

Butterfly Foundation

SOCIAL INCLUSION TOOLKIT



April 2019

Vogl & Blake Research Consultants | The Butterfly Foundation

We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians and recognise their continuing connection to lands, waters and communities. We acknowledge the sorrow of the Stolen Generations and the impacts of colonisation on Aboriginal and Torres Strait Islander peoples. We also recognise their continuing culture with all its resilience, strength and pride.

THE ORGANISATION

The Butterfly Foundation has grown from a small advocacy organisation to a large one providing a national helpline service. Once operated by a single volunteer, the Butterfly National Helpline is now seven days a week, 8am – midnight (AEST).

The Helpline is committed to reaching anyone affected by an eating disorder. Thanks to the Federal Department of Health, the Helpline was funded to look at how to increase the reach of its service to ensure it is accessible to all people experiencing eating disorders and body image concerns regardless of their background, ability and resources.

Market research showed that to do this effectively, the Butterfly Foundation needed to take a whole of organisation approach and therefore this toolkit is aimed at all staff and teams at the Butterfly Foundation.



Human Resources



Clinical Services



Education/
Prevention Services



Communications
and Marketing



Operations Team

THE TOOLKIT

We've designed this toolkit to improve the Butterfly Foundation's reach and ability to engage with diverse groups. It will help inform the development and implementation of inclusive and accessible services and content.

It is intended to guide staff across the organisation to extend Butterfly's service reach, ensuring we are engaging our target audiences and not inadvertently excluding those who need our services the most.

The toolkit is a living document that can be added to and updated.

SOCIAL INCLUSION • DEFINED



Social inclusion refers to when resources and opportunities are equitably distributed so that everyone can access and participate fully in all elements of a service/ activity, regardless of their body size, age, ability, gender, beliefs and traditions, sexual preference or nationality.



People with lower body weights, higher levels of education, material resources and greater social power often dominate and end up designing services for people like themselves.

To be inclusive:

1

Self-Reflection

An important and sometimes confronting first step is recognising our own privilege. This recognition is essential for an organisation to move toward greater inclusion for staff and clients. Individuals often lack an awareness / understanding of what less privileged groups need in order for services to be accessible and relevant.

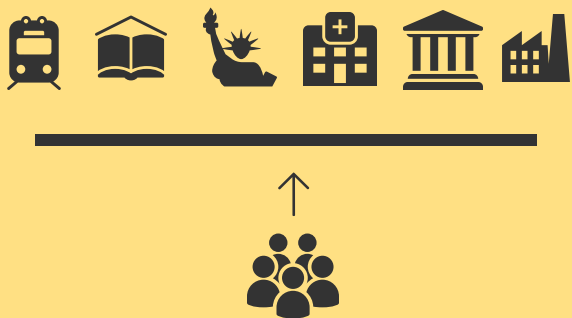
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Relationship-Building

Organisations need to continuously find ways to develop relationships with people from diverse groups to ensure that the services that they offer reflect the diversity of the individuals within the communities they serve.

SOCIAL EXCLUSION • DEFINED

Exclusion is the failure of a service to provide certain groups with the resources to fully participate in their service in ways that other members of society do.



The onus should be on the organisation to address barriers that prevent people from accessing services.

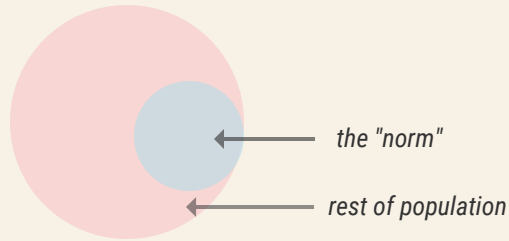
Exclusion occurs for multiple and compounding reasons including barriers as a result of a person's weight, culture, ethnicity, sexuality, disability and gender.



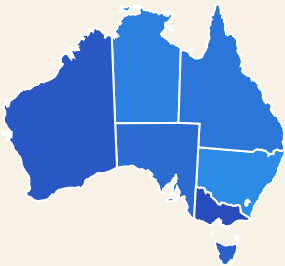
Do not treat 'hard-to-reach' groups as an 'add on' - make them integral to the organisation.

