



Strategic Plan

2026 - 2029

Strengthening Regional Eating
Disorder Support through
collaboration, clear communication
and system change



Who we are

Founded in 2020 by a group of CEO's, the **Regional Eating Disorder Charities Alliance and Network** (REDCAN) is an informal alliance of 9 charities across England and Scotland who provide early intervention, prevention and all stage recovery focused support services for anyone experiencing eating distress or eating disorders and those that care for them.

REDCAN agencies are committed to work collaboratively to tackle one of the biggest mental health challenges in the UK.



All nine charities were founded by individuals personally affected by eating disorders, often starting as small support groups. Lived and learned experience co-exist within staff teams today.

Between us, we have over **215 years of service delivery expertise**.

As a testament to our resilience, passion and determination; despite many ongoing funding challenges; we have grown significantly to try and meet demand; with a **combined income of over £5 million and a workforce of 400**.

Between us, in 2024-2025, our agencies received more than **7,000 referrals** from children, young people, adults, and carers. **The vast majority are self referrals**.

REDCAN agencies offer exceptional value for funders and commissioners.

"With its focus on early action, preventative services and wider social value, the (VCSE) sector provides good value for money".

ICS implementation guidance on partnerships with the VCSE sector NHS England 2021

For example: The cost of specialist CBT -E provision in a charity is free to the individual and costs £74 for the funder of the charity compared to £130 in a private clinic for the individual (Oxford ED Clinic) and £106 per session for commissioners for NHS provision (Unit Cost Programme by the Personal Social Services Research Unit (PSSRU) at the University of Kent)

Each REDCAN agency is unique, offering a wide range of 38 direct prevention and early intervention support services both in person and online; reducing waiting lists for the NHS, relapse and preventing the need for in patient treatment. These include:

- Specialist triage and assessments
- Evidence-based therapies such as CBT, psychotherapy, and EMDR
- A stepped care model in partnership with NHS services
- Psychoeducation sessions and interactive workshops
- Nutrition guidance and meal support
- Recovery planning, relapse prevention, goal setting, and occupational therapy
- Peer support, befriending, and body image workshops
- Carer, family, and friends support groups
- A variety of self-help guides, programmes, training courses and support to professionals

"We've thought about becoming a national charity, but we decided instead to work collaboratively with partners across the country."

REDCAN member



The challenges

- **Rising unmet need:** More individuals are seeking support with more complexity than ever before, yet current systems are failing to meet this demand; particularly for those without a formal diagnosis or those from marginalised communities
- **Preventing gaps:** Clinical services are overstretched and often inaccessible until a crisis point. REDCAN agencies support individuals who are at risk of falling through the gaps, with the potential to become life threateningly unwell.
- **Underserved communities:** Cultural stereotypes and systemic bias mean many people—particularly those from global majority, neurodivergent, disabled, LGBTQ+, or older communities—are overlooked and underserved
- **Proven impact, but unstable funding:** REDCAN members are delivering proven outcomes and reducing pressure on NHS services, but remain vulnerable due to reliance on short-term, inconsistent contracts.
- **Postcode Lottery** There are significant gaps across the country where there are no agencies offering free to access, community based support for people who do not meet the often restricted clinical thresholds for an NHS service. REDCAN works alongside the NHS to support a wider range of eating disorders than is currently provided by statutory services.



This map shows the current geographic provision in green of early intervention and prevention support provided by charities in the UK. Areas in pale green and white have very limited or no availability of community based early intervention and prevention.

Responding to a national crisis

UK Eating Disorder Trends Timeline

2000-2010

Hospital admissions for eating disorders begin to rise steadily across all age groups



2017

17-19-year-olds:
0.8% diagnosed with an eating disorder (baseline youth prevalence)

2010-2015

Children & Teens:
Admissions increase by 90% compared to previous decade



Adults:

Admissions rise by 79%

2020 (COVID-19 impact)

13-16-year-old girls:
Diagnoses surge by 42% vs expected levels



17-19-year-olds:
Increase by 32%

Child and adolescent referrals nearly double



2020

(COVID-19 impact)
Hospital admissions: 4,462 in England – double a decade ago



2023

17-19-year-olds:
12.5% report having an eating disorder (up from 0.8% in 2017)



Estimated 1.25 million

people in the UK living with an eating disorder (~2% of population)

The prevalence of eating disorders in the UK has risen dramatically in the last thirty years with a doubling of hospital admissions within a ten year period recorded and a surge of 42% in diagnosis amongst young people in 2023.

Anorexia has the highest mortality rate of any mental health condition.

26,000 adult referrals were made to NHS Eating Disorder Services in England in 2023-2024 and 7,933 referrals were made to the NHS in one quarter (Oct - December 2024) for children and young people - a rise of 13% from the previous year (NHS Digital)

NHS thresholds for intervention are set high and can only be accessed when someone has a clinical diagnosis.

