

OXFORD PARENT-INFANT PROJECT

England & Wales · Charity number 1109956

Details

Other names	OXPIP
Status	Registered
Legal form	Charitable company
Company number	05410167
Registered	2005-06-10
Register	View on the Charity Commission register

Contact

Address	Oxford Parent Infant Project Suite J Kidlington Centre High Street Kidlington OX5 2DL
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Website	www.oxpip.org.uk

Activities

Objects: 1.1 to promote and preserve the health and well-being of babies, young children and their parents, including parents to be, who may be experiencing stress or facing problems within the normal range of parenting; 1.2 to promote and advance an understanding of infant mental health and early child development within the broad framework of Object Relations and Attachment Theories and to provide a focus for this approach in the Charity's Area; 1.3 to promote by training and research the awareness of the importance of early childhood development among health professionals and other professionals involved in early childhood and actively to disseminate information and examples of best practice among these groups.

Activities: OXPIP offers intensive therapeutic help to parents and their babies in Oxfordshire and surrounding areas in the first two years. We support families by working with parents and infant together, to build on the positive, to boost parental confidence, and help the parents be led by the needs of the baby. We know that OXPIP's unique approach can, and does help.

Classification

- **How:** Provides Services, Provides Advocacy/advice/information
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives
- **Who:** Children/young People

Geography

- **Area of benefit:** IN THE CHARITY'S AREA, IN PRACTICE OXFORDSHIRE.
- Oxfordshire

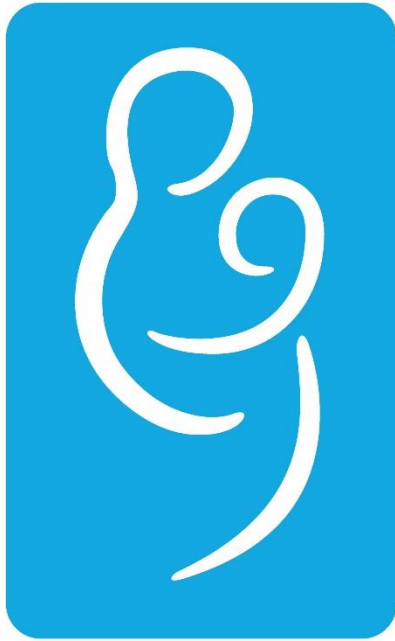
Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£632,409	£591,338	£127,685	19
2024-03-31	£557,770	£570,751	£89,520	15
2023-03-31	£509,734	£509,145	£102,501	15
2022-03-31	£373,304	£378,024	-	-
2021-03-31	£329,983	£336,403	-	-

Trustees

Name	Role	Appointed
Mr Rob Kenny	Chair	2018-05-16
Dr Jessica Gibson		2020-09-24
Katherine Peto		2018-06-19
Lawrence Edward Judd		2020-01-23
Natalie Golding		2025-06-19
Rebecca Smith		2025-06-19

Accounts



OXPIP

Oxford Parent
Infant Project

**Report and Financial
Statements for the Year Ended
31 March 2025**

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Reference and Administrative Details of Charity

Registered Name:	Oxford Parent-Infant Project
Company Number:	5410167
Registered Charity Number:	1109956
Date of Incorporation:	1 April 2005
Registered Office & Operational Address:	Suite J, The Kidlington Centre High Street Kidlington Oxford OX5 2DL
Trustees at year end:	Robert Kenny (Chair) Anne Burns Karina Cox (Treasurer) Shamus Donald Dr Jessica Gibson Lawrence Judd Kathy Peto (Susanna Graham-Jones resigned 12 Dec 2024)
CEO:	Dr Karen Bateson
Bankers:	The Co-operative Bank plc PO Box 101, 1 Balloon Street Manchester, M60 4EP Lloyds Bank plc 25 Gresham St, London EC2V 7HN COIF Charity Funds Senator House 85 Queen Victoria Street, London EC4V 4ET
Independent Examiner:	UHY Ross Brooke Suite I, Windrush Abingdon Business Park, Abingdon OX14 1SY

Introduction from our Chair, Rob Kenny

It is my privilege to report another successful year for OXPIP. Since 2021, OXPIP has almost doubled in scale, not least because of a substantial growth in our training activities. In 2024/25 we trained more people than ever before, thanks in part to a major (albeit one-off) contract with Kent County Council.

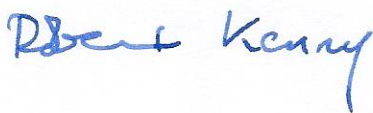
Our therapeutic services continued, and in 2024/25 we worked with over 300 parents in Oxfordshire, in 1,348 sessions. We significantly increased the portion of our clients from non-White-British ethnicities, which now represent 30% of our parents, compared to 23% for Oxfordshire's population. This is an important success in reaching families that typically have less access to offers like OXPIP's.

Our services also continue to be very effective, whether measured by clinical outcome metrics or parent perception. Of our clients, 70% report that therapy was very helpful, and a further 22% say it was quite useful.

The year also saw an important transition. Helen Callaghan, who has been with OXPIP since its foundation, retired after four years as CEO. She has made a huge contribution to the organisation, putting it on a sound financial footing with long term funding, and leading it through major external shocks such as the withdrawal of local government funding and the pandemic. She also has been a passionate champion of our work nationally. The trustees are all extremely grateful to her.

We are fortunate to have a worthy successor to Helen, in Karen Bateson. She is an experienced Consultant Clinical Child Psychologist, and previously held senior roles with the Parent Infant Foundation and the NSPCC. To ensure a smooth transition, Helen and Karen served as co-CEOs for a period. Karen became sole CEO in November 2024, and is already having real impact as we begin the next stage of OXPIP's evolution.

Helen and Karen have been supported by a capable team of clinical and operations staff who are passionate about their work. This work is sometimes gruelling, but they are absolutely committed to good outcomes for our clients and our trainees. I thank them for all they do to make OXPIP's ambitions a reality, and most importantly for the difference they make to parents and babies.



Introduction from our CEO, Dr Karen Bateson

Continued success in changing times

Thanks to my predecessor Helen Callaghan and our Board of Trustees, OXPIP has enjoyed recent growth coupled with exciting future potential. Our major donors and grant funders have provided fantastic support, and commissioned training stimulated by the previous government's Start for Life investment has helped us navigate the financial year. We close the year in a healthy financial position but ever mindful of the continued challenges ahead. The policy landscape is changing and we are excited about the opportunities laid out in the government's Best Start in Life and NHS 10-year plan proposals. These both acknowledge the importance of the first 1001 days of life and of parent-infant relationships as a foundation for lifelong health and wellbeing.

Celebrating our staff

Whilst some things may change, one thing that won't is our commitment to our staff. We recruit very highly trained and experienced parent-infant psychotherapists and support them with high-quality clinical supervision and continuing professional development opportunities. We're very proud of our excellent clinical outcomes and staff retention rate. These contribute to the phenomenal feedback that we receive from parents completing therapy with us, thanks to the compassion and expertise of our therapists.

Our clinicians are supported by the most committed and flexible operations team I've had the pleasure of working with. In a small charity, you need to be ready to turn your hand to pretty much anything, and they do that with aplomb.

Looking to the future

In 2025-26, I'll be working closely with our Trustees to develop a new 2025-2028 strategy and new training development plans. We're already forging new relationships locally and nationally and rediscovering our campaigning voice after the disruption of the pandemic.

OXPIP hasn't been immune to the challenges faced by countless small charities across the UK: a tightening funding environment, rising operating costs and increasingly pressurised operating contexts. Unexpected costs of the pandemic and of national workforce trends had strained our finances somewhat, like many other organisations. So, we continue to be incredibly grateful to our funders, supporters and champions, to everyone who has swam, sang, walked, quizzed and run for us this year, to everyone who attended our summer opera night and our spring quiz night, and of course to our dedicated and skilled Board of Trustees.





“The help I have received from Oxford Parent-Infant Project has forever changed me. Parts of me have been healed and I’ve never felt more understood”



About Us

Oxford Parent-Infant Project (OXPIP) is a charity founded in 1998 (incorporated in 2005) which

- delivers specialist parent-infant psychotherapy to parents and carers in Oxfordshire, and their babies (from conception to the age of two) who need some help to form a secure attachment.
- provides national and international specialist parent-infant therapy training
- supports awareness raising and policy change, regarding the importance of parent and infant relationships and mental health, locally and across the UK.

Our Objectives

OXPIP is a registered charity and our objectives, as set out in the Memorandum and Articles of Association are:

- To promote and preserve the health and well-being of babies, young children, and their parents, including parents to be, who may be experiencing stress or facing problems within the normal range of parenting.
- To promote and advance an understanding of infant mental health and early child development, within the broad framework of Object Relations and Attachment Theories, and to provide a focus for this approach in the Charity's area.
- To promote, by training and research, the awareness of the importance of early childhood development among health professionals and other professionals involved in early childhood, and actively to disseminate information and examples of best practice among these groups.

To meet these objectives, OXPIP aims to:

- Enable positive early relationships through direct parent-infant psychotherapy and related therapeutic interventions.
- Increase the number of trained Parent-Infant Psychotherapists.
- Develop early years practitioners' understanding of parent-infant relationship difficulties, increasing practitioners' capacity to both recognise issues and to provide appropriate support.
- Raise awareness of early intervention and the importance of attachment, and to influence policy and service development around these issues at both local and national level.

Our Core Values

- Relationships We develop, promote and sustain healthy relationships across all our work as a crucial mechanism of sustainable change, and to promote health and wellbeing for babies, parents, our staff and volunteers, colleagues, and professional partners.
- Early Intervention Early identification of relationship difficulties and timely intervention is effective for both improving individual outcomes and reducing costs to society, in the short and long term. We encourage parents and referrers to engage with us as early as possible, from conception onwards.
- Accessibility We work hard to make parent-infant psychotherapy available to Oxfordshire parents, from conception to two years. We reach out to disadvantaged, vulnerable or marginalised families, including those facing adversities such as poverty, racism, social isolation, language/learning/literacy barriers.
- Equality, Diversity and Inclusion We recognise that discrimination, prejudice, and disadvantage exist in individuals and at a societal level and acknowledge that we have a duty to address these issues whenever possible. We are committed to promoting equality and valuing diversity by providing services that are accessible to all families of all backgrounds and cultures.

Our Core Competencies

- Clinical Expertise OXPIP clinicians are all highly qualified specialist psychotherapists who are experienced in working to improve parent-infant relationships.
- Knowledge and Experience OXPIP was one of the founding parent-infant psychotherapy organisations in the UK and has in-depth knowledge and experience of working with parent and infant mental health in a wide range of settings, and across a diverse group of parents and situations.
- Training and Cascading Knowledge OXPIP has strong expertise in explaining, communicating, and sharing its clinical expertise with therapists and non-therapists to develop their capacity to support parent-infant relationships.

Structure, governance, management and staff

Constitution and Organisation

Oxford Parent-Infant Project registered as a charity on 10th June 2005, governed by Articles of Association, and a company limited by guarantee incorporated on 1st April 2005. The charity is governed by its Board of Trustees, which may number between four and twelve members. The operational and financial aspects are managed by the CEO, overseen by the Board of Trustees.

The Trustees, who are also directors for the purposes of company law, and who served during the year, or subsequently were appointed:

- Robert Kenny (appointed May 2018, Chairperson from November 2020)
- Karina Cox (Treasurer, appointed March 2023)
- Shamus Donald (appointed May 2017)
- Kathy Peto (appointed June 2018)
- Anne Burn (appointed November 2019)
- Lawrence Judd (appointed January 2020)
- Dr Jessica Gibson (appointed September 2020)
- Susanna Graham-Jones (appointed February 2016, resigned December 2024)

One trustee is nominated to lead on safeguarding, another leads on clinical issues, and two others lead on finance, on behalf of the wider board.

Two new trustees were recruited at the end of the 24-25 financial year and were co-opted to the Board in June 2025.

Recruitment and Appointment of Trustees

The directors of the charitable company (“the charity”) are its Trustees for the purpose of charity law and throughout this report are collectively referred to as the Trustees and constitute its members of council. The Chair’s period of office shall be two years, renewable up to a maximum of eight years. Trustees retire after a two-year term at the Annual General Meeting. A retiring Trustee shall be eligible for re-election subject to a maximum period of office of eight years.

None of the Trustees have any beneficial interest in the company. All Trustees are required to become members of the company and guarantee to contribute £1 in the event of a winding up. This guarantee does not end until one year after they cease to be a director. The total amount of such guarantees on 31 March 2024 was £8.

Risk Assessment

The Trustees of Oxford Parent-Infant Project recognise and accept their responsibility for ensuring that risks to which the Charity is exposed are reviewed and steps taken to mitigate potential damage using appropriate preventative controls and corrective actions.

Trustees are aware of the Charities SORP (revised 2019) and accept the requirement, in relation to all aspects of their work, for regular assessment of operating strengths and weaknesses.

To this end the risk management strategy comprises:

- a regular review of the risks which the charity may face.
- the establishment of systems and procedures to mitigate those risks identified.
- and the implementation of procedures designed to minimise any potential impact on the charity should any of those risks materialise.

Parent Voice

OXPIP are delighted to have recruited their first ex-service user Trustee in 2024-25, who was subsequently co-opted to the Board in June 2025.

Staff

Our twelve employed parent-infant psychotherapists (FTE 5.25) are complemented by four trusted, freelance, specialist therapists. Our professional training courses are delivered by our experienced team of two employed (0.8FTE) and six freelance psychotherapists.

All our therapists are multi-disciplinary professionals who have a recognised professional clinical registration in a range of psychotherapeutic disciplines. Many were previously social workers, psychologists, health visitors or midwives. All of our current employed therapists and trainers are graduates from OXPIP's Parent-Infant Psychotherapy Diploma.

Working alongside the therapists and trainers is our small but mighty team of leadership, operations and admin staff (2.2 FTE).

Strategic Report

Key Achievements this Year

Continued excellent clinical outcomes

We take the evaluation of our clinical outcomes with families very seriously. We seek to understand both how families experience the work with us and what they might gain from it. Hence we collect and analyse clinically validated scales and structured qualitative feedback. This year, 94% of parents improved the quality of their relationships with their baby (as measured by the PIRGAS), and 94% parents reported an improvement in their anxiety/depression symptoms (as measured by the PHQ9 and GAD7). As well as these fantastic clinical outcomes, only 5% of appointments were not attended without prior notice, which is often taken as a proxy measure of how well a service can engage its clients.

We're delighted with these data and feel they reflect the very high calibre of our therapists. We recruit only fully trained and experienced parent-infant psychotherapists and provide them with high-quality internal and external professional development, clinical supervision and safeguarding support. To quote the famous advert, these are not just therapists, these are OXPIP therapists!

Successful delivery of major training contracts

2024-25 saw our largest annual training delivery ever, including our largest single commissioned contract for short courses. In Kent, we delivered over 500 training places on our Attachment and Intersubjectivity (our gateway short course) and Assessing Parent-Infant Relationship (our two-day course blending theory and practice) short course to support Kent's Start for Life programme.

We're delighted to report that the evaluation findings from that contract were very good. Over 95% of the participants rated the quality of training, the trainer's level of knowledge about the topic, and the extent to which the training would inform practice, as either good or very good.

We also delivered training for multiple other commissioners including Cornwall Council, Devon Partnership NHS Trust, Gloucestershire Health and Care NHS Foundation Trust and Birmingham Women's and Children's NHS Foundation Trust, with similarly excellent evaluation findings.

Our 18-month Diploma of Parent-Infant Psychotherapy started again in March 2025 and was once again full, and we continue to run a waiting list for our popular 2-year Infant Observation course.

We have strengthened our Equity, Diversity and Inclusion practices

Building on excellent foundations of recent years, this year we have created new opportunities to challenge our own thoughts, feelings and behaviour around equality, diversity and inclusion. This is based on the knowledge that the ways in which we are different from one another can unwittingly distract us from the ways in which we are the same. Bonding with your baby is a universally

experienced, viscerally felt human experience for every parent on the planet. However, it is imbued with and shaped by culture, geography, race, religion, social expectation and marginalization, trauma, class, age, sexuality, gender identity, zeitgeist and neurodiversity.

We have been thinking in team meetings, team away days and our journal club about how these aspects affect bonding with a baby, how they affect parents seeking help and engage in therapy, how we behave as therapists, and how we set up the service. This year, thirty percent (30%) of parents referred to OXPIP identified as black, Asian or other non-White/British ethnicities compared to 13% in Oxfordshire as a whole¹. This demonstrates that we are successfully reaching families of diverse ethnicities.

Deepened our understanding of need

OXPIP has excellent, long-standing relationships with local communities and services so we already have a good understanding of the social, economic and geographical distribution of parent-infant relationship difficulties. In the last year, we've used data from the Parent-Infant Foundation, Oxfordshire University Hospitals and Oxfordshire County Council's Community Profiles to deepen our understanding of the magnitude of need.

At a population level, around fifteen percent (15%) of babies experience a seriously disrupted relationship with their parent-carers. This substantially raises their chances of being removed into care; psychological, behavioural and social difficulties; physical health impacts caused by stress; and developmental delays. A further thirty percent (30%) have less acute but still significant difficulties which disrupt their psychological and social development.

Over 7500 babies are born in Oxfordshire each year. We estimate around 1125 of those new babies will need specialist therapy for significant parent-infant relationship problems, and a further 2500 would benefit from some help to improve their parent-infant relationship. Each year, around 320 babies (unborn and under 2's) are on either a Child Protection Plan or Child in Need plan with Oxfordshire children's services care each year.

This data is important for our strategic and fundraising approaches. Currently OXPIP can only see up to 350 babies, meaning thousands of babies are going without the help they need. OXPIP only has capacity to see families with established parent-infant relationship difficulties. Yet, many of these problems are preventable if caught early and families receive the right information and skilled support early enough. These facts are helping us think about what we can do to help the thousands of families we will never see face-to-face and how to increase our reach.