THE IMPORTANCE OF INCLUSIVE DESIGN

1 There is no such thing as 'normal'. When we design things to suit the norm we end up excluding many people in society.

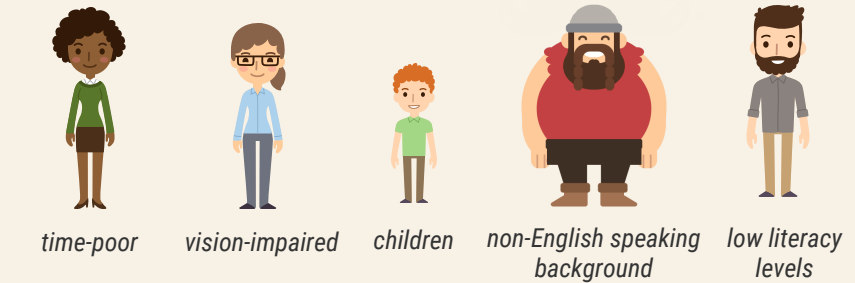


2 There is so much diversity within Australia.

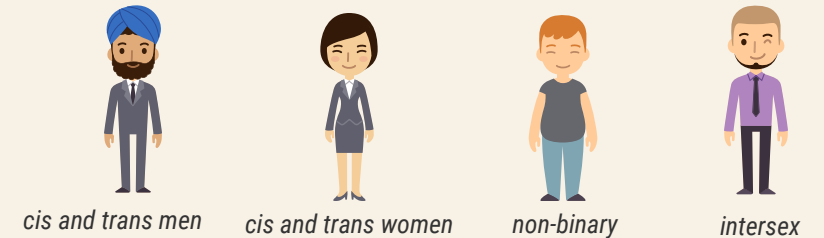


Inclusive design provides support to a diverse clientele that reflects the population.

3 Designing for marginalised groups helps everyone



more people benefit from simple, accessible language



more people benefit from gender neutral language

THE TOOLKIT

"At every step of the project, consider who's not in the room"

This toolkit has overarching guidelines:



General guidelines



Content production guidelines

And specific guidelines for working with people who have/are:



Living in larger bodies



LGBTIQA+



Male



From culturally and linguistically diverse backgrounds (CALD)



Disabilities



From different age brackets



INTERSECTIONALITY

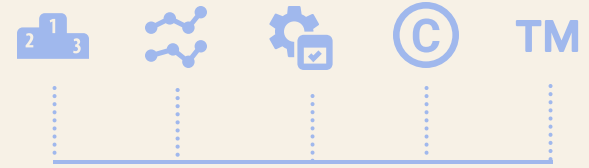
Intersectionality describes the ways different identities, such as race, gender, class, body size and sexuality, overlap and create interdependent systems of discrimination. While for ease of use, we have outlined principles for the specific groups separately remember that no identity exists in isolation.

GENERAL GUIDELINES

Individual Level

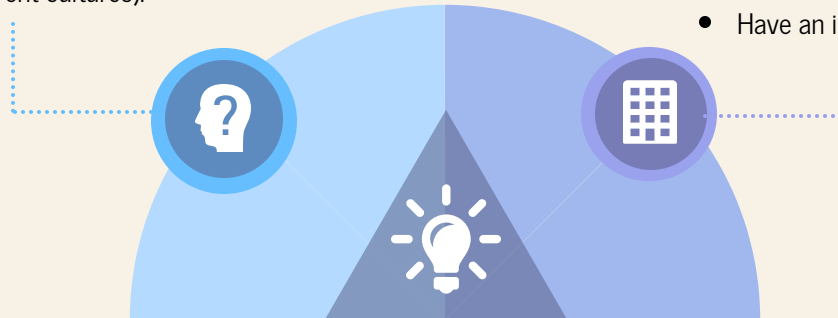


- A person is always a person first (e.g. a person who has a disability, not a disabled person). Do not classify people in a way that separates them from the whole.
- Do not make assumptions – if you don't know, ask. Individuals are the experts about their own lives and can identify if general information about a group applies to them.
- Acknowledge the differences within groups - avoid showing a single story for specific groups (e.g. just showing people's struggles). In the case of eating disorders showcase different recovery journeys, as many people do not follow a simple trajectory of illness to recovery.
- Understand and value intersectionality. People come with a lot of interrelating factors that make up who they are and how they feel.
- Recognise cultural context and how this may influence the way different groups name and conceptualise particular issues/experiences (e.g. what food may mean in different cultures).



Organisational Level

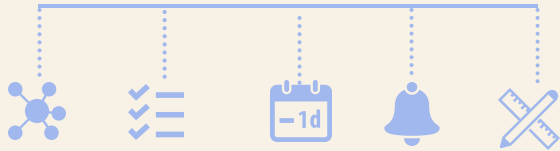
- Consider weight stigma, cultural competence and LGBTIQ+ training for all staff.
- Employ diverse staff and put in place supports for their retention.
- Have an active presence and show organisational support during celebrations and events that are important to particular groups (e.g. NAIDOC Week for Aboriginal and Torres Strait Islander groups).
- Carefully consider alignments with organisations which bring pain to stigmatised groups (e.g. obesity research/conferences) and consider the message this sends to people you are trying to include (i.e. larger people with eating disorders).
- Have an inclusion and diversity policy.





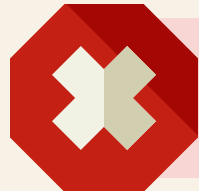
Planning

- Do not make 'hard-to-reach' groups an 'add on'. From the outset, plan and budget for accessibility, inclusion and collaboration with community representatives / organisations.
- Implement participatory design by involving the target audience from the inception to completion of campaign materials, content development and services.
- Maintain ongoing user research in order to keep up with sociocultural changes.



Relationships

- Develop relationships with members of diverse groups at all levels of Butterfly. Ensure that communication is honest and open from the beginning and that these relationships are based on trust and mutual respect.
- Collaborate and draw on the expertise and experience of organisations / representatives working with your target audience.



