Lived Experience Consultation Report: Interactions with the Healthcare System

Produced by: The Obesity Collective & Weight Issues Network

Executive Summary

This report outlines the findings of a recent consultation involving six individuals with lived experience of obesity and higher weight. The objective was to capture real-life experiences of accessing healthcare in Australia, focusing on both respectful and stigmatising encounters. The themes identified in this report will inform the development of composite storyboards for educational and awareness purposes. Participants shared a wide range of stories highlighting moments of care that were compassionate and inclusive, as well as interactions marked by dismissal, humiliation, or lack of appropriate support. These accounts were deeply personal and, in many cases, emotionally charged, offering powerful insight into how healthcare environments and clinician behaviours can impact a person's sense of dignity and safety. By bringing together these experiences into thematic findings, this report aims to support a greater understanding of weight stigma in healthcare and provide a foundation for resources that promote more respectful, trauma-informed practice.

Background and Objectives

The Obesity Collective, in collaboration with the Weight Issues Network (WIN), undertook a consultation to better understand the lived experience of people with obesity or higher weight when accessing healthcare. The primary objective was to gather a collection of stories, positive and negative, to inform communication outputs and not to produce formal recommendations to NSW Health. These stories will be used to shape composite narratives that highlight common themes in the form of storyboards and future animations.

This project builds on ongoing work to amplify the voices of people with lived experience in healthcare reform and narrative change. It is part of a broader commitment to supporting respectful, inclusive, and stigma-free healthcare environments.

Consultation Process

Initial discussions with The Obesity Collective CEO and the Board members of WIN were conducted around this consultation objectives, WINs ability and capacity to be involved, and the insights that WIN could share that align with the needs of this consultation. A series of subsequent meetings were held that discussed the roles of TOC moderators, roles of WIN members, and the establishment of two Lived Experience Facilitators (LEF). During these meetings, several process decisions were made to ensure accurate findings are produced. For example, to reduce power imbalance and ensure rich data extraction, the consultation was conducted by Obesity Collective moderators who had lived experience with obesity in addition to professional backgrounds in research and consultation facilitation. This enabled a safer space for personal experiences to be shared and further reduced the risk of obesity stigma being experienced.

The two Obesity Collective moderators worked to reduce the workload burden on the WIN LEF's and WIN volunteers who often contribute outside their regular professional and personal responsibilities without remuneration. These tasks included:

- designing the consultation program,
- run sheet development,
- generating advertising templates that WIN could copy/paste and circulate to their WIN networks,
- communication and logistics of the zoom consultation and liaising with all participants,
- hosting the consultation,
- drafting reports,
- and providing support and guidance for WIN throughout consultation process.

To reduce barriers to participation, the consultation was held via the Zoom online platform and at a convenient time for the lived experience participants. The TOC moderators provided WIN with an online participant invitation for this consultation that WIN shared with their networks (see Appendix A). Potential participants were asked to contact TOC moderators or the WIN LEF's if they preferred their already established network connection. Volunteer participants came from Weight Issues Network (WIN), who were interested and confident in sharing their experiences and insights. Only participants who self-identified to be in psychologically safe state to share their experience with us, and to other WIN members were included.

Once participants had expressed their interest of participating, TOC moderators emailed a pre-consultation task sheet to be completed prior to the consultation (see Appendix B). This task sheet requested that participants reflect and identify one key personal example of a positive and negative experience they have had when engaging with healthcare. This gave them time to deliberate about which stories they wished to share and which were most important to them. They were advised that they would be sharing these stories with the group prior to consultation to ensure transparency and encourage agency. This pre-work helped participants recall specific stories and prepared them emotionally and cognitively for sharing. It also helped moderators ensure a trauma-informed approach and identify appropriate supports in advance. These completed narratives were emailed back to TOC prior to the consultation for reflection and better understanding of each participants perspective when going into the consultation. Seven volunteers agreed to participate with one needing to withdraw on the day of the consultation resulting in six participants. Participants came from different states across Australia, 5 female and one male, and one member of the panel also identified as Indigenous.

