



Anna Freud
National Centre for
Children and Families

The Anna Freud Centre

Charity number 1077106, company number 03819888

**Trustees' annual report and financial statements for the
year ended 31 August 2019**

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Reference and administrative details

The Anna Freud Centre, operating as the Anna Freud National Centre for Children and Families, is a registered charity, number 1077106, and a company limited by guarantee, company number 03819888.

Board of Trustees

The Hon Michael Samuel MBE (Chair)
Ms Catherine Bedford (appointed 12.11.19)
Ms Sally Cairns
Professor John Cape
Ms Melanie Chatfield (appointed 12.09.18)
Dr Moshe Kantor
Ms Nicola Loftus (appointed 13.11.18)
Professor Linda Mayes MD
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Mr Daniel Peltz OBE (Treasurer)
Mr Dominic Shorthouse (Deputy Chair)
Ms Ruby Wax OBE (resigned 24.06.19)

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Life President

Dr Moshe Kantor

Our Patron

Her Royal Highness The Duchess of Cambridge

Chief Executive

Professor Peter Fonagy OBE
FMedSci, FBA, FBPSA, PhD, DipPsy

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Introductions

Dr Moshe Kantor, Life President

On May 1st, 2019, the Kantor Centre of Excellence was formally opened by our Patron, HRH the Duchess of Cambridge. I have dreamt about this moment for years and on the day I felt an enormous sense of achievement and pride in the work of all those who helped make the Kantor Centre for Excellence become a reality.

We live in a golden age of science and mental health, and the Kantor Centre of Excellence will provide a place where the best experts in policy, practice and research can collaborate. It is a building in which the most talented professionals and researchers can work together with children and young people and their families to create real lasting change that will touch the lives of us all.

The values of Anna Freud National Centre for Children and Families are based on the determination of its founder to serve and protect vulnerable children. Her aspiration was to combine a rigorous scientific approach with a human touch, an approach which understands, involves and values the experiences of children and their families. These aspirations have stayed with us and will flourish in the Kantor Centre of Excellence and I feel honoured to have a leadership role in the organisation and feel fortunate that I was able to play a part in helping make this happen.

The Hon Michael Samuel MBE, Chair of the Board of Trustees

When, in the future, we look back on the history of the Anna Freud National Centre for Children and Families, 2019 will be known in our history as the year we moved into our new Kantor Centre of Excellence and began a new phase of scaling up our work.

So many people contributed to our wonderful building; our donors, whose incredible generosity and support made it possible; the design and construction teams whose imagination and hard work transformed this old factory into what you see today; and the staff, children, young people and families, whose vision and determination drove the project through. We were also delighted to publish our book, *Transforming Mental Health*, at the opening of our building. This wonderful book outlines our vision for a sustainable model of child mental health and draws together the values of our past and our vision for the future.

The Kantor Centre of Excellence is more than a building which houses the Anna Freud National Centre for Children and Families and the Pears Family School. It represents our ambition to play our part in transforming the way we, as a society, think about mental health and how we support those who need it. The Centre has taken some major steps towards this aim through our research, practice and training this year. For example, securing the contract to deliver the Link programme means that by 2024 we will have reached out to every state school, college and alternative provision setting in England to help them work with local mental health services so that children and young people can get the help they need when they need it. This is national impact writ large, and it is our future.

Our operations have been impacted by COVID 19 and the associated lockdown restrictions that started from March 2020. Our work in post graduate teaching, short course training and schools training all had to be recreated for virtual delivery. The post graduate courses continued with online teaching and are scheduled for completion

as planned. The Schools and Short Course training have paused whilst online content is developed and online training will resume from May 2020. It is difficult to forecast when we will be able to resume face to face training and our planning makes provision for virtual delivery for the rest of the calendar year. It is vitally important that we are able to maintain delivery of our services as the current conditions create a greater demand for our work. Further details of the financial impact can be found in note 17.

Professor Peter Fonagy, CEO

As a nation, we face an almost unprecedented challenge in children and young people's mental health. As a charity committed to supporting children and their families, this raises a profound question: what is it that we, as a single organisation, can best do to alleviate and prevent the suffering of so many?

This year we have tried to answer this question by extending our collaboration with others, such as government departments, universities, clinicians, schools, children and young people, the NHS and local authorities and corporates. We believe that by working together we can share our learning and, importantly, learn from others. The fact that the Centre now shares a site with the Pears Family School that we founded is both a symbolic and actual representation of our commitment to our values.

This year, as well as opening the Kantor Centre for Excellence, we invested in restructuring and developing our early years work. We have also continued to grow our work with children who have complex needs. This year we laid the foundations for our UK Trauma council, so that the wealth of learning about trauma that has been accumulated within this organisation and by our partners and collaborators, can be shared and applied. And finally, we have further expanded our work in schools and colleges to support the increased focus on wellbeing in education.

It takes 17 years for research to be translated into practice. As an evidence-based organisation, we want to reduce that gap by collaborating with others so that we can make the most of our learning and share it with those in a position to apply it.

If we can do that and give people and institutions in our communities the skills, knowledge and support so that children can build their mental health and wellbeing; and if we can encourage and those with more complex problems can seek help, we will be on the way to meeting the mental health challenge that we face.

Objectives and activities

Anna Freud National Centre for Children and Families (the Centre) has been pioneering mental health care for 67 years. The Centre promotes the relief of mental ill-health and resilience to promote and protect mental and emotional health, for the public benefit. The Trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to the general guidance issued by the Charity Commission on public benefit.

Aim

To transform current mental health provision for children and young people in the United Kingdom by improving the quality, accessibility and effectiveness of treatment. We believe that every child and their family should be at the heart of the care they receive, working in partnership with professionals.

Mission

To further the charity's purposes for the public benefit, we:

- > Carry out research to improve understanding of mental health and resilience and to evaluate and improve the treatments and services children and families are offered.
- > Develop new approaches, tools and services that aim to support children, young people and families in distress.
- > Teach and train a new generation of clinicians and researchers the latest skills and tools to improve mental health globally.
- > Take a leading role in the development of policy and practice in the UK and beyond to ensure that it is built on science, tested experience and has the input of children, young people and their families.
- > Creatively collaborate nationally and internationally in partnerships, which jointly develop a step-change in child mental health and wellbeing.

Vision

A world where children and families are effectively supported to build on their strengths and to achieve their goals in life.

Values

- > Collaborative
- > Creative
- > Inclusive
- > Honest

Principles

1. Children, young people and families are at the heart of everything we do.
2. We maximise impact by working with others, recognising their leadership and expertise.

3. No preconceptions; we are informed by the science and an awareness of what the science cannot tell us.
4. The Kantor Centre of Excellence is a special place with no special places. We use fluid, flexible and collaborative structures to help us break down the silos: no one group holds the answer.
5. We support staff to develop their potential by working together to achieve the Centre's objectives. We respect difference and value diversity.
6. We are rigorous and critically monitor the effectiveness of what we do.
7. We are willing to experiment and accept failure.

Achievements and performance

Reviewing last year's goals

The year ended 31 August 2019 saw further growth in activities, income, research, networks and training, exceeding targets in many areas. Achieving last year's goals has been a key part of implementing our strategy and priorities for the coming years following The Big Move.

Kantor Centre of Excellence

- > Deliver a smooth and timely transition to the new Kantor Centre of Excellence, including consolidating the values of creativity, inclusivity and collaboration in our working approach, process and practices.

A smooth and timely transition to the new Kantor Centre of Excellence was supported by an internal communications campaign, 'The Big Move'. The campaign included a newsletter with tips to prepare for moving and information about the new location, as well as drop-in Q&A sessions and notice boards summarising key information about the new building.

All staff had relocated to the Centre of Excellence by the dates advised in January 2019; by 8 April for staff previously based at Maresfield Gardens and 7 May for staff previously based at Jordan House. This was a great achievement given some delays with contractors and work on-site. We held the first all staff meeting in July 2019, attended by more staff than ever before.

Following the move, we have promoted our values of creativity, inclusivity and collaboration with: fortnightly lunchtime and evening talks for staff to present their work; a Continuous Professional Development group to deliver a joint lecture series; a Green Group to improve the whole organisation's sustainability; social groups to encourage colleagues across the organisation to come together for gardening on the roof terrace, lunchtime yoga, running, and crafting; and free, public Transformation Seminars to run for one year, where some of the most eminent names in mental health argue for their idea of what would most contribute to a transformation of our approach to mental health.

- > Launch the Kantor Centre of Excellence as a hub of innovation, drive the step-change in child mental health across systems and sector.

On 1 May 2019, our patron Her Royal Highness The Duchess of Cambridge opened the new Kantor Centre of Excellence to over 100 stakeholders who supported the capital campaign. The event launched the new purpose-built space as a crucial step to drive change in children's mental health, with keynote presentations from our Chair, Chief Executive, Life President, our Royal Patron and one of our Young Champions, who spoke passionately about her experiences and support of the Centre's work. Hosted by broadcaster, journalist and mental health advocate Kate Silverton, the event brought national media coverage profiling the Centre's efforts to bring together the best in research, clinical expertise, training and lived experience under one roof to work together so that more children and young people get the help they need, when they need it.

- > Model community engagement for improved mental health, empowering the public and reducing the gap between research, clinic and children and young people.

For the first time, we hosted an Open House event in collaboration with Pears Family School and our Young and Parent Champions. The event offered the opportunity to welcome our valued partners to our new building and give them a taster of the fantastic breadth of our work. The day saw talks and workshops from across the Centre's programmes and featured nearly 30 different projects. Nearly 200 guests from health, university, voluntary, private and public sectors joined with staff, friends and family to explore the ways in which we can all contribute to transforming child mental health in the UK and beyond. The event was described as "inspiring" and praised as a "friendly, approachable and 'open'" environment, modelling our ambitions for community engagement that will reduce the gap between research, clinic and children and young people.

- > Build on our relationship with The Family School to ensure that successful improvements in mental health are communicated.

With Pears Family School located at the same site, we have continued to collaborate to share resources, learning and to disseminate the model to support other education settings. School staff, pupils and their families have also participated in the 1 May Launch – sharing their work with HRH The Duchess of Cambridge – the July Open House event and fortnightly lunchtime and evening talks.

- > Continue to develop and grow our Northern Hub and extensive national outreach.

We now have our own office base in Manchester with four additional staff based at the site (soon to be five). Building on the Centre's organisational strategy, we are developing our Northern Hub strategy with the aim for a formal launch in Autumn 2020. Activity in the north has increased through the second phase of the Department for Education (DfE) Education for Wellbeing Programme, further expansion of HeadStart learning dissemination and delivery on the second and third phases of the DfE Link Programme.

Teaching and training

- > Increase training as part of Children and Young Peoples' Improved Access to Psychological Therapies (CYP IAPT) by 50%, including delivering on the Government's Green Paper (2017) proposals to train new Educational Mental Health Practitioners as part of the Mental Health Support Teams.

During 2018-19, we have continued to deliver CYP IAPT trainings in specific modalities (e.g., for Autistic Spectrum Disorder (ASD)/Learning Disabilities (LD), Interpersonal Psychotherapy for Adolescents (IPT-A), and for infants and young children under the age of five), alongside supervision training and a Leadership course for service leads.

We have further increased workforce training by developing and delivering a new postgraduate Diploma course for Educational Mental Health Practitioners (EMHPs). We have trained two cohorts of Wellbeing Practitioners (60), twice as many as in 2017-18, as well as one cohort of EMHPs (29) in the year with a further cohort starting in September 2019 (37) and future commissions for 2020. As such we have established experienced teaching teams and are increasingly skilled at meeting the challenges of training a new workforce for child mental health.

- > Develop a postgraduate course and qualification based on the newly integrated Early Years Programme, to sustain a highly skilled workforce in the UK and beyond.

Development of a master's course in Applied Early Years Practice with the Centre's Postgraduate Studies programme has begun. The course will build on the strong psychoanalytic ethos of the Psychoanalytic Developmental Psychology (PDP) course at the Centre. It will also include multiple theoretical perspectives on early years practice such as Mentalization-based therapy. We aim for first admission to be September 2021.

- > Continue to be a world-leader in delivering evidence-based and expert training programmes internationally, including exploring digital solutions to deliver training more effectively and accessibly.

During the reporting year we have trained 8,140 people and held 216 events across 22 different countries, increasing our international reach on previous years. We have increased the number of professionals trained on our online training platform by 637% on 2017-18. Training income has increased to £2.38 million in this period, and our average satisfaction rating improved from 4.1/5 to 4.55/5. The first Mentalization Based Treatment (MBT) online training was launched in June 2018 and in this first full year of running the training has proved to be very popular. No new online trainings were launched in the year, but developments are underway for the online training platform that will better enable future courses to be delivered remotely.

- > Continue to develop and extend our training of community-based staff in whole system approaches (e.g. AMBIT) to working with socially excluded young people with mental health needs.

Our AMBIT team has continued to go from strength to strength. Not only have we expanded our training team and set up an international AMBIT Study Group to collaborate on evaluating the impact of AMBIT-influenced teams, but we have trained 508 people in the year. Teams trained include children and young people's mental health services (CYPMHS) and social care staff across Lancashire, who wish to develop a whole-system, shared approach to risk support (Thrive). Other teams trained include secure children's homes, children's social care in Ireland, a Local Authority (LA) multi-agency project supporting families affected by domestic violence as well as exploring an AMBIT training for adolescent eating disorder units. We have continued to strengthen our training offer in Spain, employing two local trainers from Spanish teams and holding a community of practice event, bringing together trained teams to share implementation stories. The AMBIT team have also been involved in piloting a peer mentoring programme in collaboration with two local youth organisations, supported by the Berkeley Foundation.

- > Innovate the support available in education settings across England for children who have been excluded or are at risk of exclusion through our Family School Approach training programme for school staff and leaders.

Founding Headteacher of The Family School London, Stephen Taylor, is leading a new Alternative Education Model and Innovation workstream. With a grant from the DfE's Alternative Provision Innovation Fund the team began delivering training in three alternative provision (AP) schools to develop their parental engagement and pupil wellbeing and resilience activities, modelled on The Family School's ground-breaking practice. And with support from KPMG

Foundation and Porticus UK, the team are now working with a further 10 APs and 30 mainstream schools to reduce exclusions.

Research and evaluation

- > Continue to develop and grow the Evidence Based Practice Unit's (EBPU) research strategy on risk, resilience, choice and change, in collaboration with university partners, including major trials such as the evaluation of HeadStart and the DfE's Education for Wellbeing programme.

Activity has continued in EBPU along our themes of risk, resilience, change and choice. In July 2019 we published our 'Key Findings' report, providing an overview of what our research across the four focus areas is indicating. New projects have continued to map the evidence base for universal prevention, develop more understanding about the impact of complex area-level interventions and take opportunities to link data sources to gain a better understanding of outcomes and support provided for those experiencing mental health difficulties.

- > Build on the strong research and practice links between the Child Attachment and Psychological Therapies Research unit (ChAPTRe) and the Centre's services, including an Early Years Research Fellow to support the Early Years Programme evaluation.

Within the Early Years and ChAPTRe collaboration, we have appointed a Senior Research Fellow and Research Assistant who have taken forward a digital common outcomes framework for all Centre services for children under the age of five. They have also facilitated outcome evaluations of new early years projects across the Centre's portfolio of services, such as Parent Infant Psychotherapy.

- > Develop links between researchers at the Centre and social care practitioners working with Looked After Children (LAC), to contribute to the evidence base for this population's needs.

ChAPTRe researchers are working the Specialist Trauma and Maltreatment Services (STAMS) team to evaluate the Reflective Fostering Programme (RFP) being delivered with Kent County Council, and we hope to launch further research on the RFP in 2020. The team have also progressed research proposals for the Lighthouse Parenting Programme (for families on the edge of care proceedings) and the Nurturing Change project (aiming to develop a new treatment for children in foster care with attachment difficulties called Video Feedback to Promote Positive Parenting) will come to an end in January 2020, with results published shortly afterwards.

- > Continue to maintain low attrition rates for the National Institute of Health Research (NIHR) Mentalization for Offending Adult Males (MOAM) study on antisocial personality disorder, working closely with partner service user organisation, User Voice, to engage participants in the follow-up phase of the trial.