Avoid tokenism and be accountable for delivering on your target audience's input. If you are unable to implement advice, respectfully and honestly explain why this is so.

GENERAL GUIDELINES

CONTENT PRODUCTION GUIDELINES

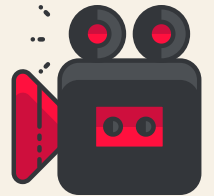
TEXT



- Whenever possible, written content should be short and snappy. Avoid writing content that is too text-heavy and technical.
- Use subtitles for all videos, especially on social media. Any videos uploaded to a website should also have a transcript available to read or download.
- Use correct heading levels in webpages and provide text alternatives for images.
- Alt-text on pictures should be descriptive. This helps for SEO and allows for text readers to better describe images on a webpage.

TYPES OF CONTENT

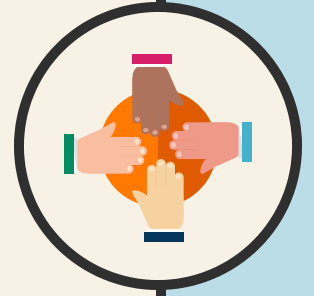
- Produce content in various mediums. Do not rely heavily on written content as this can isolate users from lower-literacy backgrounds, as well as people from CALD communities. Instead produce video, audio and appropriate image-heavy content.
- Use diverse faces appropriately whenever and wherever you can. Imagery is the most effective way to create a sense of identity.
- In circumstances that do not allow for visible faces, use names or other images that evoke a sense of belonging, inclusiveness and diversity.



CONTENT PRODUCTION GUIDELINES

DIVERSITY

- Digital and print content should include images that reflect diverse body types, cultures, genders, sexualities, disabilities, socio-economic backgrounds and ages.
- Highlight non-anglo names in supers (i.e. texts/graphics) on video content and normalise non-anglo names by including more in written copy. Avoid defaulting to the use of anglo-names as pseudonyms. Instead of relying on “John Smith”, use names that reflect cultural and racial diversity.
- Establish a diverse audiences working group to test content and to ensure that it is both engaging and inclusive.
- Have content that is written and produced from diverse communities and do not be afraid to get specific. E.g. have content that explores living in a larger body and living with an eating disorder, and content that speaks to the complications of being a person of colour and living with white beauty standards.
- Do not pigeon-hole people when creating content. For example, avoid only pairing images of people with disabilities with content that is specific to living with disability. Instead, reflect the full spectrum of experiences. i.e. People with disability are the authority on subjects relating to disability, however they also have relationships, work, have hobbies etc.
- Ensure images of people do not reinforce eating disorder stereotypes (e.g. only using thin white girls to represent anorexia nervosa, or people in larger bodies to represent binge eating disorders).



Learn and be curious.
Keep up to date with
conversations around
inclusivity

[Bechdel Test](#)

[#oscarsowwhite](#)

GUIDELINES: WEIGHT STIGMA



Recognise we all have internalised weight bias, and ensure you 'unpack' your own beliefs, attitudes, and ideas about people in larger bodies. Do you have thin privilege? Without doing this work, we run the risk of unintentionally harming those we are trying to include.

DEFINITION

Weight stigma/bias occurs when individuals make assumptions and negative judgments based on people's weight. These assumptions lead to stereotypes about people with particular body types (e.g. the false belief that people living in larger bodies are lazy, unmotivated and lack self-control).

EXAMPLES:

- 1 Delaying medical treatment based on BMI rather than carrying out other functional assessments
- 2 Workplaces that employ only people of smaller bodies
- 3 The physical and social environment (e.g. public seating) only catering for people in smaller bodies
- 4 Art or magazines in waiting rooms that only show people in smaller bodies
- 5 Fashionable clothing or uniforms only available in smaller sizes
- 6 Media coverage portraying issues related to larger bodies in a negative light (e.g. health crisis)

Being the target of weight stigma increases the risk of:

- Being bullied about weight and shape
- Eating disorders
- Depression
- Anxiety
- Poor self-esteem
- Suicidal thoughts & behaviours
- Delayed help-seeking and misdiagnosis
- Cardio-metabolic risk
- Stress
- Higher blood pressure
- Inflammation
- Lower educational attainment
- Fewer employment opportunities
- Reduced financial stability and decreased ability to access private services

GUIDELINES: WEIGHT STIGMA



Remember there are other forms of body discrimination like physical disability and heightism. Heightism is prejudice based on height; almost always directed at people of short stature. Taller people enjoy many privileges over people of short stature including earning more than their shorter counterparts.

RECOGNITION

Weight stigma is prevalent and yet very overlooked as a form of discrimination. Many people in larger bodies who experience eating disorders are not identified or treated. Indeed, their 'efforts to lose weight' may even be praised by health providers. Eating disorders can and do happen to people of all sizes. Increasing community recognition of weight bias and its role in eating disorders is critically important to the Butterfly Foundation.

