Our history.
Our future.
Annual report and financial statements for the year ended 31 August 2017
Contents

01 Reference and administrative details
02 Introductions
04 Objectives and activities
06 Foundations for the future
08 Achievements and performance
48 Financial review
58 Plans for the future
60 Structure, governance and management
62 Trustees and auditors
63 Independent auditor’s report
66 Financial statements
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 (Chair)
Ms Sally Cairns (appointed 22.02.18)
Professor John Cape
Dr Moshe Kantor (appointed 15.06.17)
Professor Linda Mayes MD
Mr Peter Oppenheimer
Mr Dominic Shorthouse (Deputy Chair)
Ms Ruby Wax OBE
Mr Bertie Way (resigned 12.10.17)

Auditors
haymacintyre, 10 Queen Street Place, London, EC4R 1AG

Bankers
Barclays Bank plc, St John’s Wood Branch, PO Box 2784, London, NW3 6JD

Investment Managers
Sarasin Asset Management Limited, Juxon House, 100 St Paul’s Churchyard, London, EC4M 8BU
Ruffer LLP, 80 Victoria Street, London, SW1E 5LJ

Life President
Dr Moshe Kantor

Our Patron
Her Royal Highness The Duchess of Cambridge

Chief Executive
Professor Peter Fonagy OBE, FMedSci, FBA, FBPsS, PhD, DipPsy

Chief Operating Officer
Ms Ros Bidmead

Finance Director and Company Secretary
Mr David Fowler

Registered address
12 Maresfield Gardens, London, NW3 5SU

Other addresses
1st Floor, Jordan House, 47 Brunswick Place, London, N1 6EB
38 Mayton Street, London, N7 6QR
Manchester Institute of Education, University of Manchester, Oxford Road, M13 9PL

www.annafreud.org / 020 7794 2313 / info@annafreud.org
Introductions

Dr Moshe Kantor
Life President

This year has been spent preparing for our future. Watching the new Centre of Excellence being built is watching a dream come to life. When it is completed in early 2019 we will have a world class campus in King’s Cross which brings together the best in research, practice and policy. It will combine the latest in scientific research and social science; it will educate the professionals of tomorrow, and it will provide support for children and their families. At the heart of the campus will sit The Family School, pioneering help for children at risk of exclusion from mainstream school to improve their education, tackle their problems and return to school with renewed confidence and aspirations. Just as Anna Freud did when she opened her first Rest Centres in 1942, we have set ourselves a truly radical agenda.

It’s a great source of pride to be involved in a project that has the capacity to transform the way we provide mental health support for children and their families in Britain today.

The Hon Michael Samuel
Chair of the Board of Trustees

This has been a pivotal year for the Anna Freud National Centre for Children and Families. We are building our new Centre of Excellence and I would like to reiterate my thanks to our Life President Moshe Kantor for his unique support and those of our other supporters. We are also creating a strategy for growth. We have explored new income streams. This year for example, we have developed our first corporate relationship, which has enabled us to launch our first campaign to promote mental health in primary schools.

Supporting children’s mental health is a specialist skill and a universal need. We are now reaching out to all the schools in the country, researching their needs and providing them with materials. We are growing our clinical practice and our research continues to attract global respect.

The challenge we have set ourselves is to translate the intellectual capital of the organisation into greater impact. Our strategy is to make us better equipped than ever to disseminate our learning to help meet the increasing demand on our expertise. And by developing new fundraising initiatives and investing in communicating our findings, we are adding breadth to the great depth of knowledge on which this organisation has built its reputation.
Objectives and activities

Anna Freud National Centre for Children and Families (AFNCCF) has been pioneering mental health care for 65 years. AFNCCF promotes the relief of mental ill-health and resilience to promote and protect mental and emotional health, for the 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, AFNCCF carry out the following activities.

» 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.

Principles
1. Children, young people and families are at the heart of everything we do.
2. We are committed to discovering and sharing the best way to help children, young people, families, carers and professionals affected by mental health problems.
3. We aim to strengthen our impact through collaboration and partnership.

The Trustees confirm that they have complied with the duty in section 4 of the Charities Act 2011 to have due regard to the general guidance issued by the Charity Commission on public benefit.
Foundations for the future

AFNCCF is preparing to move to our new Centre of Excellence, being built as part of our ambition to drive a step-change in child mental health.

Our new home will mark the coming together of a growing and ambitious organisation, proud of its tradition and prepared to lead the way to meet the increasing needs of children and young families now and in the future.

Anna Freud’s teaching and principles have provided the intellectual basis for our work. Now, 65 years since Anna Freud opened the Hampstead Clinic, we are working closely with the Freud Museum London to honour Anna Freud’s legacy and her contribution to our evolving story.

The new, multi-purpose spaces of the campus will enable us to build on our collaborative and innovative culture; embracing diversity, nurturing creativity and promoting agile working. Our Centre of Excellence will be a space where professionals can work with children and families in an environment where they can learn from each other.

Our theme is consolidation; the process of becoming stronger by bringing people together to achieve greater things. We are supporting fluid and flexible ways of working for our staff as well as promoting interdisciplinary work more widely to reduce the time it takes for research to be translated into practice.

As we prepare to take this next step in our history, our commitment to innovation, learning and partnership puts us in a unique position to help shape a better future for children, young people and their families.
Achievements and performance

Professor Peter Fonagy
Chief Executive

Over the last two years the world has woken up to something we in the child mental health sector have known for a long time. The best correlate of adult life satisfaction is not income, but physical and mental health. We can predict adult life satisfaction best, not from academic qualifications, but from the emotional health of 16-year-olds. The overwhelming burden of disease associated with mental ill-health suggests that early intervention, focused on child emotional wellbeing, is probably the most effective social investment any society could make both from economic and moral perspectives. We are now at the moment of national insight—and the Anna Freud National Centre for Children and Families is translating this into action to drive effective change.

Our ambitions for the future are bold; a future where people are connected through our growing networks and sharing expertise and experience throughout the country to provide the best support for children and families. This year we’ve put the building blocks together to achieve those ambitions.
Reviewing last year’s goals

Our performance against last year’s goals has been strong. We have exceeded targets for fundraising, membership of our networks and we continue to make progress against strategic aims.

Our charitable expenditure has increased by 8% over the previous year. Research and evaluation work continues to carve out a niche of national excellence, while our practice leads the field in its chosen areas. We have broadened our reach, developing our networks so that we can share learning and learn from others. This has included building our work with schools in preparation for the expected Government policy push for schools to be on the frontline of promoting good mental health. Our projects continue to be delivered in partnerships, promoting cross-sector working and prioritising the needs of children, young people and their families.

We exceeded expectations, reaching 89% of our £13m target by the end of August.
In the year, we received £2.28 million towards the Centre of Excellence. Over the year our building costs increased by around 20% and we have adjusted our fundraising target to take account of this for 2017-18. Our strong performance this year means we are confident that the new target of £15.4 million will be achieved.

We started construction on time.
Building work is on schedule and we expect to move to our new Centre of Excellence on time in April 2019.

To successfully deliver the expansion of the Children and Young People’s Increasing Access to Psychological Therapies (CYP IAPT) programme.

To maximise the impact of the three-year Strategic Development Grant from the Department of Health and ensure the Centre achieves a national collaboration, bringing together allied professionals and sharing best practice.

To capitalise on our existing reputation for high-quality evaluation in an ever more competitive market, where there will be a greater demand for evaluation to demonstrate the effectiveness of services and treatments.

To continue to support The Family School and ensure it is able to build on its successes, becoming a model for other schools in the UK.

We reviewed and reorganised the strategic development grant as a learning network, bringing together support for staff working across voluntary, clinical, school and social care in one network.

Total membership of the network grew from 977 to 2,493, an increase of over 250%. It means that just halfway through the grant we have already exceeded our final year target of 500 members by over five times.

We completed a number of major evaluations, including the 2015–2016 Children’s Social Care Innovation Programme evaluation.
We have been awarded another evaluation for subsequent waves of the programme and have completed evaluations of the work of the Legal Education Foundation and the Mental Health Foundation.

The Family School achieved Outstanding in its first Ofsted report.
We have established and launched a consultancy service based on our experience of The Family School to share our learning and offer training and we are building a programme for national roll-out of the model.

To ensure 80% of our fundraising target for the Centre of Excellence before the end of the next financial year.

To start construction of the new Centre of Excellence campus in April 2017.

To successfully deliver three strands of work that will ensure we meet our strategic aims.

Membership of the CYP IAPT learning collaborative has grown to include 44 partnerships across London and the South East stretching from Norfolk to the Isle of Wight.

Our evidence-based practice training places have continued to expand with over 100 current and new staff beginning training this year. We trained 60 new ‘Children’s Wellbeing Practitioners’ to deliver guided self-help to children and young people across 15 different provider sites.

Membership of the CYP IAPT learning collaborative has grown to include 44 partnerships across London and the South East stretching from Norfolk to the Isle of Wight.

Our evidence-based practice training places have continued to expand with over 100 current and new staff beginning training this year. We trained 60 new ‘Children’s Wellbeing Practitioners’ to deliver guided self-help to children and young people across 15 different provider sites.

We reviewed and reorganised the strategic development grant as a learning network, bringing together support for staff working across voluntary, clinical, school and social care in one network.

Total membership of the network grew from 977 to 2,493, an increase of over 250%. It means that just halfway through the grant we have already exceeded our final year target of 500 members by over five times.

We completed a number of major evaluations, including the 2015–2016 Children’s Social Care Innovation Programme evaluation.
We have been awarded another evaluation for subsequent waves of the programme and have completed evaluations of the work of the Legal Education Foundation and the Mental Health Foundation.

The Family School achieved Outstanding in its first Ofsted report.
We have established and launched a consultancy service based on our experience of The Family School to share our learning and offer training and we are building a programme for national roll-out of the model.
Achievements and performance - Reviewing last year’s goals

» To maintain our NHS IG Toolkit compliance and improve our standing to Level 3 by March 2017.

We successfully met the requirements for compliance with NHS IG Toolkit 14.

We continue to improve IG practice across AFNCCF and have increased our Toolkit score from 66% to 92% this year, only narrowly missing Level 3 in all categories.

» To double membership of our Schools in Mind Network.

We exceeded this ambitious target, increasing membership from 758 members to 1953; an increase of 158%.

» To ensure the continuous growth of our training and dissemination programmes, extending our national reach.

This year we trained 5,678 professionals, an increase of 7.2% compared to 2016.

These included internal and external trainings, conferences, online courses and learning events.

We exceeded this ambitious target, increasing membership from 758 members to 1953; an increase of 158%.

» To increase efforts to enrol high-quality overseas (non-EU) and home (UK) postgraduate students and investigate opportunities for distance learning.

The number of postgraduate students has increased from last year, now totalling 265 (81.8% home/EU).

We recruited a record number of students, including 30 additional students to launch the new CYP IAPT Practitioners Certificate programme.

» To continue to be a successful provider to UK Government and make full use of their increasing commitment to improving mental health provision for children and young people.

AFNCCF has successfully bid for several local and central government contracts to deliver innovation, training and evaluation services, including for NHS England, Health Education England, Department for Education and Kent County Council.

We have actively addressed suggested improvements, including record keeping, risk and care planning and access to training.

In 2016, the CQC rated both Clinical Services at AFNCCF and the Early Years Parenting Unit (EYPU) as Good. Continuous improvement is closely monitored by the Quality Sub Committee of the Board and the Clinical Services Leadership Group.

» To continue to develop non-EU links and deepen current non-EU partnerships.

This year we trained 256 people across 10 different training events outside the EU.

This included a Dynamic Interpersonal Therapy (DIT) training sessions in Beijing, two AMBIT trainings in Brisbane and four Mentalization Based Treatment (MBT) trainings in the USA. In addition, 26% of our 183 postgraduate students on internationally-relevant programmes came from outside the EU.

» To review CQC inspection recommendations made in August 2016 and ensure continuous improvement in the quality and safety of our services.

We successfully met the requirements for compliance with NHS IG Toolkit 14.

We continue to improve IG practice across AFNCCF and have increased our Toolkit score from 66% to 92% this year, only narrowly missing Level 3 in all categories.

We have actively addressed suggested improvements, including record keeping, risk and care planning and access to training.

In 2016, the CQC rated both Clinical Services at AFNCCF and the Early Years Parenting Unit (EYPU) as Good. Continuous improvement is closely monitored by the Quality Sub Committee of the Board and the Clinical Services Leadership Group.

» To continue to develop non-EU links and deepen current non-EU partnerships.

This year we trained 256 people across 10 different training events outside the EU.

This included a Dynamic Interpersonal Therapy (DIT) training sessions in Beijing, two AMBIT trainings in Brisbane and four Mentalization Based Treatment (MBT) trainings in the USA. In addition, 26% of our 183 postgraduate students on internationally-relevant programmes came from outside the EU.

» To reduce the deficit in the next year to move toward achieving a break-even budget at the end of two years.

The operating deficit in the year, excluding income and expenditure attributed to the Centre of Excellence, reduced and we are on track to achieve a break-even result in 2019-20.

This year we have increased our underlying income by 7% on last year.
Our year at a glance

September
- A year of increased community fundraising is kicked off by Jed, who celebrates his 18th birthday by raising £500 for AFNCCF through JJ-FEST, a ticketed weekend music festival.

“I decided to raise money for [AFNCCF] because I think mental health problems are not treated as seriously as physical problems. It deserves way more funding and having been through some problems myself, I know how much places such as the Centre can help you.”
- Jed, a young supporter

October
- We launch our toolkit to measure and monitor the wellbeing of pupils for schools and colleges, backed by Public Health England.
- Our Patron Her Royal Highness The Duchess of Cambridge convenes a round table in Rotterdam and The Hague with AFNCCF’s Chief Executive, Professor Peter Fonagy, Clinical Director, Dr Peter Fuggle, and professionals from the renowned Trimbos Institute, The Netherlands Institute of Addiction and Mental Health and Action on Addiction, on themes of treatment and prevention of addiction and family mental health.

November
- The I-THRIVE programme’s Community of Practice learning event focuses on the delivery of care for children and young people in ‘Getting Risk Support’.
- We launch our new research unit, Child Attachment and Psychological Therapies Research (ChAPTRe), co-directed by Dr Nick Midgley and Professor Pasco Fearon, in partnership with UCL.

December
- We host ‘Child Maltreatment: New Frontiers in Research and Practice’, an international conference bringing together leading experts in psychological treatment, social care, neuroscience and policy from 19 countries to discuss how evidence can improve prevention, care and treatment of children who have suffered maltreatment.

January
- Our Patron Her Royal Highness The Duchess of Cambridge visits our Early Years Parenting Unit to learn more about our work with families with children under five. Her Royal Highness meets parents who have completed the programme and joins them in a ‘theraplay’ session promoting attachment.
- Professor Miranda Wolpert, our Director of Innovation, Evaluation and Dissemination is awarded an MBE for services to child and adolescent mental health.