Our Strategic Plan 2020-2025 provided a clear roadmap for the charity, focusing on four themes:

Goal 1: Parent-Infant Psychotherapeutic Services

To continue to deliver and expand OXPIP's parent-infant psychotherapeutic services for families in Oxfordshire, ensuring they are accessible to all and available in each of the county's five local government districts.

¹ https://data.oxfordshire.gov.uk/wp-content/uploads/2025/02/WitneyCentral_CommunityProfile_Data.pdf

Goal 2: Centre of Excellence

To reinforce OXPIP's local and national profile as a centre of excellence, raising the standards of parent-infant emotional and mental health interventions available for families through influencing policy, shaping service development and commissioning, and innovating models of collaborative working. Additionally, to continue to embed Equality, Diversity and Inclusion in all our operations.

Goal 3: Training and Awareness Raising Programme

To continue to deliver OXPIP's programme of professional training, education and awareness-raising events on parent-infant relationships and parent-infant emotional and mental health.

Goal 4: Developing Organisational Capacity

To ensure that through effective income generation, organisational management and investment in its staff, OXPIP has the governance, leadership, people, policies and resources required to deliver on this strategy.

Goal 1: Parent-Infant Psychotherapeutic Services

"To continue to deliver and expand OXPIP's parent-infant psychotherapeutic services for families in Oxfordshire, ensuring they are accessible to all and available in each of the county's five local government districts."

Overview

We want every baby to have the best start in life so we focus on building and strengthening the relationship between them. Our therapeutic work improves parental and child mental health, as well as improving the baby's broader life chances.

The quality of the parent-infant relationship acts as a universal mechanism for improved child development, mental health and life chances. Our work can bring about positive change that will improve a child's social and emotional development, readiness for school, resilience, likelihood of academic success in adolescence, and the capacity to make long-lasting relationships in adulthood. With one million connections forming in a baby's brain every minute for the first eighteen months, this is a critical window of opportunity to address any early difficulties.



Figure with permission from the Parent-Infant Commissioning Toolkit (2023) ©Parent-Infant Foundation

reproduced permission Parent-Infant Foundation

The evidence for improving parent-infant relationships is strong

The Parent-Infant Foundation's [Impact of Parent-Infant Relationship Teams Report: A Summary of Evidence](#) (September, 2023) reviewed all published evidence and found that teams such as OXPIP:

- Strengthen relationships between babies and their caregivers
- Improve the mental health of caregivers
- Support babies' early development and wellbeing, including those most at risk

At OXPIP, we are pioneers in parent-infant psychotherapy, a specialist area of psychotherapy shown to help families become stronger and to help their children to develop into happier, more emotionally resilient adults.

Since parent-infant psychotherapy considers the emotional health of the infant as well as that of the parent, by working on the relationship between parent and child during the formative stages of brain development, many future problems can be reduced or prevented, resulting in babies developing into happier, more emotionally resilient children and adults, and families becoming stronger.

A review of international evidence published in 2022² examines the effectiveness of psychoanalytic, psychodynamically informed and attachment-based interventions for children aged under 5 from studies involving over one and a half thousand families. The review shows that psychodynamic and psychoanalytic interventions, including parent-infant psychotherapy:

- Improves parental reflective functioning (a key parental skill for child social and emotional wellbeing)
- Reduces parental depression (a key factor in child mental health and wellbeing)
- Improves the security of infant attachment (a major driver of lifetime outcomes across a range of personal, social and economic domains)
- Improves infant socio-emotional and behavioural wellbeing (a key predictor of social and school outcomes)

The findings of the review also suggest that parent-infant psychotherapy is effective for families with high levels of complexity and need, including socially disadvantaged groups.

Additionally, there is considerable evidence of the economic benefits of early psychotherapy interventions. For example, research shows that for every £1 spent on this type of early preventative work up to £13 can be saved on future interventions^{3, 4}.

Who we offer therapy to

The parents and carers we work with come to us with a wide range of experiences and needs. Many have had a previous history of baby loss, disability or prematurity, a traumatic or complicated conception, pregnancy or birth, or unexpected feelings of disconnection, numbness or sadness towards their baby. We also work with parents and babies with a wide range of mental health difficulties, histories of childhood abuse, adversity or trauma, or experiences of chronic, complex or ongoing stress, adversity and trauma.

We work therapeutically with parents and carers as individuals or in parental couples, and with the baby in the room. We work with any/all parents including birth and step parents, foster, adoptive or kinship parents and carers, and LGBTQI+ parents.

How We Manage Referrals

We accept referrals from anywhere in Oxfordshire, from conception to the day before the child's second birthday.

² [The Evidence Base for Psychoanalytic and Psychodynamic Interventions with Children Under 5 Years of Age and their Caregivers: A Systematic Review and Meta-Analysis.](#)

³ [Social Impact Report: Parent and baby wellness \(2017\).](#)

⁴ [Benefits-Costs Results \(2022\) Washington State Institute of Public Policy](#)

Our Referrals Co-ordinator:

- Acts as a point of first contact for families who are self-referring and for professional referrers
- Contacts all families by phone to assuage any worries or queries they might have about their referral – be the “human face” of their referral to OXPIP
- Triage the family’s needs and urgency
- Triage risk and take appropriate action (e.g. liaison with and referral to other relevant agencies)
- Offers phone-based support while families are waiting to be allocated to a therapist

Our therapeutic interventions

Effective parent-infant relationship therapies focus on improving the sensitive relationship between the parent(s) and baby. This may be achieved through a combination of approaches which strengthen parental reflective functioning and/or bringing to awareness the parents’ often unseen but influential emotional wounds from their own upbringing. Our Parent-Infant Therapists hold the infant, the parent(s) and the relationships in equal esteem. Psychotherapeutic theory and practice feature heavily, as does use of video feedback work to help parents see their interaction with their child through a more objective, often strengths-based, lens.

We offer individual and group-based parent-infant psychotherapy interventions to referred parents and other primary carers in Oxfordshire and surrounding areas. Most families are seen weekly and are offered 6 - 12 Parent-Infant Therapy sessions, but some families may require long term work (1 – 2 years), due to the clinical complexity of their experiences.

All OXPIP’s Parent-Infant Therapy sessions are offered free of charge to all parents.

Our parent-infant psychotherapy is offered in two ways:

1. Individually

We assess, formulate and tailor interventions to individual families’ needs, to improve the quality of the parent-infant relationship and the emotional well-being and mental health of the parent(s) and infant. OXPIP clinicians are highly qualified therapists whose work is underpinned by psychoanalytic and psychodynamic thinking. They draw on a wide range of interventions including Video-Interaction Guidance^{5,6} and Watch Wait and Wonder⁷. Individual parent-infant psychotherapy sessions with

⁵ Kennedy, H., Ball, K. and Barlow, J., 2017. How does video interaction guidance contribute to infant and parental mental health and well-being? *Clinical child psychology and psychiatry*, 22(3), pp.500-517.

⁶ O'Hara, L., Smith, E.R., Barlow, J., Livingstone, N., Herath, N.I., Wei, Y., Spreckelsen, T.F. and Macdonald, G., 2019. Video feedback for parental sensitivity and attachment security in children under five years. *Cochrane Database of Systematic Reviews*, (11).

⁷ Zilibowitz, M. (2010). *Watch, wait & wonder*. Haymarket, N.S.W., Good Beginnings Australia.

parent(s) and baby are offered for a recommended minimum of six weeks. However, in some cases families are seen for longer term work.

2. In Groups

In our Banbury project, we have offered therapeutic input to the Saplings antenatal group, alongside midwifery and community family support colleagues.

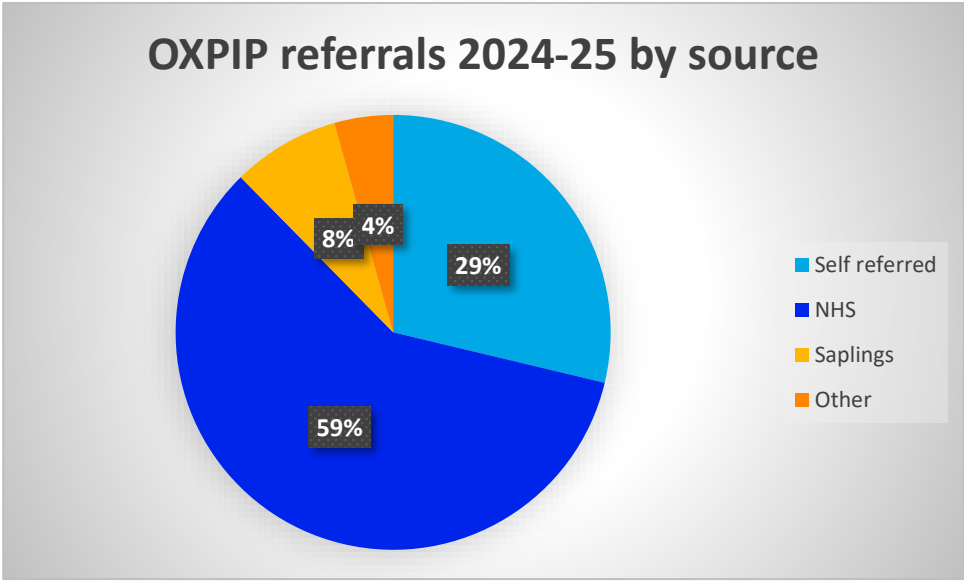
Referrals Received 2024-25

Between 1st April 2024 and 31st March 2025 OXPIP received 275 referrals. This is almost 100 fewer than 23-24. We believe this might be related mainly to three factors:

- a significant transformation in the local 0-19s services leading to changes in referrer behaviour
- the impact of longer than usual waiting lists for OXPIP between December 2023 and April 2024 perhaps putting people off referring
- 2023-2024 was unusually high for referrals because we saw more families having emotional difficulties with their next pregnancy/baby after a traumatic labour, birth and postnatal care with their previous baby during COVID.

We closed most of our waiting lists from June-August to manage longer than usual waits, but referrals recovered to expected rates shortly after. This suggests that it wasn't the waiting list closure per se that reduced subsequent referrals but the long wait times in the period preceding it.

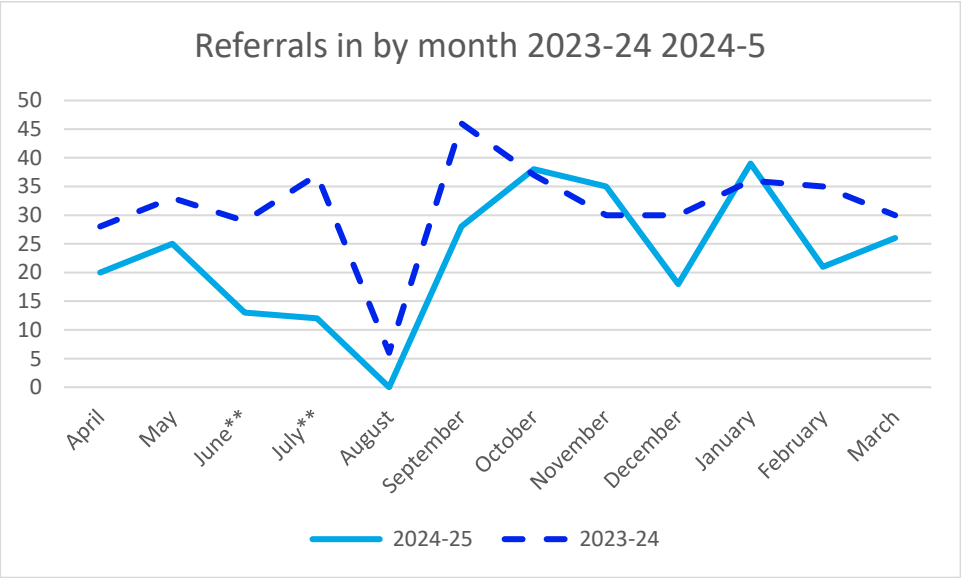
Referral sources 2024-25



Referrals received from NHS sources comprise

- Midwife 28%
- Health Visitor 17%
- Perinatal Mental Health Service 7%
- GP 4%
- Family Nurse Partnership 2%
- Talking Space 1%
- Infant-Parent Psychology Service 1%

Referral numbers by month 2023-24 & 2024-25



**Referrals closed in all locations except Banbury during June-August 2024

Number of families seen

Between 1st April 2024 and 31st March 2025, 303 OXPIP parents received a service, this number includes those parents who were already receiving therapy at the start of this period.

OXPIP offered 1754 therapy sessions of which 1348 (77%) were attended, 325 (19%) were cancelled before the session and 81 (5%) were not attended.

Additionally, the OXPIP Referral Coordinator provided 330 interim sessions (2023-4: 575, 2022-23: 247) with parents on our waiting list during the period between the referral being accepted and the therapy starting.

This means we offered 2084 session in total, equating to 7.57 sessions per referral (2023-24; 7.38 sessions per referral).

Demographics of parents

Parents are asked to say what their ethnicity, disability status and gender are on our consent form.

During 2024-25, we improved our reach to parents of non-British and/or non-white ethnic heritages. Seventy-percent (70%) identified as White British and 30% from other ethnicities (Oxfordshire as a whole is 23%). Research shows that families from ethnic heritages face additional pressures, challenges and barriers in accessing appropriate health and support. As a result, they are more likely to experience the adversities and traumas which put additional pressure on the developing parent-infant relationship. Hence, it is important we do more to reach non-White-British families and we are proud to see that our recent efforts in this regard have been effective.

The disability status of parents is self-reported on the consent form at the point of entry to the service. In 2024-2025, 4% of OXPIP's client's informed us that they have a disability.

Of the 249 referred parent who declared their gender 87% were female, 12% were male and 1% were nonbinary.

Clinical Outcomes

Every parent we see is asked to complete validated clinical scales at the start and end of therapy, and occasionally at a mid-point. We use validated and internationally recommended clinical outcome measures with all families:

- Parent-Infant Relationship Global Assessment Scale (PIRGAS, clinician-rated)
- Generalized Anxiety Disorder Scale (GAD-7, parent self-report of anxiety symptoms)
- Patient Health Questionnaire (PHQ-9, parent self-report of depression symptoms)

Most parents start OXPIP therapy with moderate to high levels of anxiety and/or depression but at the end of therapy, most parents report no or low symptoms.

As a whole group, 94% of parents reported reduced symptoms of anxiety and/or depression using PHQ9/GAD7.

As a group, 94% of families were rated as having improved the strength of their parent-Infant

relationship measured on the Parent-Infant Relationship Global Assessment Scale.

Parental feedback at completion of therapy

All parents completing therapy are encouraged to complete a structured feedback form, and many provide narrative feedback. You can find real quotes from parents throughout this report, including these below:

“The non-judgemental support and guidance with areas that I was struggling with such as eye contact, communication with my baby. I am now able to do those things and actually enjoy them. The help I have received from OXPIP has forever changed me. Parts of me have been healed and I've never felt more understood”.

“OXPIP gave me insight and factual evidence as to how memories from childhood can affect me to this day. Me and my son's relationship has completely turned around and I feel I understand him and myself a lot more. He in turn has new found affections and a trust in me we just did not have before. I thank OXPIP from the bottom of my heart for enabling me and my son to live our best possible lives together”.

“OXPIP has beyond supported me with a range of anxieties and emotions leading up towards the birth of our first child, who was conceived via IVF after trying for 6 years. Without OXPIP, I don't feel I would be as prepared and excited as I now am at 36 weeks”.

“OXPIP has helped me work through some fears and deeply personal feelings about a range of challenging things in my life, both past and present. I now feel more confident about becoming a mother, going from being a couple to a family of three, bonding with our baby, and building strong foundations for their wellbeing and development”.

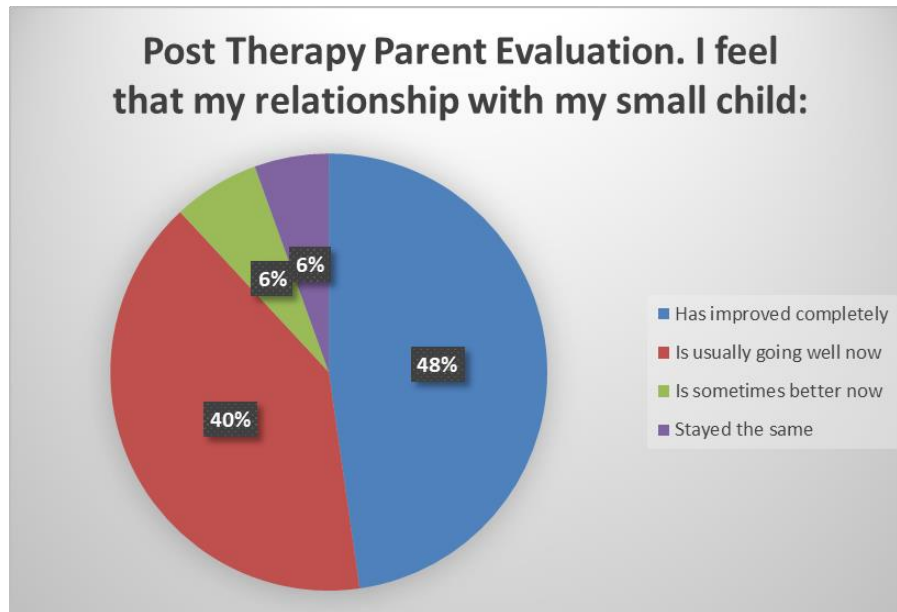
“My husband also found it beneficial coming to a session with me, he really opened up and our communication has improved”.

