JourneyED Eating Disorder Support Aotearoa

2026 – 2028 Strategy

12 January 2026

JourneyED

JourneyED Strategy

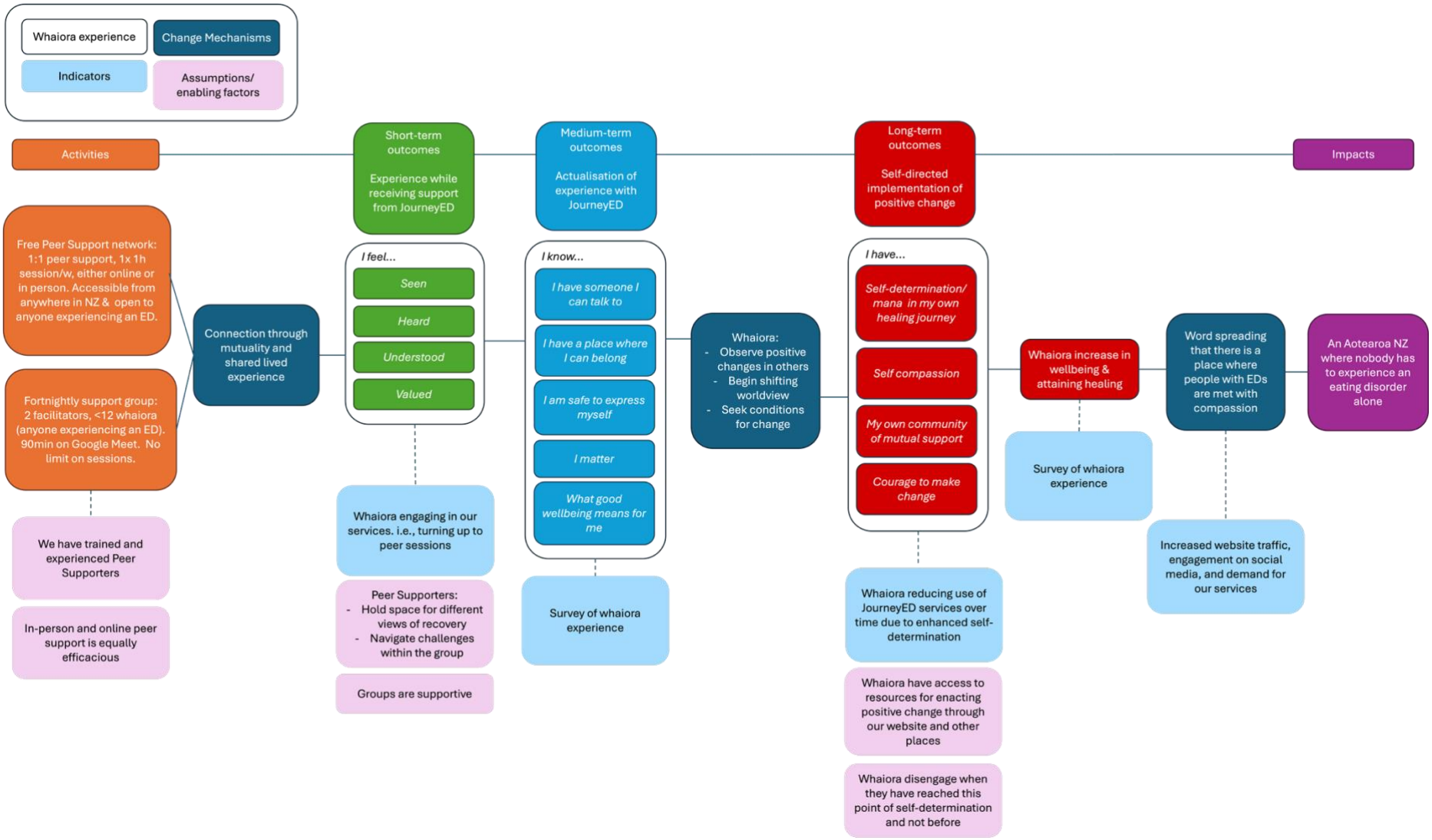
2026-2028

Vision: An Aotearoa New Zealand where no one has to experience an eating disorder journey alone

Mission: To foster love, compassion, and hope through lived experience-led support for people experiencing an eating disorder in Aotearoa New Zealand