February
- The evaluation of the AFNCCF-led Schools Link programme is published at a conference hosted by the Department for Education. It finds that the programme achieved “considerable success in strengthening communication and joint working arrangements between schools and NHS CYPMHs”.

March
- We demonstrate our SmartGym technology, designed to build resilience and help children with their reasoning, social skills and academic achievement, in Camden. The event is supported by the Mayor of Camden, who nominated us as her chosen charity during her mayoral year. Councillor Nadia Shah also holds a Charity Ball as part of her final fundraising push for AFNCCF.
- The Anna Freud Learning Network holds its first seminar and networking event on Childhood Adversity and Trauma. The event brings together professionals from across children’s social care and public health, to share best practice and new research.
Alongside international research partners, our

Building work starts at the King’s Cross site on our
April

TheLondon Marathon 2017 becomes the first ever ‘mental health marathon’. Heads Together, of which
AFNCCF are one of eight partners, are the official charity, marking a new movement for mental health.
Their Royal Highnesses The Duke and The Duchess of Cambridge and Prince Harry attend. For the first
time, AFNCCF have runners – 14 in all.

Our Young Champions take part in the London
June

We are visited by Shula Levital, niece of the sisters
Gertrud and Sophie Dann who worked closely with
Anna Freud during and after World War II and worked in the
Hampstead War Nursery. Shula was met by Jackie
Town, Research Officer, on training for
July

We contact over 20,000 schools to promote our first
integrated campaign, ‘You’re never too young to talk
mental health’. Working with the National Association
of Head Teachers (NAHT), the mailing has an
immediate impact and membership of the Schools in
Mind network grows by 20% within the month.

The Family School, an initiative of AFNCCF, has its first
Offs red inspection and is rated Outstanding.

We announce our first corporate supporter, Jo Malone
London, to fund our awareness-raising work in schools.

We receive a commendation in the London
Homelessness Awards for our services to families in
temporary accommodation, which include baby
and toddler groups and a peer-led course for parents.

“Training in winter is terrible. There is no way to sugar-coat it. [...] Most nights I wanted to
become a blanket burrito on my couch and watch Netflix with a glass of wine – instead, I
forced myself to go outside and jog around while lecturing myself in my head about making
and keeping promises and blowing warm air on my hands.

However, after about five miles I would start
to feel the endorphins kick in, and I found that
I would always finish feeling better than I had
when I had started.”

Rosa Town, Research Officer, on training for
the London Marathon

June

We are visited by Shula Levital, niece of the sisters
Gertrud and Sophie Dann, who worked closely with
Anna Freud during and after World War II and worked in the
Hampstead War Nursery. Shula was met by Jackie
Young and Joanna Millan, who worked after the
Dann sisters as children. Jackie and Joanna were flown
over from Czechoslovakia, where they had been held
for over two years in the Theresienstadt Concentration
camp, as Infants in 1945. They were two of a group
of six children who became known as the Bulldogs.
Bank children and became the focus of Anna Freud’s
historical study on attachment.

May

Alongside international research partners, our
ChAPTrE team publishes the first comprehensive clinical introduction to using a time-limited,
mentoring approach to working with children aged 5-12 with emotional and behavioural problems.

“...”

Train in winter is terrible. There is no way to sugarcoat it. [...] Most nights I wanted to
become a blanket burrito on my couch and watch Netflix with a glass of wine instead. I
forced myself to go outside and jog around while lecturing myself in my head about making
and keeping promises and blowing warm air on my hands.

However, after about five miles I would start
to feel the endorphins kick in, and I found
that I would always finish feeling better than I had
when I had started.”

Rosa Town, Research Officer, on training for
the London Marathon

June

We are visited by Shula Levital, niece of the sisters
Gertrud and Sophie Dann, who worked closely with
Anna Freud during and after World War II and worked in the
Hampstead War Nursery. Shula was met by Jackie
Young and Joanna Millan, who worked after the
Dann sisters as children. Jackie and Joanna were flown
over from Czechoslovakia, where they had been held
for over two years in the Theresienstadt Concentration
camp, as Infants in 1945. They were two of a group
of six children who became known as the Bulldogs.
Bank children and became the focus of Anna Freud’s
historical study on attachment.

What makes the Parent-Toddler Group at
England’s Lane stand out is its longevity: we
have had a group there for over 10 years.
[...] We feel very strongly that a long running
group has a therapeutic function in a hostel for
homeless families. It offers another experience
for families who are often made to move at a
short notice, and endure changing policies
and staff in the agencies they depend on such
as housing and welfare. The group can be a
constant in the changeability and temporary
culture that can colour family lives.”

Dr Eva Crasnow, Therapist and Group Leader
Research: improving understanding

Overview

We carry out research to constantly improve understanding of mental health by evaluating the treatments and services children and families are offered and to ensure that the support they receive is evidence-based. Our research:

» Uses neuroscience to investigate how the mind develops.
» Seeks to improve understanding of mental health and resilience.
» Tests which treatments work best for child and adolescent mental health problems.
» Assesses the impact of projects aiming to improve mental health services.

We have two research units, both working in partnership with UCL. Our Child Attachment and Psychological Therapies Research Unit (ChAPTRe) team are currently involved in 17 studies, including:

» A randomised controlled trial (RCT) to test Minding the Baby, a preventive home-visit programme developed by Yale University that helps young first-time mothers aged 14-25 to reduce negative infant and maternal outcomes and strengthen attachment.
» Herts and Minds RCT which aims to test the effectiveness of Mentalization Based Treatment on children in care and their carers. The aim is to identify effective treatment for the 60,000 children in care, half of whom have suffered abuse and neglect.

Our Evidence-Based Practice Unit (EBPU) projects include the evaluation of HeadStart, THRIVE and new technologies to empower children and young people to take a more active role in therapy.

43 articles published in professional and academic journals
13 books and book chapters published this year

For a full list of publications, please visit our website.
Research: improving understanding

So what: Joint EBPU and CORC seminar series

In 2016, the Evidence Based Practice Unit (EBPU) and Child Outcomes Research Consortium (CORC) joined forces to launch a new seminar series, aiming to bridge the gap between evidence and practice in child mental health.

EBPU and CORC share a vision for all children and young people’s wellbeing support to be informed by real-world evidence so that every child thrives. However, translating the evidence into practice can be challenging for researchers and practitioners. In response to research findings and project outcomes, the seminars ask, “so what does this mean for policy and practice?”.

So what: Attitudes towards measuring outcomes in child and adolescent mental health services
4 October 2016
An interactive discussion and exploration of the findings from a study into practitioners’ attitudes to the use of outcome measures with young people.

So what are the barriers and facilitators to person-centred care in CAMHS?
25 April 2017
Despite strong recent emphasis on providing person-centred care within Child and Adolescent Mental Health Services (CAMHS), research shows children and young people are rarely actively involved in their treatment. This seminar saw lead author Dawid Gondek present a recent systematic review followed by an interactive panel discussion.

So what do we know about mental illness and wellbeing in children? Associations, correlations and screening
12 June 2017
A discussion on the associations between and the correlates of mental health disorders and mental wellbeing in childhood with Dr Praveetha Patalay and panel.

So what do we know about mental illness and wellbeing in children? Associations, correlations and screening
25 April 2017
Despite strong recent emphasis on providing person-centred care within Child and Adolescent Mental Health Services (CAMHS), research shows children and young people are rarely actively involved in their treatment. This seminar saw lead author Dawid Gondek present a recent systematic review followed by an interactive panel discussion.

What next
The series will continue on 3 October 2017 with ‘A look at the new diagnosis and evidence-based interventions for complex PTSD in children and young people’ with Dr David Trickey.

Follow the seminar discussions and reactions on Twitter with the hashtag #SoWhatSeminars.

“There is a fabled 17-year gap between research findings and their impact on practice! This series seeks to shorten this gap by bringing together researchers and practitioners to explore implications of research findings hot off the press.”
Professor Miranda Wolpert, Director of Innovation, Evaluation and Dissemination, EBPU and CORC

@CAMHS_EBPU Why pretend we don’t hope for recovery? Not using it as an outcome almost feels like giving up before we start #sowhatseminars
8:51 PM - 1 Dec 2016
4 Retweets | 5 Likes

Great 2 see #person-centred care in #CAMHS on the agenda #SoWhatSeminars #weMIHNs Check out @THRIVEinfo @HealthFdn for a proactive approach.
6:15 AM - 25 Apr 2017
9 Retweets | 16 Likes
Research: improving understanding

Shaping the future of resilience

HeadStart

This year we have prepared the foundations for evaluating one of the most innovative and exciting resilience building programmes in the UK.

HeadStart is the seven-year, £56 million National Lottery funded programme set up by the Big Lottery Fund. It operates in six communities across England and aims to build the emotional resilience and wellbeing of young people aged 10 to 16 and to prevent serious mental health issues developing.

To achieve this, we are leading a team to gather and evaluate data from programmes in 114 school settings to inform further programme development and to share learning to support children’s resilience.

In this first year of Phase 2 for the programme, we identified the challenges that professionals faced and how to overcome them. For example – how do you create a cultural shift in schools so that they support the resilience programmes? How do you create a model that understands the diverse needs of different schools and young people? Is there sufficient capacity? And how can we make the interventions sustainable?

Next year we will be publishing our first findings of our baseline data to discover the prevalence of mental health issues and whether age, gender and ethnicity affect the likelihood of a child experiencing mental health problems. We will also be hosting the first HeadStart celebration conference in January 2018.

What we achieved

» We collected baseline data from 38,843 young people using the Wellbeing Measurement Framework.
» We evaluated the challenges faced by professionals working on the programme and identified solutions.
» We identified a sample of 63 young people and interviewed them to capture their experiences of difficulties children and young people experience in relation to their mental health and wellbeing and what they draw on to manage these difficulties. We will return to hear their views on an annual basis.

"There is so much rich data to gather in this research, and to be able to follow young people over a period of five years makes this one of the most exciting projects anywhere in children and young people’s mental health. This research has the potential to transform the way schools and other organisations work with children across the country, particularly those from deprived areas. The impact on children’s lives could be immense."

Dr Jess Deighton, Head of Resilience Research and Evaluation and Deputy Director of EBPU

Investigating risk and resilience after childhood maltreatment

We’ve been using neurobiological research techniques, such as functional magnetic imaging (fMRI) to shed new light on how child abuse and neglect have an impact on mental health. In April 2017, Professor Eamon McCrory shared the findings to date from this research, which show that experience of maltreatment is associated with an increased neural response to threat. The key implications from the research are that:

1. These neurobiological changes can be observed even in the absence of a mental health disorder.
2. These changes are strikingly consistent with the neural signature of people with common mental health problems.

Based on these findings, we’ve developed the theory of ‘latent vulnerability’, which argues children adapt to early neglectful, unpredictable or violent home or community settings in ways that help them cope and survive. Resulting neurobiological changes are thought to provide advantage in the short term (for survival in violent settings) but may increase the long-term risk of mental health problems.

The research findings are starting to provide a compelling case for a more preventative clinical approach and with backing from NSPCC and the Economic and Social Research Council (ESRC), we are aiming to develop an everyday clinical tool to identify those children who are at most risk of future mental health problems.

» Read Eamon’s blog here.

What have we learned this year? What can we do about it?

Working together

What have we done to improve resilience in children?

How do the changes we have made help children?
Research: improving understanding

**IMPACT-ME: understanding the experiences of young people with severe depression**

**What we did**

Around half of children receiving outpatient mental health services only attend a few treatment sessions and drop out prematurely. This has an impact on children's likelihood of recovery and has cost implications for services and society.

Understanding responses to treatment and participation in it is a key element in making mental health services more accountable and responsive to the needs of young people. As well as large scale quantitative work, we carry out qualitative work to capture the experiences of children and their families and inform practice, to help us identify what treatments work and how so that services can be tailored to meet children’s needs and preferences.

**IMPACT-My Experience (IMPACT-ME)** is a study, funded by The Monument Trust from 2011-2015, exploring the processes of how adolescents receiving psychological therapy overcome severe depression and the factors that help or hinder recovery. We interviewed 77 young people and 43 parents pre-therapy, 81 young people and 53 parents post-therapy, and 91 young people and 57 parents one year later.

**What we achieved**

This year we analysed the data further to better understand the experience of young people and families who use child mental health services. One project explored the decisions and experiences of teenagers with depression who did and didn’t choose to take medication alongside a talking therapy.

Another area we explored is treatment endings, an area of significant concern across mental health services. We carried out interviews with adolescents from the IMPACT-ME study who dropped out of therapy, and we also interviewed some of their therapists. Some said they dropped out because they reported feeling better, others because of dissatisfaction with the treatment they received and treatment outcomes were different for these two groups.

**What’s next**

We will investigate early predictors of treatment dropout to help clinicians to respond sensitively to the needs of young people who become frustrated with their services. And further work on the IMPACT-ME study is exploring young people’s experiences of different types of therapy (e.g. CBT or psychodynamic therapy), to help us better understand the service user’s experience of talking therapies.

---

“Depression makes you feel like the world is against you and that you’re being targeted. [...] It’s not easy to talk to friends and family. I didn’t want to do it but I had to as I needed help. [...] I would say to others don’t be ashamed, there is always light at the end of the tunnel. What’s negative will turn positive. I felt that nothing was going to get better and that nothing was going to change. But now I have a job I love and I also volunteer. My job has brought a confidence in me that I never had before.”

Paul, a young person who contributed to the study
Teaching and training: equipping the workforce

Overview

Teaching and training has been a mainstay of our work since Anna Freud herself opened her war nurseries. We now host a range of postgraduate programmes with UCL in the UK and Yale University in the USA as well as training programmes from certificate to doctoral level.

Our internationally respected trainings and conferences continue to deliver practical and advanced training to an increasing number of allied mental health professionals. This year saw the number of professionals trained rise by 7.7%. In all we trained 5,816 professionals at 198 events.

We are also building our global reputation and have delivered training across the world in 15 countries including China, the USA, Turkey, Hungary, Denmark and the Ukraine. Almost half of enrolled students on three of our Masters’ programmes come from outside the EU.

As well as providing an opportunity to share learning with the next generation of clinicians and researchers, training and teaching is an important source of income. This year income from training rose by 71.8% to over £1.77 million.

“The training was excellent. One of the best I’ve ever been on. David was very engaging. I came away with the confidence to implement new skills, which other courses often lack. The training answered every question I had and ticked every box I needed. I will be recommending it to colleagues.”

Trauma-Focused Cognitive Behavioural Therapy (TF-CBT), July 2017

“The workshop exceeded my expectations. It was well run, thought provoking and packed full of information. I particularly liked the time given to role play and putting the techniques into practice.”