The trial has continued to maintain low attrition rates, and only 5% of the recruited population have withdrawn from the study. Of participants, 61% have now completed the trial, and the remaining participants are currently being followed up by the research team at three-month intervals for 24 months. Over

the last 12 months we have worked closely with our partner service user organisation, User Voice, as well as programme leads and front-line staff from the Offender Personality Disorder pathway and HMPPS Rehabilitation and Support Services Groups to engage participants across 13 sites in England and Wales.

Practice and systems

- > Build our suite of freely accessible resources for schools to support improved mental health and emotional wellbeing amongst pupils, staff and families, including launching a range of training accessible nationally.

The Mental Health and Wellbeing in Schools team have successfully published a range of new, freely accessible resources over the year. These include:

- Peer Support for children and young people's mental health and emotional wellbeing Facilitator Toolkit to support schools to set up and run a peer support programme in their setting;
- Ten steps towards staff wellbeing coproduced with members of the Schools in Mind network to share best practice and reflect considerations for school leaders in support the wellbeing of their staff;
- Engaging with parents and carers booklet developed by teachers, clinicians, parents and carers to explore a range of innovative ways schools can help children by successfully engaging with parents and carers (also available in an interactive digital format); and
- Expert Advice videos on interventions and approaches to promoting the wellbeing of the whole school community.

The team have also delivered trainings and events, generating new income for the programme.

In the year, the team successfully bid to deliver the third year of the Department of Health and Social Care's (DHSC) Mental Health Awareness Training in Secondary Schools programme, to be made available to 1,977 mainstream secondary schools, pupil referrals units, free schools, secure training centres and sixth form colleges. We also won the third phase of the DfE Mental Health Services and Schools and Colleges Link Programme, first piloted in 2015 by the Centre, with a consortium of children's charities and mental health service providers. The programme is available to every school and college in England and aiming to reach 80% of schools by 2023.

- > In partnership with local authorities (LAs) and Clinical Commissioning Groups (CCGs), deliver and evaluate the newly modelled integrated Early Years Programme, to support infants and young children at risk of long-term adverse psychological problems associated with difficulties in the parent/child relationship, with a view to rolling out the model nationally.

In the year, we were delighted to secure the support of several funders and LAs to implement the integrated early years pathway developed last year. This includes successfully applying to the DHSC's Voluntary, community and social enterprise (VCSE) Health and Wellbeing Fund for a grant to expand our work with Camden and Wandsworth to target 'missing families' that currently fall through the gaps between health and social care and are not engaging in infant mental health services. Furthermore, with the continued support of The Sylvia Adams Charitable Trust, we will be mirroring our Schools in Mind network with

an Early Years Network to engage and share best practice amongst early year's professionals working across health, social care and nurseries.

- > Establish the UK Trauma Council, leading the UK in transforming the help children and young people receive following trauma through innovation, interdisciplinary partnership and collaboration.

Following the publication of a scoping report in September 2018 (which showed overwhelming appetite for a UK Trauma Council led by the Centre), Co-Directors Professor Eamon McCrory and David Trickey set a five-year strategy for the Council. In January 2019, 19 individuals with expertise and experience in the field of child trauma were asked to join the council; all 19 accepted the invitation. As the driving force of the UKTC's work, membership represents all four nations of the UK and spans research and practice.

- > Continue to be a leading innovator in addressing the mental health needs of LAC, including facilitating the locally owned DfE assessment pilots, supporting foster carers through the Reflective Fostering Programme and developing methods of assessment to support decisions around care.

The first year of the DfE LAC Mental Health Assessment Pilots, led by Dr Sheila Redfern, has successfully recruited nine pilot sites across England, working with the consortium to improve the quality and consistency of the mental health and emotional wellbeing assessments children receive when they enter care. In the year, our STAMS team have worked with delivery partners Action for Children, CORC and Research in Practice, to develop an assessment framework and training for practitioners to support pilot design and implementation in each area.

The current phase of the Reflective Fostering Programme (RFP), run in collaboration with Kent County Council, has trained 13 social workers and experienced foster carers to deliver and facilitate Reflective Fostering groups. We have run five groups across Kent (two within the financial year) with no drop-outs across all five groups, as well as developing an online 'wiki manual' with resources and guidance for facilitators.

- > Consolidate and make effective use of the growing Anna Freud Learning Network and Schools in Mind network to disseminate best practice, better understand our stakeholders and improve cross-sector/national collaborations, with a focus on each network supporting and evidencing self-care strategies and promoting positive engagement with parents and carers respectively.

The growth in the Centre's learning networks continues to exceed expectations with a combined 62% increase to 20,815 members. The networks disseminate the latest research, resources and learning opportunities from across the Centre. The Anna Freud Learning Network (AFLN) is leading on research into self or community approaches to address mental health issues, resulting in the extremely popular self-care resource for On My Mind, and the Schools in Mind (SIM) network has run a consultation with school staff and conducted research into staff wellbeing resulting in guidance about what school staff and senior leaders can do to support their own and their colleagues' wellbeing. The Schools in Mind network also released the 'We all have mental health' animation and teacher toolkit for secondary schools, which has been viewed over 120,000 times and been translated into Welsh through a collaboration with Meddwl.

- > Launch dedicated pages at annafreud.org for and by children and young people, with a focus on creating a comprehensive guide to understanding treatment options, sharing peer content and self-care advice.

On My Mind – a new subsite of the Centre’s website – was launched in October 2018. The pages aim to empower young people to make informed choices about mental health support, treatments and outcomes, with an emphasis on reaching those who are thinking about looking for support, who may be waiting to attend or are already receive support from a mental health service, and those who require help to self-manage their wellbeing. All the resources – which include themes such as ‘Receiving support’, ‘Know your rights’ and ‘Understanding referrals’ – have been co-produced with young people including the Centre’s Young Champions. On My Mind includes the Youth Wellbeing Directory which has seen over 850% increase in page-views since its relaunch on the main Centre website. On My Mind now totals 15% of all traffic to the site.

- > Continue to be a leading innovator in relation to considering interventions for young people that do not involve mental health professionals.

We have made particular progress in exploring self and community approaches to mental health. Having identified over 100 ‘self-care’ activities that people report using to help manage or maintain their emotional wellbeing, young people helped us to select a range of these to share using the newly launched On My Mind site. Given that few of the strategies have been evaluated in a rigorous way, we are facilitating a virtual dialogue with young people and families about their experiences of the activities, whether they would recommend them to others, why they think they are effective for them, and what they would prioritise for future research.

- > Develop our digital strategy, integrating digital solutions across the Centre’s programmes.

It has been a productive year developing the digital strategy, consulting with representatives from across the Centre to integrate digital solutions. In collaboration with Mental Health and Wellbeing in Schools team we have made substantive developments on the Heads Together Mentally Healthy Schools website to improve user experience. We have also made progress with the Clinical Service Improvement programme to improve their highly influential web-based tools for supporting evidence-based practice (wiki manuals) and web-based methods of outcome monitoring (POD).

- > Support policy makers and others with advice and implementation, including routine outcome monitoring.

Representatives from across the Centre (including Claire Evans, Peter Fuggle, Lili Ly, Vicki Curry and Russel Hurn) attend various operational groups attended by Health Education England and NHS England to provide leadership and guidance to the National NHS Child Mental Health Team leading on Green Paper implementation. The Centre hosts the Child Wellbeing Practitioner Coordinating Group and national CYP IAPT Coordinating Group, and Professor Peter Fonagy chairs the National EMHP Curriculum Group. Feedback from the groups has substantively influenced national decision making around the operational roll-out of governmental initiatives to improve child mental health. In March 2019, it was announced that Professor Peter Fonagy would join the government’s new school staff wellbeing expert advisory group to advise the Department for Education,

Multi-Academy Trusts and LAs on the wellbeing of school and college leaders and teachers.

Members of the EBPU team, including Professor Jessica Deighton and Tanya Lereya, have been part of special interest groups informing Public Health England (PHE) guidance around universal interventions to support young people's mental health as well as advising DfE in the development of their wellbeing measurement guidance to schools.

Operational

- > Complete the IT and infrastructure set up for the Kantor Centre of Excellence and migration of IT systems to the cloud and begin the next stage of planning to further develop IT solutions which will securely support internal and external collaboration.

The move to the new building and migration to cloud systems has successfully been completed. A strategic IT plan has been developed and presented to the Senior Leadership Team which addresses collaboration, systems use, and robustness of IT services.

- > Successfully submit to the Data Security and Protection Toolkit and complete the accreditation process for the Cyber Essentials scheme.

We successfully submitted our first Data Security and Protection Toolkit in March 2019. We have also updated staff training and the support available to ensure staff understand their information governance responsibilities and comply with revised legislation. Our Information Governance Manager qualified as an accredited Data Protection Practitioner in January 2019. A first pass at meeting the criteria for the Cyber Essentials scheme was undertaken in the year, highlighting some areas requiring improvement before the accreditation could be attained. A remediation plan was put in place, including bringing mobile devices in line with our security standards, and we achieved accreditation in November 2019.

- > Develop and deliver a new campaign for strategic partners to provide vital unrestricted and core funding.

The Fundraising team have worked closely with the Centre's Board of Trustees and Senior Leadership Team to develop the new campaign for strategic partners to provide unrestricted grants and donations. In the year, we secured £250,000 and will formally launch the campaign in 2020 to raise £450,000 before the end of August 2020.

- > Maximise our income opportunities from the Kantor Centre of Excellence and the Northern Hub to deliver an efficient operation.

Within the year our priority was the safe move of all Centre staff and activities. As such, our plans to maximise our income opportunities from the Kantor Centre of Excellence and the Northern Hub remain ambitions for the financial year ending 31 August 2020. Short- and medium-term plans have been agreed to increase the financial return from our training courses and conference spaces.

Overview

This has been a truly significant year for the Centre. After years of fundraising and planning for our move, we launched the Kantor Centre of Excellence. The event celebrated the incredible supporters of the Centre who make our work possible but was also testament to the commitment and drive of our extraordinary staff and collaborators. Our Chief Executive, Professor Peter Fonagy, was even profiled in national media. At the heart of the celebrations were the contributions of our Young Champions who gave powerful accounts of their own experiences of mental health, and the pupils and teachers from the Pears Family School.

The launch represented all that we wish to share with the wider world: the Centre is a hub of innovation; a community of people working and learning together; and ambitious in our efforts to transform the way we think about and support mental health.

Transforming mental health is an urgent task for us all to reflect on. The year saw the publication of NHS Digital's survey on the mental health of children and young people in England, the first since 2004. The survey reported one in eight children and young people aged 5-19 have at least one mental health disorder, compared to previous estimates of 1 in 10. While this increase cannot be reduced to a single cause, the survey demonstrated that some groups are particularly at risk, including those living in deprivation and LGBTQ+ young people. The high level of self-harm and attempted suicide – particularly amongst girls – is a reminder, if any were needed, of the seriousness and urgency of these issues.

The disturbingly high prevalence of mental health problems in children and young people presents a complex public health problem and requires us to refocus our efforts to best alleviate and prevent the distress of children and young people. We know the challenge of mental health cannot be met by professionals alone. We need to create a supportive social ecology – encompassing communities, families and services – around children and young people, enabling them to thrive and develop into adults who are well equipped to nurture the next generation.

This means collaborating with others to leverage existing resources, skills and relationships and empower everyone to have a role in bringing about change. It means being creative, so that we can translate our unparalleled evidence base into resources that others can use. It means being inclusive and prepared to learn from the children, young people and their families themselves so that we can enrich our understanding and our offer.

The Centre's performance this year is a major achievement, by any standards. We have developed a wide portfolio of work to meet the range of needs we are presented with. We also know from research and practice that there is good reason to be optimistic; even the most troubled young people can benefit from the right support. Our activities continue to overcome the prevailing pessimism that early adversity cannot be corrected and that children have an incredible capacity to change. And that is why we're here.

Early Years

We know an infant's earliest experiences can shape their brain development and can have an impact on many areas of their cognitive, emotional and even physical development through to adulthood. Stressful early experiences, such as poverty, couple conflict, domestic abuse, worklessness, unstable housing, and parental mental health difficulties can adversely impact on this developmental trajectory. In the first national survey on child mental health to include children under five years of age published in 2018, NHS Digital reported a 5.5% prevalence of behavioural difficulties (that would meet a threshold for a mental health disorder) amongst 2-4-year-olds in England.

The Centre has delivered services for babies and young children since its beginnings in 1952, including parent-infant psychotherapy, baby clinics and parent-toddler groups, as well as training programmes and supervision for local universal services. A focus for the Early Years Programme (EYP) this year has been implementing the new early years strategy, developed following a formal review in 2017, to better meet the clear need for early intervention for mental health. This involves transitioning from a series of individual projects (Parent-Infant Project, Parent Toddler Service, and the Early Years Parenting Unit) to a more joined up structure. The Centre was delighted to welcome Dr Camilla Rosan as Head of Early Years in early 2019, leading the EYP to:

- > Develop, test and deliver innovative interventions.
- > Implement a shared evaluation model to measure the impact of under-5s services.
- > Support the voices of babies, toddlers and their parents at the heart of design and delivery.
- > Introduce a clear scale-up strategy so that more families can benefit from the Centre's work.
- > Deliver a range of evidence-based training programmes, including a postgraduate qualification.

Moving towards an integrated early years pathway

The new integrated approach for the EYP provides a coherent continuum of services from support to all families (our universal offer) to therapeutic interventions for families at risk of relationship difficulties (our targeted offer) to intensive therapy for families who are struggling to provide the care their babies need and have social care involvement (our specialist offer). Across this continuum, we use a shared theoretical model of understanding and intervening with families and young children to support parents to have sensitive, caring and playful relationships with their children, so that they are given the best start in life.

The integrated model enables us to partner with a range of agencies to improve the support that is available and accessible to parents and their young children, whatever their level of need, in a non-stigmatising way.

In the year the EYP was awarded a grant from the DHSC's VCSE Health and Wellbeing Fund to test and deliver our integrated early years model in the boroughs of Camden and Wandsworth over a 30-month period. In addition to this award, we have successfully secured funds for projects that directly serve to effectively scale-up our innovative practice – both in terms of sharing best practice and extending our service

interventions to a wider population of families. These are outlined in part below and also include:

- > London Borough of Camden specialist supervision and training for the borough's stay and play workers who run universal drop-in play groups.
- > Southwark LA commission by Southwark's Adoption Team to deliver a six-month pilot of our Parent-Toddler Group for adoptive parents and their toddlers.

A shared evaluation model to measure the impact of the Under-5s interventions

The EYP have been working with a dedicated team of early years researchers in ChAPTRe, led by Professor Pasco Fearon, to develop and implement a standardised cross-EYP evaluation framework. This has involved:

- > selecting the most suitable routine outcome measures to use as a 'core' set of measures for the EYP;
- > developing guidance to implement these measures so they can be embedded as part of routine clinical practice;
- > considering teams' training needs to implement routine outcome measures;
- > exploring opportunities to digitise the collection of outcome measures; and
- > setting up a user-friendly database to streamline data collection processes.

Supporting the voices of babies, toddlers and their parents

To support the voices of babies, toddlers and their parents at the heart of what we do, we are developing a cross-programme coproduction strategy. This sets out how parents and their young children can be involved in all aspects of service design and delivery from recruitment, bid preparation, venue set up, delivery of events and trainings, reporting and evaluation.

The strategy development has already resulted in the cocreation of a project to pilot a father's mental health and parenting clinic. While the EYP has specialist clinical expertise in working with fathers – Tessa Baradon recently edited and published a book on father-infant psychotherapy with contributions from across the EYP team – our user feedback questionnaires have highlighted the need to actively engage and involve fathers. Mothers have reported that they want their partner to be more included in their therapy and that their partner's own mental health and parenting can be affected by the mother having difficulties but that this frequently goes unrecognised.

With the Centre's participation team, we have therefore set up a bespoke project to explore what therapeutic support fathers want, where they want it, what they want it to focus on and who they would like to deliver it. The Berry Street Foundation have awarded the Centre a grant to work with the South West London NHS specialist perinatal mental health team to develop and test a clinical care pathway and delivery model for father's mental health and parenting over 18 months, commencing in October 2019.

Delivering evidence-based training programmes

During this year our Parent Infant Psychoanalytic Psychotherapy Training Programme received formal accreditation by the British Psychoanalytic

Council, recognising the programme's contribution to the field. We continue to work closely with the Tavistock and Portman NHS Foundation Trust to co-run and deliver the International Training School of Infancy and Early Years (ITSIEY), with two new modules being developed this year ('Early Intervention Skills to Enhance Parent Infant Relationships' and 'Neuroscience: its relevance to work with parents, infants and young children') and increasing numbers attending all the individual training modules.

