

Admitted Client Demographics

(May 2023 – April 2025)



♀ **37** Female

♂ **1** Male

Average length of time from phone assessment to admission

Private Pay Clients



Range:

3 weeks – 6 months

ACC Clients

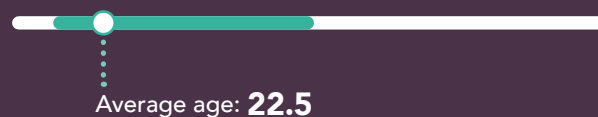


Range:

7 weeks – 5.5 months

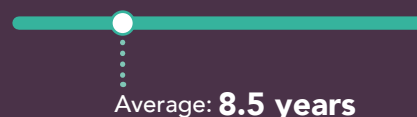
Age Data

Age range: **15-45**



Duration of Eating Disorder

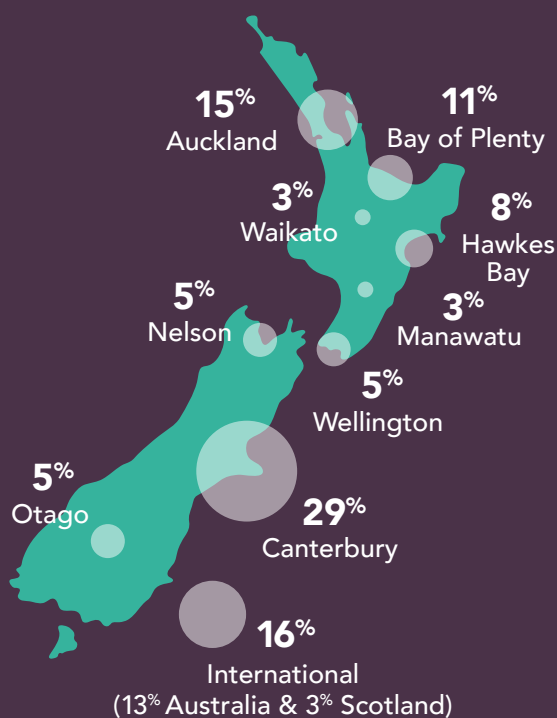
1-32 years



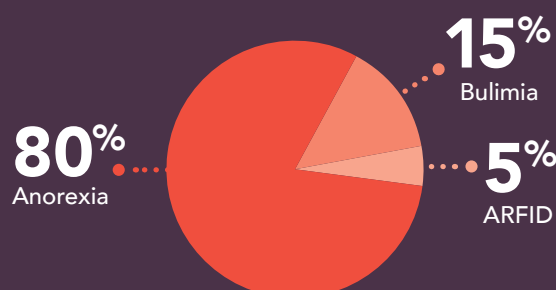
Treatment History Prior to Admission

- **58%** Had previously been hospitalised for their eating disorder.
- **19%** Had previously attended a residential eating disorder programme.
- **13%** Had received day programme treatment.
- **84%** Had seen an outpatient dietitian.
- **87%** Had engaged with an outpatient therapist.

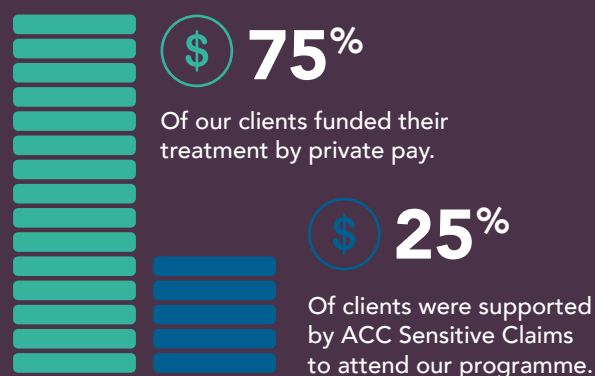
Location†



Primary Diagnoses



Funding



†All clients from New Zealand identified as NZ European with the exception of one who identified as both NZ European and Maori.

Graduated Client Outcomes

(May 2023 – April 2025)

Graduated clients refer to clients who either completed our residential programme, progressing from Level 1 through to Level 4, or had a planned discharge where they gave a two week notice period.

2023 – 2024



2024 – 2025



Since Opening



Average Length of Stay

*Includes Day and Partial programme

May 2023 – April 2024



63% of clients graduated at level 3 or higher.

May 2024 – April 2025



84% of clients graduated at level 3 or higher.

Clients graduating on Level 3 or above demonstrate stronger long-term treatment outcomes.