Strategic Priorities			
Organisational infrastructure	**Financial Sustainability**	**Public awareness**	**Peer Support**
Develop and implement the organisational infrastructure required for safe and sustainable enactment of our mission.	Attain sufficient funding to keep JourneyED alive, and to keep the board, staff, and volunteers focused on enacting our mission	Raise the profile of JourneyED as a respected organisation supporting people experiencing eating disorders in Aotearoa New Zealand	Develop and implement free and low barrier to access services to anyone aged 18+ experiencing an eating disorder 1) Peer Support network for one-to-one support 2) Peer Support groups
2026 Key actions			
1) Develop a policy suite that is necessary and sufficient for our actions and engagements 2) Develop our staff/volunteer roles and structure, identify training needs, and recruit relevant people	1) Develop and implement • A fundraising strategy • A grant and corporate sponsorship strategy 2) Apply for any and all relevant grants	1) Launch a full website 2) Develop a social media presence	1) Launch online peer support group(s) 2) Develop the framework for a peer support network (to be launched in 2027)

Theory of Change



JourneyED Board

Chair: Dr Meg Vardy

I spent much of my adult years living in the tight grasp of anorexia. She stepped into my life when I needed her and gave me safety in an uncertain world. I believed that she would be with me forever.

In my early 30s, I reached a point where my relationship with anorexia became unsustainable. I had to step away from the work I was so passionate about and reassess what I truly wanted my life to look like. It is with gratitude that I can now say that I hold anorexia at a distance. I lead a full life with my family in Ōtepoti Dunedin, and I am the closest to freedom that I have ever been. But I didn't walk this path alone. Without the love, compassion, and tenacity of my mum and husband, I would not be where I am today.

Unlike most other countries in the OECD, there is no charity supporting affected individuals living with eating disorders in Aotearoa. Not only does this gap put pressure on an already overstretched health system, but it means there is no one challenging the status quo. More importantly, it leaves those with eating disorders feeling isolated, forgotten, and without hope. ***I believe that everyone is worthy of compassionate support, and this should never be dependent on the version of "recovery" they are moving towards.***

It is my hope that JourneyED Eating Disorder Support Aotearoa can provide the compassion, tenacity, and love that allow everyone faced with an eating disorder to reach their place of wellness. ***Food is not medicine. Love is.***

Dr Meg Vardy is an Intentional Peer Supporter (IPS), researcher, and mental health advocate. After spending four years leading a world-first study of psilocybin-assisted therapy for anorexia at Imperial College London, Meg stepped away from her illustrious academic career to focus instead on applying her skills and lived experience in the non-profit sector. She now works as Assistant Manager at Life Matters Suicide Prevention Trust, a peer-governed peer support service in the heart of Ōtepoti Dunedin. Alongside this, Meg continues her work as a lived experience researcher with EDANZ, Whāraurau, and, most recently, the eating disorder External Advisory Group (EAG).

Emma Wright

Emma Wright is a certified Health and Body Image Coach with training in Trauma-Informed Cognitive Behavioural Coaching and Intuitive Eating. She also brings lived experience of recovering from an eating disorder, which shapes her approach to care, support, and advocacy.
She holds a Master's degree and wrote her feminist thesis on how appearance pressure affects female athlete performance.
She's the author of Body Confidence (HarperCollins) and has been featured on RNZ, The NZ Herald, Viva Magazine, The Breeze, and The Project.
Emma is known for her effective and compassionate coaching style, where she helps women smash the patriarchy by finding relief from food and body noise and trusting themselves again.

Rachel Duck

Rachael is a current Higher Degree by Research student at La Trobe University, with a background in social work and sociology. Rachael has previous experience working with youth and is currently employed at Eating Disorders Victoria as Senior Manager - Lived Experience Programs.
Rachael's role at EDV consists of program management, strategic planning, and working alongside the lived experience workforce. Rachael is passionate about advancing the lived experience expertise in eating disorders, both across the sector and within service systems and models of care.
Rachael brings a lived experience of caring for a loved one who has experienced an eating disorder.
Rachael uses she/her pronouns and lives and works on Wurundjeri Land.

James Bunn

James Bunn is a Trustee of JourneyED, bringing his expertise in legal, governance, and financial matters to the board. His commitment to the cause is driven by the firsthand experiences of close friends who have battled the illness.
Professionally, James serves as the acting Chief Executive Officer of Drug Science, an independent harm reduction charity based in the UK. He also holds several other trusteeships, providing him with broad experience in charity governance and operations.