Mentalization Based Treatment for Adolescents (MBT-A), April 2017

“The training was excellent. Michelle is an outstanding communicator, teacher and facilitator of a group. The training was delivered in an environment that was warm, relaxed and maximised learning opportunities. The course content was clear, well-structured and well delivered. I highly recommend this training to clinicians and researchers.”

Reflective Functioning Training on the Parent Development Interview (RF-PDI), March 2017

“Succinct, clear and useful. I felt empowered as a practitioner and hopeful about the work I do.”

International Training School for Infants and Early Years (ITSIEY) Module 1, June 2017
Teaching and training: equipping the workforce

Parent Infant Project: upskilling Early Years practitioners

Attachment theory is as relevant today as it was when Anna Freud first investigated it during the war years. There is long-standing evidence that a baby’s social and emotional development is affected by the bonds they form with parents/caregivers, known as attachment.

The Parent Infant Project (PIP) approach focuses on this relationship between parent and infant to improve the quality of interactions, to contribute to infants’ healthy growth and development. As well as delivering group and individual sessions at AFNCCF and local hostels, the team provides an 18-month training for professionals working with infants and their families, such as Health Visitors, Children’s Centre managers and psychiatrists. Provided since 2014, the training has been adapted and implemented around the world, including in Iceland, Israel, South Africa and Germany.

Flying Start in Luton

This year, we have not only been able to embed the model with Enfield Health Visiting but have started a borough-wide roll-out across Luton, with the support of the Sylvia Adams Charitable Trust. PIP has a unique reputation for making a real difference to the lives of vulnerable parents and babies. Pilots in Luton and the programme in Enfield have shown the model enhances practitioner and parent capacity to prioritise the emotional needs of babies and improves family experience of baby clinics and groups. In Luton, as the roll-out and evaluation continues, we hope to see more positive results, particularly as babies approach nursery and achieve expected communication, social and emotional wellbeing levels.

“I feel that the supervision and the discussion from our observations have enabled me to make better, more detailed observations and think and understand much more from the baby’s perspective [...] I have a skill which is now well embedded in my practice, not only in the Think Baby group but within all areas of my work.”

Newly trained facilitator, Luton

Creating a vibrant community hub

We deliver PIP at England’s Lane along with a Parent-Toddler Group to support families affected by homelessness. Over Spring 2017, AFNCCF Parent and Young Champions came together with residents of England’s Lane Hostel to transform an unused room at the residence into a vibrant community hub. As part of the revamp, we created a feature wall and enlisted the help of Selwa, one of our very talented Young Champions, to design a mural for the room. Residents at the hostel came up with themes for the mural, including: books, friends and family, feeling connected, the importance of community and nature. Many of the families at the hostel joined in to help paint the wall.

“Designing, drawing and painting the mural were challenges for me as they were outside my creative comfort zone. However, with the help of Nick and Salma from the Anna Freud National Centre and residents of the hostel, I felt confident enough to try my best, and I’m happy that all of our efforts and enthusiasm paid off in the end.”

Selwa, Young Champion

Residents are using the room to its full potential and have started a community-led book exchange programme and homework club.

“I started this project to empower my children and other families in England’s Lane [...] Home is what we make of it no matter how little or how much you may or may not have. Home is the person you are.”

Vera, Parent Champion
Teaching and training: equipping the workforce

Children’s Wellbeing Practitioners: getting the right help at the right time

Getting the right help at the right time for children and their families is a constant challenge for mental health services. Research suggests that children with a diagnosable mental health problem in the UK wait up to 18 months for treatment in some areas.

We host the London and South East Improving Access to Psychological Therapies learning collaborative (CYP IAPT), which aims to transform child mental health and provide evidence-based treatment to 70,000 more children and young people in England by 2020.

As part of this, we have developed a radical approach to providing support that is both low-cost and effective. Under intensive supervision, we train Children’s Wellbeing Practitioners (CWP) to provide brief, focused interventions and guided self-help for young people with mild or moderate anxiety, low mood, and to work with parents of children under eight who are struggling with behavioural difficulties. We work in seven partnerships in NHS sites in Cambridgeshire, West London and in Hertfordshire as well as in the London Borough of Barnet to develop this work.

We have also designed a breakthrough online support system that allows children and families to input data on anxiety and depression so that practitioners can monitor progress automatically. This means that for the first time children and families can receive immediate feedback about the effectiveness of interventions. In an area where a great deal of learning is taken from the adult field, this opens possibilities for greater understanding of child mental health.

CWP work with children who are experiencing mild or moderate difficulties to prevent problems from escalating by providing quick responses. In doing so, the programme aims to reduce referrals to CAMHs so that those with complex problems can get timely support.

Hackathon: taking a digital approach to support

There isn’t much doubt that young people below the age of 25 are digital natives. Recent health and social care policy has underlined the importance of using digital technology to make mental health services more accessible. This technology needs to be co-produced and shaped with children and young people as partners.

In September 2016, the London and South East CYP IAPT Learning Collaborative hosted their second hackathon with Founders & Coders. A hackathon is when programmers come together to code over a short period of time to improve or build software programs. Over a fortnight, nine ideas were honed into four product proposals and two apps were chosen for further development.

- **Face It** is a game designed for young people with Autistic Spectrum Conditions (ASC) and Asperger’s Syndrome to practice recognising emotions.
- **Breathe with Me** is an animated app designed to help reduce stress by teaching breathing exercises.

From 28 January to 16 March 2017, young people, clinicians and Founders & Coders worked together at Hackathon #3 to turn 14 ideas into 6 working prototypes and 2 for further development. The Hackathons and development continue as part of CYP IAPT’s digital workstream. All the products are open source, which means they are free for any service to use and adapt.

“IT was moving to see so many young people passionate and comfortable to talk about mental health, whether it was about educating other young people on mental health or helping people that have issues with it.”

Pavan, Young Champion
Practice: improving support for children, young people and families

Overview

Our clinical services are delivering four main programmes:

» Developing effective prevention and therapeutic help for families with vulnerable children under three years of age.

» Developing methods of assessment and treatment of children who have experienced maltreatment and trauma.

» Developing mental health provision in schools.

» Improving methods of mental health service delivery for children and families in mainstream services.

Children and young people and their families are involved in every aspect of our work. We know that by recognising and promoting the voice of young people, we can work together to better ensure mental health services are meeting your needs.

Willow
Young Champion

“I have dissociative identity disorder which means that sometimes, the part of me currently steering my personality and influencing my choices takes a backseat and another part of myself becomes present. This other part of me can have vastly different abilities, may be unable to do things I can usually do quite easily and can even have a different age.

I am currently a Young Champion at the Anna Freud National Centre for Children and Families. Volunteering with the Centre has given me purpose and drive. It allows me to engage in meaningful activities that make a difference to children and families living with other mental health difficulties and I am honoured to be involved in such fantastic work. […]

The support and assistance I have received from the Centre’s Participation Officer has been incredibly validating and empowering. It has allowed me to voice my own ideas and suggestions which I would not have been comfortable with sharing previously. I am beginning to accept that my future will be shared. It will be difficult and scary at times, but this does not mean my future will be any less valuable.”
“When you come from a broken home, you don’t know how to be a parent because you’ve not been taught. What I am learning now is how to be a good mum to Maddison and to get rid of all the negativity that’s in my head… I just wish there were more of these places. Instead of taking your kids, and writing you off because of your mental health, give people a chance to change. That is what this place does.”

Julie, a parent who has completed the EYPU programme
Practice: improving support for children, young people and families

Developing assessment and treatment for children who have experienced maltreatment and trauma

Children who have been traumatised by their early experiences, or have been maltreated by caregivers, can experience severe disruption to their development. These effects can be passed on to the next generation. Finding ways of preventing or limiting these harmful effects is a major part of our clinical work. Improving the stability of a child who has a history of relational and developmental trauma, is the most important predictor of their longer term mental health and general wellbeing.

Looked After Children

This year we have brought together our research and clinical innovations programmes to focus on reducing the breakdown of care placements for Looked After Children (LAC). We established a partnership with Kent County Council to jointly deliver their fostering support service, A Sense of Belonging. In collaboration with Coram Adoption, we have also been developing new psychotherapeutic approaches based on our mentalization work to promote secure placements for children and families post adoption. Our partnership with NSPCC on the Reflective Fostering programme has also made excellent progress. The programme aims to help foster carers to better understand the behaviour and emotions of their foster child. The early results are promising; foster carers are highly engaged, completing the programme and being retained. If success is evidenced in improving placement stability as testing continues, we will roll it out in other parts of the country, building the evidence with a randomised controlled trial.

“The looked after child who has had early experience of trauma and maltreatment is far more likely to have serious difficulties in understanding that caregivers are available and can help or even understand them. [...] A reflective, mentalizing stance, if maintained throughout these conflicts by the caregiving parent, can do a great deal to ameliorate these difficulties.”

Dr Sheila Redfern, Head of Service: Specialist Trauma and Maltreatment

Workforce development for children’s homes

In April 2017, our bid to Health Education England’s Children and Young People Education and Training Fund Vulnerable Groups fund was successful. We were awarded £206,790 to deliver a workforce transformation programme to staff working in children’s residential homes in Manchester, with the aim of fostering more effective, collaborative and sustainable psychological support to young people. Halfway through the project, we have delivered to time, to budget and are receiving very positive feedback from the staff we have trained so far.

Traumatic events

In response to acute trauma as experienced in such tragic events as the Manchester Arena bombing and Grenfell Tower fire, we have provided advice and support to services involved in responding to these acute needs. We are also collaborating with specialists from the USA in learning about how best to deliver evidence-based methods of preventing post traumatic disorder in children exposed to such events.

We are now developing this work in order to meet this new need for expert support in the light of potentially traumatic events.
Practice: improving support for children, young people and families

Developing mental health provision in schools

The Family School

The Family School is a unique initiative of AFNCCF and in July 2017 (after the School’s first inspection) it received an Outstanding rating from Ofsted. The Family School brings parents and carers into the classroom and integrates mental health into the curriculum to help pupils turn a corner in their learning when it has come to a stop, due to exclusion or behavioural and emotional issues. The model is based on over 35 years of experience and evidence in education, mental health and working with families to improve the lives and life chances of vulnerable children.

"Leaders, founders and governors have been successful in achieving their vision of creating a school which puts families at the heart of its work."

Ofsted report

The Family School has continued to show that it dramatically improves pupil progress and attainment. All students show evidence of narrowing the educational attainment gap and make improvements in behaviour, emotional development, awareness, self-control, confidence and supporting peers. The School has an attendance rate of 90% compared to 68% at similar schools, and this is sustained, with an average improvement of 84% from referral to 96% on reintegration. Since opening in 2014, The Family School has reintegrated 60% of pupils, of whom 95% of placements have been successful and sustained.

What next

In 2019, The Family School will take its place at the heart of AFNCCF’s new Centre of Excellence and be able to support up to 48 families. Until then, pupil places and consultancy in the model are in high demand from local authorities and other schools. We will continue to support The Family School to codify and roll out the model nationally.

"Pupils and their families benefit from high-quality therapeutic care and teaching, within a nurturing, safe learning environment. Therapists and teaching staff are passionate about their work and the impact they have on pupils’ well-being and achievement. […] The ‘parent and carer curriculum’ is a unique aspect of the school’s work. Parents, carers and pupils learn together. Parents receive training and guidance to support their own learning and that of their children."

Ofsted report

"It’s about perseverance. If you do something and you keep on failing don’t just give up because as you play it you learn a better strategy."

Pupil on SmartGym

SmartGym

The evaluation of our SmartGym programme in Westminster, funded by the St-Giles-in-the-Field and William Shetland Educational Charity, was completed in July 2017. The follow-up analyses of pupil data suggest SmartGym has a positive impact on peer relationship problems and overall difficulties presented by pupils. Follow-up analyses of teacher’s feedback also suggest that there is an impact of SmartGym on hyperactivity-related problems. [...] The ‘parent and carer curriculum’ is a unique aspect of the school’s work. Parents, carers and pupils learn together. Parents receive training and guidance to support their own learning and that of their children."

Ofsted report

"It’s about perseverance. If you do something and you keep on failing don’t just give up because as you play it you learn a better strategy."

Pupil on SmartGym

Multi-Family Groups in Schools

Our Multi-Family Groups in Schools (MFG) initiative, supported by John Lyon’s Charity, to increase the number of professionals able to run groups in schools in Ealing and Barnet, has been expanded to Brent. Training days have been delivered for clinical psychologists, mental health professionals, teachers and a range of staff in these local authorities. Continuing support is enabling more schools and consequently many more troubled children and their families to benefit from the multi-family approach.

An online training programme, resulting from this initiative, went live in April. In just seven months 177 individuals have taken up the training from the UK, Australia, Portugal, Spain, Sweden, Germany, Turkey, Netherlands, Denmark and USA. The online programme and accompanying manual will enable a much wider implementation of the approach worldwide, supporting many school-based and mental health professionals to work together to provide timely and effective help for children showing mental health difficulties and their families. There are already plans in place to replicate the programme extensively across Finland.

Multi-Family Groups in Schools

Our Multi-Family Groups in Schools (MFG) initiative, supported by John Lyon’s Charity, to increase the number of professionals able to run groups in schools in Ealing and Barnet, has been expanded to Brent. Training days have been delivered for clinical psychologists, mental health professionals, teachers and a range of staff in these local authorities. Continuing support is enabling more schools and consequently many more troubled children and their families to benefit from the multi-family approach.

An online training programme, resulting from this initiative, went live in April. In just seven months 177 individuals have taken up the training from the UK, Australia, Portugal, Spain, Sweden, Germany, Turkey, Netherlands, Denmark and USA. The online programme and accompanying manual will enable a much wider implementation of the approach worldwide, supporting many school-based and mental health professionals to work together to provide timely and effective help for children showing mental health difficulties and their families. There are already plans in place to replicate the programme extensively across Finland.
Systems change: improving child mental health services

Overview

Across AFNCCF’s work, we aim to transform the systems and methods of mental health service and support delivery. The current systems are failing too many children and young people in need – as many as 638,000 children in the UK. Our objective is to collaborate with organisations across the sector to create systems that are less fragmented, are interdisciplinary and are centred around meeting the needs of the children and families who use them.

This year, AFNCCF has been delivering three major nationwide initiatives to develop child mental health services; namely, CYP IAPT (Improving Access to Psychological Therapies for Children and Young People), iTHRIVE and AMBIT. These initiatives are collaborations across AFNCCF’s clinical and innovation programme and with aligned partners, including: Tavistock and Portman NHS Foundation Trust, Dartmouth Institute for Health Policy and Clinical Practice, UCLPartners, Kings College London and hundreds of providers and commissioners of CAMHS.