The consultation was purposefully designed to enable time and space for each participant to share their experiences and additional group discussion time using semi-structured consultation questions (see Appendix C). The first section invited participants to share the positive and negative experiences they had previously identified. The second section covered topics including stigmatising experiences, empowering interactions, and recommendations for improving healthcare practices. An imaginary guided walk through of a healthcare interaction was undertaken collaboratively as a group and identified key instances of good and bad experiences participants felt were significant in their healthcare interactions. The consultation itself was a two-hour online session, conducted in a safe and supportive zoom environment. Ground rules and confidentiality expectations were clearly established prior to consultation. Storytelling prompts encouraged participants to focus on specific moments: where they were, who was involved, what was said or done, and how it made them feel. The moderators validated participants' contributions and reinforced that there was no pressure to share anything they did not wish to. All participants were encouraged to pause, stop or withdraw if they no longer wished to continue to be involved. The supportive environment was fostered by the TOC moderators as well as other participants who offered verbal support throughout emotionally charged narratives being shared. TOC moderators thanked all participants at the conclusion of the consultation and provided information about next steps and development of this report. Post-session communication included gratitude emails for participants sent immediately after the consultation. This included a summary of psychological support resources available for participants should they feel they want to talk more about anything discussed in this consultation or experienced distress. If participants felt they did not wish to take this action but wanted some further support, they were encouraged to contact the TOC moderators and give them permission to pass on their details to a professional psychological support organisation to contact the participant. No participants utilised this option. The consultation was recorded and a transcript produced which was used to generate the findings of the discussions which are set out below.

Emergent Themes from Participant Stories

The following themes were synthesised from participant accounts, representing both negative and positive interactions with the healthcare system.

Theme 1: Physical Environment and Equipment

Participants consistently noted that the physical environments in healthcare settings often failed to accommodate their bodies. Many described feeling anxious or unsafe in waiting rooms, with chairs that were too narrow or visibly unstable. Examination tables and weighing scales were frequently unsuitable, contributing to physical discomfort and emotional distress. The absence of appropriately sized gowns, blood pressure cuffs, and weighing equipment served as a visual and practical reminder that their needs were not anticipated or valued. These environmental oversights created a sense of exclusion, made routine appointments stressful, and reinforced feelings of shame and embarrassment. In some cases participants called ahead of their appointment to check that there were appropriate equipment available for them at their appointment. This behaviour was positioned as a way of trying to reduce their risk of having more humiliating or negative experiences.

Example experiences (anonymised quotes):

- "The chairs in the waiting room have arms, and I always sit on the edge trying not to put my weight on them. I'm terrified they'll collapse."
- "They didn't have a scale that went high enough, so I had to stand on two separate ones — one leg on each. It was mortifying and didn't even feel accurate.

Theme 2: Communication and Language

Communication styles had a significant impact on participants' experiences. Some described language that was demeaning or dismissive, including offhand comments, generalisations, and assumptions tied to their body size. Participants reported not being believed when describing symptoms or health concerns, which often led to unnecessary retesting or a complete disregard for their input. Even when not overtly offensive, subtle tones and word choices conveyed blame, ridicule, or a lack of empathy. These verbal exchanges left participants feeling belittled, misunderstood, or reduced to their weight rather than seen as whole people.

Example experiences (anonymised quotes):

- "My GP said to me, 'Eventually you will become diabetic. There are worse things than death.' I hadn't even asked about that."
- "A doctor once said, 'People like you always wait too long to come in.' He wouldn't even look me in the eye."

Theme 3: Respect and Power Dynamics

Several participants described healthcare interactions in which their autonomy or boundaries were disregarded. Power imbalances were reinforced through disrespectful tone, forced processes and procedures, or a lack of consent. In some cases, clinicians used authoritative language or physical instructions in ways that left participants feeling

insignificant, small or powerless. The emotional consequences of these encounters were significant and included experiences of humiliation, disempowerment, and a lasting mistrust of medical professionals. These experiences often occurred in situations where patients were especially vulnerable, such as during physical exams or weighing procedures, and had long-term impacts on how they approached future care.

Example experiences (anonymised quotes):

- "I went because I had something like a virus, a cold or the like, and we talked about that, went through it, and at the end of this, he asked me to get on the scales and I said no. And he asked me again and I told him that I didn't think it was relevant to what we were discussing. And he shouted at me and I raised my voice back, a little ashamed, but I did raise my voice back, left the waiting room and my now husband was in the waiting room with a whole lot of other people and said to me, I could hear shouting from the room you were in."
- "I was in tears by the time three wardsmen wheeled me all the way to the bathroom on a commode chair. I begged to walk back with crutches instead, but the nurse insisted there was no other option. When I continued to cry, she said, 'I don't know why you're making such a fuss,' then leaned down and added, 'It's not my fault you're enormous.' That moment completely destroyed my trust."