“The antenatal sessions have been so valuable in understanding both parent and infant psychological development and best practices. The wealth of information is just amazing and has all contributed to my confidence and wellbeing. I have relaxed so much during pregnancy since receiving this support and feel very privileged. It is a shame that not every woman in the UK or even the world receives this level of care, support and knowledge. I am so grateful. Thank you OXPIP! :)”.

“It gave me a safe space to express the difficult and upsetting feelings I experienced after the birth of my baby. It has helped me identify some ways I was reacting that we're not helpful. It has given me space to explore my relationship with my baby. It has given me reassurance when I needed it the most. Thank you for your help, this service is so precious and valuable!”

“Since I started my OXPIP sessions have noticed so many improvements in both my confidence in myself, and my parenting. - I have been able to talk through my tough childhood and understand the ways it has affected my adult life and my parenting. - I have gone from being upset and angry about my childhood to accepting what happened and being able to move on from it. - I now understand how my behaviour was affecting my children and was able to talk through this and make changes to improve my parenting. - My confidence in myself has improved so much, I'm doing things I never thought I would be able to do, such as join the school's PTA, make friends with other parents and take

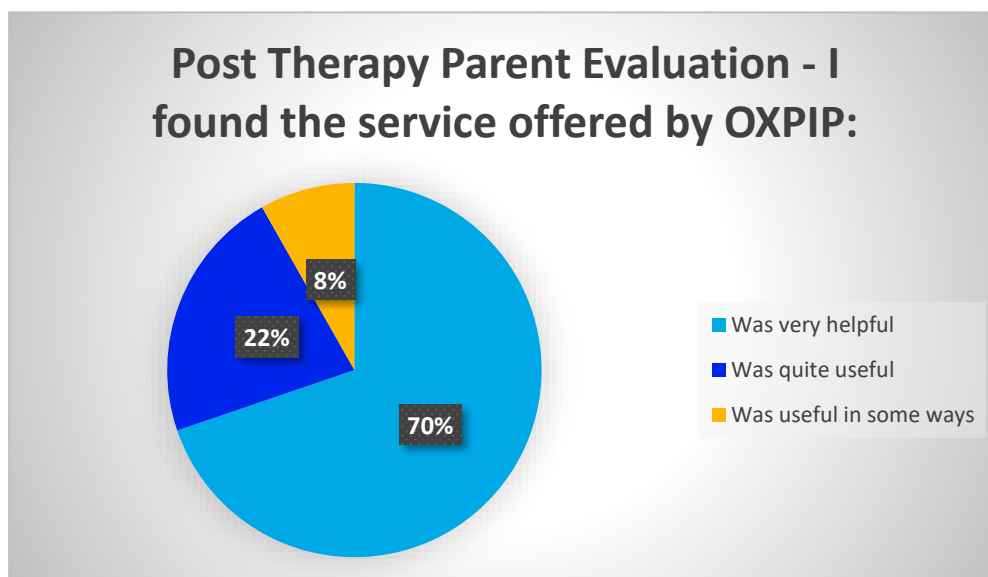
my
to groups
activities.
able to
through
difficult



children
and
I've been
talk
my

relationship with my extended family, and actually repair some of those relationships, something I never thought was possible. Overall, my relationship with my children is the best it's ever been. I feel so much more connected to my children and am so thankful to OXPIP for everything they have done".

"When we started our sessions, I was struggling with Post natal depression after a traumatic birth. I felt unable to connect with her at all, was struggling to work out what she needed from me. At best she felt like someone else's baby, at the worst times she felt completely alien to me. The sessions with OXPIP helped me to work through the trauma and issues that predated her birth and supported me. What helped the most was having an hour a week where the focus was on my relationship with my baby and helping me to connect with her. After a couple of months my relationship with my baby turned a corner and interactions are no longer difficult and mechanical but rather joyful and relatively easy. It is very reassuring to know that, while we hope everything will continue to improve, there is a safety net in case things take a turn for the worse again".



Clinical Quality Assurance

OXPIP continually reviews and develops its operations and therapeutic service provision, to optimise return on funding investment and maximise beneficial impact for parent families. We ensure ongoing quality delivery of our Parent-Infant Therapy service through:

- High-quality, individual, clinical supervision and monthly, peer group supervision.
- Journal/reading group
- Management review and analysis of clinical outcome measures.
- Attending training and conferences
- Peer review of PIRGAS practice.
- Membership of various professional and registration bodies such as the Association of Child Psychotherapists and the Health and Care Professionals Council.

Goal 2: Centre of Excellence

“To reinforce OXPIP's local and national profile as a centre of excellence, raising the standards of parent-infant emotional and mental health interventions available for families through influencing policy, shaping service development and commissioning, and innovating models of collaborative working. Additionally, to continue to embed Equality, Diversity and Inclusion in all our operations.”

Local influencing

This year, OXPIP has been an active partner in the development of the local birth trauma pathway and a key member of the new Oxfordshire Early Years Strategy Board. Alongside a wide range of public and voluntary sector partners, the Board has produced a new Early Years county-wide strategy in which parent-infant relationships are given a strong focus. We look forward to continuing to work with Board members to oversee the implementation of the new strategy over the next few years. The strategy aspires to improve the health and happiness of all pre-school children in Oxfordshire through improved access to play and family support services, workforce training, increased focus on speech, language and communication, strengthened co-production with local families, and new initiatives to support parent-infant relationships.

National Influencing

OXPIP continues to be a national thought-leader in the parent-infant relationships sector and champion psychodynamically-informed practice. At a national level, our CEO Karen Bateson was elected as a member of the First 1001 Days Movement Steering Group, a collaborative effort of over 150 charities and professional bodies focused on the emotional wellbeing and development of babies

from pregnancy through their first two years of life. Karen joins national experts and parent-voice representatives to campaign for policy change and investment in early years.

In early 2025, Karen joined the James Lind Alliance steering group of the NIHR-funded project to establish a national Early Years research network. This multi-year project, led by Dr Jane Barlow and Dr Michael Fanner at the University of Oxford, will facilitate new relationships between academics and service providers, and identify early years research priorities.

To further influence service development, OXPIP has presented at three national and one regional early years conferences this year, and to three delegations of local councilors through a partnership with the Local Government Association.

We were delighted to host the CEO of the Royal Foundation, Christian Guy, in June 2024. Christian sat in to observe our Saplings antenatal group and met with clinicians Katie Bailey and Catherine O’Keefe to hear about our work with families. In February 2025, our Head of Training and Senior Therapist Jo Chapman met HRH Prince Edward during his visit to The Branch in Chipping Norton.

Shaping Service Development

New this year, OXPIP began offering clinical, service development and strategic consultancy to a range of partners including the Parent-Infant Foundation, NSPCC and the Royal Foundation. This is an area of growth for OXPIP.

Innovative models of collaborative working

This year has also seen continued innovation in our partnership with the Sunshine Centre in Banbury. OXPIP therapists, midwifery and Sunshine Centre colleagues launched a new therapeutic postnatal group as a follow-on to the successful Saplings antenatal group. This is an incredibly important continuation of support across the transition to parenthood, promoting sensitive and attuned parent-infant relationships and building trust with local postnatal services.

We continue to value very highly our ongoing relationships with community venues and services, which include The Branch (Chipping Norton), The Carousel Centre (Abingdon), The Berin Centre (Berinsfield), The Red Kite Centre (Thame) and Flo’ s in the Park (Oxford Centre).

Goal 3: Training, consultancy and supervision

Our goal is “To continue to deliver OXPIP’s programme of professional training, education and awareness-raising events on parent-infant relationships and parent-infant emotional and mental health”.

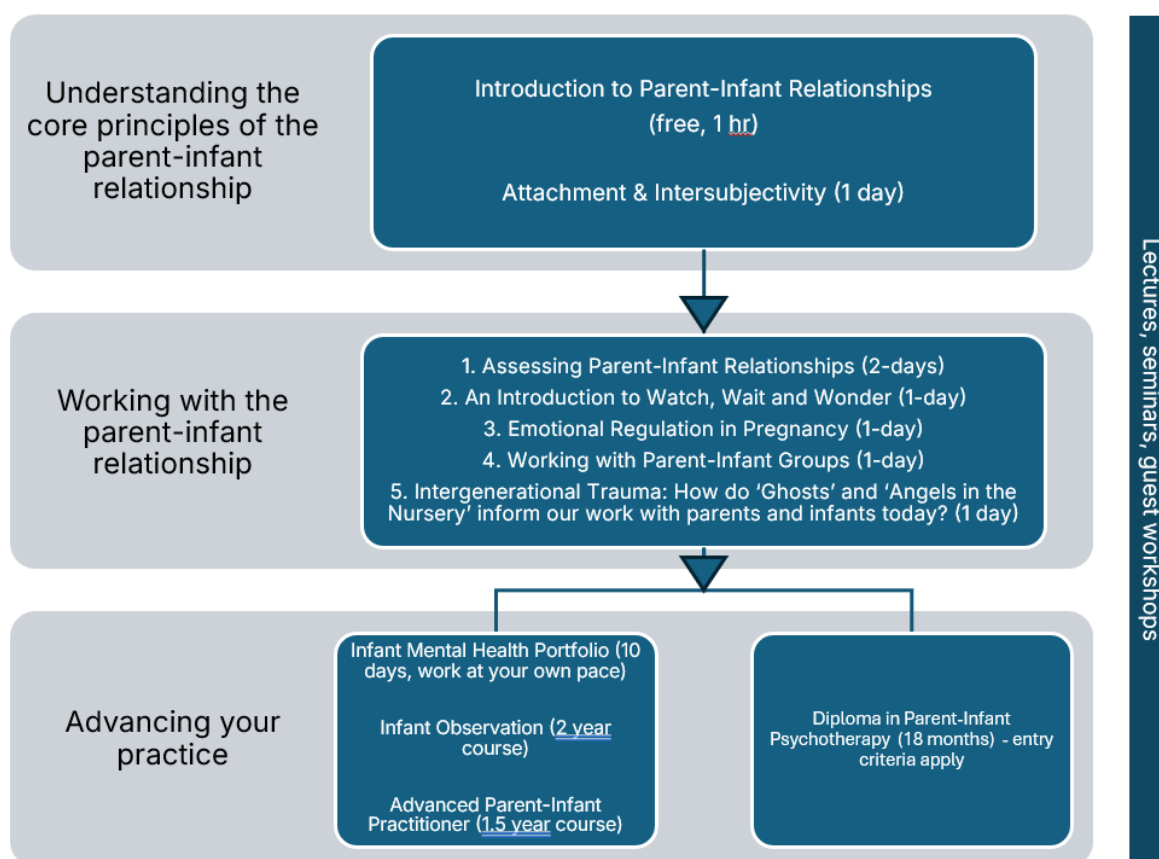
Overview

OXPIP has a national and international reputation for offering high quality, psychodynamically and psychoanalytically informed parent-infant relationship training.

As one of the main providers of psychoanalytical/psychodynamic parent-infant training in the UK, OXPIP delivers Association for Psychodynamic Practice and Counselling in Organisational Settings (APPCIOS) approved programmes.

Our training is focused on supporting professionals to improve their understanding of parent-infant relationships, including parental and infant mental health, and to apply this enhanced understanding in their work.

We are committed to helping develop the parent-infant workforce of tomorrow. Over the past months, we have developed a training pathway to help delegates understand how to navigate through our levels of increasingly specialist practice. This helps practitioners devise a programme of professional development tailored to their individual needs. Working titles for each element of the pathway are as follows: 'Understanding the Core Principles of the Parent-Infant Relationship', 'Working with the Parent-Infant Relationship', and 'Advancing Your Practice'.



Training delivery 2024-25

In 2024-25, we offered:

- a two-year Infant Observation programme
- an 18-month Diploma in Parent-Infant Psychotherapy
- a 15-month Certificate for Advanced Parent Infant Practitioners

- a range of 1- and 2-day courses
- lectures and seminars.

Infant Observation (IO) Course

This is a two-year rolling programme for those who would like to gain a greater understanding of a baby’s early life and relationships and how they develop. It is also a pre-requisite for our Parent-Infant Psychotherapy Diploma. Our IO trainees are capped at 5 members and we consistently run at full capacity.

In 24-25, two trainees completed their IO programme, replaced in immediate succession by two new trainees. There is currently a waiting list as the next space is not available until Autumn 2026.

Diploma in Psychodynamic Parent-Infant Psychotherapy Training (PIT)

This is an 18-month professional training programme. It is practice-based and open to accredited therapists who would like to specialise in Parent-Infant Psychotherapy, incorporating both teaching and clinical placements with individual and group supervision. In March 2025, the previous cohort of eight trainees completed the clinical aspect of their Diploma, and a new cohort of seven trainees began the 2025-26 programme.

Advanced Parent-Infant Practitioner Training (APIP)

This is a 15-month professional training programme. It is open to practitioners working with parents and infants, incorporating both teaching (with the PIT trainees) and work discussion groups. It runs concurrently with our Diploma. Our 2024-25 cohort of APIP students completed their training in March 2025, and a new cohort of four started.

Short Training Courses

In 2024-2025, OXPIP’s programme of specialist one and two-day courses was much in demand with Early Years, Social Care and Health professionals. The courses enable practitioners to understand attachment and infant mental health and to apply this understanding in their day-to-day work. We continue to revisit and update our courses, to keep their content relevant and accessible to attendees.

Short course	Number of attendees 2024-25
---------------------	------------------------------------

Attachment and Intersubjectivity: the impact parents and babies have on each other (1-day)	271 (of which 235 from Kent County Council commissioned contract)
Assessing Parent-Infant Relationships (2-days)	361 (of which 271 from Kent County Council commissioned contract)
An Introduction to Watch, Wait and Wonder (1-day)	73
Ghosts in the Nursery: the intergenerational impact of trauma	34
Parent-Infant Groups	15

We collect quantitative and qualitative feedback about our short courses.

In 2024-25, quantitative data revealed that over 97 per cent of respondents rated the short courses as either 'good' or 'very good.'

Themes emerging from participants' qualitative feedback were:

- Videos were seen as powerful tools for learning, observation, and applying theory to practice.
- Participants appreciated the frequent spaces for group discussion; they particularly valued the opportunity to reflect, share, and learn from others in a collaborative environment.
- The trainers' expertise and engaging delivery style were consistently praised with particular reference made to their ability to make strong theory-practice links.
- Participants gained confidence in observing, making sense of, and considering the emotional impact of parent-infant interactions.

OXPIP Public Lecture Series and External Presentations

In 2024-25, Dr Chrissie Jayarajah, Consultant Perinatal Psychiatrist and Clinical Lead of Perinatal Services at CNWL in London, presented OXPIP's online lecture to 40 participants on the theme of perinatal OCD.

OXPIP's senior therapist, Katie Bailey, has twice presented a seminar on 'Building Relationships in the Antenatal Period' – initially, at the invitation of the Parent Infant Foundation to over 100 participants. In December, the same seminar attracted a further 44 participants.

Katie has also delivered a free seminar Home-Start Oxford, attended by 11 participants, as part of our partnership-work in Banbury.

Training Development

Our training offer is constantly being reviewed and developed. In addition to our new antenatal webinar, we have also updated various of our short courses, in particular Assessing Parent-Infant Relationships, Attachment and Intersubjectivity, and Intergenerational Trauma: the impact of ghosts and angels in the nursery on the parent-infant relationship (previously known as 'Ghosts in the Nursery').

We have significant plans to further expand our training offer. As part of this, we have conducted two surveys in the last 6 months about what training practitioners would like OXPIP to develop next. Responses are currently being analysed and will inform our training development plan.

Consultancy and supervision

OXPIP is commissioned through several bodies to deliver specialist supervision and service development consultancy for a variety of organisations across the UK.

This aligns with our charitable object to work with professionals, policy makers and the public to promote awareness and to further OXPIP's vision of a more responsible and empathetic society, through an intensive focus on positive early relationships and emotional wellbeing.

In 2024-25, OXPIP staff provided paid consultancy to Parent-Infant Foundation and NSPCC, supervision to clinicians in Bradford and Norwich, and presented at conferences for Reducing the Risk, the Local Government Association, National Children's Bureau (Northern Ireland), NSPCC and Cambridgeshire & Peterborough NHS Foundation Trust.

In 2025-26, we will increase this area of our work.

Goal 4: Developing Organisational Capacity

Our goal is "To ensure that through effective income generation, organisational management and investment in its staff, OXPIP has the governance, leadership, people, policies and resources required to deliver on this strategy".

This year, OXPIP said goodbye to Helen Callaghan who has been part of OXPIP's evolution for over two decades. Helen retired at the end of October, leaving a strong legacy of clinical excellence. Helen had steered us through the choppy waters of the pandemic to see us emerge stronger and more adaptable. We wish her a relaxing and enjoyable retirement to enjoy her (currently) five grandchildren.

With the pandemic learning in mind, we have focussed on building organisational resiliency over the last year, with the formalisation of a new Senior Leadership Team. This comprises Karen Bateson (CEO), Gisele Mendonca (newly in post as Head of Clinical Services), Jo Chapman (Head of Training) and Lizi Potter (Operations Manager, currently on maternity leave so covered by Pip Dingle). This is supported by strengthening of some operations processes and a number of new policies, including business continuation and emergency planning. We commissioned Orbits IT as our new IT support provider who have supported us with various cost-reviews and improvements in our IT arrangements.

Going forwards, we will be investing further in our staff through Continuing Professional Development (CPD) budgets and in-house CPD events.

Financial Review

Funding and Fundraising

OXPIP receives no statutory funding and relies on grants from trusts, private and individual donations and money raised through our community fundraising events, including our quiz night, the New Chamber Opera picnic, and Merton College's Carol Concert.

Additional income is derived from our professional training services.