These initiatives all involve training child mental health staff from across the country in new, evidence-based methods of working with mental health problems. As part of these initiatives, AFNCCF has also been involved in introducing innovative ways of measuring outcomes, using a web-based technology known as POD (Patient Outcome Data).

Anonymous

Young person helped by an AMBIT worker

“Compared to being involved with lots of workers, I preferred having just one worker who knew a lot about me and just helped me get through what I needed to get through at that time. It’s the presence. Just being there. When you’ve got someone who is willing to take the time to know me, sit in a car, buy me some food, have a chat, it’s brilliant. Throughout my life I’ve not had a lot of people who care about me, but my field worker showed me she cared (...).

My key worker helped me just step back, evaluate my life and see what’s going on. It was like, wow, not everything is what it seemed. It’s had a massive impact on my life. It stands out because there’s not many out there who are willing to help someone like myself.”
Systems change: improving child mental health services

From theory to transforming practice at scale:
THRIVE and iTHRIVE

Transforming children and young people’s mental health means redesigning our models of care and then following them up by implementing change on the ground. The THRIVE conceptual framework and its implementation – iTHRIVE – have probably had more impact on children’s mental health than any other single initiative in the country.

What we did

The THRIVE conceptual framework was developed in partnership with the Tavistock and Portman NHS Foundation Trust and was highlighted in the Government’s Future in Mind paper on child mental health as a way to develop a new model of support for children and young people’s mental health. Rather than being based around diagnoses of mental health, which some practitioners felt hindered young people from accessing services, THRIVE offers an approach that puts young people at the heart of the services they receive.

The framework is very popular with NHS trusts but they wanted more support with implementation. To translate theory into practice, we joined a collaboration with others to use implementation science to support services to implement THRIVE. We call this the i-THRIVE collaboration; ‘i’ stands for implementing.

What we achieved

Since then, its influence has grown exponentially. By June 2017, iTHRIVE had a new website and its Community of Practice had grown from 10 original sites to 74 Clinical Commissioning Groups. This means almost half of all children and young people in England – over 5.5 million – live in areas covered by iTHRIVE.

We have also created a suite of tools for i-THRIVE and trained 214 professionals from 56 organisations in four new learning and development modules focused on shared decision making, when to stop treatment, risk support and assessment, and signposting.

DRIVING INNOVATION

THRIVE conceptual framework

This is just one way that we have worked to rethink, reimagine, scale up and implement transformational change to benefit children and young people in England, and we are exploring ways to ensure the longer term sustainability of the i-THRIVE team.

» Find out more about iTHRIVE with toolkits, case studies and more, on the website.

214 professionals trained from 56 organisations in 4 new learning and development modules

74 Clinical Commissioning Groups in iTHRIVE’s Community of Practice
Talking Mental Health

In 2015, the Wellcome Trust awarded AFNCCF a grant to coproduce an accessible and engaging, six-minute animation for 9-11 year olds on how to talk about mental health. Drawing on and sharing the experiences of young people, the animation, Talking Mental Health (TMH), aims to help other children:

» Understand that they are not alone.
» Make informed decisions about whether to talk to someone and who to talk to.
» To understand what to expect from others.

The animation was developed from a series of workshops in which 42 children collaborated with animators, film makers and sound artists from the Creative Research Collective, as well as mental health experts, to bring ideas and experiences to life.

The development and initial testing with 13 classes of Year 5 children was hugely successful. We found TMH helps children understand what to say if a friend approaches them with worries, where to go to get advice and helps them feel more confident about talking to teachers or friends.

Four years ago, 42 children and young people came together to develop a seven-minute animation for 9-11 year olds. Called Talking Mental Health, it's a resource that's helping all of us talk about mental health.

We’ve been touching on this before in our annual reports, but it was such a big hit that we finally got the go-ahead to produce a full-length film.

Anna Freud Learning Network: building a national learning partnership

With a three-year grant from the Department of Health’s Innovation, Excellence and Strategic Development Fund, awarded to AFNCCF in March 2016, we were able to launch the Anna Freud Learning Network in January 2017. The network was launched with a powerful series of films, blogs, learning materials and talks based on our theme: Spotlight on Science of Early Adversity.

The aim of the launch was to encourage people working in social care, researchers, clinicians and policy makers in mental health to join our network in order to build communities of practice and share learning. We provided learning materials, films and research as well as training and networking events for professionals who want to follow the best and latest in practice and policy.

By August 2017, we had recruited 540 members, who are sharing and learning from AFNCCF, our partners and each other.

Schools in Mind

Engaging with schools is a priority for AFNCCF and our Schools in Mind network, sharing learning for school leaders and teachers, has grown even more than expected this year. From September 2016 to January 2017, membership increased from just over 500 to 887, before more than doubling to 1953 in eight months.

Through Schools in Mind, we carry out research and disseminate findings, share our learning and provide a space where schools and mental health professionals can learn from each other.

Over the summer, we prepared for our first integrated campaign to be launched in September 2017, aimed at promoting mental health in schools and expanding our schools network still further. The centrepiece is an animation we have co-created with primary school age children, Talking Mental Health, funded by the Wellcome Trust. Working closely with the National Association of Head Teachers (NAHT) and with support from Jo Malone London, the campaign will focus on helping children aged between 9 and 11 to talk about their feelings.

What we will do next

Next year, we will be building substantially on our networks, starting to integrate different groups of professionals so that people from a range of backgrounds will be able to identify their needs, find information to support their interest and learn from each other.

Our target is to more than double membership of Schools in Mind from 5,000 to have a member in 10% of all English schools. We will integrate Schools in Mind with the Anna Freud Learning Network and aim to increase membership for the whole network to 7,500.

Talk to someone before they get bigger and bigger and they’re up like the volcano.”
Pupil who took part in the pilot of TMH

You can sign up to Schools in Mind here and the AFLN here.

» Go to our YouTube, Anna Freud NCCF, to watch and use the animation.

"I think this lesson has taught me so much... I literally had no idea what it was, I thought it was just somebody being ill and I didn’t know at all that it could happen to [any]one and I also learnt that if I have any worries I should talk to someone before they get bigger and bigger and they’re up like the volcano.”
Pupil who took part in the pilot of TMH

AFLN’s first seminar and networking event on Childhood Adversity and Trauma, Camden Town Hall, March 2017.

Pupils from Prinrose Hill Primary School, Camden, creating their own fingerprint figures as part of TMH.
Systems change: improving child mental health services

Schools and Mental Health Services Link Programme (CASCADE)

What we did

Last year, we led a new Department for Education programme that aimed to establish named lead contacts for mental health in 255 primary and secondary schools across 27 Clinical Commissioning Groups (CCGs) in England. As a result, we were commissioned by Tower Hamlets to deliver to 24 schools in addition to the 34 reached during the pilot, covering a quarter of the borough in total. And Bristol CCG commissioned AFNCCF to deliver the CASCADE model to 160 schools and colleges to support engagement with CAMHS.

What we achieved

In February 2017, the independent evaluator, Ecorys, published their report showing that the programme built stronger links between schools and clinical services, improving processes so that children and adolescents can get timely and appropriate treatment. In particular:

» 80% of the new school mental health leads said their knowledge and awareness of mental health issues affecting children and young people had improved.

» Over 75% said that they had a better understanding of how to refer children and young people to specialist care in their area.

» The increased knowledge and awareness of mental health issues spread to other staff members within the schools involved.

» More than a third of the school lead contacts said they were in continuous contact with their local mental health service.

What we will do next

After a competitive tendering process, we will be building on the success of the pilot with our consortium of experts, scaling up the programme to 1,200 schools and their local CAMHS in England, working closely with CCGs and LAs.

“With a young person where they (the school) have started to work and got stuck, we’ve actually started to work jointly and see the resources, methods and strategies to use ... kind of like training on the job, they can take notes and observe what’s happening. We have used a combination of things. They can come and discuss a case and then brief them of what might be the next helpful step... giving advice and guidance rather than seeing them more myself.”

Lead contact, NHS CAMHS

"As with SEN policy, we are adopting a ‘plan, do, review’ approach with mental health. Now we are able to review and try alternatives, because we know what they might be [following the pilot]."

Headteacher
Financial review

The financial statements for the Anna Freud National Centre for Children and Families for the year ended 31 August 2017 are shown from page 66 onwards. We are pleased to have increased our underlying income to £10.7 million. Because of this success, we have again increased our charitable expenditure, this year by 8%. This is a great platform on which to build ready for our new Centre of Excellence in 2019.

Income

Income generated to support the delivery of the Centre of Excellence was £2.3 million (2016: £6.8 million) and reflects good progress towards our overall income target for the programme. Excluding donations to the Centre of Excellence our underlying income is £10.7 million (2016: £9.9 million), an increase of 8% over the previous year. The increase in our underlying income reflects our continued success in delivering training programmes to postgraduate students and mental health professionals.

Centre of Excellence

We would like to thank all our supporters who have helped us to raise £2.3 million (2016: £6.8 million) in the year. This brings the total raised to £10.2 million. At 31 August 2017 the outstanding income required to deliver the Campus project was £5.2 million. We are confident that our fundraising plans will deliver this amount during 2018. Construction is well underway and our planned completion date remains unchanged for early 2019. The majority of the project costs are reflected in the balance sheet as tangible assets (see note 6). At 31 August 2017 the total capitalised expenditure for the Centre of Excellence was £17.2 million (2016: £13.5 million).

Reserves

Total funds at 31 August 2017 were £26.9 million (2016: £26.1 million) of which £11.9 million (2016: £13.0 million) were free and unrestricted. The decrease in free reserves was a controlled decision as we invest in the future delivery of the Centre of Excellence. Our policy is to invest 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 £1.6 million, 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.

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 £39,848 (2016: £32,045).

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.

Expenditure

Total expenditure was £12 million, of which charitable expenditure increased by £0.8 million to £11.8 million (2016: £10.9 million). Our spending on Mental Health in Schools reflects both our commitment to The Family School and our information and training provision in both primary and secondary schools.

Annual report for the year ended 31 August 2017

48 49

The Anna Freud Centre
Charity number 1077106, company number 03819888
This year we successfully exceeded targets across both our revenue and capital income streams. The year also brought with it a welcome growth in our community and corporate support from local fundraisers to securing funding from large international companies.

Capital income

Our fundraising campaign for the Centre of Excellence project continues to go from strength to strength. In 2016, our lead supporters Dr Moshe Kantor and Pears Foundation played a crucial role in bringing this groundbreaking project to life, providing us with the solid start needed to gain the support of several generous new donors, including The Charles Wolfson Foundation and The Monument Trust.

This year we have built on this exceptional support. Through the dedication of our outstanding Development Board, chaired by John Carrafiell, and the generosity of new partners, including the Garfield Weston Foundation, The Wolfson Foundation, The Rosemarie Nathanson Charitable Trust, The Peter Samuel Charitable Trust and Clore Duffield Foundation, we have exceeded our goal for the year, reaching 89% of our £13 million fundraising target.

Since we set our target, wider environmental factors have impacted on project costs. As such, we have adjusted our fundraising target to £15.4 million to take account of this. Based on our solid performance this year, our clear strategic direction and the dedication of our Development Board we are confident the new target is achievable.

This year we successfully exceeded targets across both our revenue and capital income streams. The year also brought with it a welcome growth in our community and corporate support from local fundraisers to securing funding from large international companies.

Revenue income

This year we forged an exciting new corporate relationship with Jo Malone London (JML). Through their generous support we have been able to reach thousands of school children, parents and care-givers and teachers with our first integrated campaign, ‘You’re never too young to talk mental health’ and by enabling us to grow our first-of-its-kind Schools in Mind network.

April 2017 saw Their Royal Highnesses The Duke and The Duchess of Cambridge and Prince Harry’s inspirational Heads Together Campaign ramp up with the world’s first ‘Mental Health Marathon’ taking place in London. As one of the charity partners, we had 14 runners representing AFNCCF and together they raised a fantastic £55,000.

We have seen a significant increase in schools, colleges and universities choosing to support AFNCCF this year through a variety of fundraising activities and events. A group of students at Queen’s Park Community School won us our first First Give Award and Trevor-Roberts School raised over £6,000 – an incredible amount - to support our Reflective Parenting Groups and Parent-Infant Psychotherapy work. AFNCCF has also been chosen by St Andrews Charity Fashion Show to be their charity beneficiary for the upcoming academic year.

Our first major community fundraising initiative as Charity of the Year for the Mayor of Camden, Councillor Nadia Shah, came to an end in May 2017. The campaign raised a staggering £75,000, making a contribution to our innovative SmartGym programme, enabling us to implement the interactive technology in 10 new schools in Camden, teaching core life skills such as trust, resilience and motivation to children at school.

Capital pledges and income to 31 August 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals and Corporate</td>
<td>44%</td>
</tr>
<tr>
<td>Trustees and Foundations</td>
<td>30%</td>
</tr>
<tr>
<td>Community/Events</td>
<td>1%</td>
</tr>
</tbody>
</table>

Against new target of £15.4 million

Revenue income 1 September 2016 to 31 August 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals</td>
<td>9%</td>
</tr>
<tr>
<td>Statutory</td>
<td>35%</td>
</tr>
<tr>
<td>Community/Events</td>
<td>3%</td>
</tr>
<tr>
<td>Corporate</td>
<td>4%</td>
</tr>
<tr>
<td>Trusts (tendered)</td>
<td>19%</td>
</tr>
</tbody>
</table>

Trusts and Foundations have continued to play a vital role in enabling us to pioneer and test new solutions, including the development and evaluation of new mental health technology platforms. A £150,000 grant over three years from a charitable family trust is enabling the development of PowerUp – a smartphone app that supports young people with special educational needs to make shared decisions. Furthermore, our three-year Multi-Family Group project in schools across Brent, Ealing and Barnet, funded by John Lyon’s Charity, picked up momentum with the online manual for professionals going live.
Nadia Shah
Mayor of Camden 2016-17

“Throughout my career I’ve always been passionate about child and adolescent mental health. Being Mayor of Camden and having Anna Freud based in Camden it only made sense to raise money for them given their really good work, their great reputation and the difference they make to families in Camden, nationally and beyond. For me they were the obvious choice.

It was a fantastic year, it was really fun fundraising and it was taken up really positively by everyone that I spoke to. People were really excited about it. The SmartGym in particular is something so special. When I saw the children using it and the outcomes I knew it was something I wanted to promote for Anna Freud.

Even though I’m not Mayor anymore the work will continue and that’s what I really wanted. You want to make as much of an impact in a year but the time just flies by and you don’t get to do all the things that you want to do but I will continue to promote Anna Freud and building mental health provision into our services.”
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.