Bea Chadda

Bea has worked broadly in mental health for a number of years in both England and New Zealand, most recently having spent the past four years in the youth community team at Stepping Stone Trust (SST) in Christchurch. Noticing significant gaps in community support for disordered eating, she has worked for the past two years to create a new peer service at SST that supports those under specialist mental health services for disordered eating. She uses her own lived experience of an eating disorder to inspire hope for recovery among those she supports, whilst developing and expanding a service that honours the unique benefits of peer support for those journeying through eating disorder recovery.

Acknowledgements

- Megan Tombs: Founding board member
- Jane Abraham: Brand & website development
- Sian Vaughn-Jones: Policy development
- Kate Smith: Core-beliefs workshop
- Tom Vardy: Theory of Change workshops
- Sienna Grey: Co-development collaborator
- Evangaline Rong: Co-development collaborator
- Clare Turner: Co-development collaborator
- EDANZ (Eating Disorder Association of New Zealand)
- EDV (Eating Disorders Victoria)
- Lucy McCreanor: Co-development collaborator
- Gen Mora: Long-term supporter
- Regina Hegemann: Long-term supporter
- Dr Rachael Sumner: Long-term supporter
- Otago Mental Health Support Trust
- ANZAED (Australia New Zealand Academy of Eating Disorders)

Appendix

JourneyED Strategy Co-Development Process

Strategic planning involves defining what we want our organisation to achieve and making decisions on the best way to get it done. Strategic planning is important for setting short- and long-term goals, allocating resources, ensuring accountability, and applying for funding.

JourneyED's strategy development was conducted across three phases. Taking a "nothing about us without us" approach, we intentionally included co-design with our community throughout this process and have included key, unedited outputs from these hui here. It is imperative that this lived experience voice remains central to all JourneyED present and future activities. We are incredibly grateful for the individuals and organisations who contributed at each phase.

- **Phase 1: Community wānanga.** Community wānanga took place in Auckland and Dunedin, where members of our community were invited to have their say in what would be important for a charity for people with eating disorders. Over 30 people with lived experience, clinicians, and researchers attended across the two sessions. Below, we have included community input through the "Who is JourneyED?" activity that was conducted at both sessions.
- **Phase 2: JourneyED's vision and mission**. In this phase, we focused on the organisation we want JourneyED to be. The task was to draw upon our lived experience to dream big and think creatively. This included co-design with five lived experience collaborators. Again, we have included a "Who is JourneyED?" activity conducted at this phase, and an "Empathy Map" activity. These provided the framework for our organisation's development.
- **Phase 3: Action planning**. Here, the JourneyED board were tasked with turning our dreams into an actionable reality. This involved a core beliefs workshop facilitated by Kate Smith and developing a Theory of Change (above) facilitated by Tom Vardy. PESTLE and SWOT analyses that were conducted as part of this phase have also been included below.

Activity: Who is JourneyED?

Imagine that JourneyED is a person. She is a friend that we know well. She has a life, friends, and she is an active citizen in her community. In this activity, our task was to bring her to life by giving her strengths, weaknesses, hopes, and values.

By imagining our organisation has come to life, we can personalise it and evolve its features in a way that is not accessible to us when we think of it as inanimate. We can better relate to it and craft it into a "friend" that adequately serves a purpose.

This activity was performed twice: Once at the Phase 1 Community Wānanga, and again as part of our vision and mission development in Phase 2.

Community Wānanga:

Note: This activity was performed in person, using posters around a room. Attendees could "up vote" a statement by another attendee using a sticky dot. * = one sticky dot.

What are my values?	What makes me fight?	Who is my community?	What makes me different?	What are my obstacles?
That all people in NZ who are impacted by EDs are supported on their journeys Inclusivity * Diversity * Respect Lived experience Integrity X2 Compassion * X2 Love * Support * Education *	Dreams, goals, future aspirations * Belief in the possibility of recovery for anyone at any stage & any age! * Hope for a better world ** Passion for social justice * The hearts of people asking for help Confidence that YOU can reach the life you deserve *	EDANZ Men's mental health * Rainbow support groups * Māori mental health groups ** Educational groups / advocacy High school leadership / staff groups Whanau, friends, colleagues Sports clubs/churches ****	Open, welcoming and affirming to all walks of life * Super-duper passionate * Fighting/not giving in to diet culture Almost too optimistic Been there on my journey, it might look a bit like yours * Tenacity *** Hope filled	What people will think/say * The media – comparisons * Lack of social support Recognition of the importance Fatigue * Reach Societal pressures Funding x2 *** Logistics Assumptions + myths * Stigma/shame ******