There is national variation in commissioning eating disorder services which leads to gaps in provision. There is no national strategy for eating disorders leading to variation in relation to access and treatment options

There is a lack of investment in research into Eating Disorders contributing to inconsistent treatment, continued stigmatisation and delayed access to treatment according to the 2021 Breaking the Cycle report commissioned by the APPG Ed and carried out by Beat:

“Quality research is crucial for understanding what causes eating disorders, how to best to provide treatment, and ideally how to prevent them from developing”

Tom Quinn BEAT

Why do we exist?

EATING DISORDERS PYRAMID

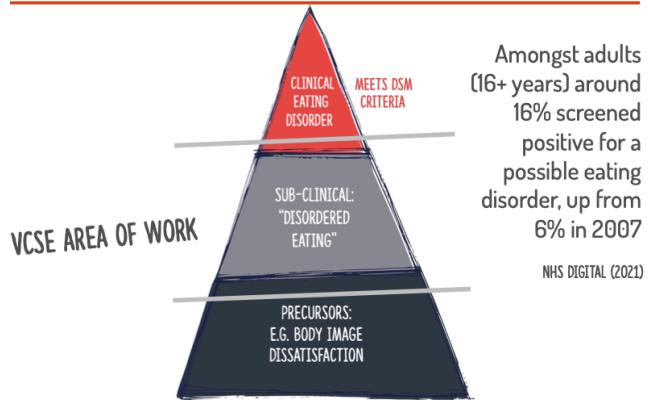


Image shows the stepped care model adopted by many REDCAN agencies

Eating disorders are complex, stigmatised and often misunderstood, misdiagnosed and mislabelled.

As we head towards 2026 there are still too many people deteriorating physically and psychologically because they cannot access the support they need, overlooked because they don't fit the stereotype of someone with an eating disorder, suffering alone and keeping their eating disorder secret, missing out on education, friendship, family connection and life opportunities and dying from suicide and physical ill health.

In summary:



REDCAN was formed in 2020 to respond to rising demands and strengthen the sector



The alliance was awarded funding from the Prudence Trust and Stone Family Foundation to employ a Development Director



REDCAN currently work in partnership with BEAT, ARFID Awareness, Myominds, the NHS and local education establishments. We fully support the work of the All Party Parliamentary Group on Eating Disorders

REDCAN will continue to develop partnerships that progress our aims to improve the access and quality of earlier support for people experiencing and affected by any eating disorder in the UK

Our vision

Across the UK, everyone experiencing eating distress or an eating disorder; wherever they live and whenever they need help; can access immediate, high-quality support within their local community to fully recover.

Our mission

Together, we are transforming the UK's approach to eating distress and eating disorders by making prevention and early-intervention support accessible, effective, and locally rooted so that every person can get the help they need as soon as they need it.

Lived experience at the heart: Every service is shaped and improved by the expertise of those with lived experience.

Prevention and early intervention as priorities: The value and impact of early support is recognised, evidenced, and embedded across the system.

Shifting investment: Resources move from crisis responses toward prevention and early intervention, reducing long-term harm.

Timely access for all: Everyone can access the support they need at the earliest signs of eating distress or disorder.

Trusted, effective services: Our agencies deliver proven support that prevents entrenched difficulties and promotes lasting recovery.

"Being a core member of REDCAN means a service is open to learning, has a deep understanding of the recovery journey, is locally and nationally connected and works alongside people with eating disorders"

REDCAN Development Director

Our guiding principles

Compassionate, ensuring a person-centred approach that prioritises empathy and better outcomes for everyone with an eating disorder.

Collaborative, working in true partnership by supporting each other, sharing knowledge, resources, and ideas while respecting diverse perspectives.

Professional, upholding integrity and high standards to represent a united and trustworthy voice for change.

Driven, with every initiative shaped by the voices of those we support and focused on delivering meaningful, positive impact.

Our cross cutting commitments:

Equity and Inclusivity drives all our work:

REDCAN recognise that women and girls are most at risk of eating distress and eating disorders in the UK, and we are committed to ensuring they can access services that meet their needs. Alongside this we will proactively tackle the cultural stereotypes and systemic biases that cause people from the global majority, neurodivergent, disabled, LGBTQ+, older populations, and men and boys to be overlooked; ensuring that everyone receives the support they need to live without the harmful effects of eating distress or an eating disorder.

Digital Transformation. We will be ahead of the curve and not left behind

A Systems thinking approach. We will demonstrate being curious, open to learning and seeking different perspectives from a diverse range of stakeholders to identify system barriers and experiment with new approaches.

We will make sure the strategy is robustly reviewed every year

Evaluation and Evidence. We will evidence the effectiveness of our services with independent evaluation and comprehensive data capture. We will work with existing evaluations to improve quality services including the National Audit of Eating Disorders

“Ensuring local trusted services are available earlier everywhere”

Our strategic priorities



Strengthen regional services

REDCAN will support every member agency to build the resources, and insight needed to deliver impactful services in their communities.

