

# OXPIP

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Oxford Parent  
Infant Project

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

# Contents

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Contents.....	<b>Error! Bookmark not defined.</b>
Reference and Administrative Details of Charity .....	4
Introduction from our Chair, Rob Kenny .....	5
Introduction from our CEO, Dr Karen Bateson .....	6
About Us .....	8
Our Objectives .....	8
Our Core Values .....	9
Our Core Competencies.....	9
Structure, governance, management and staff.....	10
Constitution and Organisation.....	10
Recruitment and Appointment of Trustees.....	10
Risk Assessment.....	11
Parent Voice.....	11
Staff.....	11
Strategic Report .....	12
Key Achievements this Year .....	12
Goal 1: Parent-Infant Psychotherapeutic Services .....	14
Goal 2: Centre of Excellence .....	23
Goal 3: Training, consultancy and supervision .....	24
Goal 4: Developing Organisational Capacity.....	28
Financial Review .....	30
Funding and Fundraising.....	30
Trustees Report.....	30
Independent examiner's report .....	32
Responsibilities and basis of report .....	32
Independent examiner's statement .....	32
Statement of financial activities .....	34
Balance sheet .....	36
Statement of Cash Flows.....	38
Notes to the financial statements .....	39



## Reference and Administrative Details of Charity

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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:	<b>Robert Kenny</b> (Chair) <b>Anne Burns</b> <b>Karina Cox</b> (Treasurer) <b>Shamus Donald</b> <b>Dr Jessica Gibson</b> <b>Lawrence Judd</b> <b>Kathy Peto</b>  (Susanna Graham-Jones resigned 12 Dec 2024)
CEO:	<b>Dr Karen Bateson</b>
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

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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.

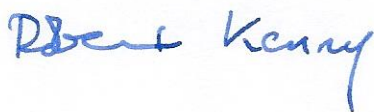
Our therapeutic services continued, and in 2024/25 we worked with over 300 parents in Oxfordshire, in 1,348 sessions. We significantly increased the portion of our clients from non-White-British ethnicities, which now represent 30% of our parents, compared to 23% for Oxfordshire's population. This is 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

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## 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

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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

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## Constitution and Organisation

Oxford Parent-Infant Project registered as a charity on 10<sup>th</sup> June 2005, governed by Articles of Association, and a company limited by guarantee incorporated on 1<sup>st</sup> 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

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## 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 whole<sup>1</sup>. 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.

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<sup>1</sup> [https://data.oxfordshire.gov.uk/wp-content/uploads/2025/02/WitneyCentral\\_CommunityProfile\\_Data.pdf](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

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## 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 2022<sup>2</sup> 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<sup>3, 4</sup>.

### **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.

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

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

<sup>4</sup> [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
- Triages the family’s needs and urgency
- Triages 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<sup>5,6</sup> and Watch Wait and Wonder<sup>7</sup>. Individual parent-infant psychotherapy sessions with

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<sup>5</sup> 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.

<sup>6</sup> 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).

<sup>7</sup> 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.

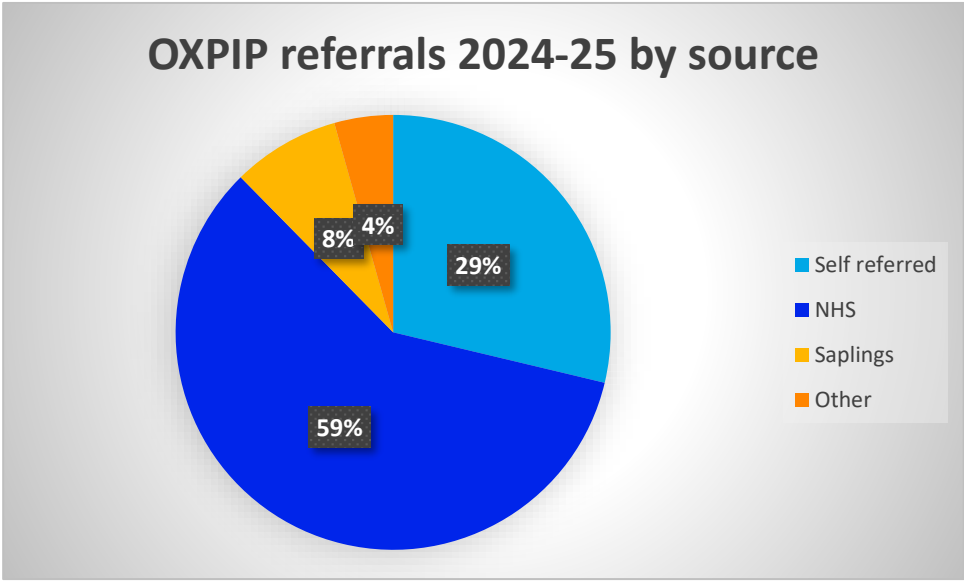
### **Referrals Received 2024-25**

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.