We also want to harness the success of innovative practice that takes place within the EYP and extract the learning to develop a two-year UCL MSc qualification in Early Years Practice, which would include clinical placements across the EYP. The EYP are in early discussions with the Postgraduate Studies team to explore the feasibility of this and are aiming to have a pilot intake for this course in September 2021.

Facilitating national learning and collaboration

As well as working directly with services, we want to empower the early years workforce to signal to both parents and their babies that their minds and emotional development are valued and should be supported on a national scale. While there is strong evidence indicating early intervention targeting vulnerabilities for future mental ill-health works, many families are either unaware of the services available to support them or struggle to engage with them. There is a clear need for multi-agency, cross-sector collaboration and sharing and the Centre is delighted to have the continued support of The Sylvia Adams Charitable Trust to develop and pilot a platform to facilitate this.

The new Early Years network will be a national knowledge and learning network that enables a wide audience of early years professionals (including play-and-stay workers, social workers, nursery nurses and speech and language therapists) to 'Think Baby' and improve the social and emotional development of infants in their care. We hope to mirror the success of our AFLN and SIM network when it is launched in 2020.

Luton Parent Infant Project – Think Baby

Building on a successful pilot in 2015, this year we completed our project to reconfigure universal baby groups across Luton in partnership with the Preschool Learning Alliance (previously Flying Start). Based in the Centre's Parent Infant Psychotherapy (PIP) approach, our team developed and delivered training and supervision to the early years workforce to enable them to support the parent-infant relationship during the open baby groups, better recognise and respond to difficulties and engage high-risk families in the Children's Centres.

Despite organisational restructuring and challenges with recruiting families to the newly named 'Think Baby' groups initially, the model has been embedded borough-wide and both parents and group facilitators found the approach valuable in supporting parents, infants and the parent-child relationship. Our evaluation showed parents and practitioners valued the social aspect of the groups, reducing isolation amongst families with limited support networks, and all groups showed high representation from minority ethnic groups and families living in the most deprived areas of Luton. Staff have reported a 'ripple-effect' across the workforce in Luton following whole staff trainings, enabling other services to benefit from the 'Think Baby' approach.

One of the key challenges in Luton was a lack of referrals from other services and practitioners such as Health Visitors. This has emphasised the need to continue to drive

shared practice, models and integrated services across the early years sector that prioritise social and emotional development for improved mental health outcomes later in life. The project, funded by The Sylvia Adams Charitable Trust, has therefore been instrumental in the realisation of our integrated early years strategy and ambitions for our Early Years network.

Schools

The teaching profession has consistently supported efforts to improve emotional wellbeing in schools, but safeguarding and mental health issues can be complex. Teachers and school leaders are under immense pressure. The Centre recognises the role we can play in empowering schools and colleges to support pupil mental health and emotional wellbeing – without creating additional burden. The wellbeing of school staff in their workplace is a priority for the Centre: with a hugely welcome drive to promote pupil wellbeing in schools, we appreciate the need to look after the staff who are being asked to support children and young people.

We work with schools to:

- improve understanding, knowledge and confidence in young people's mental health amongst school staff and leaders;
- broker joint-working relationships with CYPMHS and relevant agencies;
- share up-to-date research and best practice;
- to test and support the delivery of school-based interventions for emotional wellbeing and mental health; and
- direct therapeutic work with children and families in schools.

Mental Health Services and Schools and Colleges Link Programme

In March 2019 we completed the second phase of the DfE's Mental Health Services and Schools Link Programme, piloted by the Centre in 2015-16 with 255 schools. This phase expanded the programme to 1,104 additional schools and 1,031 mental health professionals across England. We support area leads to recruit schools and colleges as well as mental health professionals, school nurses, educational psychologists, youth offending teams, counsellors, LA professionals, public health and other voluntary sector mental health service providers. The two-day workshops facilitate mapping of local services and relevant networks and working together to: develop a shared view of strengths and limitations of capabilities and capacities of services; improve attendees' knowledge of resources to support children and young people's mental health and make effective use of existing resources.

Workshops are scaffolded by the CASCADE framework to help schools and mental health professionals assess current working processes and practices and to measure improvement following the workshops. At the time of writing, we are awaiting the publication of the independent evaluation by Ecorys, but our service evaluation suggests the CASCADE framework is an effective tool for measuring improvement in joint working between CYPMHS and schools. Most progress is made on developing 'structures to support shared planning', 'collaborative working' and 'common approaches to outcome measures for children and young people'. Attendees report better knowledge of contacts and how to access support, increased confidence and improved knowledge of the referral process following the workshops. Four national events held towards the end of the programme helped schools and mental health service staff to share best practice and experiences. A key success of the programme is

in developing a shared language between schools and CYPMHS professionals as well as demystifying some of the processes and approaches in supporting children and young people's mental health.

Piloting and scaling up the Link Programme has been a major achievement for the Centre and it forms a key part of the government's plan to improve child mental health in the Green Paper (2017). In 2019 the DfE held a competitive tendering process for the third and final phase of the programme, to make the workshops available to every school and college in England. With third, public and private partners, the Centre successfully bid for the contract, which will deliver over 400 workshops every year to reach over 20,000 schools.

We are delighted to be partnering with a range of extraordinary organisations to scale-up the programme once again, including Place2Be, Mind, Action for Children, Achieving for Children, South London and Maudsley NHS Foundation Trust and CORC. The second phase of the programme enabled us to develop an animation explaining the programme for stakeholders, which is now supporting our recruitment drive for areas to take part in this final phase. As we begin delivery of the roll-out, we are looking to build upon learnings of the second phase, including how to support better progress on 'evidence-based approaches to interventions' and to ensure factors that may impact the progress of areas (such as the level of engagement of the area lead and the size of the area) are addressed so that all areas can be as effective as possible in ensuring children and young people get the right help at the right time.

Peer Support for Children and Young People's Mental Health and Emotional Wellbeing

This national DfE-funded programme was piloted in 89 schools, colleges and community organisations in six different regions in England: East Sussex, Ipswich, Derby, Oldham, West Midlands and Bradford. The participating settings (including primary, secondary and special schools, colleges and children and young people's community groups) received evidence-informed training and resources to help them to develop or refine a peer mentoring programme to support the mental health and wellbeing of the children and young people in their setting. The sharing learning events held in London and Manchester were attended by nearly 200 participants and stakeholders.

- Josh, a peer mentor, said of the programme, "being a peer mentor has enabled me to improve my communication skills and also improve my confidence."
- Megan, a Year 8 student and peer mentor, said, "Peer mentors help those who feel powerless and support them so they to feel empowered."
- Aimee, a Year 8 mentor, said the programme had helped "develop and build my own confidence whilst being able to understand and empathise with issues year 7s face".
- Rachel Blurton, Deputy Head Teacher and SENCO at Firs Primary Schools, commented, "the centre of success (of a peer support programme) is around relationships because it's about trust" and that the programme has "really benefited the children, their confidence has grown immensely".

To support staff in the development and running of their own peer support project – and to empower additional settings to develop and implement peer support in their

school or youth setting – we created an online resource platform including the facilitators' toolkit, six training videos and school case studies to share best practice.

An independent evaluation of the programme will be published in early 2020.

Schools in Mind

We all have mental health

Following the success of the primary school campaign, 'You're never too young to talk mental health', and further funding from Jo Malone London, we delivered a second campaign aimed at secondary schools. The campaign, 'We all have mental health', aims to help pupils understand and find ways to manage their emotions and mental health as well as raise awareness of how and where they can access support. To achieve this, we developed an animation and accompanying resources in collaboration with the Centre's Young Champions, secondary school pupils and the Centre's Schools Quality Assurance Panel. The animation and resources were trialled with 80 Year 7 and 8 pupils at Newport Girls' High School and their feedback was incorporated into the refinement of the materials, leading to the launch of the campaign on 2 October 2018.

On the day of the launch, the 'We all have mental health' materials were emailed to every secondary school in England and they were encouraged to teach the lesson or assembly on World Mental Health Day (10 October). We reached an estimated 1,000 secondary schools and 25,000 children and young people with the resources and received positive feedback from schools across England. The first Facebook post linking to the animation reached 17,191 within the first week and over 30 schools shared pictures or comments about using the 'We all have mental health' resources.

Our Programme Director was also interviewed with children's author Jacqueline Wilson on BBC Radio 4's Woman's Hour, airing a clip from the animation to the program's 3.9 million listeners, and BBC Journalist Kate Silverton's appearance on Good Morning Britain in which she spoke about and showed the materials aired to an estimated 660,000 viewers.

This year Schools in Mind (SIM) has also produced a range of new expert advice and guidance films, an interactive booklet to help schools engage parents and carers and delivered free events for members to share best practice. We were delighted to see the SIM network signposted in November 2018 Guidance from the DfE.

Staff wellbeing

At the beginning of the year, the Centre called on all Local Education Authorities and the schools they work with to make this year a wellbeing year for school staff. In the same week the online platform Mental Health at Work, shaped by the Heads Together campaign, was launched to provide information to support better mental health in the workplace in the UK.

Jaime Smith, Programme Director for Mental Health and Wellbeing in Schools said: "Teaching is a tough job. It can be immensely rewarding but also physically and emotionally draining. For a long time, school staff have raised concerns about levels of stress and while schools and Local Authorities are addressing the issue of stress, more needs to be done."

To help schools and LEAs, we published our 'Supporting staff wellbeing in schools' booklet, available through the Mental Health at Work platform, and later in the year published 'Ten steps towards school staff wellbeing', based on the views of school staff who participated through SIM (684 responses) and Teacher Tapp (over 2,400

responses) surveys. The resources encourage schools to reflect on ways to make a success of promoting children's mental health by giving staff wellbeing the consideration it deserves.

Education for Wellbeing

EBPU is delivering England's largest trial of school-based mental health interventions with a consortium of academic partners (including University of Manchester, University of Dundee and London School of Economics), funded by the DfE and led by Professor Jessica Deighton. The team have recruited 370 mainstream primary and secondary schools across England to participate in evaluating pioneering ways of supporting the mental wellbeing of pupils. The research will examine the impact of different interventions on pupils' mental health and wellbeing in two parts: (1) AWARE for Year 9 pupils trialling the Youth Aware of Mental Health (YAM) programme, delivered by external professionals over five consecutive weekly sessions, and The Guide, a mental health literacy curriculum delivered by trained teachers through six 45-60-minute lessons; (2) INSPIRE for Years 4, 5, 7 and 8 to trial Mindfulness, Strategies for Safety and Wellbeing and Relaxation, all delivered by trained school staff.

Participating schools have been randomly allocated to deliver one of the interventions or to continue with their usual practice and started delivery in January 2019 (Wave 1 of the programme). The first trials report is due in May 2021.

The trial will involve over 25,000 participants and will address important questions about whether schools' practices around the promotion of mental wellbeing and the prevention of mental health problems can be formalised into feasible, effective, sustainable models of school-based support. The approaches being trialled already mirror popular practice in schools that are low-burden and have high-acceptability to schools; if found effective, the models will have high potential for widespread use and benefits beyond the life of the trial.

Mentally Healthy Schools

The Royal Foundation, together with Place2Be, Young Minds and the Centre – with expert consultation from the Centre for Mental Health and the National Association of Head Teachers – developed a web-based resource for primary school staff supporting child mental health and wellbeing. The site launched in March 2018 and the Centre has continued to project manage, develop and market the website which has had over 450,000 page views and over 100,000 users in the year ended 31 August 2019. Since launching the site has therefore achieved almost 1 million views and has been accessed in almost 200 countries worldwide. During the year we also recruited 152 schools to take part in the evaluation of the site to better understand how the resources are helping primary school staff to support wellbeing and mental health in their settings. Over 2,000 surveys were collected from 146 schools (96% of those recruited) and analysis of the results is underway. A further 17 schools have also been recruited as case study schools, with 33 more expressing interest in becoming case study schools.

Alternative Provision Innovation and The Family School Model

With the support of a DfE AP Innovation Fund grant, the Centre is trialling our Parent Coaching for Pupil Progress (PCPP) programme, developed with Pears Family School, in

three AP settings nationwide. The project is led by Stephen Taylor and Co-Founders of Pears Family School, Brenda McHugh and Neil Dawson. The PCPP programme aims to support young people to achieve good academic progress by involving parents and carers in re-engaging children in their education. The work forms part of our ambition to disseminate The Family School model, developed and tested at Pears Family School London, to improve inclusion and reintegration of excluded children across mainstream and AP schools. We are working with Beachcroft AP Academy (London), Springwell Alternative Academy (Leeds) and Restormel AP Academy (Cornwall), to support school leaders and staff to implement the PCPP programme in their own settings, improving their offer and practice as well as sharing learning.

The Centre team has developed and delivered training in the PCPP model to school staff from each of the partner APs who reported feeling more confident in engaging parents and getting buy-in from the school community following the training. The two-day training also provided the opportunity to witness the model in action at Pears Family School. In July 2019, we brought partners back together for a learning and sharing day to discuss challenges and successes in the first phase. While there have been challenges for recruitment and retention of parents, balancing other demands on parents and the schools, partners have fed back that the programme is having a positive impact on the learning environment and the social networks between parents and carers. In facilitating better relationships between parents and carers as well as between children and parents and carers, the programme is helping to break down some of the stigma of exclusion and attending an alternative provision. In the next year, partner APs will be delivering their projects to second cohorts of parents and carers, supported by the resources that continue to evolve as we receive feedback.

With funding from KPMG Foundation and Porticus UK, the team are also working with a further 10 AP schools and 30 mainstream schools to reduce exclusion by increasing schools' capacity to manage complex and challenging behaviour.

Adolescents

Adolescence (10–19 years) is a crucial formative period, during which individuals begin to form social and emotional habits that can impact wellbeing into adulthood. As an extended period of physical, social and emotional change, adolescents also experience a range of factors that increase their vulnerability to mental health problems. These include the challenge of achieving greater autonomy, the increasing importance of peers, an exploration of sexual identity and increased use of technology. Risk-taking behaviours, such as substance abuse, often start during this period and these can impact an individual's mental and physical wellbeing.

The prevalence of mental health disorders amongst adolescents is high, although many disorders go undiagnosed and untreated. NHS Digital reported that 14.4% of 11–16-year-olds and 16.9% of 17–19-year-olds have a mental disorder and that a quarter of 11–16-year-olds and nearly half of 17–19-year-olds have self-harmed or attempted suicide (2018). Those with mental health conditions are in turn more vulnerable to social exclusion, educational difficulties and stigma, which can impact an adolescent's readiness to seek help. In addition, mental health services may not be effective in helping adolescents due to their culture and structure, especially for those with more severe levels of need that impact significantly on their day-to-day lives.

It is therefore critical to develop and test ways to support young people outside of traditional mental health services and education settings – where it may be more challenging to engage the most vulnerable adolescents. With the opportunity to nurture the adoption of healthy social and emotional habits for positive mental wellbeing, a key area for the Centre is in developing and testing community-based interventions and self-care strategies for adolescents to promote wellbeing and build resilience.

This area of the Centre's work has expanded – particularly over the last year – not only growing the influence of the AMBIT model to support cross-sector agencies adopt non-traditional ways of offering help, but also to explore self-care approaches and use of digital platforms to support adolescent mental health.

HeadStart

HeadStart is a five-year, £58.7 million National Lottery funded programme set up by The National Lottery Community Fund (TNLCF), the largest funder of community activity in the UK. It aims to explore and test new ways to improve the mental health and wellbeing of young people aged 10 to 16 and prevent serious mental health issues from developing.

EBPU are leading the evaluation and learning programme for HeadStart in collaboration with Common Room, the University of Manchester, CORC and the London School of Economics. This evaluation to understand the impact of HeadStart and the resilience and mental wellbeing of young people in each of the partner areas is now at its mid-point. The quantitative strand of the national evaluation continues to achieve very high response rates to the annual survey and in this third year we were able to carry out preliminary analysis of pupil survey data. We have also been able to explore and share learning from the qualitative strand of the evaluation, beginning to explore in depth the change over time in young people's experiences of difficulties in life, coping strategies and experiences of support.