INCLUSION AND SELF-REFLECTION

- Provide training for all staff about weight stigma and its impacts.
- Work with partner organisations and sponsors to educate them about the impacts of weight stigma.
- Involve people with diverse body sizes in the development and evaluation of content and services.
- Review messaging such as 'love your body,' which erases the reality of weight stigma. Body neutrality or body acceptance may be more appropriate messages.
- Ensure any staff uniforms for special events can be inclusive of people in all body sizes, e.g. by selecting a theme colour or issuing accessories (pins, lanyards, etc.) rather than apparel that requires sizing.
- Promote weight inclusive messaging into all campaigns.
- Ensure the physical environment of work areas is inclusive and welcoming to people of all sizes. Ensure that chairs do not have arms, walkways are widened, and triggering materials like literature about 'the obesity epidemic' - are removed.
- Watch language - terms such as 'overweight' or 'obesity' are pathologising and stigmatising. Instead use neutral descriptors such as 'person in a larger body', 'person of size', 'person of higher weight' or 'larger person'.



GUIDELINES: LGBTIQA+

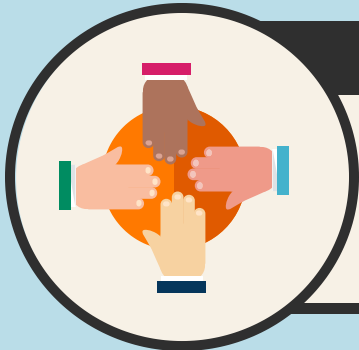
INCLUSION

- Keep your language gender-neutral and do not assume that people are in heterosexual relationships.
- Normalise individuals' gender identities by adding pronouns under the names of counsellors and staff on the Butterfly website and by stating pronouns at the beginning of workshops.
- Find sponsors for the Butterfly Foundation that are not typically associated with feminine products. Participants from the Sydney and Hobart LGBT+ focus groups and the nation-wide Trans and Gender Diverse Group felt the Butterfly Foundation excluded masculine-identifying people.
- Have an inclusion statement on the website that is not generic (e.g. [SANE Australia](#) specifies each marginalised group).
- Participate in and celebrate LGBTIQA+ events but also address the other guidelines so as to avoid tokenistic, performance activism (e.g. feel-good measures that have very little effect aside from making the 'activist' feel satisfied that they 'contributed'.)



DIVERSITY

- Remember there is diversity within the LGBTIQA+ community and that individuals may also identify with other communities (e.g. Aboriginal and Torres Strait Islander, people with disability).
- Represent diversity by showcasing stories by people with different body sizes, ethnicities, ages and genders. If using images, remember to also showcase people who do not look 'stereotypically' queer.



GUIDELINES: LGBTQIA+



CONFIDENTIALITY

- Ensure LGBTQIA+ clients understand that information about their sexual orientation, gender identity or intersex status is confidential and that they will be consulted on how and why this information is recorded, stored and shared.

KNOWLEDGE-SEEKING



- Build relationships with LGBTQIA+ communities and stakeholders and participate in relevant professional associations and forums aimed at improving the quality of services provided to LGBTQIA+ clients.
- Conduct ongoing user experience testing with the LGBTQIA+ community to maintain relevance and keep up to date with sociocultural changes (e.g. changing perceptions around terminology like "LGBTQIA+", "GSRM" and "queer").

**CHANGE THE
CONVERSATION**

#LOVEYOURBODYWEEK #CHANGETHECONVO

Love
your
body
week



User experience testing will also prevent tone-deafness which was apparent in the Butterfly 'Love Your Body' campaign.

Participants from the Trans and Gender Diverse Focus Group commented that this campaign was dismissive to individuals who experienced gender dysphoria. Many said that their disordered eating stemmed from feeling discomfort with their bodies.

GUIDELINES: ABORIGINAL & TORRES STRAIT ISLANDER

RESPECT AND AUTHENTICITY

- Implement a Reconciliation Action Plan.
- Provide all Butterfly staff with cultural competency training.
- Provide an adequate budget and allocate longer time frames in project planning to allow the time and resources needed to build and develop genuine relationships.
- When facilitating research or consultations, take time to build relationships and follow outlined protocols for developing those relationships to demonstrate respect such as asking permission from elders before facilitating research.
- Cater to the different ways in which mental health and wellbeing may be conceptualised by Aboriginal and Torres Strait Islander communities (e.g., a holistic approach encompassing mental, physical, cultural and spiritual health). Avoid language that can potentially induce shame within the person's community. In some First Nation communities talking about mental illness can lead individuals to feel shame and it can sometimes be better to talk about feelings and behaviours rather than labels.
- Start all team meetings and workshops with an Acknowledgement of Country and invite local elders to do a Welcome to Country at major events.



At times organisations think that working with people who identify as Aboriginal or Torres Strait Islander is too challenging. Remember, that a decision not to work to overcome these challenges is effectively a decision not to make a service accessible and engaging to this group, which results in Aboriginal and Torres Strait Islander people missing out on services and perpetuates the existing disadvantage experienced by this group.