We are very grateful to the many funders, charitable trusts and foundations that enabled our vital work with families to continue during 2024-2025, including:

- Henry Smith Foundation
- J & T Yarrow
- M & C Trust
- Oxfordshire Community Foundation
- The Didcot Powerhouse Fund
- The National Lottery Community Fund
- The Trusthouse Charitable Foundation
- Additional anonymous donors

Trustees Report

The Trustees present their report and accounts for the year ended 31 March 2024.

The accounts have been prepared in accordance with accounting policies set out in Note 1 to the accounts and comply with the charity's Memorandum and Articles of Association, the Companies Act 2006 and the Charities Act 2011 and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable in the UK and Republic of Ireland (FRS 102)" (as amended for accounting periods commencing from 1 January 2019).

Financial Overview

OXPIP's total income for 2024-2025 was £632,409 (2024: £557,770). This represented a 13% increase on 2023-2024.

Income from donations (unrestricted) was £38,280 (2024: £84,105), a decrease of 54%. This reflects that 2023-24 was a bumper year for us as we celebrated our 25th anniversary with a celebratory dinner and auction.

Total income from OXPIP's charitable activities (including training) was £582,843 (2024: £438,702), a 33% increase on last year. Bank interest income received was £4,905 (2024: £4,876).

We continued to attract funding interest and sustained cash reserves in 2024-2025.

Reserves Policy

OXPIP makes commitments to the parents it seeks to help and to the practitioners it has agreed to train.

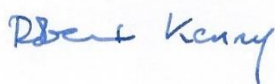
The Trustees wish to ensure that OXPIP would be able to continue to provide treatment that has commenced and to complete training where possible. It may take up to three months to complete treatment, so the general reserve should therefore represent at three months' worth of expenditure not covered by restricted funds. Given this, at current levels of activity the Trustees believe target reserves should be £150,000 representing three months of expenditure. The Trustees review the policy annually and review cash flows quarterly to ensure there are sufficient reserves.

The Trustees also wish to ensure a level of working capital that protects the continuity of our core work in the event of a temporary shortfall in income. Trustees consider that the above amount is also sufficient for this purpose. Regular review of cash flows will allow the Trustees to determine whether the reserves policy remains appropriate. As of 31st March 2025, our general unrestricted reserves amounted to £115,992 (2024: £83,414).

The Trustees have complied with the duty in section 17(5) of the Charities Act 2011 and have given due regard to public benefit guidance published by the Charity Commission.

This report has been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved by the Board of Trustees on 18th September 2025 and signed on their behalf by



Robert Kenny (Chairperson)

Registered Office
Suite J, The Kidlington Centre
High Street
Kidlington
Oxford
OX5 2DL

Date: 18th September 2025

TO THE TRUSTEES OF OXFORD PARENT-INFANT PROJECT

I report to the trustees on my examination of the financial statements of Oxford Parent- Infant Project (the charity) for the year ended 31 March 2025.

Responsibilities and basis of report

As the trustees of the charity (and its directors for the purposes of company law) you are responsible for the preparation of the financial statements in accordance with the requirements of the Companies Act 2006 (the 2006 Act).

Having satisfied myself that the financial statements of the charity are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of the charity's financial statements carried out under section 145 of the Charities Act 2011 (the 2011 Act). In carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

Independent examiner's statement

Since the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of The Institute of Chartered Accountants in England and Wales which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the charity as required by section 386 of the 2006 Act: or
2. the financial statements do not accord with those records; or
3. the financial statements do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination: or
4. the financial statements have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report to enable a proper understanding of the financial statements to be reached.



Caroline Webster FCA

UHY Ross Brooke
Suite 1 Windrush Court
Abingdon Business Park
OX14 1SY

Dated 1st October 2025

Statement of financial activities

INCLUDING INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2025

		Unrestricted Funds £	Restricted Funds £	Total 2025 £	Unrestricted Funds £	Restricted Funds £	Total 2024 £
	Notes						
Income from:							
Donations and legacies	3	38,280	-	38,280	84,105	-	84,105
Charitable activities	4	326,489	256,354	582,843	186,379	252,323	438,702
Investments		4,905	-	4,905	4,876	-	4,876
Other trading activities	5	6,381	-	6,381	30,087	-	30,087
Total income		<u>376,055</u>	<u>256,354</u>	<u>632,409</u>	<u>305,447</u>	<u>252,323</u>	<u>557,770</u>
Expenditure on:							
Raising funds	7	34,970	-	34,970	50,920	20	50,940
Charitable activities	8	258,337	298,031	556,368	219,498	300,313	519,811
Total expenditure		<u>293,307</u>	<u>298,031</u>	<u>591,338</u>	<u>270,418</u>	<u>300,333</u>	<u>570,751</u>
Net gains / - losses on investments		- 2,906	-	- 2,906	-	-	-
Net income / -expenditure		82,748	- 41,677	41,071	35,029	- 48,010	- 12,981
Transfers between funds		- 47,264	47,264	-	- 49,976	49,976	-
Net movement in funds		<u>32,578</u>	<u>5,587</u>	<u>38,165</u>	<u>- 14,947</u>	<u>1,966</u>	<u>- 12,981</u>
Reconciliation of funds:							
Total funds brought forwards		83,414	6,106	89,520	98,361	4,140	102,501
Total funds carried forward		<u>115,992</u>	<u>11,693</u>	<u>127,685</u>	<u>83,414</u>	<u>6,106</u>	<u>89,520</u>

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities. The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.

*Income from other trading activities (reference SORP) is income from fundraising events.

Balance sheet

AS AT 31 MARCH 2025

		2025		2024	
		£	£	£	£
	Notes				
FIXED ASSETS					
Tangible Assets	11		3,784		3,495
Fixed Asset Investments	12		104,977		-
CURRENT ASSETS					
Debtors	13	11,728		62,439	
Cash at bank		206,526		285,961	
		<u>218,254</u>		<u>348,400</u>	
CREDITORS: Amounts falling due within one year	14	<u>199,330</u>		<u>262,375</u>	
NET CURRENT ASSETS			18,924		86,025
NET ASSETS			<u>127,685</u>		<u>89,520</u>
FUNDS					
INCOME FUNDS					
Unrestricted Income funds	15		115,992		83,414
Restricted Income funds	16		11,693		6,106
TOTAL INCOME FUNDS			<u>127,685</u>		<u>89,520</u>

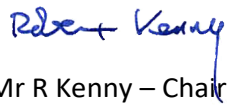
The company is entitled to the exemption from the audit requirement contained in section 477 of the Companies Act 2006, for the year ended 31 March 2025.

The trustees acknowledge their responsibilities for ensuring that the charity keeps accounting records which comply with section 386 of the Act and for preparing financial statements which give a true and fair view of the state of affairs of the company as at the end of the financial year and of its incoming resources and application of resources, including its income and expenditure, for the financial year in accordance with the requirements of sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the company.

The members have not required the company to obtain an audit of its financial statements for the year in question in accordance with section 476.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.

The financial statements were approved by the Trustees on 18 September 2025.



Mr R Kenny – Chair of Trustees
Trustee



Ms K. Cox - Treasurer
Trustee

Company Registration No. 05410167

Statement of Cash Flows

FOR THE YEAR ENDED 31 MARCH 2025

		Total 2025 £	Total 2024 £
	Notes		
Cash flows from operating activities	17	28,247	24,283
Cash flows from investing activities			
Dividends and interest from investments		4,905	4,876
Proceeds from the sale of fixed assets		- 4,704	-
Purchase of fixed assets (investments)		- 107,883	-
Cash provided by (used in) investing activities			
Increase (decrease) in cash and cash equivalents in the year		- 79,435	29,159
Cash and cash equivalents at the beginning of the year		285,961	256,802
Total cash and cash equivalents at the end of the year		206,526	285,961

FOR THE YEAR ENDED 31 MARCH 2025

1. Accounting Policies

Charity information

Oxford Parent-Infant Project is a private company limited by guarantee incorporated in England and Wales. The registered office is Suite J, The Kidlington Centre, High Street, Kidlington, Oxfordshire, OX5 2DL.

1.1 Accounting convention

The accounts (financial statements) have been prepared under the historical cost convention with items recognised at cost or transaction value except for certain investment assets, which are shown at market value as set out below, and in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) ('FRS102'), Statement of Recommended Practice: Accounting and Reporting by Charities (Revised 2019) applicable to charities preparing their accounts in accordance with FRS102 ('Charities SORP (FRS102)'), the Charities Act 2011, and the Companies Act 2006.

1.2 Going concern

At the time of approving the financial statements, the trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus, the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

1.3 Charitable funds

Unrestricted funds are available for use at the discretion of the trustees in furtherance of their charitable objectives unless the funds have been designated for other purposes.

Designated funds comprise funds which have been set aside at the discretion of the trustees for specific purposes. The purposes and uses of the designated funds are set out in the notes to the financial statements.

Restricted funds are subject to specific conditions by donors as to how they may be used. The purposes and uses of the restricted funds are set out in the notes to the financial statements.

1.4 Income

Income is recognised when the charity is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably, and it is probable that income will be received.

Cash donations are recognised on receipt. Other donations are recognised once the charity has been notified of the donation unless performance conditions require deferral of the amount. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Legacies are recognised on receipt or otherwise if the charity has been notified of an impending distribution, the amount is known, and receipt is expected. If the amount is not known, the legacy is treated as a contingent asset.

1.5 Expenditure

Liabilities are recognised as resources expended as soon as there is a legal or constructive obligation committing the charity to the expenditure. All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category.

Expenditure on raising funds comprises the costs associated with attracting voluntary income, applications to grant giving bodies and costs of organising fundraising events.

Charitable expenditure comprises those costs incurred by the charity in the delivery of services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them.

1.6 Tangible fixed assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Leasehold improvements	over the life of the lease
Fixtures and fittings	25% straight line
Office equipment	25% straight line

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset and is recognised in net income/(expenditure) for the year.

1.7 Impairment of fixed assets

At each reporting end date, the charity reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated to determine the extent of the impairment loss (if any).

1.8 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

1.9 Financial instruments

The charity has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all its financial instruments.

Financial instruments are recognised in the charity's balance sheet when the charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Basic financial liabilities

Basic financial liabilities, including creditors and bank loans are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities

Financial liabilities are derecognised when the charity's contractual obligations expire or are discharged or cancelled.

1.10 Employee benefits

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the charity is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

1.11 Leases

Rentals payable under operating leases, including any lease incentives received, are charged as an expense on a straight-line basis over the term of the relevant lease.

2. Critical Accounting Estimates and Judgements

In the application of the charity's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated 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 where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

3. Donations and Legacies

	Unrestricted	Restricted	Total Funds	Unrestricted	Restricted	Total Funds
			2025			2024
	£	£	£	£	£	£
Donations and gifts	38,280	-	38,280	84,105	-	84,105
	<u>38,280</u>	<u>-</u>	<u>38,280</u>	<u>84,105</u>	<u>-</u>	<u>84,105</u>

4. Income from Charitable Activities

	Unrestricted	Restricted	Total Funds	Unrestricted	Restricted	Total Funds
			2025			2024
	£	£	£	£	£	£
Income from charitable activities	326,489	256,354	582,843	186,379	252,323	438,702
	<u>326,489</u>	<u>256,354</u>	<u>582,843</u>	<u>186,379</u>	<u>252,323</u>	<u>438,702</u>

Analysed by

Parent Infant Therapy	50,769	256,354	307,123	16,357	252,323	268,680
Training and raising awareness	275,720	-	275,720	170,022	-	170,022
	<u>326,489</u>	<u>256,354</u>	<u>582,843</u>	<u>186,379</u>	<u>252,323</u>	<u>438,702</u>

5. Investments

Unrestricted	Restricted	Total Funds	Unrestricted	Restricted	Total Funds
2025		2025	2024		2024

	£	£	£	£	£	£
Bank Interest	4,905	-	4,905	4,876	-	4,876
	<u>4,905</u>	<u>-</u>	<u>4,905</u>	<u>4,876</u>	<u>-</u>	<u>4,876</u>

6. Other Trading Activities

	Unrestricted	Restricted	Total Funds	Unrestricted	Restricted	Total Funds
	2025		2025	2024		2024
	£	£	£	£	£	£
Fundraising events	<u>6,381</u>	<u>-</u>	<u>6,381</u>	<u>30,087</u>	<u>-</u>	<u>30,087</u>

7. Expenditure on Raising Funds

	Unrestricted	Restricted	Total Funds	Unrestricted	Restricted	Total Funds
			2025	2024	-	2024
	£	£	£	£	£	£
Staging fundraising events	3,050	-	3,050	17,318	-	17,318
Freelance costs	-	-	-	-	-	-
Other fundraising costs	501	-	501	364	20	384
Staff costs	20,199	-	20,199	21,410	-	21,410
Support costs	-	-	-	-	-	-
Telephone and internet	80	-	80	375	-	375
Professional fees	2,536	-	2,536	2,254	-	2,254
Insurance	515	-	515	470	-	470
Office costs	74	-	74	255	-	255
IT	5,994	-	5,994	6,437	-	6,437
Provision of training	-	-	-	688	-	688

Rent, rates, utility and other premise costs	928	-	928	547	-	547
Depreciation and impairment	1,093	-	1,093	802	-	802
	<u>34,970</u>	<u>-</u>	<u>34,970</u>	<u>50,920</u>	<u>20</u>	<u>50,940</u>

8. Expenditure on Charitable Activities

	Parent Infant Therapy	Training and raising awareness	Total Funds	Parent Infant Therapy	Training and raising awareness	Total Funds
			2025			2024
	£	£	£	£	£	£
Staff costs	290,576	85,067	375,643	262,491	71,063	333,554
Freelance costs	9,411	-	9,411	11,475	981	12,456
Rent, rates, utility and other premise costs	16,733	-	16,733	18,617	-	18,617
IT	166	2,919	3,085	71	2,763	2,834
Provision of training	- 30	44,158	44,128	1,681	37,216	38,897
Office costs	31	84	115	189	51	240
Telephone and internet	-	-	-	-	-	-
Professional fees	790	-	790	531	-	531
Depreciation and impairment	2,469	609	3,078	1,811	447	2,258
Governance costs	11,159	3,720	14,879	11,709	3,903	15,612
Support costs	65,768	22,738	88,506	70,472	24,340	94,812
	<u>397,073</u>	<u>159,295</u>	<u>556,368</u>	<u>379,047</u>	<u>140,764</u>	<u>519,811</u>
Analysis by fund						
Unrestricted Funds	99,042	159,295	258,337	78,734	140,764	219,498
Restricted Funds	<u>298,031</u>	<u>-</u>	<u>298,031</u>	<u>300,313</u>	<u>-</u>	<u>300,313</u>
	<u>397,073</u>	<u>159,295</u>	<u>556,368</u>	<u>379,047</u>	<u>140,764</u>	<u>519,811</u>

* 'Staff costs' includes training, wellbeing and mobile phone contracts, as well as salary expenditure. Supports costs also includes some staff costs. See note 9 for the analysis of supports costs, and note 10 for salary expenditure.

9. Governance and Support Costs

	Parent Infant Therapy	Training and raising awareness	Total Funds	Parent Infant Therapy	Training and raising awareness	Total Funds
			2025			2024
	£	£	£	£	£	£
<u>Governance</u>						
Independent Examination fee	855	285	1,140	855	285	1,140
Other governance costs	10,304	3,435	13,739	10,854	3,618	14,472
Sub-total governance	11,159	3,720	14,879	11,709	3,903	15,612
<u>Support costs</u>						
Strategic Management and Office Team	50,527	17,469	67,996	54,725	18,901	73,626
Building, IT and office costs	15,241	5,269	20,510	15,747	5,439	21,186
	65,768	22,738	88,506	70,472	24,340	94,812

None of the trustees (or any persons connected with them) received any remuneration or benefits from the charity during the year.

During the year, trustees donated £1,272 to the charity (2024 £2,270)

10. Employees

	2025	2024
	£	£
Gross pay	395,803	372,360
Employer's National Insurance	30,362	26,872
Pension costs	23,543	16,791
	<u>449,708</u>	<u>416,023</u>

The average number of employees during the year was 15, the same as in 2024.
No member of staff received benefits over £60,000 (2024: nil)

11. Tangible Fixed Assets

	Leasehold improvements	Fixtures and fittings	Office equipment	Total
	£	£	£	£
COST				
At 1 April 2025	2,960	5,785	48,269	57,014
Additions	-	-	4,704	4,704
At 31 March 2025	<u>2,960</u>	<u>5,785</u>	<u>52,973</u>	<u>61,718</u>
DEPRECIATION				
At 1 April 2025	2,960	5,785	44,774	53,519
Charge for the year	-	-	4,415	4,415
At 31 March 2025	<u>2,960</u>	<u>5,785</u>	<u>49,189</u>	<u>57,934</u>
NET BOOK VALUE				-
At 31 March 2025	<u>-</u>	<u>-</u>	<u>3,784</u>	<u>3,784</u>
At 31 March 2024	<u>-</u>	<u>-</u>	<u>3,495</u>	<u>3,495</u>

12. Investments

	2025	2024
	£	£
At 1 April 2025	-	-
Additions	107,883	-
Revaluation	- 2,906	-
At 31 March 2025	<u>104,977</u>	<u>-</u>

13. Debtors

	2025	2024
	£	£
Trade debtors	10,057	43,356
Prepayments	-	372
Other debtors	1,671	18,711
	<u>11,728</u>	<u>62,439</u>

14. Creditors

	2025	2024
	£	£
Taxation and social security	8,660	8,528
Trade creditors	10,086	6,787
Other creditors	3,982	3,667
Accruals and deferred income	176,602	243,393
	<u>199,330</u>	<u>262,375</u>

The charity operates a defined contribution pension scheme for all qualifying employees. The assets of the scheme are held separately from those of the charity in an independently administered fund.