Optimism, hope * Kindness Aroha Empathy X2 Inclusion *** Authenticity ****** Courage * Vulnerability Perseverance *	All persons deserving freedom from shame, stigma, and disordered eating ** Advocating for systems change For anyone to feel represented in this issue Lives saved Bright futures * Ensuring safety Belief things can and will get better ** Empowerment * Everyone is unique, everyone has values, everyone matters Anyone is 'worthy' or 'sick enough' for help	Marginalised groups often underrecognized in the ED landscape (e.g., ethnicity, LGBTQ, weight diverse etc) Carers, siblings, friends Schools Helpline supporters Therapists	I come from grass roots, lived in, community knowledge *** Practical tips Lived experience led Inclusion Bring unique, diverse ideas ** Convey information in an accessible way We have an opportunity to do things in a way that challenge inequities	Long waiting lists * Visual representation of the issue Silence Who feels included! Feeling 'seen' in this area * Crowded charity space (for donations)* Disconnection Miscommunication -> lack of understanding **
Kindness and compassion *** Openness * Hear and understand Empathy X2 Honesty Equity Reliable (deliver) psychoeducation that promotes agency Recovery is possible Aroha *** Truth	Support for <u>all</u> those in need *** Fighting abusive practices ** Our food landscape + environment Giving people hope *** Working with strong individuals (patients) Bringing equality, fairness, and justice Lack of this/peer support in NZ	Neighbours X2 Coworkers NGO MH + Addiction provider networks National LE Networks Peer Support X2 Strangers All people with lived experience * Social circles Family ***** Friends **** Health professionals *	Journeying together Free Easily accessible My life experiences * Empathy, passion, able to safely confront ED voice Hope Open & warm Understanding Experience in peer support * Physical therapist with mental health and addiction	Lack of funding/resources/grants ****** My inner voice * Embarrassment/ shame* Misunderstanding ** Stigma *** Anxiety End of pathway-referrals Services Minimal supports ** Isolation low/no sense of connection and community *

Curiosity Self determination	Food sovereignty To be treated as a human being not just a symptom When people run out of options So the new people on the journey don't have the same struggles and disappointment I did	Students Mental health clients	I'm passionate! Empathetic Nonclinical & inclusive * Personal experience Proscriptive approach -> work with the individuals and families holistically with a "can I help" approach Diversity * I challenge my own beliefs/values when needed Humour	Direction to correct services for support on recovery Someone to listen to my concerns Lack of training in health services *

Vision and Mission co-development

Note: This activity was conducted online.

What makes me fight?	What makes me different?	What are my values?	What are my dreams?	What are my obstacles?
Using my lived experience to support others who need it. Being a mirror	I am the only charity supporting people affected by eating disorders.	Integrity, authenticity, trustworthiness and transparency	Inclusive community. Connection through validation and shared lived experience. No one left behind.	Funding
Supporting the many people who feel isolated. Increasing accessibility/ providing person-centred, holistic and empowering care.	I am led by lived experience and passion.	Knowledge. I utilise up-to-date evidence-based practice and share knowledge and resources for others to build capacity.	Timely and informative services accessible for everyone - no restrictions by price or location	Volunteers
Increasing awareness and addressing misinformation about eating disorders.	The love, compassion, and empathy that I show through support for others.	Connection. I help to activate people's innate ability to connect and build community.	Evidence-based education for health professionals and the wider public	Current societal definitions of "healthy"
Holding strength and hope for others until they can hold it themselves.	I hear and share stories of recovery/healing and break the myth that people feel that they can't recover/heal.	Confidence with humility and respect. I am aware of my own and the world's limitations	A supportive society that doesn't prioritise an unrealistic body image and celebrates body diversity	Stigma, stereotyping, shame and public misunderstanding of eating disorders.
Spreading authentic love and compassion. Grounded in the universality of the human experience.	I am a voice for those affected by eating disorders and speaking the unspoken.	Empathy, kindness, compassion and unconditional love	Everyone having the tools and strategies to support people with ED's	The negative impacts and uses of social media
Increasing accessibility	I am equitable and inclusive in my language, approach, and decision making. I represent people with different eating disorders as well as people in	Pragmatism - in the way I approach the world and acknowledging present strengths and limitations.	Food being free from moralisation - no food is 'good' or 'bad'	Both the public (e.g., government, schools) and private (e.g., dieting and wellness industry) sectors spreading