Objective factors that correlated with length of stay in our programme:

Number of comorbid diagnoses had no bearing on client's ability to progress however, clients with 2 or more comorbid diagnoses typically took longer to progress through levels with an average stay length closer to 7 months.

The following variables were tested however we found no statistically significant correlation between:

Eating disorder duration **vs** Length of stay
Eating disorder duration **vs** Level at discharge
Client age **vs** Length of stay
Client age **vs** Level at discharge

Factors that correlated with clients reaching level 3 or 4:

- ✓ Clients who stayed at least 100 days were more likely to reach level 3 or 4 in our programme.
- ✓ Motivation and engagement in the programme were necessary for clients to reach level 3 or higher, time in the programme as a stand-alone factor was not enough.

Summary statement of data analysed



It does not matter how long you have had your eating disorder, your diagnoses, or how old you are; making and sustaining progress towards a recovered life is absolutely possible.



Graduated Client Studies

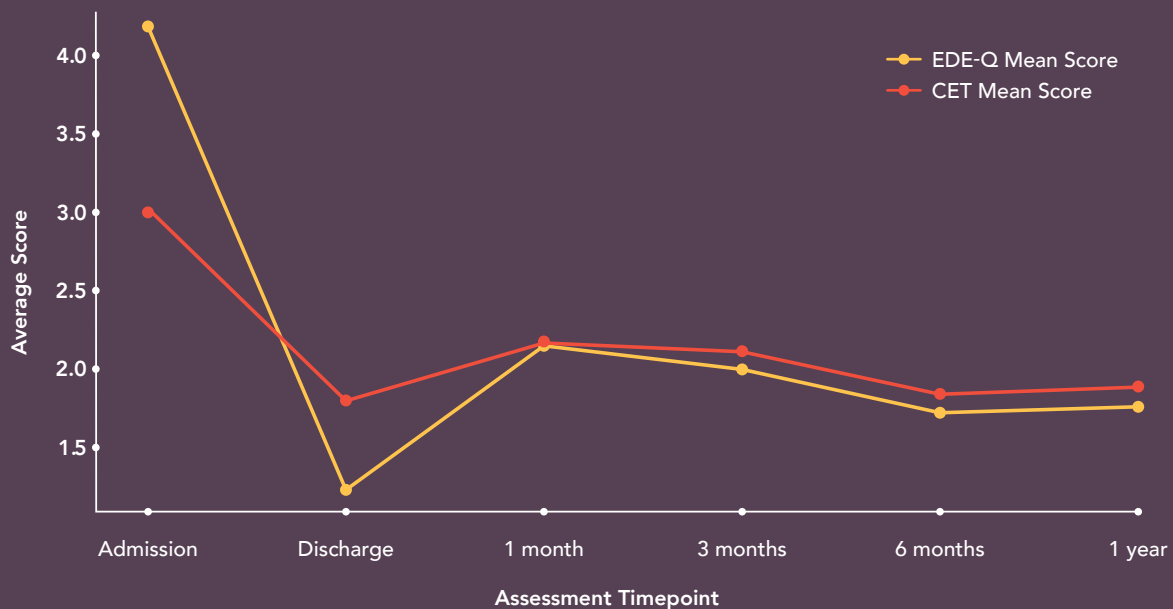
(May 2023 – April 2025)

Longitudinal study submissions

We have established a ten-year quantitative longitudinal study to evaluate the efficacy of our programme. Our research design includes fixed measurement intervals — at admission, discharge, 1 month, 3 months, 6 months, 1 year, 1.5 years, and annually thereafter — enabling the tracking of long-term outcomes in psychological, behavioural, and motivational domains.

Progress is measured using validated clinical tools: the **Eating Disorder Examination Questionnaire (EDE-Q)** and the **Compulsive Exercise Tendencies (CET)**, as well as self-reported metrics including **belief in recovery** and **self-assessed recovery progress**.

EDE-Q and CET Mean Scores Across Assessment Timepoints



- The Y-axis shows the average response score per item on the EDE-Q and CET questionnaires.
- Scores range from 0 to 6 (EDE-Q) and 0 to 5 (CET)—higher scores reflect more severe symptoms or compulsive behaviours.
- For both tools, lower scores indicate better psychological health.

EDE-Q (Eating Disorder Examination Questionnaire)

- Measures eating disorder symptoms over the past 28 days.
- Scores between 0 and 1 = considered within normal limits for individuals without eating disorders.