Theme 4: Trauma and Psychological Harm

For some participants, healthcare interactions not only caused emotional discomfort in the moment but also activated deeper psychological responses. Some participants shared that past traumas, such as experiences of weight-related stigma or difficult childhood events, were brought back to the surface by insensitive clinical encounters. In a few cases, participants described engaging in harmful coping behaviours, such as binge eating or self-harm, after medical visits. Others noted they had avoided care altogether due to the emotional toll of prior interactions. These accounts highlight how stigma in healthcare doesn't just affect trust, it can deeply impact mental health and long-term wellbeing.

Example experiences (anonymised quotes):

- "After one appointment, I sobbed all the way home and then I binged and self-harmed. That wasn't the first time after seeing a doctor."
- "The psychologist weighed me at the start of every session. The shame of that kept me from seeking help again for another decade."

Theme 5: Positive Encounters

In contrast, participants also shared moments where healthcare professionals provided thoughtful, compassionate, and inclusive care. These stories often included clinicians who used sensitive language, respected boundaries, validated emotional experiences, or simply listened attentively. Acts like sourcing appropriate gowns, using the right medical equipment, or offering non-judgemental care helped participants feel seen and valued. These positive interactions were often remembered just as vividly as the negative ones and served as examples of what good care can look and feel like. Importantly, participants noted that respectful care didn't require major changes, just a shift in awareness and empathy.

Example experiences (anonymised quotes):

- "The nurse actually sourced a bigger gown before I arrived — and she said she'd recommend the hospital stock them going forward. That made me feel seen and respected."
- "For the first time, a healthcare professional said to me, 'You don't have to lose weight for me to support you.' That changed everything."
- "My new GP asked if I wanted to be weighed, and when I said no, she said 'No problem at all.' I almost cried with relief."
- "I saw a physio who said, 'We're here to work with your body, not against it.' I felt like I could breathe."
- "The doctor didn't even mention my weight — she focused on the pain in my knee like it was valid, not just my fault."

These stories were often shared with emotion and vulnerability, and it was clear that even brief or seemingly minor encounters left lasting impressions - positive or negative. Common across many stories was the deep sense of either being treated with care and respect or being judged, dehumanised or dismissed.

How These Stories Will Inform Storyboards

These individual accounts are being used to develop stories based on real experiences that will be transformed into educational storyboards and animations. Each storyboard will represent a synthesis of multiple real experiences, grouped by theme. The intent is to capture the emotional reality and specific details of lived experience while maintaining anonymity and dignity.

We are working to ensure that the tone and narrative of the storyboards faithfully reflect the emotional weight and complexity of the consultation. Participants will have the opportunity to review these stories to ensure accuracy and respect.

Each story will be designed to reflect recurring themes and moments from the consultation, rather than recreating any single individual's story. The creative process will be guided by trauma-informed principles and ethical storytelling standards, ensuring the emotional truth of the stories is preserved without compromising participant dignity. Lived experience advisors will be involved in reviewing draft storyboards before they are finalised.

Conclusion

This consultation reinforced the complexity and impact of weight stigma in healthcare. Participants shared deeply personal and emotional accounts, illustrating both the harm and healing that can occur in medical settings. The Obesity Collective and WIN thank participants for their openness and courage. These insights will be foundational in creating communication tools that foster empathy, understanding, and change.

While the stories were often difficult to hear, they offered a powerful and honest look into the everyday realities of healthcare from the perspective of people living with obesity. We remain committed to honouring these voices and translating them into tools that promote systemic change.

The richness and honesty of the stories highlight the value of engaging with lived experience early and meaningfully in system-wide projects. The participants' reflections point not only to challenges but also to pathways for more compassionate, equitable care.

As we move into the next stage of this project, these narratives will help inform communication materials that support healthcare professionals to better understand and

respond to people living with obesity. We hope this work contributes to a broader culture shift. One where respectful, inclusive healthcare becomes the norm, not the exception.