15. Unrestricted Income Funds

	Balance at 1 April 2024	Income	Expenditure	Revaluations	Transfers	Balance at 31 March 2025
	£	£	£	£	£	£
Other Unrestricted Funds	83,414	376,056	- 293,308	- 2,906	- 47,264	115,992
	<u>83,414</u>	<u>376,056</u>	<u>- 293,308</u>	<u>- 2,906</u>	<u>- 47,264</u>	<u>115,992</u>

Previous year

	Balance at 1 April 2023	Income	Expenditure	Revaluations	Transfers	Balance at 31 March 2024
	£	£	£	£	£	£
Other Unrestricted Funds	98,361	305,447	- 270,418	-	- 49,976	83,414
	<u>98,361</u>	<u>305,447</u>	<u>- 270,418</u>	<u>-</u>	<u>- 49,976</u>	<u>83,414</u>

The income funds of the charity did not include any designated funds at the year end.

16. Restricted funds

	Balance at 1 April 2024	Income	Expenditure	Revaluations	Transfers	Balance at 31 March 2025
	£	£	£	£	£	£
National Lottery Community Fund	-	110,256	- 137,608	-	27,372	20
Tudor	6,106	-	-	-	-	6,106
Private Donor #003	-	100,000	- 106,365	-	6,365	-
Oxfordshire Community Foundation	-	5,417	- 3,650	-	-	1,767
Trusthouse Charitable Trust	-	3,750	- 10,138	-	6,388	-
Private Donor #004	-	20,000	- 26,041	-	6,041	-
Carterton Town Council	-	2,000	- 2,621	-	621	-
Abingdon Well Together	-	7,431	- 3,631	-	-	3,800
Partnerships Income	-	7,500	- 7,977	-	477	-
	<u>6,106</u>	<u>256,354</u>	<u>- 298,031</u>	<u>-</u>	<u>47,264</u>	<u>11,693</u>

The income funds of the charity include restricted funds comprising the following unexpended balances of donations and grants held on trust for specific purposes. The transfers to the National Lottery and Carterton Town Council represents the planned part -funding by OXPIP for these projects. The other transfers are for expenditure on core and overhead costs.

Restricted funds (continued)

Previous year:

	Balance at 1 April 2023	Income	Expenditure	Transfers	Balance at 31 March 2024
	£	£	£	£	£
National Lottery Community Fund	-	88,253	- 110,032	21,779	-
Tudor	4,140	10,207	- 8,241	-	6,106
Private Donor #003	-	99,600	- 109,165	9,565	-
Oxfordshire Community Foundation	-	14,263	- 15,139	876	-
Trusthouse Charitable Trust	-	15,000	- 21,643	6,643	-
Private Donor #004	-	20,000	- 31,451	11,451	-
Shanly Foundation	-	2,000	- 1,865	- 135	-
Souter Charitable Trust	-	3,000	- 2,797	- 203	-
	<u>4,140</u>	<u>252,323</u>	<u>- 300,333</u>	<u>49,976</u>	<u>6,106</u>

Transfers from unrestricted funds represent planned part-funding for these projects.

17. Related Party Transactions and Remuneration of key management personnel

Remuneration of key management personnel

	2025	2024
	£	£
Aggregate compensation	<u>90,955</u>	<u>66,723</u>

Transactions with related parties

There were no related party transactions in the current year (previous year: none)

18. Reconciliation of net movement to net cash flows from operating activities

	2025	2024
	£	£
Net income/expenditure for the year (as per the Statement of Financial Activities)	41,070	- 12,981
Add back depreciation charge	4,416	3,240
Investment income	- 4,905	- 4,876
Loss on disposal of fixed assets	-	-
Decrease (increase) in stock	-	-
Decrease (increase) in debtors	50,711	19,294
Increase (decrease) in creditors	- 63,045	19,606
	<u>28,247</u>	<u>24,283</u>

Analysis of net assets between funds

	Unrestricted	Restricted	Total Funds
	£	£	2025
	£	£	£
Fixed assets	3,784	-	3,784
Cash and current investments	194,834	11,692	206,526
Other current assets / liabilities	- 187,602	-	- 187,602
	<u>11,016</u>	<u>11,692</u>	<u>22,708</u>

	Unrestricted	Restricted	Total Funds
	£	£	2024
	£	£	£
<i>Prior year</i>			
Fixed assets	3,495	-	3,495
Cash and current investments	279,855	6,106	285,961
Other current assets / liabilities	- 199,936	-	- 199,936
	<u>83,414</u>	<u>6,106</u>	<u>89,520</u>



OXPIP

oxpip.org.uk

Registered Charity 1109956
Registered Company 5410167

Accounts



Oxford Parent-Infant Project Report and Financial Statements For the Year Ended 31 March 2024

oxpip.org.uk

Registered Charity 1109956
Registered Company 5410167

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Reference and Administrative Details of Charity

Registered Name:	Oxford Parent-Infant Project
Company Number:	5410167
Registered Charity Number:	1109956
Date of Incorporation:	1 April 2005
Registered Office & Operational Address:	Suite J, The Kidlington Centre High Street Kidlington Oxford OX5 2DL
Trustees at year end:	Robert Kenny Anne Burns Karina Cox Shamus Donald Susanna Graham-Jones Dr Jessica Gibson Lawrence Judd Kathy Peto
Joint CEOs:	Dr Karen Bateson, Helen Callaghan
Clinical Director:	Helen Callaghan
Executive Director:	Dr Karen Bateson
Bankers:	The Co-operative Bank plc PO Box 101, 1 Balloon Street Manchester, M60 4EP Lloyds Bank plc 25 Gresham St, London EC2V 7HN COIF Charity Funds Senator House 85 Queen Victoria Street, London EC4V 4ET
Independent Examiner:	UHY Ross Brooke Suite I, Windrush Abingdon Business Park, Abingdon OX14 1SY

Trustees' Report

The Trustees present their report and accounts for the year ended 31 March 2024.

The accounts have been prepared in accordance with accounting policies set out in Note 1 to the accounts and comply with the charity's Memorandum and Articles of Association, the Companies Act 2006 and the Charities Act 2011 and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable in the UK and Republic of Ireland (FRS 102)" (as amended for accounting periods commencing from 1 January 2019).

Joint CEO's Overview of 2023-24

It is wonderful to report another successful year, which included our celebration of our 25th anniversary.

We have received our highest ever number of referrals and self-referrals (n=378), and have worked with over 350 families. We're pleased to see that referrals and self-referrals are coming in earlier – around 40% of our referrals are now antenatal. This means we can work therapeutically at the earliest possible moment to lay down solid relationship foundations for the baby's arrival. We are very thankful to all our staff who do such excellent work. Ninety percent (90%) of families who start therapy with us complete their course of treatment. Our clinical outcomes remain exceptional (see page 22) and we have also received some brilliant feedback from families we've worked with.

We have seen a growth in demand for our training, including commissioned Short Course Professional Trainings. As the Government's Start to Life programme in England enters its third year, we have seen maintained interest in our national training offer, and are currently fully booked for most of our training courses until March 2025.

This year, training revenue represented 30% of our total income, and we are on track for this to increase to 41% in 24-25, making a substantial contribution to our long-term sustainability. With increased national demand for parent-infant training, we hope to build on this years' success by expanding our training offer in the second half of 24-25.

In the summer, we delivered on an ambition to match OXPIP salary bands to NHS pay scales for clinical staff, to recognise the skills and experience of our very highly qualified clinical team. This is part of our continued commitment to attract expert clinicians who can provide safe, high quality parent-infant therapy to the families we see.

In July, we had another wonderful Opera event at New College with a candlelight picnic and opera. New Chamber Opera performed Paisello's La Frascata 'The Girl from Frascati'.

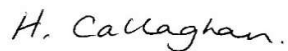
We celebrated our 25th anniversary as a charity with a grand dinner at Balliol College in September, alongside a very successful online and in person auction. We are very grateful to all the Trustees for the considerable work that they did in helping to make this such a success.

In December, we launched our Impact Report showcasing the outcomes and impact of our work over the last 5 years. Copies are available on our website here: oxpip.org.uk. The Impact Report demonstrates that OXPIP parent-infant psychotherapy is highly effective: 73% of parents show reduced levels of depression and anxiety and 91% experience improvements in their parent-infant relationship.

In January, our CEO and Clinical Director, Helen Callaghan, was able to reduce her hours and with Trustee support, we recruited Dr Karen Bateson as Executive Director and Joint CEO. Karen brings a huge wealth of experience in the parent-infant sector, having had senior positions in other parent-infant organisations and the NHS. This feels like a very exciting time for OXPIP with Helen leaving the organisation in a strong position, not only with the clinical delivery but also the National Training position and a very strong OXPIP team.

In March, we rounded out the year with our first Virtual Row Fundraiser which included our youngest supporter – Erin (2) - singing 38 verses of Row, Row, Row Your Boat and our own administrator Sam crocheting the length of a rowing boat from the Oxford v Cambridge Boat race. Also in March, our senior therapist, Katie Bailey delivered a webinar about working antenatally with parents to 420 attendees for the Parent-Infant Foundation.

Welcome to our Annual Report 23-24. We are truly grateful to all the Trusts and private funders that support us, to our Trustees for their ongoing skilled and committed support, and to our wonderful staff.



Helen Callaghan
Joint CEO, Clinical Director



Karen Bateson
Joint CEO, Executive Director

About Us

Oxford Parent-Infant Project (OXPIP) is a charity founded in 1998 (incorporated in 2005) which

- delivers specialist parent-infant psychotherapy to parents and carers in Oxfordshire, and their babies, who need some help to form a secure attachment. We work with parents and infants from conception up to the age of two.
- provides national and international specialist parent-infant therapy training
- supports awareness raising and policy change, regarding the importance of parent and infant relationships and mental health, locally and across the UK.

Our Objectives

OXPIP is a registered charity and our objectives, as set out in the Memorandum and Articles of Association are:

- To promote and preserve the health and well-being of babies, young children, and their parents, including parents to be, who may be experiencing stress or facing problems within the normal range of parenting.
- To promote and advance an understanding of infant mental health and early child development, within the broad framework of Object Relations and Attachment Theories, and to provide a focus for this approach in the Charity's area.
- To promote, by training and research, the awareness of the importance of early childhood development among health professionals and other professionals involved in early childhood, and actively to disseminate information and examples of best practice among these groups.

To meet these objectives, OXPIP aims to:

- Enable positive early relationships through direct parent-infant psychotherapy and related therapeutic interventions.
- Increase the number of trained Parent-Infant Psychotherapists.
- Develop early years practitioners' understanding of parent-infant relationship difficulties, increasing practitioners' capacity to both recognise issues and to provide appropriate support.
- Raise awareness of early intervention and the importance of attachment, and to influence policy and service development around these issues at both local and national level.

Our Core Values

- Relationships We develop, promote and sustain healthy relationships across all our work as a crucial mechanism of sustainable change, and to promote health and wellbeing for babies, parents, our staff and volunteers, colleagues, and professional partners.
- Early Intervention Early identification of relationship difficulties and timely intervention is effective for both improving individual outcomes and reducing costs to society, in the short and long term. We encourage parents and referrers to engage with us as early as possible, from conception onwards.
- Accessibility Our therapeutic treatments are available to all parents, from conception to two years, who may need help to improve their relationship with their baby. We work hard to reach out to disadvantaged, vulnerable or marginalised families, including those facing adversities such as poverty, racism, social isolation, language/learning/literacy barriers.

Our Core Competencies

- Clinical Expertise OXPIP clinicians are all highly qualified specialist therapists who draw on a wide range of interventions, and who are experienced in working to improve parent-infant relationships.
- Knowledge and Experience OXPIP was one of the founding parent-infant psychotherapy organisations in the UK and has in-depth knowledge and experience of working with parent and infant mental health in a wide range of settings, and across a diverse group of clients and situations.
- Training and Cascading Knowledge OXPIP has strong expertise in explaining, communicating, and sharing its clinical expertise with therapists and non-therapists to develop their capacity to support parent-infant relationships.

Equality, Diversity & Inclusion

OXPIP believes that equality of opportunity and freedom from discrimination are fundamental rights of all people.

- We recognise that discrimination, prejudice, and disadvantage exist in society and acknowledge that we have a duty to address these issues whenever possible.
- We are committed to promoting equality and valuing diversity by providing services that are accessible to all families of all backgrounds and cultures.
- We respect and celebrate difference and will promote the principles of understanding and respect for others.
- OXPIP does not accept discrimination based on any of the nine protected

characteristics of equality and diversity - age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.

OXPIP ensures that its policies, practices, and procedures do not discriminate on these grounds.

Our Success

Over the last 25 years, OXPIP has established an excellent track record of: delivering safe, high-quality work; excellent clinical outcomes; understanding local need and the geographical distribution of need; being accessible to the families who benefit most from our work; reaching into communities to remove barriers; and intervening early enough for our work to make the most difference.

1. Quality

We have a national and international reputation as a centre of excellence for parent-infant psychotherapy. Our clinical outcomes are excellent: at least 73% parents show reduced anxiety and/or depression, 91% of families improve the quality of their parent-infant relationship after therapy with us (data from over 430 families over 5 years using standardised, clinical tools). OXPIP has also been a pioneer for parent-infant psychotherapy training courses in the UK. Many of our clinicians teach on our short courses and 18-month diploma, to help expand the UK parent-infant relationship workforce.

2. Safety

We employ only fully qualified, registered parent-infant psychotherapists and have robust clinical, safeguarding, supervision and information management processes in place.

3. Understanding need

Fifteen percent (15%) of babies born in Oxfordshire experience significant parent-infant relationship difficulties and 321 babies (unborn and under 2's) are on either a Child Protection Plan or Child in Need plan with Oxfordshire children's services care each year. We have excellent, long-standing relationships with our communities and community services so we understand the social, economic and geographical distribution of parent-infant relationship difficulties and we locate our clinical venues where the need is greatest.

4. Accessibility

We work hard to be accessible to families facing the most barriers. We deliver therapy from local venues which are more easily reachable by the most disadvantaged/ marginalised families. We provide interpreters for non-English speakers. In exceptional circumstances, we provide taxis for families to attend sessions. Twenty-three percent (23%) of our clients do not identify as White British - the same percentage as the Oxfordshire population. Our website and online referral form are equipped with Recite Me software for families with learning, literacy or language difficulties.

5. Reach

Research indicates that 1075 babies are born in Oxfordshire each year with parent-infant relationship difficulties so significant as to compromise their mental health and put them at much higher risk of poor life outcomes. This means at any one time there are 3225 babies (0-2) in need of our help. We accepted 378 referrals last year - 11.7% of the total population of babies in need. This is more than double the rate suggested by the Parent-Infant Foundation as a realistic estimate of reach for parent-infant relationship teams like OXPIP.

5. Early intervention

Because we work with parents and babies at such an early age we can make a big impact in a relatively short time. The "first 1001 days" is a unique window of opportunity where a baby's brain is developing rapidly, and this period includes the 9 months of pregnancy. Forty percent (40%) of our referrals are antenatal, thanks to the excellent relationships with midwives we have built up over decades of working in Oxfordshire. This means we are working at the most opportune moment of a child's life, and during the window in which parents are most receptive to the work.

OXPIP's 2023-24 Strategy

Our Strategic Plan provides a clear roadmap for the charity, focusing on four themes:

1. Parent-Infant Psychotherapeutic Services

To continue to deliver and expand OXPIP's parent-infant psychotherapeutic services for families in Oxfordshire, ensuring they are accessible to all and available in each of the county's five local government districts.

2. Centre of Excellence

To reinforce OXPIP's local and national profile as a centre of excellence, raising the standards of parent-infant emotional and mental health interventions available for families through influencing policy, shaping service development and commissioning, and innovating models of collaborative working. Additionally, to continue to embed Equality, Diversity and Inclusion in all our operations.

3. Training and Awareness Raising Programme

To continue to deliver OXPIP's programme of professional training, education and awareness-raising events on parent-infant relationships and parent-infant emotional and mental health.

4. Developing Organisational Capacity

To ensure that through effective income generation, organisational management and investment in its staff, OXPIP has the governance, leadership, people, policies and resources required to deliver on this strategy.

Our Team



Helen Callaghan
Joint CEO,
Clinical Director



Dr Karen Dateson
Joint CEO,
Executive Director



Dr Joanna Chapman
Head of Training &
Deputy Clinical Director



Lizi Potter
Operations Manager



Sam Smith
Administrator



Gisele Mendonça
Head of PIT Training &
Senior Parent-Infant
Psychotherapist



Katie Bailey
Senior Parent-Infant
Psychotherapist



Carla Combrink
Parent-Infant Psychotherapist



Jane Eustace
Referrals Co-ordinator &
Senior Parent-Infant
Psychotherapist



Dee Galliano
Senior Parent-Infant
Psychotherapist



Liz Gamble
OXPIP Therapist



Elizabeth Greenlaw
Parent-Infant Psychotherapist



Linda Manning
Senior Parent-Infant
Psychotherapist



Catherine O'Keefe
Senior Parent-Infant
Psychotherapist



Angela Whitehead
OXPIP Therapist



Caryn Onions
Freelance Senior Parent-
Infant Psychotherapist



Jane Spencer
Freelance Senior Parent-
Infant Psychotherapist



Trisha Sullivan
Freelance Senior Parent-
Infant Psychotherapist



Michela Bisio
Freelance Parent-Infant
Training Consultant



Monika Celebi
Freelance Parent-Infant
Training Consultant



Jan Martin
Freelance Parent-Infant
Training Consultant



Joanna Tucker
Freelance Parent-Infant
Training Consultant



Becky Wylde
Freelance Supervisor

Staff

Our parent-infant psychotherapy services and professional training courses are delivered by our experienced team of 15 (6.3 FTE) specialist Parent-Infant Therapists. These are supported by our pool of trusted, freelance, specialist therapists and trainers.