	different demographics			messages/policies/interventions that are harmful for people with eating disorders. E.g., Health Star Ratings, GLP1 agonists (Ozempic)
Connecting with other likeminded groups and individuals. This includes other eating disorder organisations, mental health organisations, representatives from marginalised groups.	I am approachable and non-judgemental - authentically meet people where they are and validating their experience	Hope, possibility, and freedom	No stigma towards people with eating disorders.Increased open and non-judgemental conversations	Fatigue
Hope for a better world, a better future, and healing for everyone	I utilise social media in a positive way, e.g., building connection.	Equity and inclusiveness		Crowded charity space
Justice and human rights	I protect our volunteers/workers/peer support workforce and provide a space where people's lived experience is valued and can be applied to help others.	Vulnerability and openness		
	Because I am strong, I can hold space and tolerate the intolerable feelings without judgement	Courage and perseverance		
	I am able to communicate effectively with a diversity of perspectives on EDs, food, and what constitutes "health"	Tenacity and passion		

Empathy maps

This activity was performed as part of the Phase 2 vision and mission co-development and involved imagining a person who is seeking support for an eating disorder in Aotearoa New Zealand, 1) today, and 2) in an ideal future. What would this person be saying, hearing, thinking, doing and feeling?The purpose of this activity is to place the people we serve (people with eating disorders) at the forefront of our minds when shaping JourneyED.

Our group imagined “Barry”, a young rural male who has recently been diagnosed with an ED. First, we looked at Barry’s experience if he were seeking support today. As can be seen from the table below, Barry’s experience is one of confusion, isolation, fear, and conflict. He has little support, and is instead, faced with stigma. He doesn’t see himself reflected in the recovery stories and information he finds online.

Next, we looked at Barry’s experience seeking support in our ideal future. Here, there is no stigma and Barry and his family/friends have access to the right support. His experience is validated, making the long journey towards wellbeing less daunting. He is loved.

Barry is seeking support for an eating disorder in Aotearoa today. What would Barry….

Say and hear	Think
Hearing “Men don't get eating disorders, it’s a woman's disease” Minimizing statements & underplaying eating disorders amongst men in society From the GP: “You just need to eat more. You are not that sick.” Unhelpful info from social media Discouraging statistics on eating disorders and that recovery can take a long time (if it happens) *Saying* To himself: “I can't have an eating disorder, I'm a man, this is rubbish”	Why are people saying I'm ok? I'm not. Why are people saying I'm sick? This is me Who can I turn to anyway? I’m sceptical about going back to my GP when they told me I'm fine, but I know I'm not. I could stop this [the eating disorder] anytime if I wanted. Actually I can't, maybe I do need support. Who can I relate to? Who is going through this too? I can’t see myself reflected in any of the stories about eating disorders I see. I wonder what my parents/family/partner will think about me No one can support me, I am not sick enough

“Help, no-one is believing me” “I want to seek help/sometimes I don't t” “I can't believe I have an eating disorder” “Where do I go for help?”	
Do	**Feel**
Seeking out a group of people who I can be on this journey with, e.g., a community online. Access google, search more about eating disorders Turning to social media - Tiktok, Instagram Tried to reach out to youthline, they didn't really know Falling further into eating disorder (e.g., more behaviours) Trying to seek further support but being put on waitlists in the public system. Looking at private options but getting financially stuck.	Conflict within myself. Embarrassed - I reached out and it didn't work out Fear/uncertainty Overwhelmed by social media commentary Frozen by what I am hearing Isolation - feeling alone and misunderstood Defeated

Barry is seeking support for an eating disorder in Aotearoa in our ideal future. What would Barry….

Say and hear	Think
Hearing: Recovery/healing stories from people who are relatable No stigma or diet culture. Not being told how to change my body. When telling someone I have an eating disorder, I hear back compassion, understanding, and supportive replies Clear and accurate information on eating disorders, including why some people develop them. “You are accepted" “Everyone's journey is different” “Your recovery is your own” “Full recovery is possible” *Saying:*	I know where to go I know who to talk to My family know where to go and who to talk to I can involve my friends and family to support me I know healing is possible I have strength not to engage in the disordered behaviours There is this long journey I need to go on but it's ok. It is a long journey, but a supported one. People without eating disorders don’t understand, however there is good info out there It’s not my fault I did not cause this eating disorder My partner is really supportive My partner has access to resources to support me