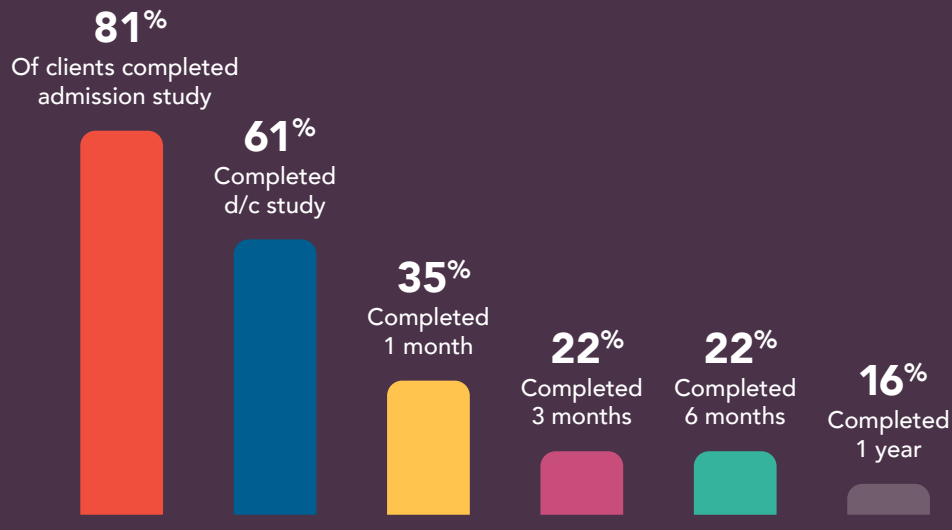
CET (Compulsive Exercise Test)

- Assesses rigidity, guilt, and emotional drivers around exercise.
- Normative (non-clinical) populations average ~1.0–1.2 per item.

Graduated Client Studies

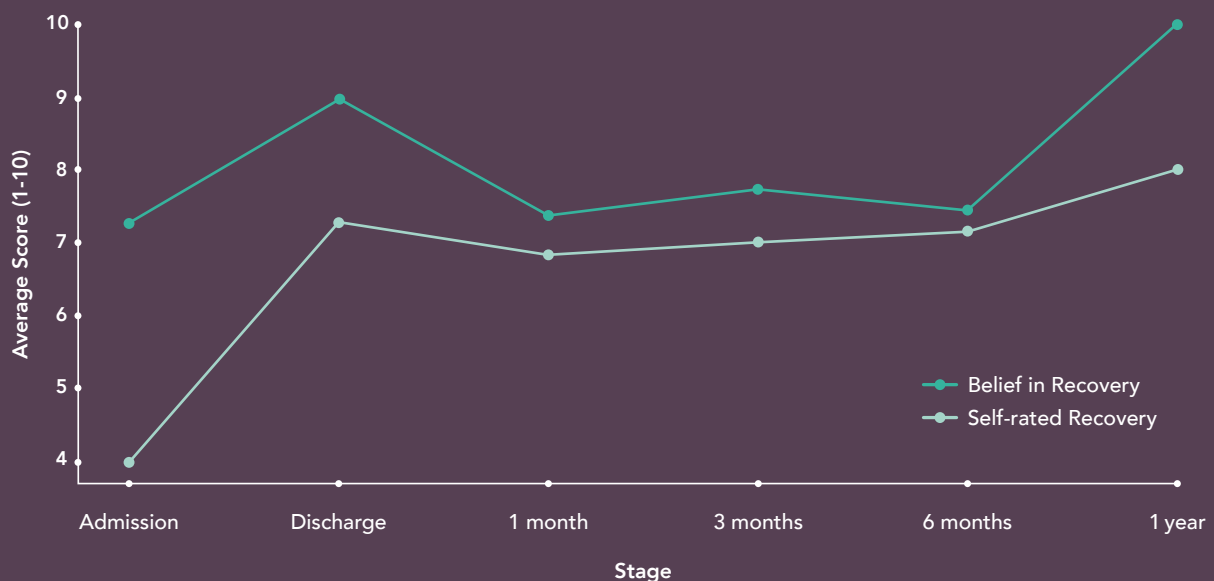
(May 2023 – April 2025)

Longitudinal Study



*Reduced follow-up engagement introduces a risk of outcome bias.

Belief in Recovery vs. Self-rated Recovery Over Time



Overall Programme Impact Summary

“ Clients exhibited marked psychological and behavioural improvements during their engagement with the Recovered Living programme. Post-discharge data indicate that these gains are largely sustained, with evidence of continued progress over extended follow-up periods. These findings suggest that the programme exerts a durable therapeutic effect, supporting enduring recovery trajectories beyond the scope of structured care. ”