Appendix A: E-mail Communications

Dear Digital Think Tank member

You're Invited to a One-Off Focus Group Workshop: Sharing Your Healthcare Story to Drive Change

We know that people living with obesity often face unique experiences—both good and bad—when navigating the healthcare system. Your story matters, and your voice can help drive meaningful change.
We're inviting you to take part in a focus group designed to hear directly from people with lived experience of obesity. Your insights will help us better understand how weight stigma and bias show up in healthcare settings—and how things can be improved.
This work is part of a broader project The Obesity Collective is delivering in partnership with NSW Health and in collaboration with the Weight Issues Network (WIN). Together, we're working to ensure real voices shape real policy.

How to Join
By close of business **Monday 5 May**

1. **RSVP** to dtt@auswin.org.au to confirm your attendance. We'd love to see you there.
2. **Email** your notes on the attached document about your positive and negative experiences through to Monica Garner (mgarner@theobesitycollective.org.au) prior to the meeting.
3. NOTE that Zoom details are at the bottom of this email and will be sent out again later.

Why Join the Focus Group Workshop?
For You:

- **Be Heard:** Share your personal experiences in a safe, confidential and respectful space.
- **Feel Empowered:** Know that your story can contribute to better care and less stigma for others.
- **Support Change:** Play a direct role in shaping how health professionals understand and respond to people living with obesity.

For NSW Health:

- **Understand the Reality:** Learn from real-life stories to better see what's working and what isn't.
- **Improve Services:** Use your input to help design more respectful, supportive healthcare experiences.
- **Reduce Stigma:** Help build awareness of how bias affects people and how it can be addressed.

For the Broader Community:

- **Better Care for Everyone:** Your story helps make the health system more inclusive, fair, and effective.
- **A Lasting Impact:** These insights will inform a report with practical recommendations for change.

What to Expect

- A welcoming space where your voice matters.
- Discussions around experiences—both helpful and hurtful—you've had within the Australian healthcare system.
- A session lasting around 2 hours, with opportunities to share your experiences with others.
- Your participation will be kept confidential, and you're welcome to share only what you feel comfortable with. There will be pre-workshop homework provided to participants ahead of time to help you come prepared for the session.

Workshop Details:
Date: Wednesday, 7 May 2025
Time: 6:00 – 8:00 PM
Zoom link: *Was provided to members and left out of this report*
Contact: Monica Garner (mgarner@theobesitycollective.org.au)

Notes from the Moderators:
Monica and Kimberley are both members of The Obesity Collective and Weight Issues Network. They both advocate for the inclusion of the lived experience voice in research, policy, and healthcare throughout all the work they do. They both have lived experience with obesity and understand the complexities of living with obesity and the stigma and discrimination people living with obesity are subjected to. Everything you share will be anonymous and confidential. No identifiable information will be used in any reports or publications. This is one of the upmost priorities of Monica, Kimberley and the WIN Digital Think Tank for this project. You are welcome to withdraw from the focus group at any time, no questions asked. **Please know this is a safe space to share your experiences. ** Thank you for considering this opportunity. Together, we can shine a light on the real experiences of people living with obesity—and help build a healthcare system that treats everyone with dignity and respect.

Appendix B: Pre-consultation Homework

The Obesity Collective team is creating animated storyboards based on real experiences of healthcare related to weight and obesity. Your stories will help us show what stigma or support can look like—and how healthcare can be better. Please write as much or little as you want. Return by close of business Monday, 5 May 2025 to Monica Garner (mgarner@theobesitycollective.org.au)

Please prepare two short stories:

1. One where you felt stigmatised, judged, or disrespected
2. One where you felt empowered, respected, or supported

Story #1

1. Story Title (just a short name to remember it):
2. Who was involved? (e.g., GP, nurse, specialist, admin staff):
3. Where did it happen? (e.g., hospital, GP clinic, telehealth):
4. What happened? (Brief summary):
5. How did this experience make you feel?:
6. What made this a negative or positive experience?
7. If this story became a short, animated video, what key message should it share?:
8. Optional: Visual idea (describe or draw the scene):

