders Training.</i> <i>See Appendix A – suggested Likert scale responses for measuring knowledge and skill.</i> • Demographic data <i>Design a survey to assess the diversity of your workforce(s) across discipline, experience, gender, age, cultural background etc.</i> • Staff retention <i>Utilize existing HR data to examine staff turnover rates.</i> <i>Survey staff to ask about whether they are experiencing the conditions necessary to sustain their work in eating disorders.</i> • Service user feedback <i>Ask service users to report on their perception of the willingness, skill and knowledge of your workforce.</i> <i>Ask service users to report on the diversity of your workforce, including disciplines, experience, cultural background, gender, neurotype and Lived</i> 	<ul style="list-style-type: none"> • Team/staff level of, knowledge and skill • Proportion of team/staff who report adequate knowledge and skill • Number of resources, policies, and procedures in place for supporting workforce skill and diversity • Quality of resources, policies, and procedures in place for supporting workforce skill and diversity • Number of staff aware of and accessing resources, policies, and procedures for supporting workforce skill and diversity • Differences across key areas, such as groups worked with, program type, service intensity level • See Framework for the engagement of people with a lived experience in program implementation and research (Suomi et al., 2002; Centre for Mental Health Research, ANU) • See Lived Experience Workforce Guidelines (National Mental Health Commission, 2021) 	<ul style="list-style-type: none"> • <i>e.g., We will have developed one policy for safely and effectively embedding Aboriginal and Torres Strait Islander clinicians within our service. Within the next 12 months. 100% of staff will receive training in cultural safety in the workplace</i>



Workforce Progress Indicators

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
<p>6.2. Our workforce is confident and willing to provide care to people experiencing or at risk of eating disorders.</p>	<ul style="list-style-type: none"> • National Collaborating Centre for Methods and Tools Organizational Readiness Assessments • Organizational readiness to change assessment (ORCA) <p><i>The ORCA measures organisational readiness to implement evidence-based practices in clinical settings. The ORCA consists of three major scales that measure, strength of the evidence for the proposed change/innovation; quality of the organisational context to support the practice change; and organisational capacity to facilitate the change.</i></p> <ul style="list-style-type: none"> • Assess organisational readiness for embedding Lived Experience workforces. <p><i>Develop your own gap analysis and/or surveys to examine organisational readiness for embedding Lived Experience workforces, including psychological/attitudinal as well as structural factors. Some example organisational readiness frameworks that you can base this evaluation on include:</i></p> <p>The Western Australian Lived Experience (Peer) Workforces Framework, Organisational actions p.36-39</p> <p>National Lived Experience (Peer) Workforce Development Guidelines (NMHC, 2021) From commitment to co-production: Employing the Lived Experience workforce pp.33-51.</p> <ul style="list-style-type: none"> • Workforce survey <p><i>Design a survey to fit your service and across tiers and roles within the workforce that examines workforce willingness and confidence, to provide evidence-based treatment and care for people experiencing eating disorders, their families supports and communities. You can base this on the NEDC workforce core competencies or content standards for introduction to eating disorders training within the National Framework for Eating Disorders Training.</i></p> <p>See Appendix A – suggested Likert scale responses for measuring willingness, knowledge, and skill.</p> <p><i>Design a survey to assess staff attitudes toward eating disorders.</i></p> <ul style="list-style-type: none"> • Staff focus groups or interviews <p><i>Engage staff in opportunities to provide feedback about their willingness and confidence, and what might increase this.</i></p>	<ul style="list-style-type: none"> • State of organisational culture, leadership, and service change facilitation (ORCA) • Level of staff willingness and confidence to provide care for people experiencing or at risk of eating disorders. • Proportion of team/staff who report adequate level of willingness and confidence to provide care for people experiencing or at risk of eating disorders. • Changes in policies, procedures, and resources to support staff development of positive beliefs, willingness, and confidence. • Differences across key areas, such as groups worked with, program 	<ul style="list-style-type: none"> • <i>e.g., Organisational culture markers will improve from baseline levels over the next 12 months.</i>



Workforce Progress Indicators

Indicator	Example Tools and Measure(s)	Example Outcomes <i>(collect pre- and post-implementation)</i>	Objectives (SMART Goal)
-----------	------------------------------	---	-------------------------

6.3. Other service-specific indicator:

Please develop additional indicators, tools, outcomes, and objectives relevant to your service.



Appendix A - Example Likert scales for measuring willingness, knowledge, skill and confidence

Willingness	(1) Not at all Willing	(2) Somewhat Unwilling	(3) Undecided	(4) Willing	(5) Very Willing
How would you rate your willingness to...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge	(1) Very limited knowledge	(2) Limited knowledge	(3) Average level of knowledge	(4) Good level of skill	(5) Excellent level of knowledge
How would you rate your current level of knowledge about...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill	(1) Very limited Skill	(2) Limited Skill	(3) Average level of Skill	(4) Good level of Skill	(5) Excellent level of Skill
How would you rate your current level of skill to...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence	(1) Not at all Confident	(2) Somewhat Confident	(3) Moderately Confident	(4) Mostly Confident	(5) Highly Confident
How would you rate your confidence to...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>