In the year we published our first case studies on 'Using surveys to measure wellbeing in schools: how to get a good response rate' (September 2018) and 'Reporting young people's progress on intervention: developing an intervention outcome report' (January 2019). Two accessible evidence briefings and our second policy briefing were also published in collaboration with young people and learning team member, Common Room. Key points highlighted in publications to date, include: the prevalence of mental health problems in young people, and factors that increase the risk of these; links between educational markers and mental health, and factors that allow young people to cope in the context of challenge.

On My Mind

Use of digital platforms is one of the opportunities we are taking to communicate directly to young people to meet their need for informal and evidence-based support. In the year, two existing Centre-led resources helping young people understand Child and Adolescent Mental Health Services (CAMHS) and to find services near them, My CAMHS Choices and the Youth Wellbeing Directory, were brought together to form a new sub-site of the main Centre website; On My Mind. The pages aim to empower young people aged 10 to 25 to make informed choices about the mental health support they want, the treatments they receive and the outcomes they desire.

We worked with the Centre's Young Champions, a team of young people with lived experience of working with services and managing their mental health and wellbeing, and Young Advisors from Common Room to review and coproduce content for the site. This included agreeing the aims of the site and key areas of improvement, developing user-friendly functionality, user-testing the site to assess usability, accessibility and appropriateness, and delivering a launch plan to promote the new resources.

We exceeded all targets and expectations for the site. In the first six months following the launch of On My Mind in October 2018, page views totalled 148,866 (49% above our target) and continue to grow. Across social media over 300 posts resulted in 6,750 likes and 3,148 shares/retweets and we received a flurry of positive feedback from young people, professionals and celebrities.

"The website is amazing – being able to feel in control of your own mental health is so empowering as a young person. The jargon buster page is perfect for minimising the stigma around mental health too."

"Absolutely essential and an incredible resource. Thank you."

"The site is very accessible and has been written in a way that I can understand and take in the information when I'm distressed. It is also nice to see feedback from others on the self-care tiles."

On My Mind is facilitating a vital dialogue with young people nationally, enabling us to better understand the needs, perspectives and priorities of adolescents who may not be accessing mental health services.

Self-care

The dialogue with young people nationally is particularly evident with regards to our evolving self-care workstream, exploring and testing what mental health outside of traditional settings looks like. The Centre identified over 100 self or community approaches – strategies that young people use to manage their mental health that do not involve a mental health professional – but found that few of these approaches had been tested or evaluated in a rigorous way. Following publication of a paper in *The Lancet Psychiatry* and in response to the identified disconnect, we held an online consultation between October 2018 and February 2019, asking young people who have experienced anxiety or depression, and their parents and carers, about their experiences of 85 self-care approaches. Over 330 respondents told us about what approaches they had tried, whether they would choose them again or recommend them to others, as well as why they choose certain strategies, why these are effective for them, and their priorities for future research in this area.

We used our findings to inspire and launch a summer campaign: #selfcaresummer. Over August we shared a different self-care strategy to instigate a national conversation about the ways we can all support mental health at a personal and community level. During the campaign, there were 24,725 views of the On My Mind pages, and self-care page views increased by 130% from 4,099 to 9,426; there were 440 views of blogs generated during the campaign, and 884 views/downloads of the self-care report. At least one post per day went out on all social media channels; 23 videos were created by external supporters, Centre staff and Young Champions and video views across all social media channels totalled 70,498.

Following these successes, we successfully applied to Nominet's #RESET Mental Health Programme and were awarded a grant in September 2019 to continue to

develop On My Mind, our research into self-care strategies and deliver our second #selfcaresummer campaign in 2020.

Power Up+

To improve adolescents' experience of support when accessing mental health services, the EBPU's digital evaluation team, led by Dr Julian Edbrooke-Childs, have been working with young people to develop digital tools since 2015. With increased recognition in clinical guidance and government policy pledges of the importance of actively involving patients in decisions about their life and care, the Centre developed Power Up, a digital app to empower young people to take an active role in decision-making when accessing mental health services.

Through the development and testing of Power Up (for which an RCT will be published in early 2020) we identified a need to make the app more accessible to children and young people with additional and complex needs and so, in 2017, we began development of Power Up+.

Key stakeholders (young people, parents and carers, teacher and specialist clinicians within CYPMHS) were involved in the co-design of content and functions of Power Up+, which was developed over a 16-month period with eight collaborative workshops with young people and their parents/carers and six telephone consultations with clinicians. We then trialled Power Up+ across 11 special educational needs schools, involving 143 pupils. Young people and teachers described the impact of Power Up+ in relation to two overarching themes: improving understanding and self-management; and providing distraction from negative feelings and experiences.

This work is informing our understanding of how the digital environment impacts on young people's mental health, and how technology can be harnessed to reach and empower vulnerable groups to improve the accessibility and experience of mental health care.

States of Mind

Finding ways to support the mental health of adolescents who do not typically engage with traditional services is core to the AMBIT model, developed by Dickon Bevington and Peter Fuggle. As well as delivering training to a range of teams internationally, we have brokered collaborations with community youth organisations to support the delivery of mental health support by frontline social workers in collaboration with young people.

Based in AMBIT, the States of Mind project aims to train young people to be mental health peer mentors within their community. States of Mind is a collaboration between the Centre, Bea Herbert (a young social Entrepreneur), The HIVE (Catch 22) and More Than Mentors, funded by the Berkeley Foundation. Over the first phase of the project we also worked with Owls (a social enterprise providing young people with education about mental health and everyday life) and young people on the Peabody Hackney estate to deliver mental health workshops to over 100 young people.

Building on this work, we are now collaborating with young people attending The HIVE and The Winch in Camden. Eight mentors aged 16 to 21 have been trained in the More than Mentors programme, exploring aspects of relationship building, problem solving, professional boundaries, safeguarding and motivational techniques. Mentees at The Winch have used their mentors to discuss a range of issues from school life, to anxiety

about bullying and fear of knife crime. Mentors have also reported improvements in self-esteem, confidence and listening skills; significant impacts for young people with experience of mental health problems. The project continues to inform the Centre's work with frontline youth workers and some of the most vulnerable young people who often face complex and multiple challenges, including poor mental health, deprivation and social exclusion.

Trauma and childhood adversity

Research suggests that individuals respond differently to traumatic events. Some children who experience maltreatment develop in a resilient fashion despite the adversity they face, due to genetic factors and environmental contexts. However, evidence shows that experience of trauma is a vulnerability factor for a range of mental health difficulties. It is estimated that 30-70% of the risk for mental disorder (including depression, eating disorders, anxiety, substance use disorder and psychosis) across the population may be explained by childhood adversity and trauma. Those who suffer adverse childhood experiences are not only more likely to develop mental health problems earlier in life, but with greater symptom severity, greater risk for self-harm and suicide and with a poorer response to any kind of treatment.

The Centre has a long-standing commitment to supporting children and families to recover from childhood adversity and trauma and finding new ways of preventing mental health problems from arising. Our work in this area includes vulnerable children and families who are tackling complex and co-occurring difficulties such as homelessness or substance abuse, and who may find it more difficult to access appropriate services.

We know that effective multi-agency responses and support delivered in the community can play a role in helping these children and families; from community-based specialist services for high-risk young people to those working with children in care (LAC) to our collective responses to potentially traumatic events. In the year we have made progress towards our goal to ensure there is the resource and capacity at all levels to respond to trauma and childhood adversity.

Children in care

Many LAC are exposed to maltreatment prior to placement with a foster family, particularly in the form of relational trauma. Statistics show that 62% of LAC are in care due to abuse or neglect, which can have a lasting impact on their mental health and emotional wellbeing, and currently half of all LAC have a diagnosable mental health disorder (compared to one in eight in the general population). Often LAC present challenging behaviours that can place foster placements at risk, causing many to confront the possibility of placement breakdown. Addressing the mental wellbeing and placement stability of LAC is therefore critical to keeping children and young people in care safe and ensuring they can overcome the effects of the abuse or neglect they have suffered.

Reflective Fostering Programme

The Reflective Fostering Programme (RFP) aims to address the gap in psychological support for LAC and their carers by offering a highly collaborative approach aimed at promoting the quality of foster family relationships, supporting effective and sensitive parenting, and breaking unhelpful patterns of relating. Developed by Dr Sheila Redfern

in collaboration with NSPCC the RFP pilot in Sheffield and Gillingham (2017-18) demonstrated a reduction in levels of carer stress and improvements in child wellbeing overall and in their capacity for emotional regulation.

In October 2018, the Centre's STAMS team were awarded grants from KPMG Foundation and the Segelman Trust to scale-up the programme, embedding it within Kent. In this phase, run in collaboration with Kent County Council, we have trained 13 social workers and experienced foster carers to deliver and facilitate Reflective Fostering groups. In the year, we ran two groups (with another three delivered September-October 2019) with no drop-outs across all five groups. We have also developed an online 'wiki manual' with resources and guidance for facilitators, and provided ongoing consultation and support from Centre clinicians for co-facilitators. Feedback from participants has been overwhelmingly positive, with foster carers valuing the opportunities to develop networks with other attendees and finding the RFP principles helpful to apply to wider aspects of their lives. Our ambition is that over 40 foster carers will have benefitted from the project by October 2020.

Mental Health Assessment Pilots

In addition to delivering and evaluating direct interventions for this population, the Centre is leading delivery of the DfE's LAC Mental Health Assessment Pilots (MHAP). In partnership with Action for Children, CORC, Research in Practice and NSPCC, we are supporting nine areas over two years to test new improved mental health assessments to ensure young people coming into care get the right help at the right time, supporting future placement stability. The MHAP programme builds on the findings and recommendations from the Education Select Committee report on the mental health and wellbeing of LAC and the DfE-commissioned Expect Working Group report, 'Improving mental health support for our children and young people'.

The pilot sites were chosen in February 2019: Brighton and Hove, Devon, Doncaster, London Borough of Merton, North Yorkshire, North Tyneside, Salford, Staffordshire and West Berkshire. While each of the sites are innovating slightly different, locally owned and locally appropriate assessments, the programme is scaffolded by an assessment framework, training and key principles that are consistent across the sites. One of the key principles of the new approach is that an assessment is not a single appointment but a process that involves getting to know the child or young person, so they have the confidence to talk to the professional carry out the assessment.

In the year, we developed the assessment framework and delivered the two-day training in the assessment approach and practice tools to introduce the mentalizing stance and reflective team around the child approach, to each of the sites. We have continued to provide ongoing support to the teams on the ground, helping each site to refine their local implementation plans, which in turn informs continuous development of the assessment framework. Over the next year, we will be building the learning community so that sites can share best practice, identify barriers and challenges, and problem solve collaboratively.

Reducing Parental Conflict

The Centre's Contact Residence and Disputes team provide therapeutic support to families where the child is caught up in conflict between parents, especially where there are contact or residence disputes. The team are motivated to support the development of early intervention work with high-conflict parents to try and protect children against the long-term negative impacts we know to be associated with

exposure to parental conflict. When these issues are played out in the legal system, the process often takes up to seven years for families to reach a resolution.

Having started as an assessment service, the team now provide therapy, working with parents to improve co-parenting so the child is put back in focus. However, a key priority for the team is to increase accessibility to therapeutic support, particularly for disadvantaged families who often cannot self-fund to access help early on but are perhaps one of the groups most in need.

The Centre was therefore delighted to be awarded a grant from the Department for Work and Pensions in May 2019 as part of their Reducing Parental Conflict Programme to deliver the Family Ties intervention. A similar model to Family Ties has demonstrated encouraging outcomes across Europe, and we are now able to support the adaptation, delivery and evaluation of this multi-family group intervention with Ealing and Hackney LAs. The Family Ties intervention brings together six to eight families in a multi-family group to work together over a period of two months. The group setting helps families to work through their issues by providing families with the opportunity to see their difficulties mirrored in other families and helping parents to put the focus back on the welfare of the child(ren) rather than their conflicted relationship.

The Centre's clinical team have trained 10 practitioners from Ealing and Hackney in the model and are supporting them to run and embed the intervention within their areas. The project will run until spring 2020 and researchers from ChAPTRe are assessing the impact of the intervention on family relationships and how it can be effectively sustained in local services.

UK Trauma Council

When children and young people are affected by a potentially traumatic event, it is vital they receive effective support to reduce the likelihood of long-term mental health difficulties. And while many individuals and organisations across the UK hold expertise in childhood trauma, there is no UK-wide platform to facilitate collaboration, coordination and knowledge sharing – or to act as an authoritative voice. This year the Centre has established the UK Trauma Council (UKTC), a platform to harness the expertise and experience of an interdisciplinary group of experts from all four UK nations, to meet this need. The UKTC will enable the development of resources and guidance that can help families, schools and professionals; provide a hub for training, learning and policy guidance; and convene a Young Persons Trauma Council.

Led by Professor Eamon McCrory and Dr David Trickey, the team have travelled across the UK engaging professionals and policy makers in the issue and project idea.

Meetings have been with the Crisis, Disaster and Trauma Committee at the British Psychological Society, the Belfast Trauma Centre, the Scottish Association of Mental Health, and the All Wales Traumatic Stress Quality Improvement Initiative – to name a few. In November 2018, the team also participated in an expert briefing for MPs and members of the House of Lords following the House of Commons Science and Technology Committee's report on early intervention and childhood adversity. Vitally, the team have also worked closely with the Centre's Young and Parent Champions and 15 champions have given their time to support project development.

Following this engagement across the nation, the UKTC set out its five-year strategy in December 2018 and 19 individuals with expertise and experience in the field of child trauma – spanning research and practice across the four nations – joined the council in January 2019. Their first meeting in June 2019 allowed the council to set out a plan to

develop and disseminate its first set of multimedia resources, targeted at schools to help staff better support children and their families following a single incident trauma (e.g. suicide, stabbing). The UKTC will also be convening a Learning Forum to bring together professionals who support children and young people following the tragedies at Grenfell and in Manchester to better understand what was helpful and what the challenges to providing support were.

This activity has only been possible with the continued support of St James' Place Foundation, and we were delighted to secure a significant grant toward the project from the National Lottery Community Fund, which to enable the UKTC to be publicly launched by summer 2020.

Evaluating community-based specialist services

To better understand how young people with complex, co-occurring difficulties can have their needs met and understood, the Centre-UCL's EBPU is evaluating the implementation and impact of Forensic Child and Adolescent Mental Health Services (F:CAMHS) and a Framework for Integrated Care being implemented across the Children and Young People's Secure Estate, SECURE STAIRS, commissioned by NHS England. F:CAMHS are 13 new services designed for young people about whom there are questions regarding mental health or learning disability, high risk of harm towards others, major family or professional concern, and/or who are in contact with the youth justice system. SECURE STAIRS is a new model of care, which is being implemented in Young Offending Institutions, Secure Training Centres and Secure Children's Homes for under 18's in England. While F:CAMHS is a service providing indirect case consultation, direct case coordination and direct interventions with young people and families, SECURE STAIRS is a framework involving training staff to provide more psychologically informed care, centred around coproduced assessments of young people's needs to ensure all needs are identified.

The evaluations are in their early stages. Preliminary findings reported in April 2019 suggest F:CAMHS were enabling the professional network to better respond to the needs of young people and reducing the concern relating to young people by establishing better risk management plans. The SECURE STAIRS framework is seen as a move towards a more rehabilitative and trauma-informed environment, which – with improved integration of education, training and employment goals for the young person – may improve the life chances of children and young people.

The results of the evaluations will be published in 2021, with interim publications due in 2020.

Developing the mental health workforce

A significant proportion of the Centre's activities contribute to the development of the mental health workforce. In addition to our portfolio of short courses – training over 8,000 professionals annually – this year has seen a significant growth in Postgraduate activity. This has largely been driven by the new Diploma for Educational Mental Health Practitioners (EMHP) and delivery of trainings as part of the Children and Young People's Increasing Access to Psychological Therapies (CYP IAPT) London and South East Learning Collaborative. Total students enrolled on our Workforce Development Programmes reached 122 in the year.

Student numbers on our academic research programmes have remained steady and consistent against previous years with 182 students enrolled, including healthy recruitment of overseas students (30%). A number of our Postgraduate staff have also been nominated for Education/Student Choice Awards over the past academic year: Vanessa Puetz received an individual award recognising her “extraordinary commitment” to students on the MRes Developmental Neuroscience and Psychopathology programme.