4 Daughters Charitable Trust
The Albert Hunt Trust
The Andor Charitable Trust
Bargman, Ms S
Barts Health NHS Trust
BBC Children in Need
Beckham, Mr P
Bedford, Mrs C
The Berry Street Foundation
Big Lottery Fund
Bollinger, Mr S - Goldman Sachs Gives
Butler-Wheelhouse, Mr K and Mrs P
British Land
Cass, Sir J
The Chesser Trust
Church of the Holy Cross, Sarratt
Colderidge, Sir P (CAF)
Colonel Wilfred Horatio Micholls Deceased Charitable Trust Fund
Community Links
Dang, Mr V
David & Ruth Lewis Family Charitable Trust
Department of Health
The Dixie Rose Findlay Charitable Trust
Dyson, Mrs H
First Give – Queen’s Park Community School
Flying Start Luton
Freeman, Mr R

The Freud Centenary Fund
Garcia-Lapuerta, Ms A
Garfield Weston Foundation
The Gladys Wightwick Charitable Trust
Goodwin, Miss S
Harding, Ms B
Haym, Ms A
The Health Foundation
Higgins, Mr D
The Hollic Family Charitable Trust
Huppertz, Dr B
John Carrafell Family Fund
John Lyon’s Charity
Jo Malone London
Keer, Mr E
Kershon QC, Mr L
King, Mr R
Krejc, Mr M
The Earl of Listowel
The Lotus Foundation
Manby Family Fund - Goldman Sachs Gives
Manning, Mr L
MariaMarina Foundation
Marie-Skłodowska-Curie Innovative Training Network
Market Tech
Marsh Christian Trust
Mayfield School
Mental Health Foundation

Mercado, Mrs P
Meyer, Mr V & Mrs E
The Michael Samuel Charitable Trust
Miklaus, Mr S
Miller, Ms M G
Mitchell, Ms F
The Monument Trust
More Than Mentors
Moul, Dr V
Muslim World League
National Institute of Health Research
Nirvana Charitable Trust
O’Brien, Mrs C
O’Neill, Mr E
Oppenheimer, Mr P - Goldman Sachs Gives
Pears Foundation
The Pelz Trust
The Peter Samuel Charitable Trust
Philips, Mr P and Mrs W
Psychoanalytic Electronic Publishing
Public Health England
The Rayne Foundation
The Rosemarie Nathanson Charitable Trust
The Royal Foundation
The Russell and Mary Foreman Charitable Trust
Seaford Land Limited
Shah, Cllr Nadia
Sherwood, Mr M - Goldman Sachs Gives
Shorthouse, Mr D
Shulman, Ms N
Simon’s Charity
Slaters, C
Society for Psychotherapy Research
Spicer, Miss H

St Annargyre Greek Orthodox Church Trust
St Giles-in-the-Fields and William Shelton Educational Charity
The Stella Symons Charitable Trust
St John the Evangelist Church Street, Mr P - Goldman Sachs Gives
The Sylvia Adams Charitable Trust
The Sylvia Atikken Charitable Trust
Tavistock & Portman NHS Trust
The Thales Charitable Trust
The Thomas Siewrigt Catto Charitable Settlement
Trevor Roberts Educational Trust
The Violet Melchett Children’s Trust
UCL
Weiner, Mr S
WellChild
White, Ms E
The White EHP Charitable Trust
Wilhelm, Dr F
Williams, A S
Williams, Mrs L
The Wolfson Foundation
Wujastyk, Dr 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. We make every effort to identify and put plans into place to mitigate these risks before they arise.

The Board of Trustees carries out a full 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 AFNCCF 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.

Strategic

There is a risk that ongoing changes in the external funding environment, including uncertainty related to Brexit, may make it more difficult for AFNCCF to achieve its objectives. To mitigate this risk, we have built a more diverse range of funding sources including from trusts and major donors. In addition, the Executive and Senior Leadership Team have added internal and external resource to support the successful delivery of the new Centre of Excellence to ensure that it does not compromise the achievement of AFNCCF’s objectives, its future or its long-term financial viability.

Operational delivery

There are a number of potential risks around the operational delivery of the Centre of Excellence and preparation for the move to the Centre of Excellence in 2019. These include potential disruption to the physical working environment, logistical problems and internal communication difficulties. To mitigate these risks a full professional team has been appointed to project manage and oversee the logistics of the development, including management of the build team. The Board has ensured that the company appointed has clear risk policies and practices in place. We continue to allocate resources to internal communication to ensure that there is as little disruption as possible to existing services whilst maintaining the opportunity to develop new services. We have formed an internal working group focussed on ensuring that preparations for the move are planned and suitably resourced. This group reports into the Board of Trustees on a monthly basis.

Fundraising

A key risk is the failure to meet the fundraising target in our capital campaign for the Centre of Excellence. To mitigate this risk, we have allocated additional resources to the fundraising team. In addition, we are revising our fundraising strategy to ensure a diverse range of funders, including from trusts and major donors, to reduce our risk profile.

Child protection

Safeguarding the children and families we work with is a key priority. We have safeguarding procedures in place, with mandatory safeguarding level 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 in conjunction with the Clinical Governance Leadership Board who manage clinical risk at a strategic level.

IT and information governance

The associated risks for our IT systems are managed by an external company. Identified risks, including cyber attacks and loss of personal data, are monitored and regularly reviewed. We have clear IT and information governance (IU) policies in place to ensure data is stored safely and managed appropriately according to prevailing legislation. All staff complete IU training and an IU Manager and a Caldicott Guardian are in place to support staff and manage associated risks. We are NHS IU Toolkit (version 13) compliant. We are now working towards compliance with new data protection legislation being introduced in May 2018, the General Data Protection Regulation (GDPR).
Plans for the future

Short-term goals for 2017-2018

Centre of Excellence

» Complete capital fundraising for the Centre of Excellence by raising the balance of funds to secure our fundraising target of £15.4 million.

» Continue to ensure the construction project is delivered on budget and on time to allow AFNCCF activities to relocate to the campus by April 2019.

» Deliver an organisational change to our ways of working that facilitates our relocation and drives collaborative working to maximise our impact for improved children and young people’s mental health.

Teaching and training

» Continue to deliver the expansion of Children and Young Peoples’ Improved Access to Psychological Therapies (CYP IAPT), including contributing to developing training for Wellbeing Practitioners for Children and Young People.

» To build on this year’s successful growth of our training programmes, continuing to reach practitioners and professionals around the world.

Research and evaluation

» To build on the evaluation of Dynamic Interpersonal Therapy (DIT) and use its evaluation to support improved dissemination into Improving Access to Psychological Therapies (IAPT).

» To complete recruitment into the largest randomised controlled trial of antisocial personality disorder.

Practice and systems

» Develop innovative support for schools, teachers and parents through a range of activities, including the delivery of ‘You’re never too young to talk mental health’ in primary schools and an extension of this work to secondary schools, and the full roll-out of the Mental Health and Schools Link Pilot using CASCADE, ensuring evidence-based information is easily available to schools.

» To review our services to families with children under five and work towards a model of deeper integration.

» Continue to implement the recommendations of the 2016 Care Quality Commission and prepare for 2018 inspection.

» Support The Family School to build on its Outstanding Ofsted judgement, working collaboratively to codify and disseminate its model of intervention.

» Develop our partnerships and networks and increase further the membership of our Learning Network by 68.7%.

» Establish a national network to consider how evidence-based guidance, coordination and strategic direction might be offered to support children, young people and families following traumatic national events.

» Support NHS England, the Department of Education and the Department of Health in the roll-out of the Green Paper in particular, facilitating the setting-up of the School Mental Health Support system.

Governance

» Review and refresh our strategy.

» Develop the Board of Trustees to increase diversity.

Operational

» Further develop our infrastructure, including a move of IT systems to the cloud and work towards a common database to cover all aspects of the AFNCCF’s work.

» Ensure AFNCCF is prepared and able to comply with requirements of General Data Protection Regulation (GDPR) by May 2018.

» Continue to develop and diversify our Fundraising activities.

» Deliver a breakeven budget for 2019/20.

Strategic five-year objectives

1 To build a new Centre of Excellence campus as a world-class home for clinical service innovation, research and education.

2 To seek and develop whole-scale service transformation opportunities in mainstream public, community and private sector contexts.

3 To consolidate and develop a family of licensing and accreditation models to support the global adoption and peer-based enhancement of innovative practice.

4 To develop the Anna Freud Learning Network to bring together the best in policy and practice, support global knowledge sharing and forge a community collaboration platform for new ways of working.

5 To work together with young people, parents and professionals, drawing on their expertise to improve existing forms of help and delivery of that help.

6 To strengthen our role as a trusted and influential advisor for professionals and national and international policy makers.

7 To disseminate our combined learnings from The Family School to the wider school network in the United Kingdom.
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.

The Finance 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. It also monitors the financial performance of the organisation.

The Education 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 AFNCCF, provide assurance to the Board that the standards of clinical services fully comply with internal professional and regulatory standards, provide oversight of the clinical quality assurance systems for AFNCCF and ensure that AFNCCF has effective mechanisms for managing clinical risk, learning from incidents and taking action to reduce risks and improve quality.

The Education, Yale-AFNCCF 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, AFNCCF 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 (Chair)
Ms Sally Cairns (appointed 22.02.18)
Professor John Cape
Dr Moshe Kantor (appointed 15.05.17)
Professor Linda Meyes MD
Mr Peter Oppenheimer
Mr Daniel Pettz (Treasurer) OBE
Mr Dominic Shorthouse (Deputy Chair)
Ms Ruby Wax OBE
Mr Bertie Wray (resigned 12.10.17)

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 Miranda Wolpert, Director of Innovation, Evaluation and Dissemination
Ms Brenda McHugh, Co-Director of Mental Health in Schools
Mr Neil Dawson, Co-Director of Mental Health in Schools
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 79.
**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,haymacintyre, 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 30 April 2018 and signed on their behalf by:

**The Hon Michael Samuel**

Chair of Trustees
30 April 2018

**Independent auditors’ report**

To the members of The Anna Freud Centre

**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 those 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 62, 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.

**Opinion**

We have audited the financial statements of The Anna Freud Centre for the year ended 31 August 2017 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).’

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. 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 2017 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.
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/auditorresponsibilities. 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.

Bernie Watson
Senior Statutory Auditor, for and on behalf of haysmacintyre, Statutory Auditors
30 April 2018
10 Queen Street Place, London, EC4R 1AG

Bernie Watson
Senior Statutory Auditor, for and on behalf of haysmacintyre, Statutory Auditors
30 April 2018
10 Queen Street Place, London, EC4R 1AG
Statement of financial activities, incorporating an income and expenditure account
Year Ended 31 August 2017

<table>
<thead>
<tr>
<th>Notes</th>
<th>Unrestricted funds 2017 £</th>
<th>Restricted funds 2017 £</th>
<th>Total funds 2017 £</th>
<th>Total funds 2016 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations and legacies</td>
<td>2</td>
<td>100,879</td>
<td>3,936,892</td>
<td>4,037,771</td>
</tr>
<tr>
<td>Investments</td>
<td>3</td>
<td>39,848</td>
<td>-</td>
<td>39,848</td>
</tr>
<tr>
<td>Charitable activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical and preventative services</td>
<td></td>
<td></td>
<td>2,198,279</td>
<td>2,894,573</td>
</tr>
<tr>
<td>Postgraduate training</td>
<td></td>
<td></td>
<td>1,505,967</td>
<td>2,116,305</td>
</tr>
<tr>
<td>Research</td>
<td></td>
<td></td>
<td>1,068,315</td>
<td>2,096,159</td>
</tr>
<tr>
<td>Conference and study events</td>
<td></td>
<td></td>
<td>1,055,834</td>
<td>1,771,250</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5,828,395</td>
<td>8,878,287</td>
<td>7,271,423</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td>16,763</td>
<td>16,763</td>
</tr>
<tr>
<td>Total income</td>
<td></td>
<td></td>
<td>5,985,885</td>
<td>6,986,784</td>
</tr>
<tr>
<td>Expenditure on:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raising funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fundraising and publicity</td>
<td></td>
<td></td>
<td>246,211</td>
<td>246,211</td>
</tr>
<tr>
<td>Investment and management fees</td>
<td>4</td>
<td>7,540</td>
<td>7,540</td>
<td>23,040</td>
</tr>
<tr>
<td>Legal fees</td>
<td></td>
<td></td>
<td>7,581</td>
<td>7,581</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>261,332</td>
<td>261,332</td>
</tr>
<tr>
<td>Charitable activities</td>
<td></td>
<td></td>
<td>3,287,094</td>
<td>4,457,598</td>
</tr>
<tr>
<td>Clinical and preventative services</td>
<td></td>
<td></td>
<td>1,568,182</td>
<td>2,099,131</td>
</tr>
<tr>
<td>Postgraduate training</td>
<td></td>
<td></td>
<td>1,054,252</td>
<td>1,583,520</td>
</tr>
<tr>
<td>Research</td>
<td></td>
<td></td>
<td>514,243</td>
<td>595,732</td>
</tr>
<tr>
<td>Conference and study events</td>
<td></td>
<td></td>
<td>160,996</td>
<td>891,602</td>
</tr>
<tr>
<td>Campus</td>
<td></td>
<td></td>
<td>133,088</td>
<td>603,912</td>
</tr>
<tr>
<td>Mental health in schools</td>
<td></td>
<td></td>
<td>74,754</td>
<td>66,115</td>
</tr>
<tr>
<td>Library</td>
<td></td>
<td></td>
<td>7,272,692</td>
<td>11,760,501</td>
</tr>
<tr>
<td>Total expenditure</td>
<td>4</td>
<td>7,533,941</td>
<td>4,487,892</td>
<td>12,021,833</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Notes</th>
<th>Unrestricted funds 2017 £</th>
<th>Restricted funds 2017 £</th>
<th>Total funds 2017 £</th>
<th>Total funds 2016 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net income/(expenditure) before investment gains</td>
<td></td>
<td>(1,548,055)</td>
<td>2,498,892</td>
<td>950,837</td>
</tr>
<tr>
<td>Net investment gains</td>
<td></td>
<td>-</td>
<td>77,419</td>
<td>112,264</td>
</tr>
<tr>
<td>Net income/(expenditure)</td>
<td>(1,470,636)</td>
<td>2,498,892</td>
<td>1,028,256</td>
<td>5,609,162</td>
</tr>
<tr>
<td>Transfer between funds</td>
<td>13</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net movement in funds before gain on revaluation of assets</td>
<td>(1,470,636)</td>
<td>2,498,892</td>
<td>1,028,256</td>
<td>5,609,162</td>
</tr>
<tr>
<td>Revaluation of assets held for sale</td>
<td>6b</td>
<td>(253,507)</td>
<td>-</td>
<td>(3,793,600)</td>
</tr>
<tr>
<td>Net movement in funds</td>
<td>(1,724,143)</td>
<td>2,498,892</td>
<td>774,749</td>
<td>1,815,562</td>
</tr>
<tr>
<td>Funds balance carried forward at 1 September</td>
<td>13</td>
<td>18,930,812</td>
<td>7,268,681</td>
<td>26,199,493</td>
</tr>
<tr>
<td>Funds balance carried forward at 31 August</td>
<td>13</td>
<td>17,206,669</td>
<td>9,767,575</td>
<td>26,974,242</td>
</tr>
</tbody>
</table>