All our therapists are multi-disciplinary professionals who have a recognised professional clinical registration in a range of psychotherapeutic disciplines. Many were previously social workers, psychologists, health visitors or midwives. Most of our current team are graduates from OXPIP's Parent-Infant Therapist Training or Associate Programmes (OXPIP's professional training offer).

Working alongside the therapists is our small team of leadership, operations and admin staff (2.2 FTE).

Volunteers and Supporters

OXPIP's work relies on the voluntary commitment of many individuals and organisations through contributions in kind, helping with events, networking, publicity, and community fundraising. We do not recruit to formal volunteer positions. We engage with our volunteers and supporters through our work in the Oxfordshire community, our professional training programmes and our website and social media. We are especially grateful for their contributions to OXPIP and for their commitment to our work.

OxPIP: What we do



Wellbeing

When parents experience stress and adversity, it can put pressure on their relationships, including with their baby.



Specialist Parent-Infant Therapy

We deliver high-quality, evidence-based individual and group therapies which improve things for parents and babies.



Early Relationships

We all have a role in ensuring babies feel loved and safe, so that they can thrive. Loving, secure parent-infant relationships improve a child's life outcomes at home, at school, in work and in society.



Build Relationships

At OXPIP we work therapeutically with parents and babies to enable them to build closer loving relationships during pregnancy and early childhood.



Raise Awareness

We want to ensure everyone appreciates the importance of early relationships, so we dedicate some of our work to improving understanding and awareness across society, including by training professionals.

Our activities and impact

Our activities, the evidence base supporting them and our related output and outcome data are described below in 4 sections:

1. Parent-Infant Psychotherapy Services
2. Parent-Infant Psychotherapy Professional Training
3. Consultancy
4. Partnerships and influencing



1. Parent-Infant Psychotherapy Services

We want every baby to have a good relationship with their parents/carers so our therapeutic work focuses on building and strengthening the relationship between them. We know this improves parental and child mental health, as well as improving the baby's broader life chances.

The quality of the parent-infant relationship acts as a universal mechanism for improved child development, mental health and life chances. Our work can bring about positive change that will improve a child's social and emotional development, readiness for school, resilience, likelihood of academic success in adolescence, and the capacity to make long-lasting relationships in adulthood. With one million connections forming in a baby's brain every

minute for the first eighteen months, this is a critical window of opportunity to address any early difficulties.

The evidence for parent-infant psychotherapy and parent-infant relationship is strong

At OXPIP, we are pioneers in parent-infant psychotherapy, a specialist area of psychotherapy shown to help families become stronger and to help their children to develop into happier, more emotionally resilient adults¹.

Since parent-infant psychotherapy considers the emotional health of the infant as well as that of the parent, by working on the relationship between parent and child during the formative stages of brain development, many future problems can be reduced or prevented, resulting in babies developing into happier, more emotionally resilient children and adults, and families becoming stronger.

The Parent-Infant Foundation's [Impact of Parent-Infant Relationship Teams Report: A Summary of Evidence](#) (September, 2023) reviewed all published evidence and found that teams such as OXPIP:

- Strengthen relationships between babies and their caregivers
- Improve the mental health of caregivers
- Support babies' early development and wellbeing, including those most at risk

A review of international evidence published in 2022 examines the effectiveness of psychoanalytic, psychodynamically informed and attachment-based interventions for children aged under 5 from studies involving over one and a half thousand families. The review shows that psychodynamic and psychoanalytic interventions, including parent-infant psychotherapy:

- Improves parental reflective functioning (a key parental skill for child social and emotional wellbeing)
- Reduces parental depression (a key factor in child mental health and wellbeing)
- Improves the security of infant attachment (a major driver of lifetime outcomes across a range of personal, social and economic domains)
- Improves infant socio-emotional and behavioural wellbeing (a key predictor of social and school outcomes)

¹ Sled, M., Li, E., Vainieri, I., Midgley, N. (2022). The Evidence Base for Psychoanalytic and Psychodynamic Interventions with Children Under 5 Years of Age and their Caregivers: A Systematic Review and Meta-Analysis. London: The Anna Freud Centre.

The findings of the review also suggest that parent-infant psychotherapy is effective for families with high levels of complexity and need, including socially disadvantaged groups.

Additionally, there is considerable evidence of the economic benefits of early psychotherapy interventions. For example, research shows that for every £1 spent on this type of early preventative work up to £13 can be saved on future interventions^{2, 3}.

Who we offer therapy to

The parents and carers we work with come to us with a wide range of experiences and needs. Many have had a previous history of baby loss, disability or prematurity, a traumatic or complicated conception, pregnancy or birth, or unexpected feelings of disconnection, numbness or sadness towards their baby. We also work with parents and babies with a wide range of mental health difficulties, histories of childhood abuse, adversity or trauma, or experiences of chronic, complex or ongoing stress, adversity and trauma.

We work therapeutically with parents and carers as individuals or in parental couples, and with the baby in the room. We work with any/all parents including birth and step parents, foster, adoptive or kinship parents and carers, and LGBTQI+ parents.

How We Manage Referrals

We accept referrals from anywhere in Oxfordshire, from conception to the day before the child's second birthday.

We employ a highly experienced part-time parent-infant therapist as our Referrals Co-ordinator to:

- Act as a point of first contact for families who are self-referring and for professional referrers
- Contact all families by phone to assuage any worries or queries they might have about their referral – be the “human face” of their referral to OXPIP

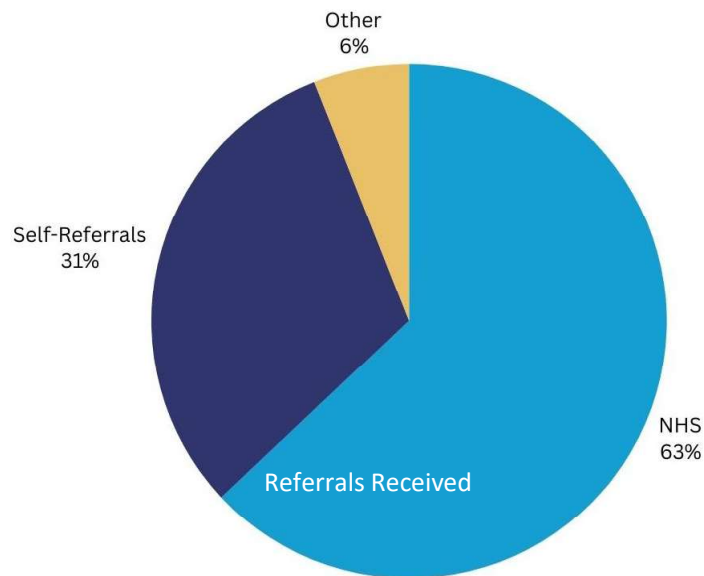
² People Shaped Support (2017) Social Impact Report: Parent and baby Wellness (2017). <http://www.psspeople.com/wp-content/uploads/2017/04/Parent-and-Baby-Wellness-Impact-Report-v2-27032017.pdf>

³ Benefits-Costs Results (2022) Washington State Institute of Public Policy [Washington State Institute for Public Policy](https://www.wsipp.wa.gov/ReportsPublications/Benefits-Costs-Results)

- Triage the family's needs and urgency
- Triage risk and take appropriate action (e.g. liaison with and referral to other relevant agencies)
- Offer phone-based support while families are waiting to be allocated to a therapist

Referrals Received

Between 1st April 2023 and 31st March 2024 OXPIP received 378 referrals (up from 371 in 22-23), 68% of these referrals were submitted by professionals, 32% were parental self-referral. 63% of these 378 referrals came from the NHS, for example from midwives (22.8%), health visitors (17.2%), the specialist perinatal mental health team (7%), GP's (4%) and Talking Therapies (2%).



Of the 378 referrals to OXPIP, 98 did not continue into the service: 50 (13.2%) no longer required therapy, 33 (8.7%, up from 5% in 2022-23) "did not engage with/did not respond to" our referral coordinator, 2 had a child over the age of 2, 3 were referred on to a more appropriate service, 4 were unable to attend sessions due to work commitments or childcare problems for an older child, 1 had had their child removed into care, 1 referral was declined because the child was on a Child Protection Plan but we were unable to access Social Care funding.

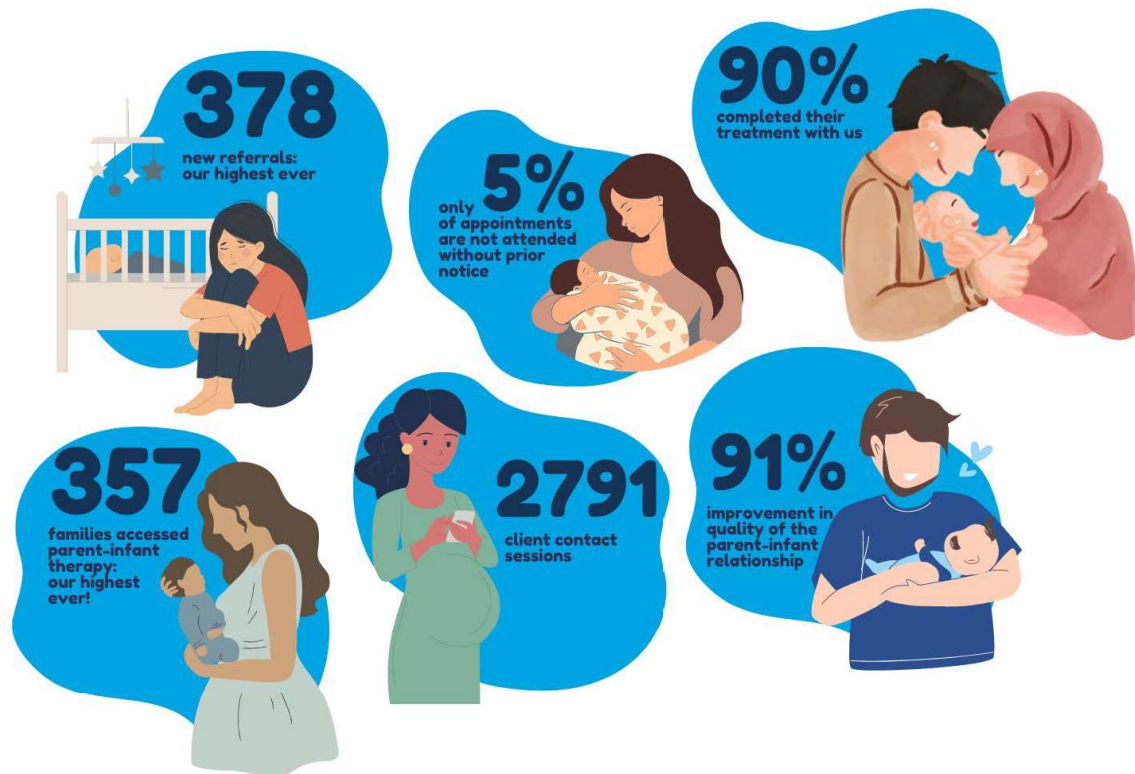
357 OXPIP clients received a service between 1st April 2023 and 31st March 2024, up from 340 in the previous year. This number includes those clients who were open at the start of this period.

321 (89.9%) of the 357 went on to complete their treatment.

During the period between the referral being accepted and the therapy starting the OXPIP Referral Coordinator and/or Clinical Director provided 575 interim contacts with clients on our waiting list. This is up from 247 in 2022-23, the steep increase reflecting the fact that our waiting times have increased so we are providing more “waiting list support”.

OXPIP offered 2216 client sessions in 2023-24, (down from 2611 in 2022-23 due to two members of staff being on extended sickness absence). However, when taking into account the “pre-therapy” sessions offered by our Referrals Co-ordinator, in 2023/24 we offered in 2791 client contacts, compared to 2858 in 2022-23 (67 fewer contacts in total).

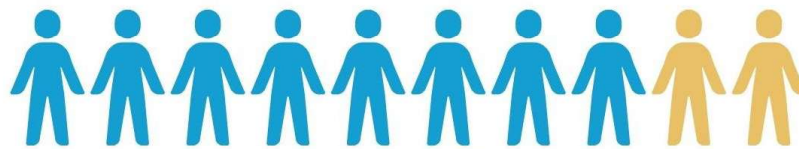
1758 sessions (79%) were attended, 356 (16%) were cancelled before the session and 102 (4.6%) were not attended without notice. The mean number of sessions per family is 7.9.



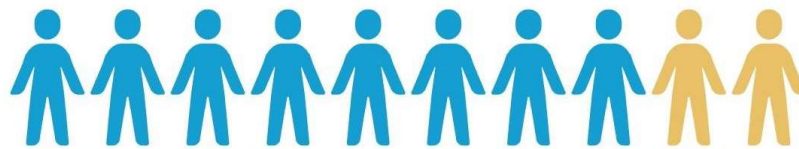
Ethnicity of clients

During 2023-24 the ethnicity of OXPIP's clients was recorded on the consent form at the point of entry to the service. The ethnicity of OXPIP's client was 77% White British, which is identical to the population profile of Oxfordshire as a whole (ref: Oxfordshire Census, 2021).

This means that we are successfully reaching Black, Asian and other Global Majority groups in proportion to ethnicity distribution within the general population.



OXPIP Clients



Oxfordshire General Population

Disability

During 2023-24 the disability status of OXPIP's clients was recorded on the consent form at the point of entry to the service. Sixteen percent(16%) of OXPIP's clients informed us that they have a disability, which is above the Oxfordshire general population rate of 14.5% (ref: Oxfordshire Census 2021).



We are successfully reaching parents with a disability, and Black, Asian and other ethnic groups.

Parental mental health status at referral

At the beginning of therapy with us, approximately 60% of parents report *moderate or severe* levels of anxiety and 50% of parents report *moderate or severe* levels of depression.

OXPIP accept referrals for or by parents with a diagnosis of complex PTSD (sometimes referred to as Emotionally Unstable Personality Disorder) which some local adult mental health services may not.

Our therapeutic interventions

Effective parent-infant relationship therapies focus on improving the sensitive relationship between the parent(s) and baby. This may be achieved through a combination of approaches which strengthen parental reflective functioning and/or bringing to awareness the parents' often unseen but influential emotional wounds from their own upbringing. Our Parent-Infant Therapists hold the infant, the parent(s) and the relationships in equal esteem. Psychotherapeutic theory and practice feature heavily, as does use of video feedback work to help parents see their interaction with their child through a more objective, often strengths-based, lens.

We offer individual and group-based parent-infant psychotherapy interventions to referred parents and other primary carers in Oxfordshire and surrounding areas. Most families are seen weekly and are offered 6 - 12 Parent-Infant Therapy sessions, but some families may require long term work (1 – 2 years), due to the clinical complexity of their experiences.

All OXPIP's Parent-Infant Therapy sessions are offered free of charge to all clients.

Our parent-infant psychotherapy is offered in two ways:

1. Individually

We assess, formulate and tailor interventions to individual families' needs, to improve the quality of the parent-infant relationship and the emotional well-being and mental health of the parent(s) and infant. OXPIP clinicians are highly qualified therapists whose work is underpinned by psychoanalytic and psychodynamic thinking. They draw on a wide range of interventions including Video-Interaction Guidance^{4,5} and Watch Wait and Wonder⁶. Individual parent-infant psychotherapy sessions with parent(s) and baby are offered for a

⁴ Kennedy, H., Ball, K. and Barlow, J., 2017. How does video interaction guidance contribute to infant and parental mental health and well-being? *Clinical child psychology and psychiatry*, 22(3), pp.500-517.

⁵ O'Hara, L., Smith, E.R., Barlow, J., Livingstone, N., Herath, N.I., Wei, Y., Spreckelsen, T.F. and Macdonald, G., 2019. Video feedback for parental sensitivity and attachment security in children under five years. *Cochrane Database of Systematic Reviews*, (11).

⁶ Zilbowitz, M. (2010). *Watch, wait & wonder*. Haymarket, N.S.W., Good Beginnings Australia.

recommended minimum of six weeks. However, in some cases families are seen for longer term work.

2. In Groups

In our Banbury project, we have offered therapeutic input to the Saplings antenatal group, alongside midwifery and community family support colleagues.

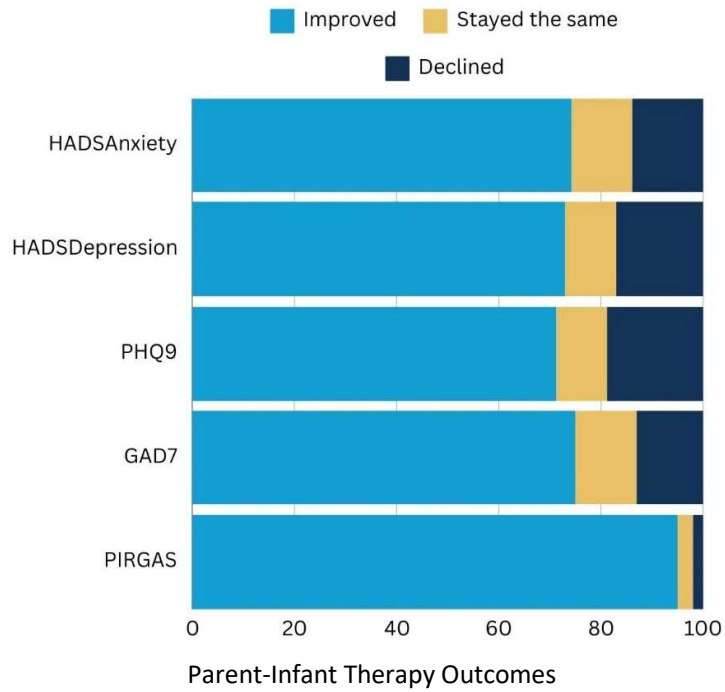
Parent-Infant Therapy Outcomes

We use validated and internationally recommended clinical outcome measures with all families:

- Parent-Infant Relationship Global Assessment Scale (PIRGAS, clinician-rated)
- Generalized Anxiety Disorder Scale (GAD-7, parent self-report)
- Patient Health Questionnaire (PHQ-9, parent self-report)

We changed our clinical evaluation tools from the Hospital Anxiety and Depression Scale (HADS) to PHQ9/GAD7 in the first quarter of 2022, therefore this annual report analysed data from both forms of evaluation.