- ReachOut Toolkit

GUIDELINES: ABORIGINAL & TORRES STRAIT ISLANDER

COMMUNITY-DRIVEN

- Recognise the importance of self-determination and ensure that interventions are community-led.
- All research and consultations should be facilitated/co-facilitated by a person who identifies as Aboriginal or Torres Strait Islander.
- Involve individuals who identify as Aboriginal or Torres Strait Islander in the development and testing of all services and content.
- Employ Aboriginal and Torres Strait Islander staff to write content and work in other Butterfly services.



CONFIDENTIALITY

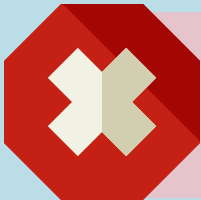


- Consider unique privacy and confidentiality considerations (e.g. phone sharing within families and communities).
- Create an opportunity for Aboriginal and Torres Strait Islander people to seek help in an indirect way. This may include calling the Helpline for a yarn, information seeking and joke telling.

GUIDELINES: CULTURALLY AND LINGUISTICALLY DIVERSE (CALD)

SELF-AWARENESS

- Remember, whiteness is not the default race. When thinking about a service or content, picture users from diverse cultural backgrounds in your head.
- Understand the impact race and ethnicity have on eating disorders and body image. Research* indicates:
 1. A direct relationship between racial identity and maladaptive eating behaviours.
 2. The less a person accepts their racial identity the more likely they will experience maladaptive eating behaviours as they default to accepting a white/western standard of beauty.
- On the other hand, don't always assume a person from a CALD background adopts western beauty standards. It is often more complicated, as CALD peoples can find themselves up against competing beauty standards, further complicating their relationship with their bodies.
- Understand the general role 'whiteness' plays in the self-esteem of people from CALD backgrounds. It affects everything from relationships with food, bodies and belonging.



A [colour-blind approach](#) to race (e.g. "I don't see colour, just people") is harmful. When you fail to see colour, you fail to acknowledge the systemic racism that people from CALD backgrounds experience. Majority groups may use colour-blindness to avoid discussion of discrimination and racism. We cannot end racism if we do not talk about it.

*For example, Flowers, Leversque & Fischer (2012) found a direct relationship between racial identity and maladaptive eating behaviours in African American college students.

GUIDELINES: CULTURALLY AND LINGUISTICALLY DIVERSE



In this kit we have used the term 'CALD' but it is important not to assume that this is how all people define themselves. For example, 'people of colour' (POC) is a term that is growing in use in Australia among youth from some CALD backgrounds. There is often a lag between official terminology and how some people describe themselves on the ground. Remember that a person is always the expert in their own lives, so ask if you are unsure.

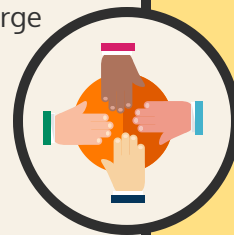
AUTHENTICITY AND INCLUSION

- Build genuine relationships and engage with people from culturally and linguistically diverse backgrounds. E.g. Employ people from CALD backgrounds, recruit volunteers from diverse backgrounds, test content and services with people who speak English as a second language.
- Bring CALD people into the design process.
 - Actively engage and test your service with diverse groups.
- Remember, English is not the default language. When creating copy, keep it simple when you can.
 - Provide translated written content and subtitles on videos
- Keep up to date with changing terminology and new concepts (e.g. people of colour [POC]).



DIVERSITY

- Avoid lumping different cultural and linguistic groups together. Know that there is diversity even within large ethnic/racial groups.
 - E.g. Asians are not just Asian. They are South Asian, East Asian, South-East Asian and more. Each region is unique and also adopts different attitudes to food, beauty and body image etc.
 - Do not cut corners by simply thinking that one person from a cultural group can speak on behalf of everyone. Avoid this by being curious and also engaging with a number of different communities and people from diverse backgrounds.



GUIDELINES: CULTURALLY AND LINGUISTICALLY DIVERSE

International students are a particularly vulnerable group. Research shows they experience a high prevalence of psychological distress. They have to cope with:



Living away from home, often without support networks



Social Isolation

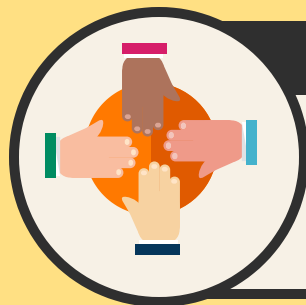


Unfamiliar environment, language, food, education etc.



Potential stigma around seeking help*

Australia benefits hugely from international education. It is the nation's third largest export.



ACCESSIBILITY AND EDUCATION

- Educate staff on issues impacting on international students that may increase their risk of mental health and the stigma associated with receiving help.
- Promote Butterfly services to organisations working with international students and make information on how to access Butterfly services highly visible at many contact points.

*Studies show that international students are less likely to seek help until they are very unwell. Some are fearful that disclosure might result in them being sent home.