Story #2

1. Story Title (just a short name to remember it):
2. Who was involved? (e.g., GP, nurse, specialist, admin staff):
3. Where did it happen? (e.g., hospital, GP clinic, telehealth):
4. What happened? (Brief summary):
5. How did this experience make you feel?:
6. What made this a negative or positive experience?
7. If this story became a short, animated video, what key message should it share?:
8. Optional: Visual idea (describe or draw the scene):

Checklist for participants

- I've chosen one negative and one positive story
- I've written a short summary of each
- I've thought about what I want each story to say or teach
- (Optional) I've included ideas or drawings of what the scene might look like

A note on safety and consent

Please only share what you're comfortable with. These stories will be used to help others understand real experiences, but we won't include names or identifying details. Not all stories will become developed storyboards or animated videos—only a few that represent key themes.

Appendix C: Consultation Agenda

Time	Activity	Details
6:00-6:05	Acknowledgement of Country	Acknowledge the traditional custodians of the land **Kimberley**
6:05-6:10	Welcome and Introduction	Overview of session, purpose and goals, housekeeping (see below) **Monica**
6:10-6:15	Participant Introductions	Quick introductions (Name and where you live) Participant introduces themselves to the group Moderators introduce themselves **Kimberley** Then **Monica**
6:15-7:00	Individual Experiences	Each participant shares their pre-prepared narratives from a. Worst encounter with health system **(Kimberley)** b. Best encounter with the health system **(Monica)** These experiences will be prepared by each participant prior to arriving to the focus group session. (Need to give them time to think about these- and align with the specific questions asked) *Each person shares their best/worst experiences without interruption from moderators or participants.*
7:00-7:05	Break	5-minute break (or optional- ask the participants)
7:05-7:40	Group Discussion:	1. Discuss and document various forms of potential weight stigma and bias experiences in NSW Health environments 2. Identify key forms and examples of stigmatising or empowering engagement between people with obesity and health staff or environments 3. Discuss and document the approaches recommended by LE group on the safest and least stigmatising approaches initiating discussions around weight and health with (adult) PWO
7:50-8:00	Summary and Closing Remarks	Recap key points, open floor for final thoughts/questions, Re-iterate the storyboards aspect of this, thank participants **Monica & Kimberley**
8:00-8:05	Additional Time	Buffer for any overruns or additional discussion

Appendix D: Summative Stories for Storyboard Development

The following section contains summative stories that have been developed based on the lived experience consultation. These stories represent fictionalised scenarios informed by the real experiences and common themes shared by participants. Each story has been written with trauma-informed, and dignity preserving principles and forms the basis for storyboard and animation development.

Negative Interaction 1: A Humiliating Encounter: Stripped of Dignity

Theme: Weight Stigma in Healthcare
Subtype: Verbal and Systemic Stigma
Summary: Sophia recounts a distressing encounter with a specialist where lack of compassion, poor communication, and dismissive behaviour led to humiliation and a lasting loss of trust in the healthcare system.
Storyboard Frames:

Frame 1:
Scene: Sophia arrives at the clinic.
Description: Sophia walks into the clinic waiting room, visibly anxious. Time passes. The doctor eventually arrives in an expensive car and walks in briskly without acknowledging the delay.

Frame 2:
Scene: Sophia is asked to prepare for the exam.
Description: The doctor asks Sophia to get ready for the exam but does not offer a gown or covering. Sophia, now in minimal clothing, sits uncomfortably on the exam table, feeling exposed and uncertain.

Frame 3:
Scene: Sophia's vulnerability.
Description: Sophia's body language shows her discomfort—arms crossed, eyes downcast. She feels deeply self-conscious and vulnerable under the harsh lighting and clinical setting.

Frame 4:
Scene: The doctor's examination.
Description: During the exam, the doctor makes an offhand remark about the amount of skin to check. Sophia feels deeply humiliated, sensing a lack of empathy.

Frame 5:
Scene: Sophia's inner experience.
Description: Sophia sits silently, feeling diminished and judged. The doctor continues without checking in on her comfort or concerns. A subtle frown crosses her face as she retreats inward.

Frame 6:
Scene: No rapport.
Description: The doctor finishes quickly, offering no meaningful interaction. Sophia is left feeling like a task to be ticked off, not a person to be cared for.

Frame 7:
Scene: Reflection and awareness.
Description: Later, Sophia reflects on the experience. She realises how little respect and care she was given and begins to recognise the broader issue of weight stigma in healthcare.

