

Feeding Back And In: Reflections & Recommendations of Integrating Research & Evaluation Within a Community-Based Eating Disorder Setting

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Introduction

Community eating disorder services often serve as a gateway to community voices. They hold an important role in contributing to a **responsive** and **equitable** knowledge-sharing ecosystem across the eating disorder sector that spans community, research and clinical landscapes.

Research and evaluation (R&E) is needed to enable community services to **capture local knowledges, evaluate & enhance programs**, identify & address **gaps**, apply for **funding** and better **leverage the diverse voices** of people in the community affected by eating disorders & distress. However, requisite R&E frameworks are often limited by under-resourcing.

Building R&E within community settings may be done through ongoing academic partnerships, to enhance **eating disorder translation, prevention, advocacy and care**. The focus of our project was to **evaluate the feasibility** of co-developing and integrating R&E within a community service through academic partnership.

Process

We undertook a 12-month **community-based participatory project** involving partnership between a postdoctoral researcher (InsideOut) and 6 staff members at Eating Disorders Victoria: 3 lived experience program providers, 2 managers, director, CEO.

We **planned** and **co-designed R&E** practices for an existing peer-led program for carers of a young person with an eating disorder - the Carer Coaching Program.

- 70 staff meetings/interviews (60 hours)
- 47 supervision sessions (43 hours)
- 25 external consultation (27 hours)

We developed:

1. Organisation-wide consent agreement
2. Registration form
3. Evaluation & learning plan
4. Questionnaires for consumers

We evaluated **needs, experiences** and **feasibility** of embedding R&E via staff questionnaires, meetings, emails, reflexive field notes.

Feeding Back and In



Reflections

- Embedding R&E requires **resources** (funding, time, knowledge) & **prioritisation** to plan, collaborate, learn and make change.
- **Ethics** is a barrier to real-world practices: Monitoring, Evaluation & Learning may be more feasible in the interim.
- Awareness of **power** and **intersectionality**, and **joint commitment** is needed for **safety** and **space** in working collaboratively.

Recommendations

Resources

- Prioritise **funding** to support R&E capacity/capability building in community services (staff training, designated R&E positions, software/infrastructure, lived experience engagements)
- Longer funding periods to allow planning, delivery & evaluation

Academic Collaboration

- Assess **readiness for change** prior to partnership
- Identify & re-negotiate **roles & responsibilities** of collaborators for containment & **shared vision**
- Build & bridge understandings of **power & intersectionality** to develop **trust**
- Identify **positioning & positionality**
- Regularly reflect on **process** of working together, communicate/address arising **tensions**
- Establish **structured supports** for all collaborators (supervision, professional networks)
- Researchers to: share knowledge, embed HDR students, assist data analysis, join in advocacy

Reflexive cultures

- **Listen to, learn from** and **welcome** discourse to challenge status quo and support innovation
- Create opportunities to receive/engage in **reflection & feedback** from within/outside services
- Develop **service-wide** R&E practices

Conclusion

We provide a **blueprint** of co-designing and building R&E praxis in a community eating disorder service through academic partnership. We highlight issues faced at the community level which hinder translation, equity, access, and change.

Learnings and recommendations will inform the development of more **equitable, sustainable, and effective** R&E practices and systems within the sector and beyond to enhance community ownership and sharing of knowledge.

This will help build an ecosystem of **innovation** and **knowledge sharing** to improve **representation, access, prevention, policy** and **care** within the eating disorder sector and ultimately enhance lives.