We will share an annual national picture of prevention and recovery support, facilitate learning and good-practice forums, and promote clear, influential communication with stakeholders.



Collaborate for quality

Together we will improve access to quality support through equipping agencies to engage meaningfully with experts by experience and identify and remove barriers to effective support. We will share high-quality data and lead a cross-sector approach to complex needs.



Promote public understanding

REDCAN will communicate with clarity and confidence to reduce stigma, challenge misconceptions, and foster hope. A dedicated Communications Lead will amplify united messages and support smaller agencies to promote accurate media representation and share accessible evidence to influence national policy.



Transform support systems

We will work to remove systemic barriers so that people can access the right support at the right time. This includes embedding lived experience in system-change work through a national experts by experience panel, strengthening partnerships with the NHS, and hosting national roundtables that bring together diverse voices to drive progress. A "test and learn" ethos will guide innovation within the alliance, supported by an independent evaluation to understand our impact and steer continuous improvement.

"The system continues to be fragmented, chronically underfunded, and resistant to meaningful change. What we need now is not more reflection, but breakthroughs in both strategy and delivery."

APPG ED on Prevention of ED Deaths

How we will do this



Strengthen regional services

Ensure all REDCAN agencies have the resources and support they need to deliver vital services.

We will:

- Strengthen collaboration and strategic development across the alliance through the Development Director.
- Share an annual up-to-date national map of prevention, early intervention, and all-stage recovery support with briefings to highlight gaps for policy makers and funders.
- Run learning and good-practice forums to build the skills and confidence of teams across REDCAN.
- Communicate clearly with stakeholders to promote REDCAN's vision, advocate for the Eating Disorder VCSE sector to be fully involved in national policy directions and influence improvements across the UK.
- Support agencies to collect and share meaningful data that shows what we do, why it matters, and how we can keep improving.
- Build purposeful relationships with lived-experience experts, researchers, campaigners, funders, policy makers, and sector specialists to strengthen support and investment.



Collaborate for quality

Work together to increase access to support and improve its quality.

We will:

- Equip member agencies to develop meaningful collaboration forums with Experts by Experience to improve services.
- Work with lived-experience experts, partners, campaigners, researchers, policy makers, staff, and volunteers to identify and remove local and national barriers to effective support.
- Support agencies to adopt consistent data collection tools, including CORC licensing, to improve outcome measurement and share data where possible to strengthen service delivery nationwide.
- Lead cross-sector approaches that support people experiencing both trauma and eating distress or eating disorders.
- Employ a National Standards Lead to strengthen clinical practice across REDCAN services.
- Coordinate joint efforts across the alliance to amplify best practice around peer support



Promote public understanding

Communicate clearly and widely to reduce stigma, challenge prejudice, and increase understanding and hope.

We will:

- Appoint a Communications Lead to develop and deliver a shared communications strategy that supports smaller agencies and amplifies united messages.
- Improve media representation and public understanding through ambassadors, campaigners, and clear messaging about eating distress and eating disorders.
- Share accessible data, achievements, and challenges to inform policy and influence practice including our role in meeting the NHS 10 year plan to shift from hospital to community and from sickness to prevention..



Transform support systems

Identify and remove systemic barriers so people can access the support they need, when they need it.

We will:

- Support a national Experts by Experience panel to drive system-change work across REDCAN.
- Sustain partnerships with the NHS locally and nationally to ensure there is meaningful recognition of our contribution to prevention and enabling integrated system approaches to eating disorder support
- Host national roundtables that bring together diverse voices to identify and progress system changes.
- Use a “test and learn” approach in learning and good-practice forums to trial new ways of working guided by lived experience.
- Commission an independent evaluation of our system-change approach to understand impact and guide future improvement.

The creation of this plan

This strategic plan is the result of eight months of collaboration facilitated by a Development Director and including input from leaders, staff, specialists in eating disorders, partners and experts by learned and lived experience.

This strategy builds on the achievements of REDCAN as a collaborative alliance and sets out a clear direction for the next three years.

Measuring our progress

The Development Director will monitor progress of strategic outcomes alongside leaders within REDCAN agencies

This strategic plan is backed up by a fundraising strategy and an operational plan with clear indicators to measure success including:

Feedback from lived experience panels, REDCAN agencies and partners

Data analysis and outcome reports from REDCAN agencies

Increased stakeholders, partners and forums attended

Learning and improved practice across sectors

Increased Media posts and profile

Additional funding and resources

Evaluation report



Our alliance is dynamic and has a rigorous review system in place to ensure it remains responsive, open to learning and addresses strategic challenges

To contact REDCAN: rowanmiller@redcan.org.uk