As our Postgraduate Studies programme continues to go from strength to strength, we are exploring new and innovative modes of teaching delivery and practice. In the year, we developed an online assessment and feedback training tool to support teaching staff working remotely and are aiming to pilot blended learning formats for the Child Wellbeing Practitioner and EMHP programmes. The blended face-to-face and complementary online training model will provide opportunities to develop similar strategies across other Postgraduate programmes, supporting greater flexibility for both students and staff.

POD – a web-based outcome measurement system

To understand the effect of mental health care interventions and services, tools known as outcome measures are used. The measures and how they are collected vary from intervention to intervention and between services, and frequently relied upon paper-based systems are less likely to accurately capture data. In addition, children’s mental health services – both NHS and third sector – were flowing little data to the national NHS Digital Mental Health Services Data Set (MHSDS), making it difficult to create whole-service, local or national pictures of the impact services are having on children and young people’s mental health.

POD is an online outcomes measurement system where staff and service users can complete measures for effective, accurate and reliable data collection with ease. The system has been developed at UCL over eight years, under the supervision of Professor Peter Fonagy, initially for use for research studies but is now widely used in mainstream services. POD not only supports outcome monitoring – allowing clinical staff and service users to track their symptoms and progress over time – but can help to facilitate therapeutic conversations and shared-decision making as staff can complete measures with their client and the system provides instant feedback on the data submitted. It can be accessed using any web-enabled device, with staff and users having their own login so they can complete measures and track progress independently too. POD has sets of common measures built in, but other measures can be added to meet the needs of different interventions.

POD data is anonymous, and the system has demonstrated considerable potential to provide unique service, regional and national impact data to inform service improvement. Training in the use of POD was integrated into the Child Wellbeing Practitioner (CWP) training programme at the Centre, which aims to increase capacity by expanding the workforce and focusing on prevention and early intervention. To date, 182 CWPs have been trained (2017-19) across 34 different services, including NHS, voluntary sector and LAs, to provide evidence-based, low-intensity interventions

“I am quite familiar with these forms (!), having completed them several times over the years. I much preferred completing them online. They can be completed quickly and pretty much anywhere that you have a phone signal.”

– Parent using POD

and guided self-help to young people who demonstrate mild/moderate anxiety, low mood and common behavioural difficulties. Using POD, CWP have captured outcome measures for 2,057 young people, with 84% of measures completed between first and last timepoint, compared to national averages of 30%. Not only are outcome measures being collected at a higher rate, but this year POD has enabled us to show the efficacy of the CWP programme very quickly: across several measures, the CWP Programme achieves significant improvement and 'recovery' rates for young people.

POD makes it easy to capture and monitor outcomes in a way that is both clinically relevant and informative for clinical judgement and decisions. It supports an active feedback loop for staff as well as service users, empowering them to understand and track their progress. In the past year we have been working with an NHS Trust to flow data from POD to the MHSDS successfully, already increasing demand for the system. We are continuing this exciting work as well as developing, testing and adding new features to improve the user-interface and experience across devices.

Highlights from our short courses

"Very well organised, time frames strictly kept, excellent instructors. Eye opening points heard and seen. The video presentations were really useful. The role-play was a unique experience, facilitating personal involvement. The small group tasks and discussions also helped to bring the topic to life and to fertilise inter-agency relationships."

- Parent-Infant Psychotherapy: Using Groups to Strengthen Parent-Infant Relationships: A Training Workshop, November 2018

"I really enjoyed the training, I felt that it was insightful and interesting. I also found both of the trainers to be particularly engaging and their own use of mentalising throughout the training helped offer the content more substance and context. I am very much looking forward to attending the final day of training, and to implementing MBT in my practice."

- Mentalization-Based Treatment (MBT) for Families (MBT-F), December 2018

"The pace and the way the sessions were managed is the best way I have ever experienced on any training experience. It was really helpful to have the quiz each day, discuss the topic in short sections which were backed up with videos and role play. The course tutors explanation of the topic with her experience gave great clarity to the model."

- Extended Dynamic Interpersonal Therapy (e-DIT), April 2019

"The delivery of the material was superb. It seems fresh and adaptive to the audience with flexibility and warmth. The passion in the subject and yet humility and the capacity to make light of what was being explained in the right place was so impressive and inspiring. Humour and lightness with such a wealth of knowledge is not often experienced"

- MBT Basic, May 2019

"It was brilliant to hear so many enthusiastic experts in the field. I thought that the balance of teaching methods was great and really enjoyed the small and larger group discussions, watching video examples and other learning exercises. I also really valued the resources in the extensive reading list."

- ITSIEY: An introduction to perinatal and infant mental health, June 2019

Strategic development grant

Key to achieving our ambitions for a more effective and sustainable workforce to support children, young people and families' mental health is improved multi-agency and cross-sector collaboration. In 2016, the Centre was awarded a three-year grant from the DHSC as part of the Innovation, Excellence and Strategic Development (IESD) Fund under the Strategic Development Strand to help us achieve a national collaboration, bringing together allied professionals and sharing best practice.

The grant, initially titled the Youth Wellbeing Collaborative, has enabled the Centre to review and reorganise our approach and infrastructure for collaborative working. The establishment of the AFLN has been at the core of this work. Launched in January 2017, by the end of December 2018 the AFLN had a membership of over 8,100 cross-sector professionals across the country, including 1,000 VCSE members. At year end, membership was over 9,200 and continues to grow. The AFLN has encouraged and enabled members – who work across social care, research, clinical practice and policy – to engage with an impressive range of learning materials, films, research, training and networking on topics spanning early adversity and trauma, self-care and treatment endings.

Impact of the grant has also supported changes internally, improving the integration of our work across our range of programmes and activities. This has included increasing our capacity for child and parent/carer participation through the development of participation induction training for new staff and a strategic Centre-wide participation plan. In December 2018, we also established an internal working group to bring together senior managers to advise on strategic direction, define and monitor progress and to drive increased internal and external collaborations.

Plans for the future

Strategic five-year objectives

The Centre's new strategy sets out our five-year plan to close the gap between research and practice in child and family mental health. The strategic plan outlines our threefold approach:

1. Create a hub of innovation

- a. Build an innovative multi-disciplinary portfolio of practice and research agendas.
- b. Strengthen and expand our strategic partnerships with those who influence and provide care.
- c. Extend the range of services we interface with, going beyond health, education and social care to engage diverse actors and resources not traditionally linked to mental health.
- d. Develop ways to connect diverse stakeholders to achieve a common purpose, powered by shared protocols and tools.

2. Focus on complex problems

- a. Embrace complexity, amplifying our capacity to systematise, evaluate, deepen and expand our 'ecosystem' interventions.
- b. Develop our practice of working at the interfaces between diverse actors and intervening simultaneously on a number of risk levels.
- c. Draw inspiration and learning from frontline clinical encounters with high need client groups.
- d. Continue our focus on early intervention; early years and early in the unfolding of a mental disorder for long term benefit.
- e. Engage with the problems of social disadvantage, devising strategies that reflect the importance of social networks in determining mental health outcomes.

3. Strengthen our influence

- a. Increase our capacity to disseminate knowledge and skills to maximise our impact on diverse actors, including health, education and social care professionals.
- b. Maintain our world-leader status as a provider of training, reviewing and refreshing our portfolio of postgraduate and short courses so they are aligned with training and workforce development needs.
- c. Extend our role as a thought-partner for all those interested in mental health, such as policy makers, charities, public bodies, funders and community organisations.

Short-term goals for 2019-20

Our short-term goals for 2019-20 reflect our development to meet our new strategic objectives.

Create a hub of innovation

- > Launch '5 Steps to Mental Health and Wellbeing', an approach for schools and colleges that brings together our learning from across the Mental Health and Wellbeing in Schools programme, including Peer Support, Staff Wellbeing and Schools in Mind resources.

- > Launch two new animations: an all staff introduction to mental health for schools, 'Taking CARE to promote mental health in schools and colleges', and a guide to the '5 Steps'.
- > Continue to work closely with Pears Family School to share resources and learning, including jointly hosting internal and external events to engage diverse communities in the two organisation's work.
- > Complete the Parent Coaching for Pupil Progress innovation project, funded by the Department for Education's Alternative Provision Innovation Fund, across three hubs and engaging 120 parents.
- > Build the impact of STAMS' Post-adoption and special guardianship project by partnering with Regional Adoption Agencies, improving links across early years and adolescent teams, developing group work, and continuing to champion the voices of young people who have been Looked After.
- > Continue to support sites taking part in the Department for Education-funded Looked After Children Mental Health Assessment Pilots, preparing for the final learning and evaluation phase ending in December 2020.
- > Build the evidence base for the Reflective Fostering Programme in collaboration with the Centre and UCL's Child Attachment and Psychological Therapies Research Unit (ChAPTRe) through Local Authority trials nationwide.
- > Launch the new UCL-AFC Centre for Developmental Neuroscience and Mental Health a partnership facilitating cross-disciplinary research to increase our understanding of how cognitive, social and brain development impact on mental health across childhood and adolescence.
- > Establish an AMBIT International Study group to support evaluation of AMBIT.
- > To build a digital strategy which includes continuing to develop and expand the role of Wikis in supporting training, and to gain the perspective of young people and their supporters on the important questions around how the digital environment impacts on young people's mental health.
- > Continue to develop the functionality and usage of POD (People's outcomes Data) across children's emotional wellbeing and mental health services to increase our understanding of what is helpful and encourage collaborative working.
- > Complete the next stage of planning to further develop IT solutions that will securely support internal and external collaboration and begin implementation.
- > Monitor the use and further development of IG planning processes for project managers and deliver additional training for all staff on data rights.
- > Shift our organisational culture to implement a Centre-wide 'digital first' approach, prioritising digital channels to maximise our impact.
- > Increase capacity within the Fundraising team to achieve growth across income streams, with a particular focus on Trusts and Foundations and corporate supporters.
- > Secure strategic partners to raise £450,000 in unrestricted and core funding within the year.
- > Maximise our income opportunities from the Kantor Centre of Excellence and the Northern Hub to deliver an efficient operation.
- > Build a strategy for our Northern Hub and plan activity for a formal launch in autumn 2020 to set out how we will grow and strengthen national activity and collaborations to address unmet need throughout Manchester and the north of England.
- > Continue our internal programme of events and activities for staff, building our creative, inclusive and collaborative learning culture.

- > Contribute to creating a safer future for all by auditing and improving our working practices to take action against the climate crisis in all areas of the Centre's work.

Focus on complex problems

- > Test multi-disciplinary ways of work that integrate support for families in the early years from both health and social care and across a spectrum of need within universal, targeted and specialist settings.
- > Develop and test a training and supervision programme in collaboration with local authority early help teams that encourages a shared language around infant mental health in universal services.
- > Develop, test and start to scale a model of collaborative working with specialist perinatal mental health teams that supports the mental health partners of women with complex and severe mental illness.
- > Adapt and test the Centre's psychoanalytic parent-toddler group intervention for adoption families with one to three-year-olds.
- > Launch a new strategy for the Specialist Trauma and Maltreatment Service (STAMS) in early 2020, unifying our universal (primary prevention), targeted interventions for vulnerable groups (secondary prevention) and specialist interventions (assessment and treatment) under a shared model for understanding developmental trauma and stabilising relationships.
- > Support the training and delivery of Reflective Parenting groups to more targeted populations, such as new fathers and newly adopting families.
- > To continue to deliver the national evaluations of Community Forensic Child and Adolescent Mental Health Services and a Framework for Integrated Care, including two publications by the end of 2020.
- > Set up evaluation projects to evaluate impact of AMBIT-influenced teams.
- > Develop a strategic research proposal from the Evidence Based Practice Unit which will include broadening our understanding of factors that put young people at increased risk of mental health problems, how they interconnect and therefore where the greatest levels of mental health inequality reside.
- > Continue to collaborate in the delivery of the MOAM study with colleagues at HMPPS, NHS England and User Voice, to maintain data collection rates, include researchers with lived experience as data collectors and complete analysis in the next year.

Strengthen our influence

- > Develop and deliver a UK-wide training offer to schools, colleges and Local Authorities with a focus on running training from the Northern Hub.
- > Deliver on the roll out of the Department for Education Link Programme, collaborating with cross-sector partners to ensure the programme is made available to all 22,000 schools and colleges over the four-year contract.
- > Complete delivery of the Department of Health and Social Care Mental Health Awareness Training for secondary schools, making the training available to up to 1,977 eligible schools in England.
- > Deliver training and support programme across 10 AP and 200 mainstream schools to give settings the tools and knowledge to understand the complex system that may lie behind young people's challenging behaviours.
- > Continue to provide direct dissemination from Pears Family School across 11 boroughs and 70 schools.

- > Develop and deliver training manuals and digital guidance to support AP and mainstream schools engage parents in their child's education to promote inclusion and reintegration following exclusion.
- > Establish an early years digital learning network that engages a new audience of nursery nurses and their managers who are working in frontline early years settings such as nurseries and children centres to "think baby".
- > Run a high-profile early years conference that showcases the Early Years Programme's latest innovations as well as cutting edge research and practice from international early years experts.
- > Establish the PPIP Society as the professional association of graduates of the BPC-accredited specialist training in Psychoanalytic Parent Infant Psychotherapy (PPIP) and invited members.
- > Deliver a national launch of the UK Trauma Council by spring 2020, with previews of the first portfolio of resources.
- > Publish the 'Neuroscience of Childhood Trauma Portfolio' (created in collaboration with the UKTC) by summer 2020, comprising multimedia educational materials explaining the neuroscience of early childhood adversity and resilience for foster carers, adoptive parents, social workers and teachers.
- > Deliver the second national HeadStart Learning Conference in February 2020 and continue to produce and publish qualitative and quantitative evidence briefings summarising ongoing learning from the programme.
- > Increase On My Mind page views by 100,000 to 350,000, delivering the launch of Shared Decision Making guidance, Understanding Treatments pages, developing additional resources for vulnerable groups.
- > To repeat the On My Mind self-care survey in summer 2020 to contribute to our research around making best use of self and community approaches to improve mental health, and to engage the sector in this work through the Anna Freud Learning Network.
- > Introduce blended learning into several Postgraduate programmes by creating online resources for the Pg Cert in Child and Young Person's Psychological Wellbeing Practice and Pg Dip for Educational Mental Health Practitioner, ready for implementation in September 2020.
- > Develop, propose and formally approve via UCL, the launch of a new postgraduate Certificate in Supervision: Children and Young People's Mental Health and Wellbeing Services, by summer 2020.
- > Work towards delivering on our newly formulated PGS Alumni strategy to: refresh the PGS web pages at annafreud.org; improve PGS presence on Centre social media accounts; improve communications with alumni through the AFLN newsletter.
- > Continue to work with Health Education England to deliver high quality training as part of the CYP IAPT programme to ensure children and young people have access to evidence based, feedback-informed interventions.
- > Develop a new online training platform to be available to trainees by spring 2020 to accommodate our growing portfolio of online trainings.
- > Increase the availability of our training courses in locations across the UK, particularly using the Northern Hub to increase our reach across the four nations.
- > To produce resources and training to strengthen the knowledge, confidence and ability of referrers in primary care to draw on digital resources to support children and young people with their mental health (pending support from specialist mental health services) by March 2020.

- > Review our brand with the aim of refreshing how we communicate our identity to support our impact.
- > To increase membership of the Anna Freud Learning Network to 13,000 from 9,000, in part by integrating with CYP IAPT and Postgraduate alumni networks, recruitment of GPs to launch the Understanding Treatment pages, and launching the Interpersonal Psychotherapy Training (IPT) pages for international delegates.

Financial review

Financial position of the charity

The financial statements for the Anna Freud National Centre for Children and Families for the year are shown from page 52 onwards.

We moved into the Kantor Centre of Excellence in May 2019 and successfully completed the capital fundraising for the project. The total raised over the last five years is £16.7m and we would like to thank all those that contributed. The income in the year for the capital project was £1.7m (2018: £5.2m)

Excluding the capital project our income increased by 13% to £14.5m (2018: £12.7m) reflecting strong growth across all our activities and in particular our focus on training and support for schools, communities and mental health professionals.

Expenditure of £15.7m (2018: 13.5m) increased by 16% reflecting both the growth in our activity and transition costs related to the move into the Kantor Centre of Excellence.