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 comparitives are shown in note 18.
### Balance Sheet

**Year Ended 31 August 2017**

Registered charity number 1077106, registered company number 03819888

<table>
<thead>
<tr>
<th>Notes</th>
<th>2017 (£)</th>
<th>2016 (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible assets</td>
<td>17,215,078</td>
<td>13,564,776</td>
</tr>
<tr>
<td>Investments</td>
<td>1,691,169</td>
<td>1,581,441</td>
</tr>
<tr>
<td><strong>Total fixed assets</strong></td>
<td>18,906,247</td>
<td>15,146,217</td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assets held for sale - property</td>
<td>4,324,493</td>
<td>12,206,400</td>
</tr>
<tr>
<td>Debtors</td>
<td>4,316,883</td>
<td>4,459,061</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>8,068,711</td>
<td>2,652,141</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>16,710,087</td>
<td>19,317,602</td>
</tr>
<tr>
<td><strong>Creditors: amounts falling due within one year</strong></td>
<td>10,11 (3,642,436)</td>
<td>12,206,400</td>
</tr>
<tr>
<td><strong>Net current assets</strong></td>
<td>13,067,652</td>
<td>16,197,087</td>
</tr>
</tbody>
</table>

**Creditors: amounts falling due after more than one year**

| 12 | 4,999,655 | (5,143,811) |

**Total assets less total liabilities**

| 13 | 26,974,244 | 26,199,493 |

**Funds**

| General funds | £11,958,977 | 12,996,057 |
| Designated funds | 5,655,045 | 5,934,755 |
| Restricted funds | 9,380,222 | 7,268,681 |
| **Total funds** | 26,974,244 | 26,199,493 |

The accompanying notes form an integral part of these financial statements. The financial statements were approved and authorised for issue by the Board on 30 April 2018 and were signed below on its behalf by:

- **The Hon Michael Samuel**
  Chair of the Board of Trustees
- **Daniel Peltz OBE**
  Treasurer

### Statement of Cash Flow

**Year Ended 31 August 2017**

<table>
<thead>
<tr>
<th>Reconciliation of movement in funds to net cash flow</th>
<th>2017 (£)</th>
<th>2016 (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net movement in funds</td>
<td>774,751</td>
<td>1,815,562</td>
</tr>
<tr>
<td>Depreciation charges</td>
<td>155,376</td>
<td>159,939</td>
</tr>
<tr>
<td>Revaluation of assets held for sale</td>
<td>253,507</td>
<td>3,793,600</td>
</tr>
<tr>
<td>Income from investments</td>
<td>(39,848)</td>
<td>(32,045)</td>
</tr>
<tr>
<td>Unrealised investment (gains)</td>
<td>(77,419)</td>
<td>(112,264)</td>
</tr>
<tr>
<td>Increase / (decrease) in debtors</td>
<td>142,177</td>
<td>(3,052,193)</td>
</tr>
<tr>
<td>Increase / (decrease) in creditors</td>
<td>378,206</td>
<td>457,680</td>
</tr>
<tr>
<td><strong>Net cash flow provided by operating activities</strong></td>
<td>1,586,750</td>
<td>3,030,279</td>
</tr>
</tbody>
</table>

**Cash flows from investing activities**

| Investment income | 39,848 | 32,045 |
| Purchase of tangible fixed assets                 | (3,805,678) | (1,995,037) |
| Purchase of investments                            | (601,371) | (765,768) |
| Disposal of investments                             | 569,063  | 2,256,763|
| Disposal of assets held for sale                   | 7,628,400| - |
| Increase/(decrease) in cash                        | 3,830,262| (471,997) |

**Cash flows from financing activities**

| Bank loan repayment | (441) | (144,454) |
| Increase in cash and cash equivalents in the period | 5,416,571 | 2,413,828 |
| Cash and cash equivalents at the beginning of the period | 2,652,141 | 238,313 |
| **Cash and cash equivalents at the end of the period** | 8,068,712 | 2,652,141 |

Financial statements for the year ended 31 August 2017
Notes to the financial statements
Year Ended 31 August 2017

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 and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (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 the 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 12 Maresfield Gardens, London NW3 5SU.

b) Depreciation

All assets costing more than £1,000 and with an expected useful life exceeding one year are capitalised. Freehold properties are included in the financial statements at valuation. 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 2% per annum
- Furnishings and equipment 25% per annum

Assets under the course of construction relate to the Campus Project and will not be depreciated until the project is completed and the assets are in use.

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.
1. Accounting policies continued

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 judgements, 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.

In the year ended 31 August 2015, 21 Maresfield Gardens was reclassified as an asset held for sale and was revalued to fair value in accordance with accounting standards. After the year end, 21 Maresfield Gardens was sold for lower than its calculated fair value at 31 August 2015. The fair value of this property at 31 August 2015 has been updated to its sale price as detailed in note 6b.

2. Grants and donations

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Innovation Pot</td>
<td>20,000</td>
<td>20,325</td>
</tr>
<tr>
<td>Unrestricted general</td>
<td>80,879</td>
<td>64,376</td>
</tr>
<tr>
<td>Unrestricted total</td>
<td>100,879</td>
<td>84,701</td>
</tr>
<tr>
<td>Restricted funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campus project (Formerly Development Fund)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pears Foundation</td>
<td>1,000,000</td>
<td>-</td>
</tr>
<tr>
<td>Garfield Weston Foundation</td>
<td>500,000</td>
<td>-</td>
</tr>
<tr>
<td>The Wolfson Foundation</td>
<td>325,000</td>
<td>-</td>
</tr>
<tr>
<td>The Monument Trust</td>
<td>250,000</td>
<td>-</td>
</tr>
<tr>
<td>John Carrafiel Family Fund</td>
<td>30,000</td>
<td>-</td>
</tr>
<tr>
<td>Mr P Street - Goldman Sachs Give</td>
<td>25,000</td>
<td>-</td>
</tr>
<tr>
<td>Mr M Sherwood - Goldman Sachs Gives</td>
<td>25,000</td>
<td>-</td>
</tr>
<tr>
<td>Mr S Bollinger - Goldman Sachs Gives</td>
<td>10,000</td>
<td>-</td>
</tr>
<tr>
<td>The Rosemarie Nathanson Charitable Trust</td>
<td>10,000</td>
<td>-</td>
</tr>
<tr>
<td>CAF - Dr Moshe Kantor (The Kantor Charitable Foundation)</td>
<td>-</td>
<td>6,000,000</td>
</tr>
<tr>
<td>The Michael Samuel Charitable Trust</td>
<td>-</td>
<td>250,000</td>
</tr>
<tr>
<td>The Charles Wolfson Charitable Trust</td>
<td>-</td>
<td>250,000</td>
</tr>
<tr>
<td>The Peltz Trust</td>
<td>100,000</td>
<td>-</td>
</tr>
<tr>
<td>Mr P Oppenheimer - Goldman Sachs Gives</td>
<td>50,000</td>
<td>50,000</td>
</tr>
<tr>
<td>The Peter Samuel Charitable Trust</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Risby Charitable Trust</td>
<td>-</td>
<td>20,000</td>
</tr>
<tr>
<td>The Utey Family Charitable Trust</td>
<td>-</td>
<td>15,000</td>
</tr>
<tr>
<td>Mr R Griffith &amp; Mrs E Griffith</td>
<td>12,500</td>
<td>-</td>
</tr>
<tr>
<td>Mr D Shorthouse</td>
<td>-</td>
<td>12,500</td>
</tr>
<tr>
<td>Bacon Foundation Limited</td>
<td>-</td>
<td>10,000</td>
</tr>
<tr>
<td>The Rothschild Foundation</td>
<td>-</td>
<td>10,000</td>
</tr>
<tr>
<td>Mr A Afflalo &amp; Mrs C Afflalo</td>
<td>6,250</td>
<td>-</td>
</tr>
<tr>
<td>Mr J Esposito and Mrs J Esposito</td>
<td>-</td>
<td>5,547</td>
</tr>
<tr>
<td>Ms N Kwok</td>
<td>-</td>
<td>5,000</td>
</tr>
<tr>
<td>Sundry donors</td>
<td>27,843</td>
<td>1,000</td>
</tr>
<tr>
<td>Campus project total</td>
<td>2,277,843</td>
<td>6,772,797</td>
</tr>
</tbody>
</table>
2. Grants and donations continued

<table>
<thead>
<tr>
<th>Restricted funds</th>
<th>2017 £</th>
<th>2016 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Services and Service Improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child and Family Traumatic Stress Intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BBC Children in Need</td>
<td>34,775</td>
<td>-</td>
</tr>
<tr>
<td>The Rayne Foundation</td>
<td>30,000</td>
<td>-</td>
</tr>
<tr>
<td>Anonymous</td>
<td>12,500</td>
<td>-</td>
</tr>
<tr>
<td>Child Psychotherapy Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr K and Mrs P Butler Wheelhouse</td>
<td>25,000</td>
<td>-</td>
</tr>
<tr>
<td>The Chesser Trust</td>
<td>9,350</td>
<td>-</td>
</tr>
<tr>
<td>Sundry donors</td>
<td>6,600</td>
<td>-</td>
</tr>
<tr>
<td>Early Years Parenting Unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr V Meyer &amp; Mrs E Meyer</td>
<td>50,000</td>
<td>150,000</td>
</tr>
<tr>
<td>Mr D Shorthouse</td>
<td>20,000</td>
<td>-</td>
</tr>
<tr>
<td>Empowering Parents Empowering Communities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Berry Street Foundation</td>
<td>23,281</td>
<td>-</td>
</tr>
<tr>
<td>Pip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Chesser Trust</td>
<td>9,350</td>
<td>-</td>
</tr>
<tr>
<td>Sundry Donors</td>
<td>8,720</td>
<td>-</td>
</tr>
<tr>
<td>Pip Luton</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Sylva Adams Charitable Trust</td>
<td>21,508</td>
<td>-</td>
</tr>
<tr>
<td>SmartGym</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Giles-in-the-Fields and William Shelton Educational Charity</td>
<td>75,000</td>
<td>-</td>
</tr>
<tr>
<td>Market Tech Limited</td>
<td>30,000</td>
<td>-</td>
</tr>
<tr>
<td>Multi Family Groups in Schools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Lyon’s Charity</td>
<td>40,000</td>
<td>-</td>
</tr>
<tr>
<td>The Royal Foundation</td>
<td>38,070</td>
<td>-</td>
</tr>
<tr>
<td>St Giles-in-the-Fields and William Shelton Educational Charity</td>
<td>16,600</td>
<td>-</td>
</tr>
<tr>
<td>Sundry Donors</td>
<td>13,202</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>99,639</td>
<td>196,583</td>
</tr>
<tr>
<td>The Family School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anonymous</td>
<td>94,000</td>
<td>-</td>
</tr>
<tr>
<td>The Mayor of Camden’s Office</td>
<td>23,579</td>
<td>-</td>
</tr>
</tbody>
</table>

2. Grants and donations continued

<table>
<thead>
<tr>
<th>restricted funds</th>
<th>2017 £</th>
<th>2016 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health and Wellbeing in Schools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You’re Never Too Young to Talk Mental Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jo Malone London</td>
<td>32,498</td>
<td>56,184</td>
</tr>
<tr>
<td>Animation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jo Malone London</td>
<td>26,880</td>
<td>-</td>
</tr>
<tr>
<td>Postgraduate studies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Chesser Trust</td>
<td>12,000</td>
<td>12,000</td>
</tr>
<tr>
<td>CEO research projects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systemic Therapy for At Risk Teens - Multi-Systemic Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Peter Samuel Charitable Trust</td>
<td>-</td>
<td>15,000</td>
</tr>
<tr>
<td>UCL</td>
<td>89,994</td>
<td>97,812</td>
</tr>
<tr>
<td>UCL collaborative projects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anonymous donor</td>
<td>35,000</td>
<td>50,000</td>
</tr>
<tr>
<td>Psychoanalytic Electronic Publishing</td>
<td>72,573</td>
<td>63,410</td>
</tr>
<tr>
<td>Anonymous donor</td>
<td>1,000</td>
<td>-</td>
</tr>
<tr>
<td>UCL</td>
<td>-</td>
<td>35,000</td>
</tr>
<tr>
<td>Other</td>
<td>54,185</td>
<td>47,074</td>
</tr>
<tr>
<td>Innovation, Evaluation and Dissemination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Services and Schools Link Pilot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department for Education</td>
<td>-</td>
<td>205,600</td>
</tr>
<tr>
<td>Child Policy Research Unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UCL – Institute of Child Health</td>
<td>35,321</td>
<td>103,318</td>
</tr>
<tr>
<td>Child Policy Research Unit - ASQ 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Big Lottery Fund</td>
<td>-</td>
<td>81,920</td>
</tr>
<tr>
<td>Power Up 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anonymous</td>
<td>60,000</td>
<td>-</td>
</tr>
<tr>
<td>Situation Awareness For Everyone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal College of Paediatrics and Child Health</td>
<td>-</td>
<td>57,230</td>
</tr>
<tr>
<td>TEAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marie Skłodowska-Curie Innovative Training Network</td>
<td>64,898</td>
<td>-</td>
</tr>
</tbody>
</table>
### Notes to the financial statements - Year Ended 31 August 2017

#### 2. Grants and donations continued

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restricted funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Innovation, Evaluation and Dissemination continued</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding and Characterising Health Adolescent-to-Adult Neurodevelopmental Growth Effects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UCL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Web based care clinics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IncludeMe! for Schools (Department of Education)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department for Education</td>
<td></td>
<td>377,003</td>
</tr>
<tr>
<td>Youth Wellbeing Collaboration (Strategic Grant)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Health</td>
<td>357,890</td>
<td>103,377</td>
</tr>
<tr>
<td>Other</td>
<td>135,736</td>
<td>247,899</td>
</tr>
<tr>
<td><strong>Restricted total</strong></td>
<td>3,936,892</td>
<td>8,918,422</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td>4,037,771</td>
<td>8,993,123</td>
</tr>
</tbody>
</table>

#### 3. Investment income

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income from listed investments</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>39,848</td>
<td>32,045</td>
</tr>
</tbody>
</table>