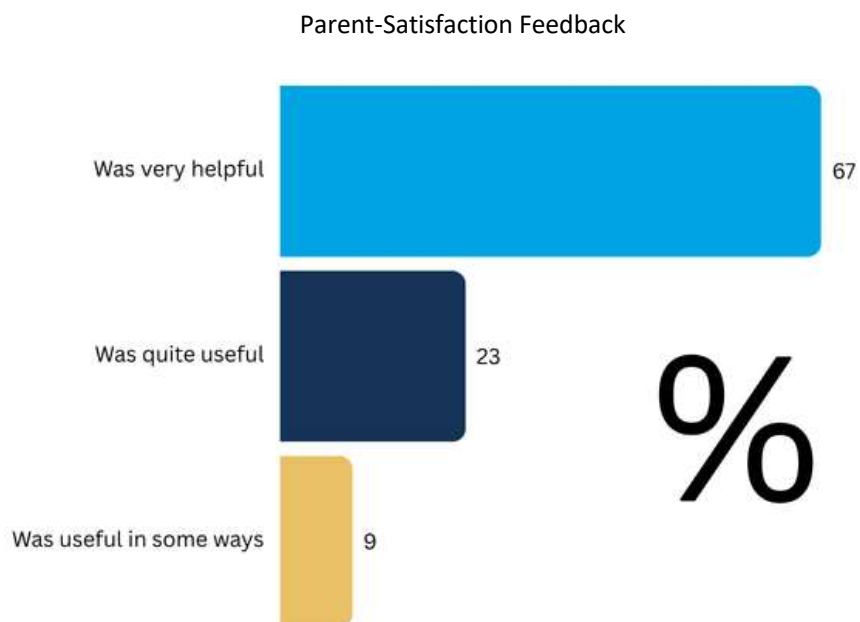
Seventy-three percent (73%) of all clients saw a reduction in their symptoms of anxiety or depression across both the HADS and PHQ9/GAD7 evaluation tools and 91% experienced an improvement in the security of their parent-infant relationship.



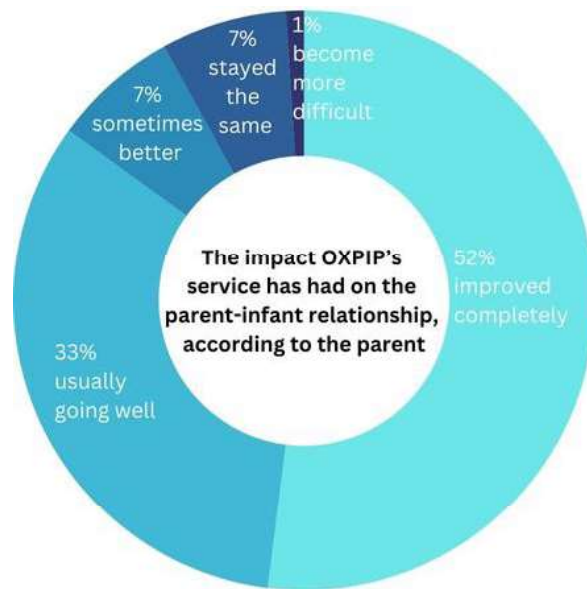
Parent Satisfaction Feedback

Each client who completed their treatment with OXPIP were asked to complete our online parent evaluation form; 120 were received back.

67% of respondents were said that the service they received from OXPIP was very helpful, 23% said that it was quite useful, 9% said it was useful in some ways.



After OXPIP therapy, 52% of the respondents said that the relationship with their child has improved completely, 33% said that the relationship is now usually going well, 7% said it was usually now going better.



Parents were also asked 'Which of these did you find helpful?' They could select as many as they felt were relevant.



OXPIP has massively impacted mine and my family's life through our sessions. The time and space to process things from my own childhood and the effects those things have on my relationship with my own children has been really helpful. My OXPIP Therapist was compassionate and empathetic whilst also straight talking and skillful in how she explained things about childhood development and the dynamics between the parent/child relationship. We have had significant disruption in our household this last year with health challenges, job changes, a house move (to name a few) and having a consistent place to process those things with OXPIP and to learn how best to connect with and support my young children in the midst of that has had a significant impact already but I'm confident we will also see the benefit of that support in the years to come. The challenges of the past couple of years had really knocked my confidence in my ability to parent and connect with my baby and these sessions helped ground me in what is and isn't as important in my child's long term emotional health and well being. It has also helped me become more aware of and able to challenge my own negative thoughts.

~ OXPIP Client, Mum

I think it was useful for me to have a space to discuss how I was dealing with what has been a very difficult pregnancy. Often I get very caught up in how my partner is feeling and so having a dedicated space for me was great.

~ OXPIP Client, Dad

My OXPIP Therapist was really great at listening and helping me to understand how my experiences related to my current feelings and situation and how this could impact my relationship with my daughter. I am prone to anxiety and I have been projecting my own beliefs and fears onto her and realising this has helped to not only break that cycle but helped me to see her for the wonderful unique human that she is (rather than just an extension of me). Thank you so much! I feel I have more reflective tools in my arsenal to use going forward.

~ OXPIP Client, Mum



I've always thought that I'm not enough or not doing enough for my small family, after the sessions with OXPIP I've finally realised that I am good enough!

~ OXPIP Client, Mum

Clinical Quality Assurance

OXPIP continually reviews and develops its operations and therapeutic service provision, to optimise return on funding investment and maximise beneficial impact for client families. We ensure continuous quality delivery of our Parent-Infant Therapy service through:

- High-quality, individual, clinical supervision and monthly, peer group supervision.
- Journal/reading group
- Management review and analysis of clinical outcome measures.
- Attending training and conferences
- Peer review of PIRGAS practice.
- Membership of various professional and registration bodies such as the Association of Child Psychotherapists and the Health and Care Professionals Council.

2. Parent-Infant Psychotherapy Professional Training

OXPIP has a national and international reputation for offering high quality, psychodynamically and psychoanalytically informed parent-infant relationship training. In 2023-24, in addition to lectures and seminars, we offered a range of short courses, as well as a two-year Infant Observation programme, an 18-month Diploma in Parent-Infant Therapy and a 15-month Certificate for Advanced Parent Infant Practitioners.

We work with professionals, policy makers and the public to promote awareness and to further OXPIP's vision of a more responsible and empathetic society, through an intensive focus on positive early relationships and emotional wellbeing.

As one of the main providers of psychoanalytical/psychodynamic parent-infant training in the UK, we are committed to helping develop the parent-infant workforce of tomorrow. To train new Parent-Infant Therapists, OXPIP delivers Association for Psychodynamic Practice and Counselling in Organisational Settings (APPCIOS) approved programmes:

Our training is focused on two main audiences:

1. Qualified therapists to enable them to work as Parent-Infant Psychotherapists in their communities.
2. Allied professionals to improve their understanding of parental and infant mental health, infant attachment, parent-infant relationships, and to apply this enhanced understanding in their work.

Parent-Infant Therapist Diploma Training (PIT)

This is an 18-month professional training programme. It is practice-based and open to accredited therapists who would like to specialise in Parent-Infant Therapy, incorporating both teaching and clinical placements with individual and group supervision. Eight PIT trainees are currently enrolled in our 2023-2024 trainings.

Advanced Parent-Infant Practitioner Training (APIP)

This is a 15-month professional training programme. It is open to practitioners working with parents and infants, incorporating both teaching (with the PIT trainees) and work discussion groups. Three APIP students are currently enrolled in our 2023-2024 trainings.

OXPIP Training

An intensive 1-year fully funded training programme for those living in Oxfordshire or committed to working for OXPIP. OXPIT Training leads to the PIT qualification and includes funded 2-day week employment with OXPIP.

In 2022, a new cohort of four Oxfordshire-based (OXPIP) trainees began an intensive, funded 12-month programme with us, two of whom were funded by the Banbury Project. We are delighted that these trainees have stayed on as members of the OXPIP Clinical Team. We are very grateful to the private funder who funded this training.

Infant Observation (IO) Course (2-year)

This is a two-year rolling programme for those who would like to gain a greater understanding of a baby's early life and relationships and how they develop. It is also a pre-requisite for our Parent-Infant Therapy Diploma. All IO training places are now filled until Spring 2025.

Short Training Courses

OXPIP's programme of specialist one and two-day courses is much in demand with Early Years, Social Care and Health professionals. In some areas, such as 'Assessing Parent-Infant Relationships', OXPIP is the only UK provider. The courses enable practitioners to understand attachment and infant mental health and to apply this understanding in their day-to-day work.

Throughout the year substantial work has been undertaken in redesigning and updating our courses, which include:

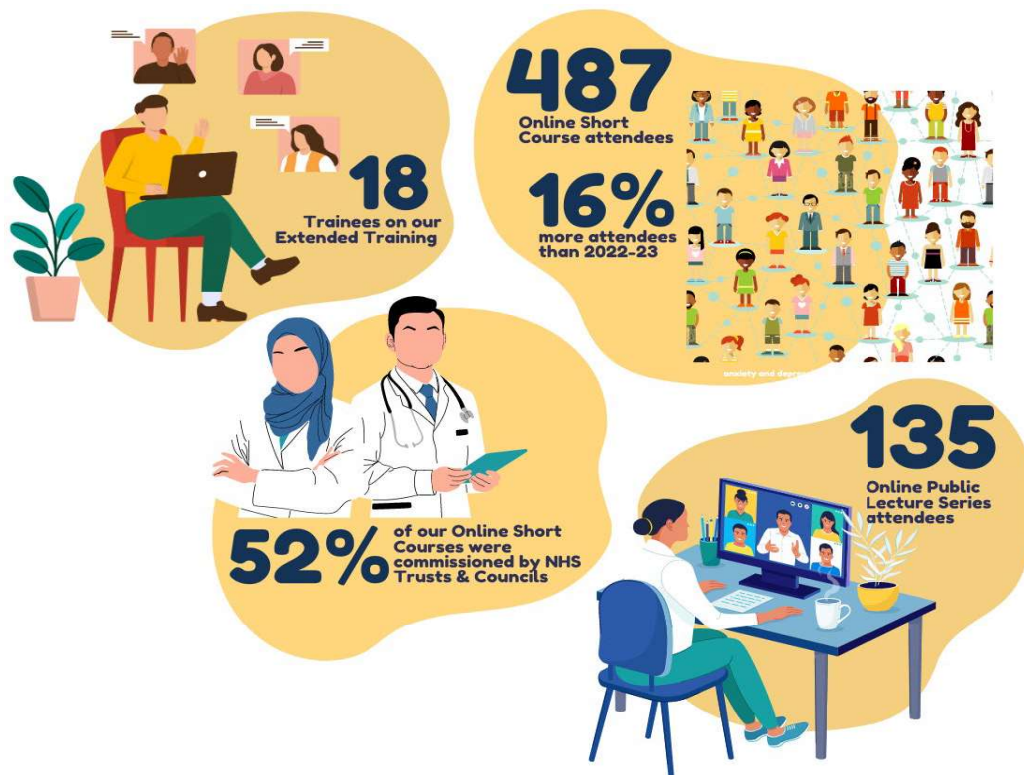
- 'Attachment and Intersubjectivity'; the impact that parents and babies have on each other.
- 'Watch, Wait and Wonder'
- 'Assessing Parent-Infant Relationships'

- 'Ghosts in the Nursery'
- 'Parent-Infant Group Work'

OXPIP Public Lecture Series and External Presentations

OXPIP hosts an Online Lecture Programme throughout the year. These lectures are delivered by local and national experts in Parent-Infant Therapy and are attended by professionals from around the world.

In 2023-24 we held three online lectures, with 135 attendees, welcoming Julianne Boutaleb from the United Kingdom, and Marilyn Sanders and Arietta Slade from the United States. As the move to online delivery continues to enable a much wider audience to attend, as well as to include speakers from all over the world, we have decided to continue with this format for the foreseeable future.



Commissioned Training

We are currently training 81 trainees from a local authority in the South West of England in Assessing Parent-Infant Relationships. In January, we learned that we had been successful in another local authority application for a tender to train 235 trainees in Attachment and Intersubjectivity and Assessing Parent-Infant Relationships from February 2024 – March 2025, totalling 21 training days (7 cohorts).

Training Development Plans

We are currently writing our new three year training strategy with plans to expand our training team and training offer.

3. Consultancy

OXPIP is commissioned through several bodies to deliver specialist training and service development consultancy for a variety of organisations across the UK. This area of our work continues to develop. In 2024-25, we will increase our service development consultancy work.

4. Partnerships and Influencing

OXPIP continues to be actively involved in both local and national partnerships:

- We work closely with Parent-Infant Foundation (formally PIPUK) to support their policy influencing work and to be active members of their Peer Support Network of specialist parent-infant relationship teams across the UK.
- We are regular attendees at the All Party Parliamentary group (APPG) 0-2.
- Our clinicians have active working relationships with local Health Visitors, Midwives and GPs, as well as Oxfordshire County Council Children and Family Services staff.
- Our Executive Director is a member of several Expert Advisory Panels including at the Play in Education, Development and Learning (PEDAL) Lab at the University of Cambridge, and the Supporting Early Minds steering group at the University of Oxford.
- We continue to be invited to speak about our work at major conferences and events. For example, our senior therapist Katie Bailey delivered a webinar on working antenatally with families to 420 participants for the Parent-Infant Foundation in March 2023.

Funding and Fundraising

OXPIP receives no statutory funding and relies on grants from trusts, private and individual donations and money raised through our community fundraising events, including the New Chamber Opera and Merton College's Carol Concert.

Additional income is derived from our professional training services.

We are very grateful to the many funders, charitable trusts and foundations that enabled our vital work with families to continue during 2023-2024, including:

- J & T Yarrow
- M & C Trust
- Oxfordshire Community Foundation
- Shanly Foundation
- Souter Charitable Trust
- The Didcot Powerhouse Fund
- The National Lottery Community Fund
- The Trusthouse Charitable Foundation
- The Tudor Trust
- Additional anonymous donors

Going forwards into 2024-25, we will be entering a new cycle of strategic planning to include developing our fundraising and communications strategies.

Structure, governance & management

Constitution and Organisation

Oxford Parent-Infant Project registered as a charity on 10th June 2005, governed by Articles of Association, and a company limited by guarantee incorporated on 1st April 2005. The charity is governed by its Board of Trustees, which may number between four and twelve members. The operational and financial aspects are managed by the CEO, Clinical Director, overseen by the Board of Trustees.

The Trustees, who are also directors for the purposes of company law, and who served during the year, or subsequently were appointed:

- Anne Burns (appointed November 2019)
- Karina Cox (Treasurer, appointed March 2023)
- Shamus Donald (appointed May 2017)
- Dr Jessica Gibson (appointed September 2020)
- Susanna Graham-Jones (appointed February 2016)
- Lawrence Judd (appointed January 2020)
- Robert Kenny (appointed May 2018, Chairperson from November 2020)
- Kathy Peto (appointed June 2018)

Recruitment and Appointment of Trustees

The directors of the charitable company (“the charity”) are its Trustees for the purpose of charity law and throughout this report are collectively referred to as the Trustees and constitute its members of council. The Chair’s period of office shall be two years, renewable to a maximum of eight years. Trustees retire after a two-year term at the Annual General Meeting. A retiring Trustee shall be eligible for re-election subject to a maximum period of office of eight years.

None of the Trustees have any beneficial interest in the company. All Trustees are required to become members of the company and guarantee to contribute £1 in the event of a winding up. This guarantee does not end until one year after they cease to be a director. The total amount of such guarantees on 31 March 2024 was £9.

Risk Assessment

The Trustees of Oxford Parent-Infant Project recognise and accept their responsibility for ensuring that risks to which the Charity is exposed are reviewed and steps taken to mitigate potential damage using appropriate preventative controls and corrective actions.

Trustees are aware of the Charities SORP (revised 2019) and accept the requirement, in relation to all aspects of their work, for regular assessment of operating strengths and weaknesses.

To this end the risk management strategy comprises:

- a regular review of the risks which the charity may face.
- the establishment of systems and procedures to mitigate those risks identified.
- and the implementation of procedures designed to minimise any potential impact on the charity should any of those risks materialise.

Financial Review

Financial Overview

OXPIP's total income for 2023-2024 was £557,770 (2023: £509,734). This represented a 9% increase on 2022-23.

Income from donations (unrestricted) was £84,105 (2023: £64,122), an increase of 31%.

The 2023-2024 professional training delivery income was £170,022 (2023: £125,143). This represented an increase of 35% and reflects our continued commitment to grow and enhance professional training provision.

Total income from OXPIP's charitable activities (including training) was £438,702 (2023: £427,157) and bank interest income received was £4,876 (2023: £1,747).

We continued to attract funding interest and sustain cash reserves in 2023-2024.

Reserves Policy

OXPIP makes commitments to the clients it seeks to help and to the practitioners it has agreed to train.

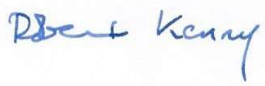
The Trustees wish to ensure that OXPIP would be able to continue to provide treatment that has commenced and to complete training where possible. It may take up to three months to complete treatment, so the general reserve should therefore represent at least three months' worth of expenditure not covered by restricted funds. Given this, at current levels of activity the Trustees believe target reserves should be £120,000 representing four months of expenditure (three plus one as a safety margin). The Trustees review the policy annually and review cash flows quarterly to ensure there are sufficient reserves.