Income

Our income continues to be generated from multiple sources, Government and the NHS, academic institutions, donations and groups and individuals attending training. We think that this provides protection against funding changes.

During the year to 31 August 2019 income from our training and support in schools increased by 38% to £1.25m (2018: £0.9m). This is an important part of our new strategy, ensuring that the right information reaches young people and those responsible for their care. We have signed further contracts with the Department for Education to continue our work in schools over the next four years.

We continue to deliver important research with income of £2.9m (2018: £2.2m) and clinical practice, income £2.6m (2018: £2.7m). Our work aims to increase the knowledge base for improving children's mental health and ensures that our training and support is based on proven interventions.

Expenditure

Charitable expenditure increased during the year by £2.2 million to £15.5 million (2018: £13.3 million). Our expenditure increased in line with our activity in training and research. Our expenditure on training includes creating a national infrastructure to allow training to be delivered across the 4 nations.

In addition, we incurred transition costs of £0.4m (2018: nil) relating to the transition to the Kantor Centre of Excellence. The transition is complete, and no further costs will be incurred.

Reserves

Total funds at 31 August 2019 were £32.0 million (2018: £31.4 million) of which £1.4 million (2018: £0.9 million) were free and unrestricted. The increase in free reserves reflects the plan to increase our free reserves back to the target of £1.6m. Our policy remains investing available funds in the ongoing expansion of the work and reach of

the charity but to retain sufficient levels of available reserves (i.e. excluding fixed assets) to enable us to continue our core strategic activities. Our target is to hold reserves of £1.6m which is the equivalent of two months' expenditure of our core strategic activity. The Trustees have reviewed the reserves policy and consider the above reserves cover to be reasonable. The trustees have approved plans for increased unrestricted fundraising to increase our free reserves to target over the next twelve months.

At the 31 August 2019 we were in the process of renewing our loan secured against the Kantor Centre of Excellence of £4.9m (2018: £5.0m). A new loan facility was agreed on the 27 September 2019 as a five-year interest only loan. There are further details on page 68. The interest only loan increases our available funds for improving child mental health.

Investment performance

Our investment policy is reviewed by the Board on an annual basis. In the year, the overall objective remained to achieve income and capital growth over and above inflation. Investments have outperformed this target. Investment income was £62,950 (2018: £52,923). Investment gain was £45,549 (2018: £36,114).

Going concern

The Board of Trustees have reviewed the financial position and believes that there are sufficient resources to manage any financial or operational risks. It is considered that our organisation has adequate resources to continue in operational existence for the foreseeable future. Therefore, the Board continues to adopt the going concern basis of accounting in preparing the accounts.

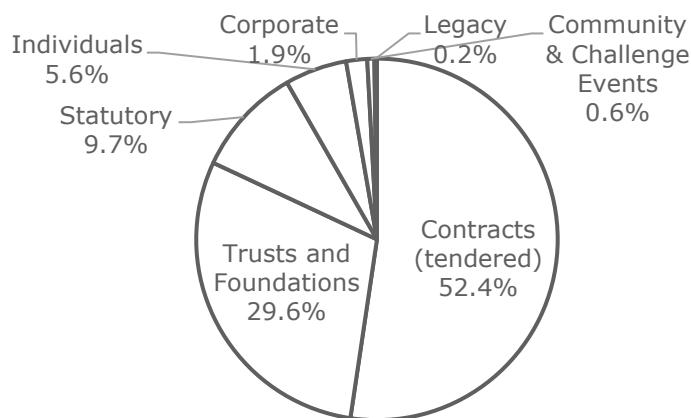
Fundraising

Capital income

This year saw the successful completion of our new Kantor Centre of Excellence, made possible by our generous donors who shared in our vision of a world-leading hub built to transform the landscape of child mental health. The total philanthropic amount raised over the capital fundraising campaign is almost £16.2 million. This incredible total meant we were able to achieve an innovative yet welcoming new home, with high quality IT and audio-visual resources together with crucial cyber security measures – so vital today. Thank you to everyone who supported us with this extraordinary project.

Revenue income

With the success of the capital campaign and move to our new home, the Centre has a compelling opportunity to build on the growth in revenue funding we have experienced over the last two years. Our fundraising activity has continued to ensure income diversity across tendered for contracts, trusts and foundations, statutory bodies, individuals, corporates and community streams, and we increased our revenue income by 30% on the year ended 31 August 2018. In addition to significant growth in contract income, we secured several major grants from Trusts and Foundations and increased gifts from individuals.



This reflects our focus in the year to support our programme teams to secure strategic funding to enable innovation, testing and scaling up of interventions to drive change at the system level. Key successes include grants from KPMG Foundation and Segelman Trust to scale up the Reflective Fostering Programme in Kent, from the DfE to develop and trial the Pears Family School's PCPP Programme, from St James' Place Foundation to develop and launch the UKTC, as well as continued collaboration with The Royal Foundation to deliver the Mentally Healthy Schools site.

To facilitate delivery on the Centre-wide strategy in a similar way, we are driving forward a campaign to secure unrestricted funding that will support innovation and allow our teams to harness existing evidence and resources to find and disseminate the best ways to support child and family mental health. A core activity of the Fundraising team in the year has also therefore been the development of a new strategy to reflect the Centre's priorities, following the completion of the capital campaign. Our revenue

strategy recognises the evolving engagement of broad and diverse groups of supporters, service users and partners as a result of increased communications activity. As a result, we are investing additional resource in the team to grow from four to six members, with the ambition of increasing revenue from corporate and community giving, whilst maintaining our performance across other income streams.

Fundraising approach

We undertake fundraising activity to our supporters via our website, through emails and direct contact at meetings and events, managed and monitored centrally at our head office. We are registered with the Fundraising Regulator in line with the Code of Fundraising Practice and operate a Fundraising and Donations Policy which all volunteers, employees and hired fundraisers must adhere to. We are committed to ensuring that we are completely open and transparent about our fundraising and spending. As members of the Fundraising Regulator's self-regulatory scheme we comply with its principles in all our fundraising:

- > We will commit to high standards.
- > We will be clear, honest and open.
- > We will be respectful.
- > We will be fair and reasonable.
- > We will be accountable and responsible.

When we benefit from commercial companies raising funds on our behalf through the sale of products, we operate within a written commercial participator agreement to ensure that their activities are not harmful to the Centre, our beneficiaries or supporters. We monitor the activities carried out by those on behalf of the charity for the purpose of fundraising in donor gift agreements and a donor database, recording relevant communications, transactions and agreements.

To protect vulnerable people and other members of the public during fundraising we:

- > Do not undertake any general solicitations by telephone or door-to-door.
- > Ensure communications to the public in the course of carrying out fundraising activities are truthful and non-deceptive.
- > Maintain any and all personal information collected by the Centre confidentially and is not sold, given away or disclosed to any third party without consent.

We received no complaints about our fundraising activity in 2019 (2018: nil).

Acknowledgements and thank you

Without the generous support of charitable trusts and foundations, companies, organisations and individuals, we would not be able to continue our vital work with children, young people and their families who need our help. We would like to take this opportunity to thank and make mention of those who have supported us.

Affordable Art Fair	Houston Psychoanalytic Society
American Psychoanalytic Association	Huppertz, Mr B
Anderson, Mr E	International Psychoanalytical Association
The Anna Freud Foundation	Jo Malone London
Barr Beacon School	Johal, Mrs A
Berkeley Charitable Foundation	John Pounds Community Centre
Berry Street Foundation	Kantor Charitable Foundation
Carrafiell, Mr J and Mrs K	KPMG Foundation
Carr-Paget, Ms S	L Z Berger Will Trust
The Chesser Trust	Lewis Family Charitable Trust
CHK Charities Limited	The Earl of Listowel
Clore Duffield Foundation	Loftus Charitable Foundation
The Colonel W H Micholls Deceased Charitable Trust	The Lynn Foundation
Committee for Children	Malvern College
Community Links	Manning, Mr L
Department for Education	Marsh Christian Trust
Department for Work and Pensions	Marie Skłodowska-Curie Innovative Training Network
Department of Health and Social Care	Marshall, Mr J
Dyson, Mrs H	Meyer, Mr V and Ms E
Economist Charitable Trust	Michael Samuel Charitable Trust
Esmee Fairbairn Foundation	Morgan, Mr S
Fondation VRM	Moul, Dr V
Ford, Ms L	Nunn, Ms A
The Foyle Foundation	O'Connell, Ms J
Gill, Dr G	Oppenheimer, Mr P
Goodwin, Ms S	Pears Foundation
The Grace Trust	Peltz, Mr D and Mrs E
GreenOak Real Estate	The Peter Cundill Foundation
The Hands Family Trust	The Peter Samuel Charitable Trust
Harbottle & Lewis LLP	Polisano, Mr L
Harding, Mrs B	

Psychoanalytic Electronic Publishing
Riedel, Mr M
The Rosemarie Nathanson Charitable Trust
The Royal Foundation
Estate of Anne-Marie Sandler
Segelman Trust
The Shanly Foundation
Shorthouse, Mr D
Slater, Mrs C
SmithWebb
Smurfit, Mr D
St Anargyre Greek Orthodox Church Trust

St Gregory's Catholic High School
St James's Place Foundation
Stott, Mr D and Mrs A
Swire Charitable Trust
The Sylvia Adams Charitable Trust
Tayebeh, Mr A
UCL
UCL – Institute of Child Health
White EHP Charitable Trust
Williams, Mr A
Williams, Mrs L
Wujastyk, Mr D

Principal risks and uncertainties

Summary of potential risks the Board has identified

As a children's mental health charity, we face a range of different risks across all our activity. We make every effort to identify and put plans into place to mitigate and manage these risks.

The Board of Trustees carries out a top-level risk assessment each year and monitors progress quarterly. This process is supported by our Finance Audit and Risk Subcommittee and Quality Assurance Subcommittees. These groups aim to identify and assess major risks to the Centre and to ensure that steps are taken to mitigate these risks as far as possible. The Trustees continue to review the register of risks, which identifies the types of risk and assesses their likelihood of occurrence, potential impact and means of mitigation. Internal risk management processes are integrated into the annual business planning and reporting cycle. Departments and teams identify and manage local activity and project risks.

Strategic

The Centre could be impacted by governmental policy on child mental health, the impact of Brexit, NHS funding and priorities. To mitigate this risk, we engage with decision makers in government, NHS England and LAs. We have key employees that are represented on government and NHS decision-making bodies.

Fundraising

There is a risk that ongoing changes in the external funding environment, including continued uncertainty related to Brexit, may make it more difficult for the Centre to achieve its fundraising objectives. To mitigate this risk, we continue to cultivate a diverse range of funding sources – from Trusts, individuals, statutory bodies and academia, and community activities.

To ensure the Centre has the capacity and resources to deliver on the new five-year strategy, we are working in close partnership with funders to secure vital unrestricted funding for innovation and creativity, presenting a new challenge for fundraising. With new charity and data regulation, as well as our new IT infrastructure, there is also a risk in not securing sufficient core funding. We continue to be driving diversity amongst our funding portfolio to reduce our risk profile.

Operational delivery

The Centre operates from several locations in the UK and stores data related to our operations. We have business continuity plans that are regularly reviewed and updated to ensure we can maintain our operation through disruption. Our data is stored in separate locations with third party data centres. During the year we have moved our data from in-house servers to the cloud.

Child protection

Safeguarding the children and families we work with remains a key priority. We have safeguarding procedures in place, with mandatory safeguarding levels 1 and 2 training

for all staff and level 3 for those working directly with children. All clinicians undertake continuous training and development and have regular supervision. Our Safeguarding Oversight Group oversees any safeguarding concerns, escalating issues to external agencies as appropriate. The Clinical Governance Leadership Group reviews clinical risk at a strategic level, setting policy and guidance for clinical staff.

IT systems and information governance

Associated risks for our IT systems are routinely managed by an external company. Identified risks, including cyber attacks and unauthorised access to or loss of personal data, are monitored and regularly reviewed. The risks are further mitigated with staff guidance and training. We have robust IT and information governance (IG) policies in place to ensure data is collected, managed and stored appropriately, safely and in line with prevailing legislation. This is overseen by the Information Governance Leadership Group.

All new staff complete introductory IG training and tailored training and guidance are provided to teams. An IG Manager and a Caldicott Guardian are in place to support staff and advise on data privacy risks. Informed by ICO guidance, we continually review our processes and staff guidance to ensure we meet the requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. We submitted our first Data Security and Protection Toolkit assessment in March 2019; this replaced the NHS IG Toolkit. We achieved Cyber Essentials accreditation in November 2019.

Structure, governance and management

The Anna Freud Centre, operating as the Anna Freud National Centre for Children and Families, is a registered charity, number 1077106. It is set up under its Memorandum and Articles of Association as a company limited by guarantee, registration number 03819888.

The **Board of Trustees** comprises the charity's trustees and the legal directors of the company. Trustees serve a four-year term, after which they are eligible for reappointment. New Trustees are selected through open recruitment. Emphasis is placed on ensuring representation from key stakeholders and any identified skills gap within the Board at the time of recruiting. The Board of Trustees met eight times in the last year.

The Board sets and reviews strategy and monitors operational matters supported by various subcommittees, four of which report directly to the Board. The Board also has oversight of the **Campus Board** (previously Campus Project Subcommittee), which is a fixed term committee managing a distinct project, unlike the other subcommittees whose work is ongoing. All Trustees undertake an induction programme, including a structured introduction to the Centre. The performance of individual Trustees and of the Board as a whole is assessed every year.

The **Finance Audit and Risk Subcommittee**'s membership includes the Chair and Treasurer. Before submission to the full Board, the Finance Committee reviews the annual accounts, issues relating to internal or external audits, investment and reserves policies, and the remuneration of senior staff. Matters not reserved for decision by the Board of Trustees are delegated to the Centre's Executive, consisting of its Chief Executive, Chief Operating Officer and Finance Director.

The **Quality Subcommittee** has oversight of the Clinical Governance Leadership Board, the Safeguarding Oversight Group, any clinical risks, Operations, Health and Safety and research activity not covered by the **Education Subcommittee**. This subcommittee meets termly and is chaired by a Trustee. Its remit is to ensure the Board is properly informed about the quality of clinical services provided by the Centre, provide assurance to the Board that the standards of clinical services fully comply with all professional and regulatory standards, provide oversight of the clinical quality assurance systems for the Centre and ensure that the Centre has effective mechanisms for managing clinical risk, learning from incidents and taking action to reduce risks and improve quality.

The **Education, Yale-AFC Bridge Subcommittee** has responsibility for the Postgraduate activity as well as training and short courses, and is chaired by a Trustee. Its aim is supporting the exchange of scientific and clinical knowledge, learning and experiences between UCL, the Centre and Yale.

The **Nominations Subcommittee** has responsibility for the fair and transparent nominations process for Trustee appointments and meets annually or as required. It is also responsible for reviewing the structure, size and composition (including the skills, knowledge and experience) of the Board and making any recommendations for change, as well as keeping under review the leadership needs of the organisation, with a view to ensuring the continued ability of the organisation to achieve its aims.

Key management personnel

Trustees

The Hon Michael Samuel MBE (Chair)
Ms Catherine Bedford (appointed 12.11.19)
Ms Sally Cairns
Professor John Cape
Ms Melanie Chatfield (appointed 12.09.18)
Dr Moshe Kantor
Ms Nicola Loftus (appointed 13.11.18)
Professor Linda Mayes MD
Mr Peter Oppenheimer
Mr Daniel Peltz OBE (Treasurer)
Mr Dominic Shorthouse (Deputy Chair)
Ms Ruby Wax OBE (resigned 24.06.19)

Executive

Professor Peter Fonagy, Chief Executive
Ms Ros Bidmead, Chief Operating Officer
Mr David Fowler, Finance Director

Senior leadership team

Dr Peter Fuggle, Director of Clinical Service Improvement
Professor Jessica Deighton, Director of Innovation, Evaluation and Dissemination
Ms Brenda McHugh, Co-Director of The Family School Programme
Ms Jaime Smith, Director of Mental Health and Wellbeing in Schools
Professor Eamon McCrory, Director of Postgraduate Studies
Mr Jonathan Robinson, Campus Programme Lead

Senior management personnel

Dr Dickon Bevington, Medical Director

For key management remuneration, please see page 65.

Trustees and auditors

Trustees' responsibilities

The Trustees (who are also directors of The Anna Freud Centre for the purposes of company law) are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period.