#### 4. Total expenditure

<table>
<thead>
<tr>
<th></th>
<th>Salaries</th>
<th>Consultants</th>
<th>PG grants</th>
<th>Other expenses</th>
<th>Support costs</th>
<th>Total 2017</th>
<th>Total 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost of raising funds</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>209,248</td>
<td>(600)</td>
</tr>
<tr>
<td>Fundraising and publicity</td>
<td>209,248</td>
<td>(600)</td>
<td>-</td>
<td>19,225</td>
<td>18,338</td>
<td>246,211</td>
<td>300,293</td>
</tr>
<tr>
<td>Investment management fees</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>7,540</td>
<td>-</td>
<td>7,540</td>
<td>23,040</td>
</tr>
<tr>
<td>Legal fees</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>7,581</td>
<td>-</td>
<td>7,581</td>
<td>1,454</td>
</tr>
<tr>
<td><strong>Charitable expenditure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>209,248</td>
<td>(600)</td>
</tr>
<tr>
<td>Clinical and preventative services</td>
<td>2,988,135</td>
<td>709,218</td>
<td>18,048</td>
<td>410,192</td>
<td>332,004</td>
<td>4,457,597</td>
<td>4,002,626</td>
</tr>
<tr>
<td>Postgraduate training</td>
<td>1,365,112</td>
<td>381,123</td>
<td>30,266</td>
<td>166,285</td>
<td>165,345</td>
<td>2,099,131</td>
<td>1,839,617</td>
</tr>
<tr>
<td>Research</td>
<td>2,072,773</td>
<td>553,170</td>
<td>(93,053)</td>
<td>278,627</td>
<td>226,255</td>
<td>3,037,772</td>
<td>4,151,262</td>
</tr>
<tr>
<td>Conference and study events</td>
<td>302,889</td>
<td>118,929</td>
<td>2,161</td>
<td>127,383</td>
<td>44,370</td>
<td>595,732</td>
<td>666,131</td>
</tr>
<tr>
<td>Campus</td>
<td>88,324</td>
<td>3,030</td>
<td>3,234</td>
<td>730,606</td>
<td>66,407</td>
<td>891,602</td>
<td>-</td>
</tr>
<tr>
<td>Mental health in schools</td>
<td>369,784</td>
<td>131,123</td>
<td>33,083</td>
<td>44,980</td>
<td>603,911</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Library</td>
<td>56,022</td>
<td>254</td>
<td>271</td>
<td>12,639</td>
<td>5,568</td>
<td>74,754</td>
<td>66,115</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>7,749,039</td>
<td>1,819,600</td>
<td>1,758,112</td>
<td>875,925</td>
<td>11,760,500</td>
<td>10,925,751</td>
<td>11,250,538</td>
</tr>
</tbody>
</table>

Notes: The Anna Freud Centre Charity number 1077106, company number 03819888.
Notes to the financial statements - Year Ended 31 August 2017

4. Total expenditure continued

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer costs</td>
<td>239,474</td>
<td>189,429</td>
</tr>
<tr>
<td>Property maintenance</td>
<td>112,490</td>
<td>88,993</td>
</tr>
<tr>
<td>Printing, postage and stationery</td>
<td>58,367</td>
<td>35,290</td>
</tr>
<tr>
<td>Telephone</td>
<td>23,894</td>
<td>19,573</td>
</tr>
<tr>
<td>Rates</td>
<td>28,270</td>
<td>58,530</td>
</tr>
<tr>
<td>Insurance</td>
<td>51,026</td>
<td>57,923</td>
</tr>
<tr>
<td>Depreciation</td>
<td>139,827</td>
<td>159,939</td>
</tr>
<tr>
<td>Light and heat</td>
<td>31,117</td>
<td>41,658</td>
</tr>
<tr>
<td>Office expenses</td>
<td>182,482</td>
<td>257,662</td>
</tr>
<tr>
<td>Bank charges</td>
<td>114,887</td>
<td>47,671</td>
</tr>
<tr>
<td>Travel costs</td>
<td>13,299</td>
<td>16,162</td>
</tr>
<tr>
<td>Foreign exchange gains</td>
<td>(734)</td>
<td>(605)</td>
</tr>
<tr>
<td>Staff related costs</td>
<td>85,131</td>
<td>63,806</td>
</tr>
<tr>
<td>Other costs</td>
<td>(213,233)</td>
<td>-</td>
</tr>
<tr>
<td>Governance</td>
<td>27,900</td>
<td>16,310</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>894,267</td>
<td>1,052,341</td>
</tr>
</tbody>
</table>

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 £15,000 (2016: £12,000). Additional fees of £6,300 were paid to the auditors in the year (2016: £4,310). The release of deferred grants (see note 11) is reflected in ‘Other costs’.

5. Staff costs and numbers

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Staff costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages and salaries</td>
<td>6,509,480</td>
<td>6,180,583</td>
</tr>
<tr>
<td>Social security costs</td>
<td>624,142</td>
<td>612,431</td>
</tr>
<tr>
<td>Pension costs</td>
<td>325,035</td>
<td>289,804</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,458,657</td>
<td>7,082,818</td>
</tr>
</tbody>
</table>

Staff costs include seconded and agency staff costs amounting to £314,089 (2016: £293,978).

Emoluments over £60,000

<table>
<thead>
<tr>
<th></th>
<th>2017 No.</th>
<th>2016 No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>£60,001 - £70,000</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>£70,001 - £80,000</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>£80,001 - £90,000</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>£90,001 - £100,000</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Pension contributions of £36,921 were made to those receiving emoluments over £60,000 (2016: £39,142).

The total remuneration paid to key management personnel in the period was £419,662 (2016: £488,885).

The average number of employees analysed by function was:

<table>
<thead>
<tr>
<th></th>
<th>2017 No.</th>
<th>2016 No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical and preventative services</td>
<td>91</td>
<td>79</td>
</tr>
<tr>
<td>Postgraduate training</td>
<td>70</td>
<td>76</td>
</tr>
<tr>
<td>Research</td>
<td>57</td>
<td>75</td>
</tr>
<tr>
<td>Conference and study events</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Mental health in schools</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Library</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>224</td>
<td>244</td>
</tr>
</tbody>
</table>

b) Trustees

No Trustee received remuneration for their services during the year (2016: £nil). Reimbursed expenses were £nil (2016: £nil).
6. Tangible fixed assets

<table>
<thead>
<tr>
<th></th>
<th>Cost</th>
<th>Additions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016</td>
<td>2017</td>
<td>2016</td>
</tr>
<tr>
<td>Freehold land</td>
<td>£11,610,690</td>
<td>£11,847,944</td>
<td>£23,458,634</td>
</tr>
<tr>
<td>Furnishings and equipment</td>
<td>£1,189,037</td>
<td>£2,747,600</td>
<td>£3,936,637</td>
</tr>
<tr>
<td>Assets under construction</td>
<td>£2,747,600</td>
<td>£2,747,600</td>
<td>£5,495,200</td>
</tr>
<tr>
<td>Total</td>
<td>£15,547,327</td>
<td>£15,335,144</td>
<td>£30,882,471</td>
</tr>
</tbody>
</table>

Depreciation

<table>
<thead>
<tr>
<th></th>
<th>Cost</th>
<th>Additions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016</td>
<td>2017</td>
<td>2016</td>
</tr>
<tr>
<td>Furnishings and equipment</td>
<td>£2,747,600</td>
<td>£2,747,600</td>
<td>£5,495,200</td>
</tr>
<tr>
<td>Total</td>
<td>£5,495,200</td>
<td>£5,495,200</td>
<td>£11,990,400</td>
</tr>
</tbody>
</table>

Net book value

<table>
<thead>
<tr>
<th></th>
<th>Cost</th>
<th>Additions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016</td>
<td>2017</td>
<td>2016</td>
</tr>
<tr>
<td>Furnishings and equipment</td>
<td>£2,747,600</td>
<td>£2,747,600</td>
<td>£5,495,200</td>
</tr>
<tr>
<td>Total</td>
<td>£5,495,200</td>
<td>£5,495,200</td>
<td>£11,990,400</td>
</tr>
</tbody>
</table>

Included within assets under construction are borrowing costs totalling £116,519. These borrowing costs have been incurred wholly in the acquisition and construction of tangible fixed assets.

The Anna Freud Centre has entered into a contract with Wilmott Dixon to construct the Centre of Excellence at Kings Cross. The total value of the contract is £16.8 million, including VAT. At 31 August 2017 costs incurred were £2.6 million.

6b. Assets held for sale

The premise of 21 Maresfield Gardens, accounted for as a fixed asset until 31 August 2015 under freehold land and buildings, was classified within current assets with a value of £4,578,000 in the year to 31 August 2016. The property was sold on 5 March 2018 for a price of £4,324,493. See note 17 for details.

7. Investments

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Market value at 1 September 2016</td>
<td>£1,581,441</td>
<td>£2,960,175</td>
</tr>
<tr>
<td>Additions</td>
<td>£601,371</td>
<td>£765,767</td>
</tr>
<tr>
<td>Disposal proceeds</td>
<td>(£569,063)</td>
<td>(£2,256,763)</td>
</tr>
<tr>
<td>Net investment gains</td>
<td>£77,419</td>
<td>£112,264</td>
</tr>
<tr>
<td>Market value at 31 August 2017</td>
<td>£1,691,169</td>
<td>£1,581,441</td>
</tr>
<tr>
<td>Historical cost at 31 August 2017</td>
<td>£1,504,040</td>
<td>£1,418,063</td>
</tr>
<tr>
<td>Listed investments (market value)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK fixed interest</td>
<td>£242,903</td>
<td>£240,329</td>
</tr>
<tr>
<td>UK equity shares</td>
<td>£453,048</td>
<td>£260,742</td>
</tr>
<tr>
<td>Overseas equities</td>
<td>£615,558</td>
<td>£914,930</td>
</tr>
<tr>
<td>Property</td>
<td>£143,415</td>
<td></td>
</tr>
<tr>
<td>Alternative assets</td>
<td>£180,535</td>
<td></td>
</tr>
<tr>
<td>Market value of listed investments</td>
<td>£1,635,459</td>
<td>£1,416,001</td>
</tr>
<tr>
<td>Cash</td>
<td>£55,710</td>
<td>£165,440</td>
</tr>
<tr>
<td>Total</td>
<td>£1,691,169</td>
<td>£1,581,441</td>
</tr>
</tbody>
</table>

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 2017 was £7,540 (2016: £23,041).

8. Investment in subsidiary

The charity owns 100% of the share capital of Fox Development Service Ltd, a company limited by share capital registered in the UK as company number 05471930. The company was struck off on 6 July 2017.

The company has no income or expenditure in the period from 1 September 2016 to 6 July 2017 (2016: nil). The value of the investment in the company was £nil (2016: £nil).
## 9. Debtors

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade debtors</td>
<td>£935,763</td>
<td>£971,676</td>
</tr>
<tr>
<td>Prepayments and accrued income</td>
<td>£3,381,120</td>
<td>£3,487,385</td>
</tr>
<tr>
<td></td>
<td>£4,316,883</td>
<td>£4,459,061</td>
</tr>
</tbody>
</table>

### Debtors: amounts falling due within one year

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade debtors</td>
<td>£935,763</td>
<td>£971,676</td>
</tr>
<tr>
<td>Prepayments and accrued income</td>
<td>£2,341,120</td>
<td>£399,885</td>
</tr>
<tr>
<td></td>
<td>£3,276,883</td>
<td>£1,371,561</td>
</tr>
</tbody>
</table>

### Debtors: amounts falling due after one year

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade debtors</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Prepayments and accrued income</td>
<td>£1,040,000</td>
<td>£3,087,500</td>
</tr>
<tr>
<td></td>
<td>£1,040,000</td>
<td>£3,087,500</td>
</tr>
</tbody>
</table>

## 10. Creditors: amounts falling due within one year

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade and other creditors</td>
<td>£557,538</td>
<td>£606,142</td>
</tr>
<tr>
<td>Taxation and social security costs</td>
<td>£56,285</td>
<td>£234,450</td>
</tr>
<tr>
<td>Accruals and other deferred income</td>
<td>£2,884,898</td>
<td>£1,929,018</td>
</tr>
<tr>
<td>Deferred grants and donations</td>
<td>-</td>
<td>£207,190</td>
</tr>
<tr>
<td>Bank loans</td>
<td>£143,715</td>
<td>£143,715</td>
</tr>
<tr>
<td></td>
<td>£3,642,436</td>
<td>£3,120,515</td>
</tr>
</tbody>
</table>

## 11. Unspent grant provisions

### Analysis of deferred income

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other deferred income at the start of the period</td>
<td>£1,366,241</td>
<td>£921,138</td>
</tr>
<tr>
<td>Amounts released to income in the year</td>
<td>(£444,061)</td>
<td>(£921,138)</td>
</tr>
<tr>
<td>Amounts deferred in the year</td>
<td>£2,462,218</td>
<td>£1,366,241</td>
</tr>
<tr>
<td>Other deferred income at the end of the period</td>
<td>£2,884,898</td>
<td>£1,366,241</td>
</tr>
</tbody>
</table>

Deferred income relates to service level agreements and short course and training income that relates to future periods.

### Unspent grant provisions

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPACT study</td>
<td>University of Cambridge</td>
<td>£ -</td>
</tr>
<tr>
<td>REDIT (DIT - Trials)</td>
<td>Tavistock &amp; Portman NHS Trust</td>
<td>£ -</td>
</tr>
<tr>
<td>START - STEPS - B</td>
<td>Department of Health</td>
<td>£ -</td>
</tr>
<tr>
<td>Payment by results (PBR)</td>
<td>Department of Heath</td>
<td>£ -</td>
</tr>
<tr>
<td>FACTS (BPD for family adults)</td>
<td>Lewis Family</td>
<td>£ -</td>
</tr>
<tr>
<td></td>
<td>£ -</td>
<td>£207,190</td>
</tr>
</tbody>
</table>
12. Creditors: amounts falling due in more than one year

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank loans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The analysis of bank loans is as follows:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Due in less than one year</td>
<td>143,715</td>
<td>143,715</td>
</tr>
<tr>
<td>Due in 1-2 years</td>
<td>143,715</td>
<td>143,715</td>
</tr>
<tr>
<td>Due in 3-5 years</td>
<td>431,145</td>
<td>431,145</td>
</tr>
<tr>
<td>Due beyond 5 years</td>
<td>4,024,785</td>
<td>4,568,951</td>
</tr>
<tr>
<td>Total bank loans</td>
<td>5,143,370</td>
<td>5,287,526</td>
</tr>
</tbody>
</table>

A partial fixed rate commercial loan has been taken out with Barclays 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 15 August 2015. The variable loan is for £1,787,500 and has a rate of 2.12% above LIBOR for 5 years from 15 August 2015. The loan will need to be paid back or renewed on 14 August 2019.