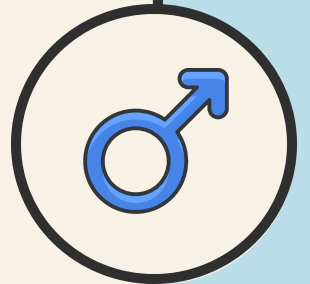
GUIDELINES: MEN



Men are included in this toolkit because in the mental health / eating disorder space, they are not a privileged group. Recent evidence suggests that men account for approximately 1 in 4 presentations of disordered eating. Helping men recognise that they have an eating disorder or body image issue is challenging due to the association of eating disorders/body image issues with adolescent females. Men are also less likely to seek help for mental health issues in general.

TYPES OF CONTENT

- Use direct, solution-focused language that is real and personal (but not overtly feminine).
- Diversify branding to avoid traditionally feminine branding to reduce stigma around help-seeking for men.
- Appeal to younger men by providing online self-help interventions that are action-oriented and encourage individuals to seek further help if required.
- Include diverse, visual stories of well-known, respected men and their struggles with eating disorders/body images issues and how they have managed these issues.
- Show real life examples of how men reaching out for help have made their lives better.
- Show examples of celebrities and sports stars who have reached out for help.
- Employ men to write content and to work in Butterfly services and increase the visibility of the men who are employed at Butterfly.



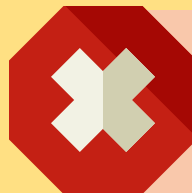
"You want to use language that boys would use. You have to realise boys often don't know how to communicate about their bodies very well. There are some boys out there who are going to feel a need to conform to traditional male role. There are a small number at the other end that don't feel any pressure to conform. Most boys are stuck in the middle. You need to teach your people to speak the language without speaking for them and making them feeling stupid."

- Stakeholder Interview

GUIDELINES: LOWER SOCIOECONOMIC GROUPS



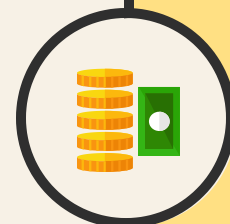
Individuals from lower socioeconomic backgrounds experience specific challenges in accessing health services available to other Australians. These include the ability to access and pay for general medical care as well as specialist care.



Eating disorders (ED) are often stereotyped as a middle class problem. However, food insecurity (FI) frequently affects low income households and has been linked to disordered eating patterns. This stereotype can lead to a sense of erasure for the person who is experiencing both FI and an ED.

INCLUSION AND ACCESSIBILITY

- State clearly which services are free
- Include people who are homeless and from low socio-economic backgrounds in the design and evaluation of services, content and promotional/prevention material
- Advocate for extension of arrangements for MBS funded treatments
- Support and advocate for research looking at the link between food insecurity and eating disorders.



"Eating disorders are perceived as an illness of the middle class. The paucity of research on individuals with eating disorders from lower socioeconomic backgrounds results in part from the barriers to treatment that they face, including both cost and lower levels of awareness thus making them less visible".

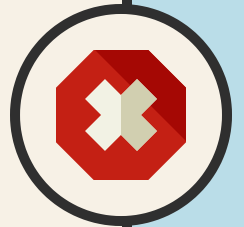
- Joyce Mae

GUIDELINES: DISABILITY

Research has demonstrated that women with physical disabilities experience eating disorder symptoms at higher rates than those without. There is limited research that has explored the potential risk factors of disability for disordered eating/body dissatisfaction (Roosen, KM, 2017)

THINGS TO AVOID

- Do not compare a person with a disability to a 'normal' person – this implies the person with the disability is not normal.
- Do not call a person 'disabled', refer to the person as a person with a specific disability. Refer to a person's disability only when it is related to what you are talking about (e.g. do not refer to a person as the woman in the wheelchair).
- Don't assume a person with a disability has other disabilities. For example: do not make the assumption that someone who has low vision also has a hearing impairment.
- Equally don't assume that a person with a disability doesn't also have other disabilities.



"When you picture eating disorders, more often than not, a particular type of body will pop into your mind. It is usually a cisgender, white, able-bodied woman, thin and emaciated — as we have come to expect from the only pictures in our media discourse of these diseases. As a disabled woman, I didn't fit the narrowly defined expectations of what someone's body "should be like" and it seemed to baffle doctors who were not accustomed to supporting individuals like me."

- Micaela Evans

GUIDELINES: DISABILITY

INCLUSION AND AUTHENTICITY

- Partner with and draw on the expertise of people working in disability support services to ensure that Butterfly resources and services are accessible to people with disabilities.
- Involve people with disabilities in the development and evaluation of Butterfly services, content and promotional materials.
- Carry out usability testing on the Butterfly website with people who have visual and hearing impairments, making sure that you test with people who both use and don't use assistive technologies to address these impairments.
- Engage a digital accessibility service to audit Butterfly's service offering to ensure that services are accessible to all
- Include stories about; and images of people with disabilities on the website and in Butterfly promotional/prevention/advocacy material.
- Ensure that workplace is suitable for the needs of people with a disability.