In preparing these financial statements, the Trustees are required to:

- > Select suitable accounting policies and then apply them consistently.
- > Observe the methods and principles in the Charities Statement of Recommended Practice (SORP).
- > Make judgements and estimates that are reasonable and prudent.
- > State whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- > Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as we are aware:

- > There is no relevant audit information of which the charitable company's auditor is unaware.
- > The Trustees have taken all steps that they should have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Auditors

The auditors, Haysmacintyre LLP, will be proposed for reappointment in accordance with Section 485 of the Companies Act 2006.

The Trustees' report, incorporating the Strategic Report, was approved by the Trustees on 07 January 2020 and signed on their behalf by:



The Hon Michael Samuel MBE

Chair of Trustees

29 May 2020

Independent auditor's report to the members of The Anna Freud Centre

Opinion

We have audited the financial statements of The Anna Freud Centre for the year ended 31 August 2019 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- > give a true and fair view of the state of the charitable company's affairs as at 31 August 2019 and of the charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- > have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- > have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of trustees for the financial statements

As explained more fully in the trustees' responsibilities statement set out on page 48, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- > the trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- > the trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The trustees are responsible for the other information. The other information comprises the information included in the Trustees' Annual Report and the Chair's statement. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- > the information given in the Trustees' Annual Report (which incorporates the strategic report and the directors' report) for the financial year for which the

- financial statements are prepared is consistent with the financial statements; and
- > the Trustees' Annual Report (which incorporates the strategic report and the directors' report) has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report (which incorporates the strategic report and the directors' report).

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- > adequate accounting records have not been kept by the charitable company; or
- > the charitable company financial statements are not in agreement with the accounting records and returns; or
- > certain disclosures of trustees' remuneration specified by law are not made; or
- > we have not received all the information and explanations we require for our audit.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Kathryn Burton (Senior Statutory Auditor)

For and on behalf of Haysmacintyre LLP, Statutory Auditors

29 May 2020

10 Queen Street Place

London EC4R 1AG

The Anna Freud Centre

Charity number 1077106, company number 03819888

Financial statements

Statement of financial activities, incorporating an income and expenditure account

Year ended 31 August 2019

Registered charity number 1077106, registered company number 03819888.

	Notes	Unrestricted funds 2019	Restricted funds 2019	Total funds 2019	Total funds 2018
Income from:		£	£	£	£
Donations and legacies	2	354,329	3,840,247	4,194,576	7,487,314
Investments	3	62,950	-	62,950	52,923
Charitable activities					
Clinical and preventative services		2,204,507	395,410	2,599,917	2,671,573
Postgraduate training		2,803,709	-	2,803,709	2,549,751
Research		542,092	2,345,882	2,887,974	2,177,964
Conference and study events		2,264,328	82,246	2,346,574	1,968,801
Campus		-	1,800	1,800	50,000
Mental Health in Schools		1,095,376	155,281	1,250,657	906,202
		8,910,012	2,980,619	11,890,631	10,324,290
Other		37,914	-	37,914	59,227
Total income		9,365,205	6,820,866	16,186,071	17,923,754
Expenditure on:					
Raising funds					
Fundraising and publicity	4	237,525	-	237,525	234,609
Investment and management fees		502	-	502	183
Legal fees		-	-	-	-
		238,027	-	238,027	234,792
Charitable activities					
Clinical and preventative services		3,503,819	689,868	4,193,687	4,164,098
Innovation, Evaluation & Dissemination		393,606	2,295,432	2,689,038	2,590,510
Postgraduate training		2,554,783	212,883	2,767,666	2,347,379
Research & Policy Development		911,448	1,675,539	2,586,988	1,601,630
The Family School		716	322,050	322,766	351,824
Mental Health & Wellbeing in Schools		853,788	785,688	1,639,476	1,233,293
User Participation, Library & Dissemination		285,830	9,465	295,295	205,754
Campus Real Estate Development		-	1,027,066	1,027,066	770,839
		8,503,990	7,017,991	15,521,981	13,265,327

Total expenditure	4	8,742,016	7,017,992	15,760,008	13,500,119
Net income/(expenditure) before investment gains		623,189	(197,126)	426,063	4,423,635
Net investment gains		45,549	-	45,549	36,114
Net income / (expenditure)		668,738	(197,126)	471,612	4,459,749
Transfer between funds	12	13,414,450	(13,414,450)	-	-
Net movement in funds before gain on revaluation of assets		14,083,188	(13,611,576)	471,612	4,459,749
Revaluation of assets held for sale		-	-	-	-
Net movement in funds		14,083,188	(13,611,576)	471,612	4,459,749
Funds balance brought forward at 1 September	12	17,336,065	14,097,928	31,433,992	26,974,244
Funds balance carried forward at 31 August	12	31,419,253	486,352	31,905,604	31,433,992

There were no recognised gains or losses other than as disclosed in the statement of financial activities. All income and expenditure relates to continuing activities.

The accompanying notes form an integral part of these financial statements.

Full comparatives are shown in note 16.

Balance sheet

Year ended 31 August 2019

Registered charity number 1077106, registered company number 03819888.

	Notes	2019		2018	
		£	£	£	£
Fixed assets					
Tangible assets	6		37,274,141		29,028,581
Investments	7		1,880,021		1,780,206
			39,154,161		30,808,787
Current assets					
Debtors	8	5,304,133		5,360,025	
Cash at bank and in hand		26,452		5,265,455	
		5,330,585		10,625,480	
Creditors: amounts falling due within one year	9	(10,931,942)		(10,000,274)	
Net current assets			(5,601,357)		625,206
Creditors: amounts falling due after more than one year	10		(1,647,200)		-
Total assets less total liabilities			31,905,604		31,433,993
Funds	12				
General funds			1,809,062		851,655
Designated funds			29,610,190		16,484,410
Restricted funds			486,352		14,097,928
Total funds			31,905,604		31,433,993

The accompanying notes form an integral part of these financial statements.

The financial statements were approved and authorised for issue by the Board on 29 May 2020 and were signed below on its behalf by:

The Hon Michael Samuel MBE
Chair of the Board of Trustees

Daniel Peltz OBE
Treasurer

Trustees' annual report and financial statements for the year ended 31 August 2019

At the 31 August 2019 the Centre had an outstanding loan of £4,893,084 that was immediately repayable and recorded above within creditors: amounts falling due within one year. The loan was negotiated to a five year term on the 27 September 2019. Details of the loan are in note 9 on page 15

Statement of cash flow

Year ended 31 August 2019

	2019	2018
	£	£
Reconciliation of movement in funds to net cash flow		
Net movement in funds	471,612	4,459,749
Depreciation charges	250,735	127,972
Income from investments	(62,950)	(52,923)
Unrealised investment (gains)	(45,536)	(36,114)
(Increase)/decrease in debtors	55,892	(1,043,142)
Increase/(decrease) in creditors	2,685,439	1,501,899
Net cash flow provided by operating activities	3,355,192	4,957,441
Cash flows from investing activities		
Investment income	62,950	52,923
Purchase of tangible fixed assets	(8,285,884)	(11,941,475)
Disposal of tangible fixed assets	(210,411)	-
Purchase of investments	(54,279)	(52,923)
Disposal of assets held for sale		4,324,493
Increase/(decrease) in cash	(8,487,624)	(7,616,982)
Cash flows from financing activities		
Bank loan repayment	(106,571)	(143,715)
	(106,571)	(143,715)
Increase in cash and cash equivalents in the period	(5,239,002)	(2,803,257)
Cash and cash equivalents at the beginning of the period	5,265,455	8,068,711
Cash and cash equivalents at the end of the period	26,452	5,265,455

	2019	2018
	£	£
Analysis of cash and cash equivalents	26,452	5,265,455

Notes to the financial statements

Year ended 31 August 2019

1. Accounting policies

a) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK (FRS 102) and the Companies Act 2006.

The Anna Freud Centre meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

Preparation of accounts on a going concern basis

The trustees consider there are no material uncertainties about the Charity's ability to continue as a going concern. The review of our financial position, reserves levels and future plans gives Trustees confidence the Charity remains a going concern for the foreseeable future.

Charity information

The Anna Freud Centre (known as Anna Freud National Centre for Children and Families) is a company limited by guarantee (registered number 03819888), and a public benefit entity and registered charity in England and Wales (charity number 1077106). The address of the registered office is 4-8 Rodney Street, London, N1 9JY.

b) Depreciation

All assets costing more than £1,000 and with an expected useful life exceeding one year are capitalised.

Depreciation is provided on all tangible fixed assets, other than freehold land, at rates calculated to write off the cost or valuation, less estimated residual value, of each asset on a straight-line basis over its expected useful life, as follows:

Freehold properties 1.33% per annum

Furnishings and equipment 25% per annum

c) Investments

Investments are included in the balance sheet at market value. It is the charity's policy to keep valuations up to date such that when investments are sold there is no gain or loss arising relating to previous years. As a result, the statement of financial activities does not distinguish between the valuation adjustments relating to sales and those relating to continued holdings as they are together treated as changes in the value of the investment portfolio throughout the year.

d) Income

All income is recognised once the charity has entitlement to income, it is probable that income will be received and the amount of income receivable can be measured reliably. With grants and donations once an award or pledge has been made in writing and if there are no

restriction/constraints on receiving the donation then this will be recognised in full once entitlement is established. All other incomes are recognised based on the matching principle, and so are related to the activity, otherwise they remain repayable and so deferred.

e) Translation of foreign currencies

Bank balances in foreign currencies are translated into sterling at the rate of exchange ruling at the year end and any exchange differences together with exchange differences arising from the conversion of grants received in foreign currencies into sterling during the year are included in the statement of financial activities.

f) VAT

Where appropriate, expenditure includes irrecoverable value added tax.

g) Expenditure

Direct costs have been charged to the relevant project it has arisen for. Overheads are apportioned across the organisation based on a percentage of direct costs. Governance costs include costs incurred in meeting constitutional and statutory requirements.

h) Employee benefits

Pension costs

The organisation offers employees a 6% contribution towards their pension based on their gross salary. Employees who do not opt out of the scheme are members of a group personal pension contributory system with Royal London, administered by The Anna Freud Centre.

Short term benefits

Short term benefits including holiday pay are recognised as an expense in the period in which the service is received.

Employee termination benefits

Termination benefits are accounted for on an accrual basis and in line with FRS 102.

i) Fund accounting

General funds consist of amounts available to the trustees to be applied at their discretion within the objects of the charity. Designated funds comprise unrestricted funds which have been set aside at the discretion of the trustees for specific purposes.

Restricted funds consist of amounts subject to special trusts within the objects of the charity either imposed by the donor or by the terms of the appeal.

All income and expenditure is shown in the statement of financial activities.

j) Financial instruments

The charitable company only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

k) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity.

l) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

m) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

n) Critical judgements and estimates

In the application of the accounting policies, the Trustees are required to make judgement, estimates, and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affected current and future periods.

It has been decided to depreciate the Kings Cross Property over 75 years to reflect its useful economic life.

2. Grants and donations

	2019	2018
	£	£
Unrestricted funds		
Unrestricted general	354,329	199,168
Unrestricted total	354,329	199,168
Restricted funds		
Campus Project (formerly Development Fund)		
Kantor Charitable Foundation	-	1,500,000
Pears Foundation	500,000	1,000,000
Fondation VRM	291,221	-
The Foyle Foundation	250,000	-
The Segelman Trust	200,000	-
Hands Trust	100,000	-
GreenOak Real Estate	75,000	-

The Michael J Samuel Charitable Trust	50,000	-
Mr S Morgan	50,000	-
Anonymous donor	-	500,000
Anonymous donor	-	500,000
The Monument Trust	-	500,000
John Carrafiel Family Fund	45,000	-
The Charles Wolfson Charitable Trust	-	250,000
Sir Jules Thorn Charitable Trust	-	250,000
The Peltz Trust	-	40,000
Mr P Oppenheimer	30,000	
The Peter Samuel Charitable Trust	25,000	25,000
CBRE	-	20,000
Mr L Polisano	20,000	20,000
The Utley Foundation	-	10,000
Berry Street Foundation	-	25,000
The Clore Duffield Foundation	25,000	25,000
The Gala		447,046
Sundry donors	83,621	60,049
Campus Total	1,744,842	5,172,095

Clinical Services & Service Improvement Restricted funds**Child Psychotherapy Services**

The Anna Freud Foundation	5,673	9,414
The Chesser Trust	8,000	8,000
Sundry donors	4,350	4,500

Early Years Parenting Unit

Mr V Meyer & Mrs E Meyer	25,000	12,500
The Utley Foundation	-	10,000

Early Years Central

Mr V Meyer & Mrs E Meyer	125,000	-
The Sylvia Adams Charitable Trust	49,939	-

Empowering Parents Empowering Communities

Berry Street Foundation	6,106	27,844
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Family Ties

Department for Work and Pensions	31,874	-
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Reflective Fostering Collaboration

KPMG Foundation	70,483	-
Segelman Trust	70,200	-

PIP

The Chesser Trust	8,000	8,000
Sundry Donors	6,880	4,883

PIP Luton		
The Sylvia Adams Charitable Trust	-	5,000
PIP Micro Analysis		
International Psychoanalytical Association	-	6,776
American Psychoanalytic Association	-	9,951
Multi Family Groups in Schools		
St Giles-in-the-Fields and William Shelton Educational Charity	-	31,625
States of Mind		
Berkeley Foundation	17,089	49,929
Other	3,949	24,753
Innovation, Evaluation & Dissemination Restricted Funds		
Child Policy Research Unit		
UCL - Institute of Child Health	54,431	88,303
More Than Mentors		
Community Links	16,500	-
Power Up		
UCL	-	65,556
Power Up 2		
Anonymous donor	45,000	45,000
ReZone		
Barts Health NHS Trust	-	26,885
Great Ormond Street Hospital Childrens Charity	-	1,625
Smart Toys		
Committee for Children	11,692	36,149
Marie Skłodowska-Curie Innovative Training Network	-	77,491
Youth Wellbeing Collaboration (Strategic Grant)		
Department of Health and Social Care	125,952	271,409
Other	10,296	66,025
Postgraduate Studies Restricted Funds		
The Chesser Trust	9,000	9,000
CEO Research Projects Restricted Funds		
Alternative Provision Innovation		
Department for Education	177,319	-
KPMG Foundation	65,506	-
DNU Lab		
UCL	9,000	18,000
The UK Trauma Council		
St James's Place Charitable Foundation	150,140	73,375

Welton Foundation	-	10,000
Systematic Therapy For At Risk Teens - Multi-Systemic Therapy		
UCL	64,761	100,141
UCL Collaborative Projects		
Anonymous donor	35,000	36,000
Psychoanalytic Electronic Publishing	53,888	52,079
Virginia Tech Carilion	45,309	-
Policy Development		
The Royal Foundation	50,000	-
Other	54,129	42,558
The Family School		
The Peter Cundill Foundation	174,994	349,994
Anonymous donor	94,000	94,000
The Mayor of Camden's Office	-	12,376
Other	1,000	26,398
Mental Health in Schools Restricted Funds		
Schools in Mind Campaigns (formerly You're Never Too Young)		
Jo Malone London	46,874	108,901
Animation		
Jo Malone London	-	41,717
Schools and Mental Health Project		
Jo Malone London	40,663	-
Mentally Healthy Schools		
The Royal Foundation	314,878	245,959
Other	12,530	3,935
Restricted Total	3,840,247	7,288,146
Grand Total	4,194,576	7,487,314

3. Investment income

	2019	2018
	£	£
Income from listed investments	62,950	52,923

4. Total expenditure

Total expenditure year ended 31 August 2019

	Salaries	Consultants	PG grants	Other expense	Support costs	Total 2019
	£	£	£	£	£	£
Cost of raising funds						
Fundraising and publicity	225,406	970	-	11,149	-	237,525
Investment management fees	-	-	-	502	-	502
Legal fees	-	-	-	-	-	-
	225,406	970	-	11,651	-	238,027
Charitable expenditure						
Clinical & Service Improvement	2,516,121	242,893	-	526,447	908,226	4,193,687
Innovation, Evaluation & Dissemination	1,314,668	694,688	-	281,999	397,683	2,689,038
Postgraduate Studies	1,830,227	102,904	45,305	161,129	628,100	2,767,666
Research & Policy Development	1,051,130	347,615	243,000	372,793	572,449	2,586,988
The Family School	183,096	-	100,000	14,080	25,590	322,766
Mental Health & Wellbeing in Schools	769,154	346,946	-	239,530	283,846	1,639,476
User Participation, Library & Dissemination	224,483	3,995	35,386	31,430	-	295,295
Campus Real Estate Development	-	1,920	-	1,025,146	-	1,027,066
	7,888,879	1,740,962	423,691	2,652,554	2,815,894	15,521,981
Total expenditure	8,114,285	1,741,932	423,691	2,664,205	2,815,894	15,760,007