Two further loans were taken out with Barclays 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 3.49% for 2 years from 10 August 2017. The variable loan is for £1,000,000 and has a rate of 2.12% above LIBOR for 2 years from 10 August 2017.

13. Statement of funds

<table>
<thead>
<tr>
<th></th>
<th>1 September 2016</th>
<th>Income</th>
<th>Expenditure</th>
<th>Investment gains and revaluations</th>
<th>Transfers</th>
<th>31 August 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>General funds</td>
<td>12,996,057</td>
<td>4,791,975</td>
<td>(5,652,967)</td>
<td>(176,088)</td>
<td>-</td>
<td>11,958,977</td>
</tr>
<tr>
<td>Designated funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed asset fund</td>
<td>4,406,070</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4,406,070</td>
<td></td>
</tr>
<tr>
<td>Postgraduate studies</td>
<td>637,997</td>
<td>1,541,096</td>
<td>(1,762,320)</td>
<td>-</td>
<td>-</td>
<td>416,773</td>
</tr>
<tr>
<td>EBPU</td>
<td>610,368</td>
<td>20,167</td>
<td>(48,453)</td>
<td>-</td>
<td>-</td>
<td>582,082</td>
</tr>
<tr>
<td>MBT research</td>
<td>59,995</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>59,995</td>
</tr>
<tr>
<td>CYP IAPT</td>
<td>200,000</td>
<td>-</td>
<td>(70,200)</td>
<td>-</td>
<td>-</td>
<td>129,800</td>
</tr>
<tr>
<td>Innovation pot</td>
<td>20,325</td>
<td>20,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>40,325</td>
</tr>
<tr>
<td>Total designated funds</td>
<td>5,934,755</td>
<td>1,581,263</td>
<td>(1,880,973)</td>
<td>-</td>
<td>-</td>
<td>5,635,045</td>
</tr>
</tbody>
</table>

Details of designated funds

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

**Postgraduate studies**
When possible, self-generated funds are designated for this strategic development.

**EBPU (Evidence Based Practice Unit)**
Service Development and Evaluation has been freezing for the last few years and to enable further growth funds are being designated by self-generated surpluses.

**MBT (Mentalization Based Treatment) Research**
The development of mentalization based interventions and training are an important AFNCCF initiative. A portion of income from all MBT Trainings is designated to develop our work in this area.

**CYP IAPT (Children and Young People’s Improving Access to Psychological Therapies)**
The CYP IAPT Project is a Service Transformation Project for Child and Adolescent Mental Health Services (CAMHS). The focus of CYP IAPT is on extending training to staff and service managers in CAMHS and embedding evidence-based practice services, making sure that the whole service, not just the trainee therapist, use session by session outcome monitoring. Funds are for the implementation of the training element of CYP IAPT.

**Innovation pot**
The innovation pot fund is made up of unrestricted donations and will be used to fund innovative projects that require funding.
Notes to the financial statements - Year Ended 31 August 2017

Details of major restricted funds

Campus project 6,840,813 2,277,843 (730,606) - - 8,388,049
Mental health and wellbeing in schools 135,037 59,378 (133,389) - - 61,026
The Family School - 240,062 (202,748) - - 37,314
Postgraduate studies - 610,338 (475,559) - - 134,779
Clinical projects 56,529 977,443 (947,327) - - 86,645
Research projects 236,302 2,434,370 (2,198,264) - - 672,408
Total designated funds 7,268,681 6,599,433 (4,487,892) - - 9,380,222

Total funds 26,199,493 12,972,671 (12,021,832) (176,088) - 26,974,244

Youth Wellbeing
This project encompasses an ambitious strategic plan bringing together a fragmented and challenged voluntary sector into a coherent national learning collaboration. Using a mixture of peer-supported events, wiki-based tool development and expert-facilitated skills training, groups of commissioner-provider-user-researchers across England, we will continue to build on local expertise and the latest academic and practice-based research, distilled by the EBPU. Practically, the collaboration will support skills-based training via regional innovation labs, refine cutting-edge support tools curated by the enterprise unit, and disseminate best practice via media-labs, forging a world-leading child and youth mental health provision.

PowerUp
This project works with young people with special educational needs and those with experience of using services and their advocates to co-produce the design, content, and functions of Power Up so it directly addresses the support young people want when making shared decisions. With Power Up, young people will be empowered to make shared decisions about all stages of their care and will be guided through the steps of shared decision making.

SmartGym
SmartGym is a pioneering technology-enabled model that builds resilient communities by training and teaching core life skills to vulnerable children and families who lack the essential traits needed to succeed in life. This targeted, high performance, meta-cognition and self-regulation skills programme, aimed at enabling under-achieving children to ‘beat the dip’ (maintain or accelerate academic progress during any transition) was developed through collaboration between experts at AFNCCF. SmartGym synthesises the best of child psychotherapeutic practice with engaging, physical training usually used by elite athletes and applies them to vulnerable children within a school environment. Delivered in school, it embeds a set of life and cognitive skills, such as trust, motivation and concentration, to increase resilience whilst avoiding the stigma often associated with psychological interventions.

Details of major restricted funds

Campus project
As part of our commitment to creating a step change in children’s mental health care, we are pioneering a unique national Centre of Excellence, to be housed in a purpose-built site, in Kings Cross, London. For the first time, the best people and organisations in mental health, education, social care, and neuroscience, and importantly, children and their families, will be brought together under one roof, transforming a fragmented sector into a coherent national learning collaboration. At the heart of the campus will be The Family School. The campus project is expected to be ready for occupation from April 2019.

The Family School
The Family School (TFS), sponsored by AFNCCF, is the first alternative provision of its kind to improve educational outcomes for children with complex social, emotional and learning needs through family engagement, high-quality teaching and innovative mental health support. TFS equips pupils with sustainable skills and behaviours to enable them to ‘turn a corner’ in their learning. Parents attend the school alongside their children and are given the skills and knowledge to support their child. In 2017 TFS was graded as outstanding in all areas by Ofsted.

You’re never too young to talk mental health
This project builds on the success of the Wellcome Trust funded short animation, designed by children about how to talk about mental health and materials for teachers, to produce a series of evidence-based resources and events across the country to encourage children aged 9-11 to talk about their ‘big’ and ‘small’ feelings and what to do if these feelings get out of control. With this project we particularly wanted to raise awareness of mental wellbeing with this age group so that they could build up life-long skills ahead of the challenges of their move to secondary school and approaching adolescence. The project will also develop a ‘top tips’ for parents booklet, resources for secondary school children and produce resources and events to support teachers and their own wellbeing.

Restricted funds

<table>
<thead>
<tr>
<th>Fund</th>
<th>Opening balance</th>
<th>Year ended balance</th>
<th>Closing balance</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus project</td>
<td>6,840,813</td>
<td>2,277,843</td>
<td>(730,606)</td>
<td>-</td>
</tr>
<tr>
<td>Mental health and wellbeing in schools</td>
<td>135,037</td>
<td>59,378</td>
<td>(133,389)</td>
<td>-</td>
</tr>
<tr>
<td>The Family School</td>
<td>-</td>
<td>240,062</td>
<td>(202,748)</td>
<td>-</td>
</tr>
<tr>
<td>Postgraduate studies</td>
<td>-</td>
<td>610,338</td>
<td>(475,559)</td>
<td>-</td>
</tr>
<tr>
<td>Clinical projects</td>
<td>56,529</td>
<td>977,443</td>
<td>(947,327)</td>
<td>-</td>
</tr>
<tr>
<td>Research projects</td>
<td>236,302</td>
<td>2,434,370</td>
<td>(2,198,264)</td>
<td>-</td>
</tr>
<tr>
<td>Total designated funds</td>
<td>7,268,681</td>
<td>6,599,433</td>
<td>(4,487,892)</td>
<td>-</td>
</tr>
<tr>
<td>Total funds</td>
<td>26,199,493</td>
<td>12,972,671</td>
<td>(12,021,832)</td>
<td>(176,088)</td>
</tr>
</tbody>
</table>

The Anna Freud Centre
Charity number 1077106, company number 03819888
Financial statements for the year ended 31 August 2017

86
The Anna Freud Centre
87
14. 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 continued his support by making payments in the year of £1 million towards his £6 million commitment. This brings his total payments to £4 million with the remaining donation scheduled for payment in July 2018 and July 2019.

Other Trustees and related parties made donations totalling £70,000 (£437,500) in the year to The Anna Freud Centre.

Fox Development Service Ltd is a wholly owned subsidiary of The Anna Freud Centre. No trading occurred between the two entities during the year and no funds were owed to or from The Anna Freud Centre. On 6 July 2017 Fox Development Service Limited was struck off.

15. Pension commitments
The organisation makes contributions to personal pension schemes on behalf of some of its employees. Contributions in the year totalled £325,369 (2016: £289,804). Amounts owing to the scheme at 31 August 2017 were £nil (2016: £41,460).

16. Analysis of net assets between funds

<table>
<thead>
<tr>
<th>General funds</th>
<th>Designated funds</th>
<th>Restricted funds</th>
<th>Total funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund balances at 31 August 2017 are represented by:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible fixed assets</td>
<td>£77,419</td>
<td>£4,406,070</td>
<td>£12,809,008</td>
</tr>
<tr>
<td>Investments</td>
<td>£1,613,750</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Long term creditors</td>
<td>£(4,999,655)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net current assets</td>
<td>£16,881,214</td>
<td>(£384,775)</td>
<td>(£342,786)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. Post balance sheet events
On 5 March 2018 21 Maresfield Gardens was sold for a cash sum of £3,788,00 plus a further payment of £212,000 for delivery of vacant possession by 5 February 2019 aggregate value of £4,324,493 this was an aggregate figure after £324,493 was payable by The Anna Freud Centre to the buyer who agreed to leaseback the property for the eleven months to 5 February 2019. Therefore, the actual selling price and fair value at 31 August 2017 for the property was £4,324,493.


<table>
<thead>
<tr>
<th></th>
<th>Unrestricted funds 2016</th>
<th>Restricted funds 2016</th>
<th>Total funds 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations and legacies</td>
<td>£74,701</td>
<td>£8,918,422</td>
<td>£8,993,123</td>
</tr>
<tr>
<td>Investments</td>
<td>£32,045</td>
<td>-</td>
<td>£32,045</td>
</tr>
<tr>
<td>Charitable activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical and preventative services</td>
<td>£2,452,941</td>
<td>-</td>
<td>£2,452,941</td>
</tr>
<tr>
<td>Postgraduate training</td>
<td>£1,742,493</td>
<td>-</td>
<td>£1,742,493</td>
</tr>
<tr>
<td>Research</td>
<td>£2,494,995</td>
<td>-</td>
<td>£2,494,995</td>
</tr>
<tr>
<td>Conference and study events</td>
<td>£1,030,996</td>
<td>-</td>
<td>£1,030,996</td>
</tr>
<tr>
<td></td>
<td>£7,721,425</td>
<td>-</td>
<td>£7,721,425</td>
</tr>
<tr>
<td>Other</td>
<td>£843</td>
<td>-</td>
<td>£843</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total income</td>
<td>£7,829,014</td>
<td>£8,918,422</td>
<td>£16,747,436</td>
</tr>
<tr>
<td>Expenditure on:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raising funds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fundraising and publicity</td>
<td>£300,293</td>
<td>-</td>
<td>£300,293</td>
</tr>
<tr>
<td>Investment and management fees</td>
<td>£23,040</td>
<td>-</td>
<td>£23,040</td>
</tr>
<tr>
<td>Legal fees</td>
<td>£1,454</td>
<td>-</td>
<td>£1,454</td>
</tr>
<tr>
<td></td>
<td>£324,787</td>
<td>-</td>
<td>£324,787</td>
</tr>
<tr>
<td>Charitable activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical and preventative services</td>
<td>£3,497,939</td>
<td>£504,687</td>
<td>£4,002,626</td>
</tr>
<tr>
<td>Postgraduate training</td>
<td>£1,827,617</td>
<td>£12,000</td>
<td>£1,839,617</td>
</tr>
<tr>
<td>Research</td>
<td>£2,756,993</td>
<td>£1,594,269</td>
<td>£4,351,262</td>
</tr>
<tr>
<td>Conference and study events</td>
<td>£661,131</td>
<td>£5,000</td>
<td>£666,131</td>
</tr>
<tr>
<td>Library</td>
<td>£66,115</td>
<td>-</td>
<td>£66,115</td>
</tr>
<tr>
<td></td>
<td>£8,809,795</td>
<td>£2,115,956</td>
<td>£10,925,751</td>
</tr>
<tr>
<td>Total expenditure</td>
<td>£9,134,582</td>
<td>£1,115,956</td>
<td>£10,250,538</td>
</tr>
</tbody>
</table>
### 18. Comparative financial statement of financial activities (2016) continued

<table>
<thead>
<tr>
<th>Description</th>
<th>Unrestricted funds 2016 £</th>
<th>Restricted funds 2016 £</th>
<th>Total funds 2016 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net income/(expenditure) before investment gains</td>
<td>(1,305,568)</td>
<td>6,802,466</td>
<td>5,496,898</td>
</tr>
<tr>
<td>Net investment gains</td>
<td>112,264</td>
<td>-</td>
<td>112,264</td>
</tr>
<tr>
<td>Net income/(expenditure)</td>
<td>(1,193,304)</td>
<td>6,802,466</td>
<td>5,609,162</td>
</tr>
<tr>
<td>Transfer between funds</td>
<td>(118,308)</td>
<td>118,308</td>
<td>-</td>
</tr>
<tr>
<td>Net movement in funds before gain on revaluation of assets</td>
<td>(1,311,612)</td>
<td>6,920,774</td>
<td>5,609,162</td>
</tr>
<tr>
<td>Revaluation of assets held for sale</td>
<td>(3,793,600)</td>
<td>-</td>
<td>(3,793,600)</td>
</tr>
<tr>
<td>Net movement in funds</td>
<td>(5,105,212)</td>
<td>6,920,774</td>
<td>1,815,562</td>
</tr>
<tr>
<td>Funds balance carried forward at 1 September</td>
<td>24,036,024</td>
<td>347,907</td>
<td>24,383,931</td>
</tr>
<tr>
<td>Funds balance carried forward at 31 August</td>
<td>18,930,812</td>
<td>7,268,681</td>
<td>26,199,493</td>
</tr>
</tbody>
</table>
Registered address
12 Maresfield Gardens, London, NW3 5SU

Other addresses
1st Floor, Jordan House, 47 Brunswick Place, London, N1 6EB
38 Mayton Street, London, N7 6QR
Manchester Institute of Education, University of Manchester, Oxford Road, M13 9P

www.annafreud.org / 020 7794 2313 / info@annafreud.org