"Disordered eating is a way to rebel against routine and to take care of ourselves in a world that doesn't even consider us"

- Christie Ladner

GUIDELINES: INTELLECTUAL DISABILITY



People with intellectual disabilities are not a homogenous group but individuals with unique needs, strengths and weaknesses. Recognise that people with intellectual disabilities have a range of communication methods and therefore it is important to provide as many communication choices as possible.

COMMUNICATION

- Provide information in a range of formats.
- Use sentences and words that are accessible and utilise 'everyday words' that are easy to understand.
- Introduce one idea at a time.
- Dates and concepts about the future may be difficult for the individual to remember and so use strategies such as events in the person's life, a diary or visual representations.
- Repeat verbal information multiple times.
- Provide non-verbal signals and pictures alongside written information.
- Make sure the person has understood what you have told them immediately after you have spoken to them and follow up after a short time delay.
- Pay attention to the methods the individual most frequently uses to communicate and try to communicate back in the same way. E.g, if they use short sentences, use short sentences.
- Try asking questions in different ways to make sure that the person has understood you.
- Allow the person extra time to respond.
- Use both speech-language pathologists and talk to family/carers when assessing the person's communication.



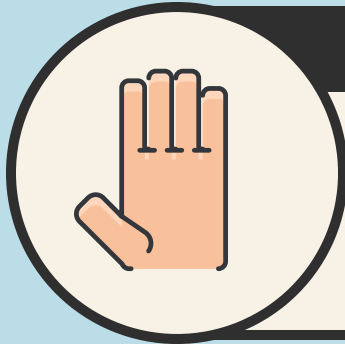
GUIDELINES: INTELLECTUAL DISABILITY

CONFIDENTIALITY



- Ensure that the individual is aware that what they tell you will not be shared without their permission. Use phrases like "what you tell me is private".

PARTICIPATION



- Involve individuals with mild to moderate intellectual disabilities in the development and evaluation of Butterfly products and services.
- Involve family members/carers in the development and evaluation of products and services.
- Develop strong working and learning relationships with intellectual disability support services to identify the resources and strategies needed to provide an inclusive service.

GUIDELINES: OLDER ADULTS

INCLUSION, ACCESSIBILITY AND AUTHENTICITY

- Work with researchers to fill the gaps in knowledge around the relationship between older adults and eating disorders.
- Include stories and testimonials of older adults in Butterfly content to emphasise that the Foundation is not exclusively youth-oriented.
- Partner with ageing organisations and establish an active presence in ageing events e.g. NSW Seniors Festival.
- Actively include older adults in the planning, delivery and evaluation of Butterfly products and services.
- Develop mechanisms that support older people to engage meaningfully in Butterfly activities and programs.
- Ensure that Butterfly services are accessible to individuals with basic computer and internet literacy.



GUIDELINES: YOUTH

INCLUSION AND ACCESSIBILITY

- Clearly state on Butterfly material that youth below 18 can contact the Butterfly Helpline without needing parental consent.
- Clearly state on Butterfly material the minimum age requirement to attend face-to-face treatment services, face-to-face support groups and online support groups.
- Make sure that user research is ongoing so that Butterfly keeps up to date with socio-cultural changes amongst youth culture (e.g. #dadbod, #thighgap, #thinspo).
- Examine effective social media campaigns that went viral amongst youth (e.g. ALS Ice Bucket challenge) and consider the best ways to draw attention to disordered eating and body image issues amongst this target group.
- Develop online resources as many young people prefer to remain anonymous when accessing information or may have only recently acknowledged that they suffer from disordered eating.
- Consider liaising with school career counsellors and offering Year 10 and 11 work experience programs to raise awareness about the Butterfly Foundation and keep connected with youth trends.



CONFIDENTIALITY



- Underscore that the information collected is confidential and will not be shared with parents.

SELF-ASSESSMENT CHECKLIST

[Check Your Privilege Quiz](#)

PERSONAL

- I acknowledge, respect and appreciate the traditional owners of this land.
- I recognise that identities intersect and that individuals can lie at an intersection of multiple forms of privilege/discrimination.
- I am aware of my identity and the advantages/privileges - if any - this identity affords me in society.
- I am aware of how my culture and socioeconomic class influences my assumptions and actions with the colleagues and clientele I work with.
- I am aware of tokenism and am committed to moving beyond a "feel good" diversity initiative to making concrete, tangible changes at the Butterfly Foundation.

You can use this self-assessment checklist to gauge how inclusive you and your organisation are.