Frame 8:
Scene: Loss of trust.
Description: Sophia visualises herself sitting alone in the clinic room, cheeks flushed from shame. The shadow of the doctor looms in the background, representing a loss of trust. She questions whether it's worth seeking help again. Message on screen: *"Compassion and dignity are not extras — they're essential to good routine care".*

Negative Interaction 2: Incision Site Confusion

Theme: Lack of Privacy & Weight Stigma
Subtype: Clinical Insensitivity, Breach of Confidentiality
Summary: Thomas, post-surgery, attempts to preserve his dignity by offering a private photo of his surgical wound in an emergency department. The nurse's loud, dismissive reaction causes significant shame. The story highlights a lack of discretion and trauma-informed care.
Storyboard Frames:
Frame 1:
Scene: Patient in the ER recliner area
Description: Thomas sits in a recliner chair in a busy hospital emergency department, feeling unwell and recovering from major abdominal surgery.
Frame 2:
Scene: Nurse asking about incision site
Description: A nurse approaches and asks Thomas about the surgical wound site to check for possible infection. The area is covered by dressings.

Frame 3:
Scene: Offering a photo
Description: Thomas offers to show the nurse a photo he took earlier—one that clearly shows the incision site before the dressings were applied, to help avoid public exposure.

Frame 4:
Scene: Nurse's loud reaction
Description: The nurse looks at the image and loudly questions what she's seeing, saying something like, "That's not the spot I'm looking for!" drawing attention from others nearby.

Frame 5:
Scene: Thomas explains
Description: Thomas politely clarifies that it is indeed the incision site, explaining that due to body changes and recent weight loss, the area may appear different than expected.

Frame 6:
Scene: Second dismissal
Description: The nurse again insists that the photo doesn't show the right area, continuing the conversation loudly in the shared space. Thomas starts to feel deeply uncomfortable.

Frame 7:
Scene: Emotional impact
Description: Surrounded by other patients, Thomas feels exposed and ashamed. He quietly sheds a tear, still adjusting to life after surgery and the physical changes it brought.

Frame 8:
Scene: Reflection and key message
Description: Thomas reflects on the experience, highlighting the nurse's lack of discretion and sensitivity. Message on screen: *"Respect and privacy are not optional. Trauma-informed care protects dignity."*

Positive Interaction 1: Prepared and Thoughtful Care

Theme: Access and Environment
Subtype: Equipment Inclusivity
Summary: Ava experiences respect and inclusion due to thoughtfully prepared hospital settings — from chairs and gowns to weigh-in privacy. Staff not only meet her needs but respond systemically to ensure inclusivity for others.
Storyboard Frames:
Frame 1: Arrival at the clinic
Scene: Ava enters the hospital and is greeted by a warm, friendly receptionist.
Description: The greeting helps lower her anxiety. It's a small interaction, but it sets the tone for respectful care.

Frame 2: Seating that fits
Scene: Ava scans the waiting area.
Description: Wide, armless, sturdy chairs provide comfort without fear of breakage. She feels physically supported—and seen.

Frame 3: Private weigh-in
Scene: Ava is called for measurements.
Description: The scale is placed discreetly behind a screen. She appreciates not being weighed in open view.

Frame 4: Respectful communication
Scene: The nurse speaks gently and privately about measurements.
Description: Ava notices the quiet tone and discretion, which help preserve her dignity.

Frame 5: Equipment that fits
Scene: Her blood pressure is taken using the correct-sized cuff.
Description: Ava no longer needs to awkwardly hold a too-small cuff in place. The proper equipment is ready and waiting.

Frame 6: Preparing for hospital
Scene: Ava calls the hospital's pre-admissions team before her surgery.
Description: She asks if larger-sized gowns will be available. The nurse listens, follows up, and confirms inclusive gowns will be on hand.

Frame 7: Systemic change
Scene: On admission, Ava is given a properly fitting gown.
Description: She's told that the hospital has now updated its procedures to ensure these gowns are always available. Her voice helped improve care for others.