Even in my rural area, there are healthcare professionals who are fully trained on how to talk with their patients, and there is access to all types of support- peer support, key workers, specialists. Telling others that I need time out. Being heard and validated that its ok “I know where to go to for help” “I know the pathway for how I may recover”	
Do	Feel
Read recovery stories Find a phone number that I could call at anytime to talk with someone who I can relate to Access virtual meal support Access tailored support including student support Connect with a service Self-care Utilise student supports Openly talk about eating disorder struggles without shame Connect with communities that are more body neutral Have positive experiences with professionals Using tools & strategies for relapse	Supported and motivated Loved Hopeful Prevailing sense of optimism, things are going in the right direction Daunted Fear of life opening up again A sense of motion - not the same thing everyday (monotony) I don't have to hide or pretend, I can be honest and it will be ok I will still be supported, even if I'm still scared I am accepted Nervouness Overwhelmed and unsure Less isolated, more connected Acceptance from others (friends) Less impacted by the shame connected to eating disorders Less triggered by fake news and media

Situational analyses

A situational analysis is a strategic assessment of an organisation's internal and external environments to identify factors affecting its performance and is crucial for planning projects, strategies, and other business initiatives.

PESTLE analysis

A PESTLE analysis is a strategic planning tool that examines external factors affecting an organisation, broken down into Political, Economic, Sociological, Technological, Legal, and Environmental influences. It helps businesses understand the macro-environment to identify potential opportunities and threats, informing decision-making and strategic direction.

Political	● New Eating Disorder Strategy launched by Mental Health Minister in 2025 ● Change in government at 2026 general election ● Global unrest ● “Anti-obesity” campaigns and population health/nutrition interventions that are harmful for people living with eating disorders E.g., Health Star Ratings, GLP1-agonsists (e.g., Wegovy) ● Potential changes in tax regulation for charities
Economic	● Global economic uncertainty ● Total charitable donations for which a tax credit was claimed have increased in recent years, though the number of people claiming has decreased (i.e., fewer people are giving more) ● Recent donation trends show a strong preference for local charities, with online giving becoming increasingly popular, and a focus on transparency and efficient use of funds. Community services and health charities are popular. ● Inflation meaning: ○ The cost of services that JourneyED requires are increasing. ○ Our community are faced are increased cost burden for ED services and for everyday essentials such as food. ● Expense of private ED services out of reach for many. ● Waitlists for public system are long
Social	● Increasing awareness of Mental Health but stigma remaining for EDs.

	• Stigma across
	  ○ The general public
	  ○ Healthcare - results in barriers to seeking help.
	• Increasing rates of EDs but no current Aotearoa data
	• Little known about EDs in marginalised communities e.g., Māori, Pacific, Asian, economically disenfranchised, LGBTQIA+, and migrant communities
	• Prevalence of diet culture and fat shaming
	  ○ Growth of the wellness industry
	• Impact of nutritional intervention campaigns on people's perceptions of food and bodies- e.g., Health Star Ratings, GLP1 agonists.

Technological	• Role of social media:
	  ○ Positive: building community and spreading JourneyED's message
	  ○ Negative: role in perpetuating EDs
	• Social media is always changing and difficult to keep up with
	• Possible social media ban for <16s
	• Online giving is growing in popularity as a means of donating
	• The use of an online platform will assist our reach across the entire motu, including those who are traditionally harder to reach (e.g., living rurally).

Legal	• Lack of legal framework for peer support • Possible change in taxation laws for charities • When dealing with personal data, ensure compliance with the Privacy Act 2020.
Environmental	• Maintain environmentally conscious • Aotearoa is geographically spread out

SWOT analysis

A SWOT analysis is a strategic planning tool used to assess the strengths, weaknesses, opportunities, and threats of an organisation. It helps identify internal factors (strengths and weaknesses) and external factors (opportunities and threats) to inform decision-making and strategic planning.

Strengths	Weaknesses
Authentic love and compassion Empathy The ability to advocate for people Hold space and tolerate the intolerable Inclusive Approachable Integrity Protect volunteers/workers/peer supporters Lived experience led Transparent Equitable Humility and self-awareness Activate people's ability to connect	Funding Limited resources Volunteer led ● risk of burnout ● Finding motivated volunteers We are all new to this ● Current volunteers lacking experience ● No well-known brand No developed internal structure
Opportunities	**Threats**
Only non-profit for affected individuals Possible funding avenues: ● Grants ● Big donors ● Fundraising drives ● Te Whatu Ora contract (eventually) Building relationships with government, health services Social media	Stigma Population nutritional interventions - e.g., Health Star Ratings, GLP1 agonists Social media Cost of living/inflation rendering fundraising challenging Public apathy