Total expenditure for the year ended 31 August 2018

	Salaries	Consultants	PG grants	Other expense	Support costs	Total 2018
	£	£	£	£	£	£
Cost of raising funds						
Fundraising and publicity	214,096	898	-	19,615	-	234,609
Investment management fees	-	-	-	183	-	183
Legal fees	-	-	-	-	-	-
	214,096	898	-	19,798	-	234,792
Charitable expenditure						
Clinical & Service Improvement	2,442,636	259,954	2,000	692,977	766,531	4,164,098
Innovation, Evaluation & Dissemination	1,277,120	637,148	-	362,185	314,057	2,590,510
Postgraduate Studies	1,496,567	172,655	(22,652)	277,322	423,487	2,347,379
Research & Policy Development	638,864	303,691	137,623	205,644	315,809	1,601,630
The Family School	196,177	3,146	101,636	28,486	22,380	351,824
Mental Health & Wellbeing in Schools	719,474	244,739	-	109,836	159,244	1,233,293
User Participation, Library & Dissemination	157,535	334	27,011	20,874	-	205,754
Campus Real Estate Development	-	21,054	-	749,785	-	770,839
	6,928,374	1,642,720	245,617	2,447,110	2,001,508	13,265,327
Total expenditure	7,142,469	1,643,617	245,617	2,466,909	2,001,508	13,500,119

	2019	2018
Support costs	£	£
Staff Costs via Payroll	978,271	818,137
Staff Costs via Agency / Consultants	243,094	166,276
Staff related costs	34,612	62,686
Office expenses	720,211	416,335
IT costs	487,512	383,083
Governance	33,444	37,753
Finance charges	41,327	6,608
Depreciation	277,423	110,630
	2,815,894	2,001,508

Support costs are allocated to activities in the ratio of each activity's direct expenditure as this is considered to be a reasonable reflection of usage. Governance costs include audit fees of £16,400 (2018: £15,750). Additional fees of £1,390 were paid to the auditors in the year (2018: £nil).

5. Staff costs and numbers

	2019	2018
a) Staff costs	£	£
Wages and salaries	7,298,669	7,095,159
Social security costs	713,855	627,641
Pension costs	361,489	320,271
	8,374,013	8,043,071

Staff costs include seconded and agency staff costs amounting to £652,431 (2018: £526,531)

	2019	2018
Emoluments over £60,000	No.	No.
£60,001 - £70,000	6	3
£70,001 - £80,000	4	3
£80,001 - £90,000	3	2
£90,001 - £100,000	2	2

Pension contributions of £55,544 were made to those receiving emoluments over £60,000 (2018: £34,544).

The total renumeration paid to key management personnel in the period was £581,667 (2018: £553,948).

	2019	2018
The average number of employees analysed by function was:	No.	No.
Clinical and preventative services	60	97
Postgraduate training	62	83
Research	86	63
Conference and study events	0	0
Mental health in schools	27	15
Library	1	1
	236	259

b) Trustees

No trustee received remuneration for their services during the year (2018: £nil). Reimbursed expenses were £nil (2018: £nil)

6. Tangible fixed assets

	Freehold Land	Freehold properties	Furnishings and equipment	Assets under construction	Total
	£	£	£	£	£
Cost					
At 1 September 2018	8,110,690	2,591,944	263,639	18,435,113	29,401,386
Additions	-	7,085,224	1,200,660	-	8,285,884
Disposals	-	-	(183,424)	-	(183,424)
Transfers	-	18,435,113	-	(18,435,113)	-
At 31 August 2019	8,110,690	28,112,281	1,280,875	-	37,503,846
Depreciation					
At 1 September 2018	-	211,827	160,978	-	372,805
Charge for the year	-	132,587	118,148	-	250,735
Disposals	-	(250,706)	(143,129)	-	(393,835)
At 31 August 2019	-	93,708	135,997	-	229,705
Net book value					
At 31 August 2019	8,110,690	28,018,573	1,144,878	-	37,274,141
At 31 August 2018	8,110,690	2,380,117	102,661	18,435,113	29,028,581

7. Investments

	2019	2018
	£	£
Market value at 1 September	1,780,206	1,691,169
Additions	54,781	52,923
Disposal proceeds	(502)	-
Net investment gains	45,536	36,114
Market value at 31 August	1,880,021	1,780,206
Historical cost at 31 August	1,612,149	1,504,040
Listed investments (market value)		
UK fixed interest	235,399	227,932
UK equity shares	334,645	298,388
Overseas equities	866,145	804,771
Property	158,812	163,524
Alternative assets	96,889	163,481
Market value of listed investments	1,691,890	1,658,096
Cash	188,131	122,110
Total	1,880,021	1,780,206

The investment managers Sarasin and Ruffer, invest in a wide range of investments and the Trustees regularly review performance. The investment managers are remunerated by a percentage of the value of the fund and the charge for 2019 was £502 (2018: £183).

8. Debtors

Debtors: amounts falling due within one year	2019	2018
	£	£
Trade debtors	2,075,044	2,311,698
Prepayments and accrued income	2,443,456	2,860,163
Other debtors	785,633	188,164
	5,304,133	5,360,025

9. Creditors: amounts falling due within one year

	2019	2018
	£	£
Trade and other creditors	985,444	1,810,199
Taxation and social security costs	212,759	-
Accruals and other deferred income	4,840,655	3,190,420
Bank loans	4,893,084	4,999,655
	10,931,942	10,000,274

Analysis of other deferred income	2019	2018
	£	£
Other deferred income at the start of the period	3,190,420	2,884,898
Amounts released to income in the year	(1,354,208)	(2,239,898)
Amounts deferred in the year	3,004,443	2,545,420
Other deferred income at the end of the period	4,840,655	3,190,420

Deferred income relates to service level agreements and short course and training income that relates to future periods. A partial fixed rate commercial loan has been taken out with Barclay's bank PLC secured against the freehold land at Rodney Street N1 9JH. One part of the loan is fixed and the other variable. The fixed part of the loan is for £1,787,500 and has a rate of 4.102% for 5 years from the 15th August 2014. The variable loan is for £1,787,500 and has a rate of 2.12% above LIBOR for 5 years from the 15th August 2014. Two further loans were taken out with Barclay's bank plc secured against 12-14 Maresfield Gardens NW3 5SU. Both loans are interest only with one being fixed and one being variable. The fixed loan is for £1,000,000 and has a rate of 4.102% for 2 years from the 13th August 2017. The variable loan is for £1,000,000 and has a rate of 2.12% above LIBOR for 2 years from 13th August 2017. A new loan of £4.9m was agreed on the 27th September 2019 for a period of 5 years on a fixed rate basis of 2.87% replacing all existing loans. Deferred income total includes reclassification of prepaid short course in debtors.

10. Creditors: amounts falling due in more than one year

	2019	2018
	£	£
DfE Family School Contribution	1,647,200	-

	2019	2018
	£	£
The analysis of DfE Contribution is as follows:		
Due in 1 - 2 years	139,200	-
Due in 3 - 5 years	208,800	-
Due beyond 5 years	1,299,200	-
	1,647,200	-

The DfE have agreed to contribute £1,740,000 to the construction of the Family School which will be received in full over the next year and recognised over the course of the 25-year lease. Since opening in May 2019, four months of revenue has been recognised.

11. Operating lease commitments

	2019	2018
	£	£
Operating leases	61,848	108,123
	61,848	108,123

The charge reflects three printers leased for a period of 60 months to Jan 2023. In the current year £2,062 was incurred.

	2019	2018
	£	£
Due in 1 - 2 years	24,739	108,123
Due in 3 - 5 years	35,047	
Due beyond 5 years		
	59,786	108,123

12. Statement of funds

	1 September 2018	Income	Expenditure	Investment gains and revaluations	Transfers	31 August 2019
	£	£	£	£	£	£
General funds	851,655	9,363,205	(8,366,471)	45,549	(84,876)	1,809,062
Designated funds						
Fixed asset fund	15,946,354	-	(277,752)	-	13,414,450	29,083,052
EBPU	538,056	2,000	(97,793)	-	84,876	527,139
Total designated funds	16,484,410	2,000	(375,545)	-	13,499,326	29,610,190

Details of designated funds

Fixed asset fund

Fixed asset fund matches reserves with fixed assets held and used directly for charity purposes.

EBPU (Evidence Based Practice Unit)

Service Development and Evaluation has been growing for the last few years and to enable further growth funds are being designated by self-generated surpluses.

Restricted funds	1 September 2018	Income	Expenditure	Investment gains and revaluations	Transfers	31 August 2019
	£	£	£	£	£	£
Campus project	12,694,874	1,746,642	(1,027,066)	-	(13,414,450)	-
Clinical projects	-	877,953	(689,868)	-	-	188,085
Innovation, Evaluation & Dissemination	152,505	2,142,927	(2,295,432)	-	-	-
Postgraduate studies	203,883	9,000	(212,883)	-	-	-
Research projects	650,209	1,194,092	(1,675,539)	-	-	168,762
The Family School	180,331	270,600	(322,050)	-	-	128,881
Mental Health & Wellbeing in Schools	216,126	570,187	(785,688)	-	-	624
Central Support Services	-	9,465	(9,465)	-	-	-
Total restricted funds	14,097,928	6,820,866	(7,017,992)	-	(13,414,450)	486,352
Total funds	31,433,993	16,186,071	(15,760,008)	45,549	-	31,905,604

Clinical projects

Include Reflective Fostering and LAC Mental Health Assessment Pilots in the Trauma and Maltreatment Service, as well as Berkeley Foundation States of Mind project in Service Improvement. There are also several projects in the Early Years service including Pause.

Research projects

Include funding for the UK Trauma Council from St James's Place Charitable Foundation, MOAM (Mentalising for Offending Adult Males) and Alternative Provision Innovation.

The Family School

Supporting the leadership and running of the Family School.

Statement of funds (2018 comparative)

	1 September 2017	Income	Expenditure	Investment gains and valuations	Transfers	31 August 2018
	£	£	£	£	£	£
General funds	11,958,977	6,795,292	(6,922,780)	36,114	(11,015,948)	851,655
Designated funds						
Fixed asset fund	4,406,070	-	-	-	11,540,284	15,946,354
Postgraduate studies	416,773	-	-	-	(416,773)	-
EBPU	582,082	7,866	(51,892)	-	-	538,056
MBT research	59,995	-	-	-	(59,995)	-
CYP IAPT	129,800	-	-	-	(129,800)	-
Innovation pot	40,325	-	-	-	(40,325)	-
Total designated funds	5,635,045	7,866	(51,892)	-	10,893,391	16,484,410

Details of designated funds**Fixed asset fund**

Fixed asset fund matches reserves with fixed assets held and used directly for charity purposes.

EBPU (Evidence Based Practice Unit)

Service Development and Evaluation has been growing for the last few years and to enable further growth funds are being designated by self-generated surpluses.

Restricted funds	1 September 2017	Income	Expenditure	Investment gains and valuations	Transfers	31 August 2018
	£	£	£	£	£	£
Campus project	8,388,050	5,222,093	(915,269)	-	-	12,694,874
Clinical projects	86,645	1,139,890	(1,349,092)	-	122,557	-
Research projects	672,408	2,749,004	(2,618,698)	-	-	802,714
Postgraduate studies	134,779	503,667	(434,563)	-	-	203,883
The Family School	37,314	485,301	(342,284)	-	-	180,331

Mental health and wellbeing in schools	61,026	1,020,641	(865,541)	-	-	216,126
Total restricted funds	9,380,222	11,120,596	(6,525,447)	-	122,557	14,097,928
Total funds	26,974,244	17,923,754	(13,500,119)	36,114	-	31,433,993

13. Related parties and related party transaction

We are very grateful to Dr Moshe Kantor who as Trustee and Life President of The Anna Freud Centre has provided a total commitment of £7.5m. In the year to 31/08/19 Dr Kantor made a final payment of £1.75m.

Other trustees and related parties made donations totalling £68,070 in the year to The Anna Freud Centre.

14. Pension commitments

The organisation makes contributions to personal pension schemes on behalf of some of its employees. Contributions in the year totalled £361,489 (2018: £320,271). Amounts owing to the scheme at 31 August 2019 were £96,566 (£47,531 July 2019 and £49,034 Aug 2019) (2018: £42,042).

15. Analysis of net assets between funds

Fund balances at 31 August 2019 are represented by:

	General funds	Designated funds	Restricted funds	Total funds
	£	£	£	£
Tangible fixed assets	8,191,089	29,083,052	-	37,274,141
Investments	1,880,021	-	-	1,880,021
Long term creditors	(1,647,200)	-	-	(1,647,200)
Net current assets	(6,614,847)	527,139	486,352	(5,601,357)
	1,809,062	29,610,190	486,352	31,905,604

Fund balances at 31 August 2018 comparative are represented by:

	General funds	Designated funds	Restricted funds	Total funds
	£	£	£	£
Tangible fixed assets	-	15,946,354	13,082,227	29,028,581
Investments	-	1,780,206	-	1,780,206
Long term creditors	-	-	-	-
Net current assets	851,655	(1,242,150)	1,015,701	625,206
	851,655	16,484,410	14,097,928	31,433,993

16. Comparative financial statement of financial activities (2018)

	Unrestricted funds 2018	Restricted funds 2018	Total funds 2018
Income from:	£	£	£
Donations and legacies	199,168	7,288,146	7,487,314
Investments	52,923	-	52,923
Charitable activities			
Clinical and preventative services	2,132,137	1,503,067	3,635,204
Postgraduate training	2,055,083	494,667	2,549,750
Research	541,189	1,629,346	2,170,535
Conference and study events	1,763,431	205,370	1,968,801
	6,491,840	3,832,450	10,324,290
Other	59,227	-	59,227
Total income	6,803,158	11,120,596	17,923,754
Expenditure on:			
Raising funds			
Fundraising and publicity	278,567	-	278,567
Investment and management fees	183	-	183
Legal fees	18,312	-	18,312
	297,062	-	297,062
Charitable activities			
Clinical and preventative services	3,034,639	1,349,092	4,383,731
Postgraduate training	1,849,805	434,563	2,284,368
Research	1,024,035	2,618,698	3,642,733
Conference & study events	641,262	-	641,262
Campus	-	915,269	915,269
Mental health in schools	54,805	1,207,825	1,262,630
Library	73,064	-	73,064
	6,677,610	6,525,447	13,203,057
Total expenditure	6,974,672	6,525,477	13,500,119
Net income/(expenditure) before investment gains	(171,514)	4,595,149	4,423,635
Net investment gains	36,114	-	36,114
Net income/(expenditure)	(135,400)	4,595,149	4,459,749

Transfer between funds	(122,557)	122,557	-
Net movement in funds before gain on revaluation of assets	(257,957)	4,717,706	4,459,749
Revaluation of assets held for sale	-	-	-
Net movement in funds	(257,957)	4,717,706	4,459,749
Funds balance carried forward at 1 September	17,594,022	9,380,222	26,974,244
Funds balance carried forward at 31 August	17,336,065	14,097,928	31,433,933

17. Post Balance Sheet Event

The Government lockdown restrictions related to COVID 19 have impacted the Anna Freud Centre from March 2020.

Three programmes deliver face to face training and teaching. These have an annual income of £7.0m in the year to 31 August 2019. The programmes have been adapted for online delivery and in the case of postgraduate teaching (income £2.3m to 31 August 2019) the programme was delivered online without interruption.

Schools and Short Course training have been adapted for online delivery and will recommence from May 2020. The loss of income of £1m is partially offset by the Government furlough scheme, voluntary staff reductions and reduced operating costs of £0.4m to 31 August 2020.

As at 27 May 2020 the Anna Freud Centre has operating cash of £4.7m and equity investment of £1.7m (£1.8m 31 August 2019) and this is expected to provide liquidity through the easing of lockdown restrictions.