The Trustees also wish to ensure a level of working capital that protects the continuity of our core work in the event of a temporary shortfall in income. Trustees consider that the above amount is also sufficient for this purpose. Regular review of cash flows will allow the Trustees to determine whether the reserves policy remains appropriate. As of 31st March 2024, our general unrestricted reserves amounted to £83,414 (2023: £98,361).

The Trustees have complied with the duty in section 17(5) of the Charities Act 2011 and have given due regard to public benefit guidance published by the Charity Commission.

This report has been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved by the Board of Trustees on 26th September 2024 and signed on their behalf by



Robert Kenny (Chairperson)

Registered Office
Suite J, The Kidlington Centre
High Street
Kidlington
Oxford
OX5 2DL

Date: 26th September 2024

Independent examiner's report

TO THE TRUSTEES OF OXFORD PARENT-INFANT PROJECT

I report to the trustees on my examination of the financial statements of Oxford Parent- Infant Project (the charity) for the year ended 31 March 2024.

Responsibilities and basis of report

As the trustees of the charity (and its directors for the purposes of company law) you are responsible for the preparation of the financial statements in accordance with the requirements of the Companies Act 2006 (the 2006 Act).

Having satisfied myself that the financial statements of the charity are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of the charity's financial statements carried out under section 145 of the Charities Act 2011 (the 2011 Act). In carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

Independent examiner's statement

Since the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of The Institute of Chartered Accountants in England and Wales which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the charity as required by section 386 of the 2006 Act: or
2. the financial statements do not accord with those records; or
3. the financial statements do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination: or
4. the financial statements have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report to enable a proper understanding of the financial statements to be reached.

A handwritten signature in dark ink, appearing to read 'Caroline Webster', is positioned above the printed name.

Caroline Webster FCA

UHY Ross Brooke
Suite I Windrush Court
Abingdon Business Park
OX14 1SY

Dated 09/10/2024

Statement of financial activities

INCLUDING INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2024

	Notes	Unrestricted Funds £	Restricted Funds £	Total 2024 £	Unrestricted Funds £	Restricted Funds £	Total 2023 £
Income from:							
Donations and legacies	3	84,105	-	84,105	64,122	11,000	75,122
Charitable activities	4	186,379	252,323	438,702	167,634	259,523	427,157
Investments	5	4,876	-	4,876	1,747	-	1,747
Other trading activities	6	30,087	-	30,087	5,708	-	5,708
Total income		305,447	252,323	557,770	239,211	270,523	509,734
Expenditure on:							
Raising funds	7	50,920	20	50,940	38,401	20	38,421
Charitable activities	8	219,498	300,313	519,811	183,517	287,207	470,724
Total expenditure		270,418	300,333	570,751	221,918	287,227	509,145
Net income / -expenditure		35,029	- 48,010	- 12,981	17,293	- 16,704	589
Transfers between funds		- 49,976	49,976	-	- 14,590	14,590	-
Net movement in funds		- 14,947	1,966	- 12,981	2,703	- 2,114	589
Reconciliation of funds:							
Total funds brought forwards		98,361	4,140	102,501	95,658	6,254	101,912
Total funds carried forward		83,414	6,106	89,520	98,361	4,140	102,501

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities. The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.

*Income from other trading activities (reference SORP) is income from fundraising events.

Balance sheet

AS AT 31 MARCH 2024

		2024		2023	
		£	£	£	£
	Notes				
FIXED ASSETS					
Tangible Assets	11		3,495		6,735
CURRENT ASSETS					
Debtors	12	62,439		81,733	
Cash at bank		285,961		256,802	
		<u>348,400</u>		<u>338,535</u>	
CREDITORS: Amounts falling due within one year	13	<u>262,375</u>		<u>242,769</u>	
NET CURRENT ASSETS			86,025		95,766
NET ASSETS			<u>89,520</u>		<u>102,501</u>
FUNDS					
INCOME FUNDS					
Unrestricted Income funds	14		83,414		98,361
Restricted Income funds	15		6,106		4,140
TOTAL INCOME FUNDS			<u>89,520</u>		<u>102,501</u>

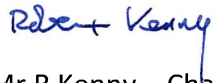
The company is entitled to the exemption from the audit requirement contained in section 477 of the Companies Act 2006, for the year ended 31 March 2024.

The trustees acknowledge their responsibilities for ensuring that the charity keeps accounting records which comply with section 386 of the Act and for preparing financial statements which give a true and fair view of the state of affairs of the company as at the end of the financial year and of its incoming resources and application of resources, including its income and expenditure, for the financial year in accordance with the requirements of sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the company.

The members have not required the company to obtain an audit of its financial statements for the year in question in accordance with section 476.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.

The financial statements were approved by the Trustees on 26 September 2024.



Mr R Kenny – Chair of Trustees
Trustee



Ms K. Cox - Treasurer
Trustee

Company Registration No. 05410167

Statement of Cash Flows

FOR THE YEAR ENDED 31 MARCH 2024

		Total 2024 £	Total 2023 £
	Notes		
Cash used in operating activities	17	24,283	2,686
Cash flows from investing activities			
Dividends and interest from investments		4,876	1,747
Purchase of fixed assets		-	- 1,020
Cash provided by (used in) investing activities			
Increase (decrease) in cash and cash equivalents in the year		29,159	3,413
Cash and cash equivalents at the beginning of the year		256,802	253,389
Total cash and cash equivalents at the end of the year		285,961	256,802

Notes to the financial statements

FOR THE YEAR ENDED 31 MARCH 2024

1. Accounting Policies

Charity information

Oxford Parent-Infant Project is a private company limited by guarantee incorporated in England and Wales. The registered office is Suite J, The Kidlington Centre, High Street, Kidlington, Oxfordshire, OX5 2DL.

1.1 Accounting convention

The accounts (financial statements) have been prepared under the historical cost convention with items recognised at cost or transaction value except for certain investment assets, which are shown at market value as set out below, and in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) ('FRS102'), Statement of Recommended Practice: Accounting and Reporting by Charities (Revised 2019) applicable to charities preparing their accounts in accordance with FRS102 ('Charities SORP (FRS102)'), the Charities Act 2011, and the Companies Act 2006.

1.2 Going concern

At the time of approving the financial statements, the trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus, the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

1.3 Charitable funds

Unrestricted funds are available for use at the discretion of the trustees in furtherance of their charitable objectives unless the funds have been designated for other purposes.

Designated funds comprise funds which have been set aside at the discretion of the trustees for specific purposes. The purposes and uses of the designated funds are set out in the notes to the financial statements.

Restricted funds are subject to specific conditions by donors as to how they may be used. The purposes and uses of the restricted funds are set out in the notes to the financial statements.

1.4 Income

Income is recognised when the charity is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably, and it is probable that income will be received.

Cash donations are recognised on receipt. Other donations are recognised once the charity has been notified of the donation unless performance conditions require deferral of the amount. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the

donation.

Legacies are recognised on receipt or otherwise if the charity has been notified of an impending distribution, the amount is known, and receipt is expected. If the amount is not known, the legacy is treated as a contingent asset.

1.5 Expenditure

Liabilities are recognised as resources expended as soon as there is a legal or constructive obligation committing the charity to the expenditure. All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category.

Expenditure on raising funds comprises the costs associated with attracting voluntary income, applications to grant giving bodies and costs of organising fundraising events.

Charitable expenditure comprises those costs incurred by the charity in the delivery of services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them.

1.6 Tangible fixed assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Leasehold improvements over the life of the lease

Fixtures and fittings 25% straight line

Office equipment 25% straight line

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset and is recognised in net income/(expenditure) for the year.

1.7 Impairment of fixed assets

At each reporting end date, the charity reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated to determine the extent of the impairment loss (if any).

1.8 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

1.9 Financial instruments

The charity has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all its financial instruments.

Financial instruments are recognised in the charity's balance sheet when the charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Basic financial liabilities

Basic financial liabilities, including creditors and bank loans are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities

Financial liabilities are derecognised when the charity's contractual obligations expire or are discharged or cancelled.

1.10 Employee benefits

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the charity is demonstrably committed to terminate the employment of an employee or to

provide termination benefits.

1.11 Leases

Rentals payable under operating leases, including any lease incentives received, are charged as an expense on a straight-line basis over the term of the relevant lease.

2. Critical Accounting Estimates and Judgements

In the application of the charity's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated 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 where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

3. Donations and Legacies

	Unrestricted	Restricted	Total Funds	Unrestricted	Restricted	Total Funds
	£	£	2024 £	£	£	2023 £
Donations and gifts	84,105	-	84,105	61,122	11,000	72,122
Donations and legacies	-	-	-	3,000	-	3,000
	84,105	-	84,105	64,122	11,000	75,122

4. Income from Charitable Activities

	Unrestricted	Restricted	Total Funds	Unrestricted	Restricted	Total Funds
	£	£	2024 £	£	£	2023 £
Income from charitable activities	186,379	252,323	438,702	167,634	259,523	427,157
	186,379	252,323	438,702	167,634	259,523	427,157
Analysed by						
Parent Infant Therapy	16,357	252,323	268,680	42,491	259,523	302,014
Training and raising awareness	170,022	-	170,022	125,143	-	125,143
	186,379	252,323	438,702	167,634	259,523	427,157

5. Investments

	Unrestricted	Restricted	Total Funds	Unrestricted	Restricted	Total Funds
	2024 £	£	2024 £	2023 £	£	2023 £
Bank Interest	4,876	-	4,876	1,747	-	1,747
	4,876	-	4,876	1,747	-	1,747

6. Other Trading Activities

	Unrestricted	Restricted	Total Funds	Unrestricted	Restricted	Total Funds
	2024		2024	2023		2023
	£	£	£	£	£	£
Fundraising events	30,087	-	30,087	5,708	-	5,708

7. Expenditure on Raising Funds

	Unrestricted	Restricted	Total Funds	Unrestricted	Restricted	Total Funds
	2024		2024	2023		2023
	£	£	£	£	£	£
Staging fundraising events	17,318	-	17,318	2,920	-	2,920
Freelance costs	-	-	-	375	-	375
Other fundraising costs	364	20	384	374	20	394
Staff costs	21,410	-	21,410	20,996	-	20,996
Telephone and internet	375	-	375	301	-	301
Professional fees	2,254	-	2,254	2,719	-	2,719
Insurance	470	-	470	600	-	600
Office costs	255	-	255	57	-	57
IT	6,437	-	6,437	6,824	-	6,824
Provision of training	688	-	688	742	-	742
Rent, rates, utility and other premise costs	547	-	547	829	-	829
Depreciation and impairment	802	-	802	1,664	-	1,664
	50,920	20	50,940	38,401	-	38,421

8. Expenditure on Charitable Activities

	Parent Infant Therapy	Training and raising awareness	Total Funds 2024	Parent Infant Therapy	Training and raising awareness	Total Funds 2023
	£	£	£	£	£	£
Staff costs	262,491	71,063	333,554	238,017	60,831	298,848
Freelance costs	11,475	981	12,456	9,096	2,705	11,801
Rent, rates, utility and other premise costs	18,617	-	18,617	16,870	-	16,870
IT	71	2,763	2,834	385	1,579	1,964
Provision of training	1,681	37,216	38,897	1,700	16,892	18,592
Office costs	189	51	240	230	-	230
Telephone and internet	-	-	-	593	-	593
Professional fees	531	-	531	493	18	511
Depreciation and impairment	1,811	447	2,258	3,380	1,681	5,061
Governance costs	11,709	3,903	15,612	13,000	4,333	17,333
Support costs	70,472	24,340	94,812	74,212	24,709	98,921
	<u>379,047</u>	<u>140,764</u>	<u>519,811</u>	<u>357,976</u>	<u>112,748</u>	<u>470,724</u>
Analysis by fund						
Unrestricted Funds	78,734	140,764	219,498	70,769	112,748	183,517
Restricted Funds	<u>300,313</u>	<u>-</u>	<u>300,313</u>	<u>287,207</u>	<u>-</u>	<u>287,207</u>
	<u>379,047</u>	<u>140,764</u>	<u>519,811</u>	<u>357,976</u>	<u>112,748</u>	<u>470,724</u>

9. Governance and Support Costs

	Parent Infant Therapy	Training and raising awareness	Total Funds	Parent Infant Therapy	Training and raising awareness	Total Funds
	£	£	2024 £	£	£	2023 £
<u>Governance</u>						
Independent Examination fee	855	285	1,140	855	285	1,140
Other governance costs	10,854	3,618	14,472	12,145	4,048	16,193
Sub-total governance	11,709	3,903	15,612	13,000	4,333	17,333
<u>Support costs</u>						
Strategic Management and Office Team	54,725	18,901	73,626	54,571	18,170	72,591
Building, IT and office costs	15,747	5,439	21,186	19,641	6,539	26,180
	70,472	24,340	94,812	74,212	24,709	98,921

None of the trustees (or any persons connected with them) received any remuneration or benefits from the charity during the year.

During the year, trustees donated £2,270 to the charity (2023 £1,500)

10. Employees

	2024	2023
	£	£
Gross pay	372,360	341,946
Employer's National Insurance	26,872	25,260
Pension costs	16,791	10,457
	<u>416,023</u>	<u>377,663</u>

The average number of employees during the year was 15 (2023: 15)

No member of staff received benefits over £60,000 (2023: nil)

11. Tangible Fixed Assets

	Leasehold improvements	Fixtures and fittings	Office equipment	Total
	£	£	£	£
COST				
At 1st April 2023	2,960	5,785	48,269	57,014
Additions	-	-	-	-
At 31 March 2024	<u>2,960</u>	<u>5,785</u>	<u>48,269</u>	<u>57,014</u>
DEPRECIATION				
At 1st April 2023	2,960	5,785	41,534	50,279
Charge for the year	-	-	3,240	3,240
At 31 March 2024	<u>2,960</u>	<u>5,785</u>	<u>44,774</u>	<u>53,519</u>
NET BOOK VALUE				
At 31 March 2024	<u>-</u>	<u>-</u>	<u>3,495</u>	<u>3,495</u>
At 31 March 2023	<u>-</u>	<u>-</u>	<u>6,735</u>	<u>6,735</u>

12. Debtors

	2024	2023
	£	£
Trade debtors	43,356	80,403
Prepayments	372	-
Other debtors	18,711	1,330
	<u>62,439</u>	<u>81,733</u>

13. Creditors

	2024	2023
	£	£
Taxation and social security	8,528	9,450
Trade creditors	6,787	16,312
Other creditors	3,667	-
Accruals and deferred income	243,393	217,007
	<u>262,375</u>	<u>242,769</u>

The charity operates a defined contribution pension scheme for all qualifying employees. The assets of the scheme are held separately from those of the charity in an independently administered fund.

14. Unrestricted Income Funds

	Balance at 1 April 2023	Income	Expenditure	Transfers	Balance at 31 March 2024
	£	£	£	£	£
Other Unrestricted Funds	98,361	305,447	- 270,418	- 49,976	83,414
	98,361	305,447	- 270,418	- 49,976	83,414

Previous year

	Balance at 1 April 2022	Income	Expenditure	Transfers	Balance as at 31 Mar 2023
	£	£	£	£	£
Other Unrestricted Funds	95,658	239,211	- 221,918	- 14,590	98,361
	95,658	239,211	- 221,918	- 14,590	98,361

The income funds of the charity did not include any designated funds at the year end.

15. Restricted funds

	Balance at 1 April 2023	Income	Expenditure	Transfers	Balance at 31 March 2024
	£	£	£	£	£
National Lottery Community Fund	-	88,253	- 110,032	21,779	-
Tudor	4,140	10,207	- 8,241	-	6,106
Upton Viva	-	99,600	- 109,165	9,565	-
Oxfordshire Community Foundation	-	14,263	- 15,139	876	-
Trusthouse Charitable Trust	-	15,000	- 21,643	6,643	-
Judith & Tony Yarrow	-	20,000	- 31,451	11,451	-
Shanly Foundation	-	2,000	- 1,865	- 135	-
Souter Charitable Trust	-	3,000	- 2,797	- 203	-
	4,140	252,323	- 300,333	49,976	6,106

The income funds of the charity include restricted funds comprising the following unexpended balances of donations and grants held on trust for specific purposes:

The transfers to the National Lottery and Carterton Town Council represents the planned part -funding by OXPIP for these projects. The other transfers are for expenditure on core and overhead costs.

Restricted funds (continued)**Previous year:**

	Balance at 1 April 2022	Income	Expenditure	Transfers	Balance as at 31 Mar 2023
	£	£	£	£	£
National Lottery Community Fund	-	84,456	-101,879	17,423	-
Sylvia Adams	3,862	21,433	-22,872	-2,423	-
Tudor	2,393	15,950	-14,202	-	4,141
Upton Viva	-	97,605	-92,954	-4,651	-
Oxfordshire Community Foundation	-	18,324	-18,503	179	-
Trusthouse Charitable Trust	-	15,088	-19,140	4,052	-
Judith & Tony Yarrow	-	17,667	-17,677	10	-
	6,255	270,523	-287,227	14,590	4,141

Transfers from unrestricted funds represent planned part-funding for these projects.

16. Related Party Transactions and Remuneration of key management personnel**Remuneration of key management personnel**

	2024	2023
	£	£
Aggregate compensation	<u>66,723</u>	<u>53,698</u>

Transactions with related parties

There were no related party transactions in the current year (previous year: none)

17. Reconciliation of net movement in funds to net cash flow from operating activities

	2024	2023
	£	£
Net income/expenditure for the year (as per the Statement of Financial Activities)	- 12,981	589
Add back depreciation charge	3,240	6,725
Investment income	- 4,876	- 1,747
Decrease (increase) in debtors	19,294	- 71,932
Increase (decrease) in creditors	19,606	69,051
	<u>24,283</u>	<u>2,686</u>



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Registered Company 5410167