Frame 8: Reflection and key message
Scene: Ava smiles, reflecting on both experiences.
Description: Message on screen: *"Preparedness isn't just practical—it's respectful. When needs are anticipated, dignity is protected."*

Positive Interaction 2: A Breath of Fresh Air

Theme: Approach and Attitude
Subtype: Weight-Inclusive Practice
Summary: Millie attends a clinic recommended for its weight-inclusive approach. The GP focuses on health goals, higher weight, and the environment is welcoming. Millie feels respected and hopeful.
Storyboard Frames:
Frame 1:
Scene: Recommendation from GP
Description: Millie's usual GP suggests a weight-inclusive practice in Sydney. It's the first time that Millie hears of such a thing and feels curious but unsure.

Frame 2:
Scene: Arrival at the new clinic
Description: Millie enters the new practice and immediately notices the welcoming environment. The space is thoughtfully designed, with appropriate equipment for people in larger bodies.

Frame 3:
Scene: First impressions of the weight-inclusive approach
Description: The GP warmly greets Millie and explains that at this clinic, *"we don't discuss weight—we discuss health and health goals."* Millie is amazed and moved by this novel, compassionate approach.

Frame 4:
Scene: The physical environment

Description: There are no scales sitting out in the open. Equipment and facilities accommodate all body sizes without fuss. Millie notes how this contributes to a sense of safety and dignity.

Frame 5:
Scene: Multidisciplinary support
Description: The clinic offers access to psychologists, dietitians, and other specialists if needed. Care is holistic, flexible and tailored to each person's health, not their size.
Frame 6:
Scene: Emotional impact
Description: Millie reflects: even after her body weight and size change, she still struggles with body image. This clinic acknowledges that complexity with kindness and respect, without judgment or oversimplification.

Frame 7:
Scene: Looking ahead with hope
Description: Millie commits to ongoing care with this practice to support weight maintenance and overall wellbeing. It's the first time she feels hopeful about managing long-term health in a supportive, non-stigmatising way.

Frame 8:
Scene: Reflection and key message
Description: Millie smiles, full of gratitude and wonder.
Message on screen: *"When healthcare focuses on health rather than weight, people receive the respectful, person-centred care they deserve."*

Positive Interaction 3: Being Seen, Finding Safety

Theme: Empathy and Whole-Person Care
Subtype: Trauma-Informed Practice
Summary: Oliver receives support from a GP and a psychotherapist who understand the complex roots of obesity. This experience fosters emotional safety and initiates healing.
Storyboard Frames:
Frame 1: Arrival at the GP Clinic
Scene: Oliver enters the GP's office, slightly anxious about the appointment.
Description: After discussing his knee injury, the GP raises the topic of weight with care and sensitivity. Message on screen: "Would you like support with this? We can work on it together."

Frame 2: Respectful and Collaborative Conversation
Scene: GP and Oliver sit in open, equal conversation.
Description: The GP listens, avoids blame, and acknowledges that weight is complex. Oliver feels heard and respected. Message on screen: "There's no pressure — just support, if you want it."

Frame 3: A Thoughtful Referral
Scene: The GP writes a referral while speaking reassuringly.
Description: The GP suggests mental health support and refers Oliver to a psychotherapist with experience in trauma and obesity. Message on screen: “This person really understands the bigger picture.”

Frame 4: First Session with the Psychotherapist
Scene: Oliver sits in a quiet, welcoming therapy room.
Description: The therapist listens attentively and introduces the connection between trauma, adverse childhood experiences and weight. Message on screen: “Your story makes sense. You’re not alone in this.”

Frame 5: Unconditional Acceptance
Scene: Close-up of the therapist speaking gently.
Description: The therapist says weight loss is not a condition of support. He’ll help if Oliver wants it, but his care isn’t dependent on it. Message on screen: “You are accepted as you are.”

Frame 6: A Shift Inside
Scene: Oliver, visibly moved, sits quietly after the session.
Description: It’s the first time he feels true emotional safety in a health setting. Shame begins to lift.

Frame 7: Reflecting on the Journey
Scene: Oliver walks outside, taking a deep breath in a park.
Description: He reflects on how empathy, not judgment, made change feel possible.

Frame 8: Key Message
Scene: Still image of Oliver standing tall, looking hopeful.
Description: The story closes with a clear message about the power of informed, compassionate care. Message on screen: *“When healthcare professionals understand the full story — and lead with respect — people feel safe enough to heal. Understanding replaces shame.”*