SELF-ASSESSMENT CHECKLIST

ORGANISATIONAL

General

- The Butterfly Foundation has a written policy on inclusion that (1) is fully integrated into Butterfly plans and operations and (2) addresses staff and board composition ([Example 1](#); [Example 2](#))
- The Butterfly Foundation builds genuine relationships with stakeholders and vulnerable communities
- The Butterfly Foundation marks important religious, LGBTIQ+, CALD and First Nation events in their calendar and has an active presence during celebration and events
- The Butterfly Foundation provides professional development and training to enhance my knowledge and skills so that I can provide the appropriate services and supports to marginalised groups

SELF-ASSESSMENT CHECKLIST

ORGANISATIONAL

Human Resources

- We have a diversity officer role/representative
- We adopt a diverse employment and hiring policy and put in place supports for the [retention](#) of diverse staff
- We have developed a standardised criteria to measure diversity and inclusivity progress at the Butterfly Foundation
- We review and re-examine job descriptions, removing any possible written or implied bias that may limit our pool of qualified candidates

Education and Prevention Services

- We liaise with a diverse group of communities
- We ensure that educational material and programs comply with the Communications statements below

SELF-ASSESSMENT CHECKLIST

ORGANISATIONAL

Communications

- We display pictures, posters, artwork and other decor that reflect the diverse cultures and ethnic backgrounds of individuals and families to whom I provide service
- We screen resources for cultural, ethnic or racial stereotypes and inclusion before sharing them with our clientele
- We ensure that the information we provide takes into account the literacy levels of the individuals and families to whom we provide services
- We provide materials and communications in alternative formats
- We ensure that our website is accessible to people with vision and hearing impairments

GLOSSARY

* This glossary contains definitions for some of the terms used in this kit. However, people sometimes have different meanings for terms used to define themselves and therefore it is important to ask people what these terms mean to them.

Privilege: Is an unearned benefit, opportunity or advantage bestowed upon a person because of their identity. When talking about privilege, it is an invitation to think critically about power and the way it is held by certain groups because of one or more facets of their identity.

Identity: Who you are, the way you think about yourself, the way you are viewed by the world and the characteristics that define you.

Tokenism: Consciously or unconsciously making only a perfunctory/symbolic effort to do a particular thing in order to give the appearance of fairness and equality

Performance Activism: Feel-good measures that have very little effect aside from making the 'activist' feel satisfied that they have 'contributed'.

POC: Person of colour, this is an ideological category, not a biological one.

Intersectionality: The ways different identities such as race, gender, class, body size and sexuality overlap and create interdependent systems of discrimination

GLOSSARY

* This glossary contains definitions for some of the terms used in this kit. However, people sometimes have different meanings for terms used to define themselves and therefore it is important to ask people what these terms mean to them.

Queer

An umbrella term which acknowledges all marginalised genders and sexualities including those that exist outside Western frameworks of sexuality.

Cis-het

A person who identifies with the gender that they were given at birth and is heterosexual.

Non-binary

Someone whose gender identity is not exclusively male or female

REFERENCE LIST AND FURTHER READINGS



[Kate Holmes: Inclusive Design](#)

[ReachOut Toolkit](#)

[Diversity Lens Toolkit](#)

[Race Power and Privilege](#)

[Chris Buck Let's Talk About Race Commissioned for O, The Oprah Magazine's Race Issue \(May 2017\)](#)

[Ladner, C \(2019\) Healing the Disconnect and Starting a Revolution: Eating Disorders and Disability in The body is not an apology \(February 2019\)](#)

[Micaela Evans \(2018\) Disabled People Can Have Eating Disorders Too](#)

[Kathleen Ebbitt \(2015\) Why it's important to think about privilege - and why it's hard Global Citizenship](#)

[Heightism: An Unacknowledged Bias?](#)

[Fiona Willer's \(AdvAPD\) Weight Bias Definitions](#)

[La Trobe University \(2016\) LGBTI-Inclusive Audit Tool](#)

[ACON \(2017\) Health Outcome Strategy](#)



Bunnell, D.W. "Gender socialization, Countertransference and the Treatment of Men with Eating Disorders". *Clinical Social Work* (2016): 44:99 -104.

Flowers, Kelci C., Levesque, Maurice J., and Fischer, Sarah. "The Relationship Between Maladaptive Eating Behaviors and Racial Identity Among African American Women in College." *Journal of Black Psychology* 38.3 (2012): 290–312.

O'Brien, K. S., et al., "The relationship between weight stigma and eating behavior is explained by weight bias internalization and psychological distress". *Appetite* (2016).

Meadows, A & S Danielsdottir (2016) What's in a Word? On Weight Stigma and Terminology, *Front. Psychol.*, 05 October 2016 | <https://doi.org/10.3389/fpsyg.2016.01527>

Pearl, Rebecca L et al. "Association between weight bias internalization and metabolic syndrome among treatment-seeking individuals with obesity" *Obesity* (Silver Spring, Md.) vol. 25,2 (2017): 317-322.

Puhl, Rebecca M and Chelsea A Heuer. "Obesity stigma: important considerations for public health" *American journal of public health* vol. 100,6 (2010): 1019-28.

Roosen Kaley M. "Disordered Eating and Body Dissatisfaction in Women with Physical Disabilities: A Mixed Methods Approach." (2017).

Vartanian, LR & A M. Porter (2016) Weight stigma and eating behavior: A review of the literature *Appetite* 102 (2016).

Ali, Kathina et al. "Perceived barriers and facilitators towards help-seeking for eating disorders: A systematic review". *International Journal of Eating Disorders*. 50. 10. (2016).

* Additional references can be found in the 2018 Butterfly Helpline Project Report.

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