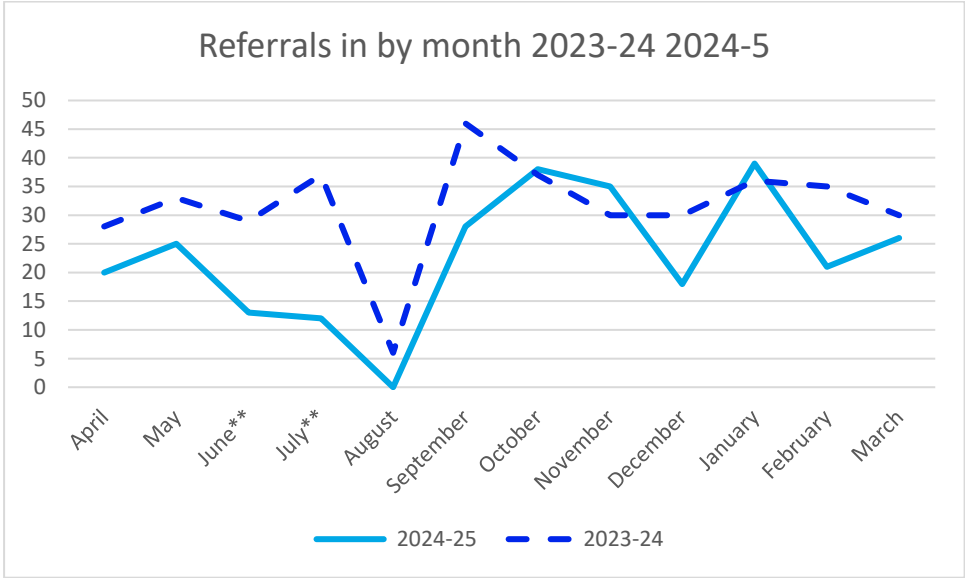
### **Referral sources 2024-25**



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 sessions 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”.

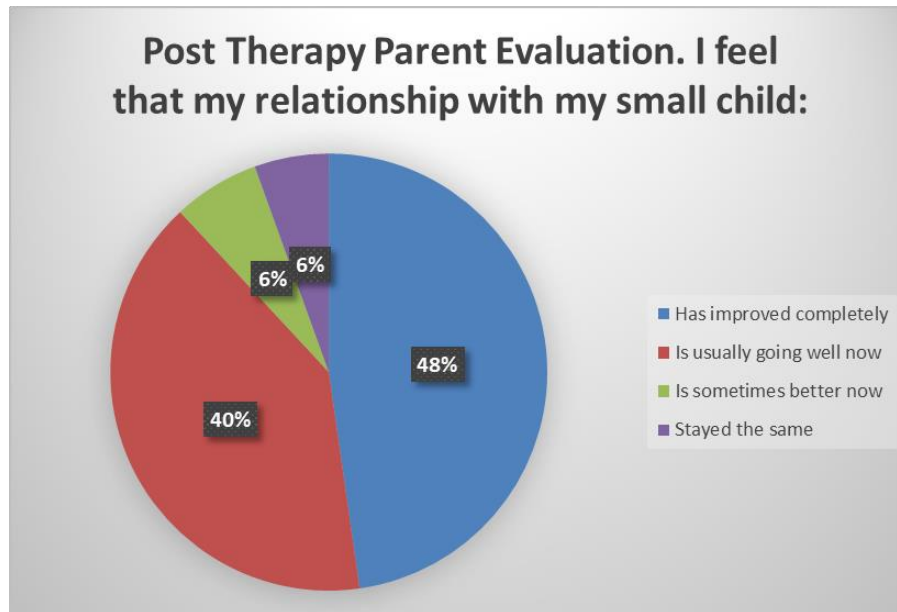
“My husband also found it beneficial coming to a session with me, he really opened up and our communication has improved”.

“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

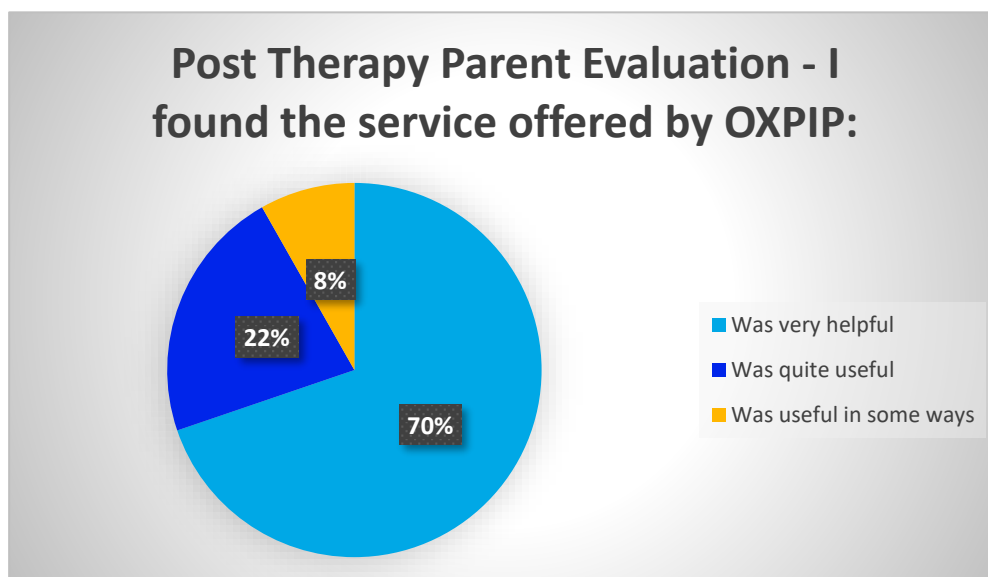
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relationship with my extended family, and actually repair some of those relationships, something I never thought was possible. Overall, my relationship with my children is the best it's ever been. I feel so much more connected to my children and am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

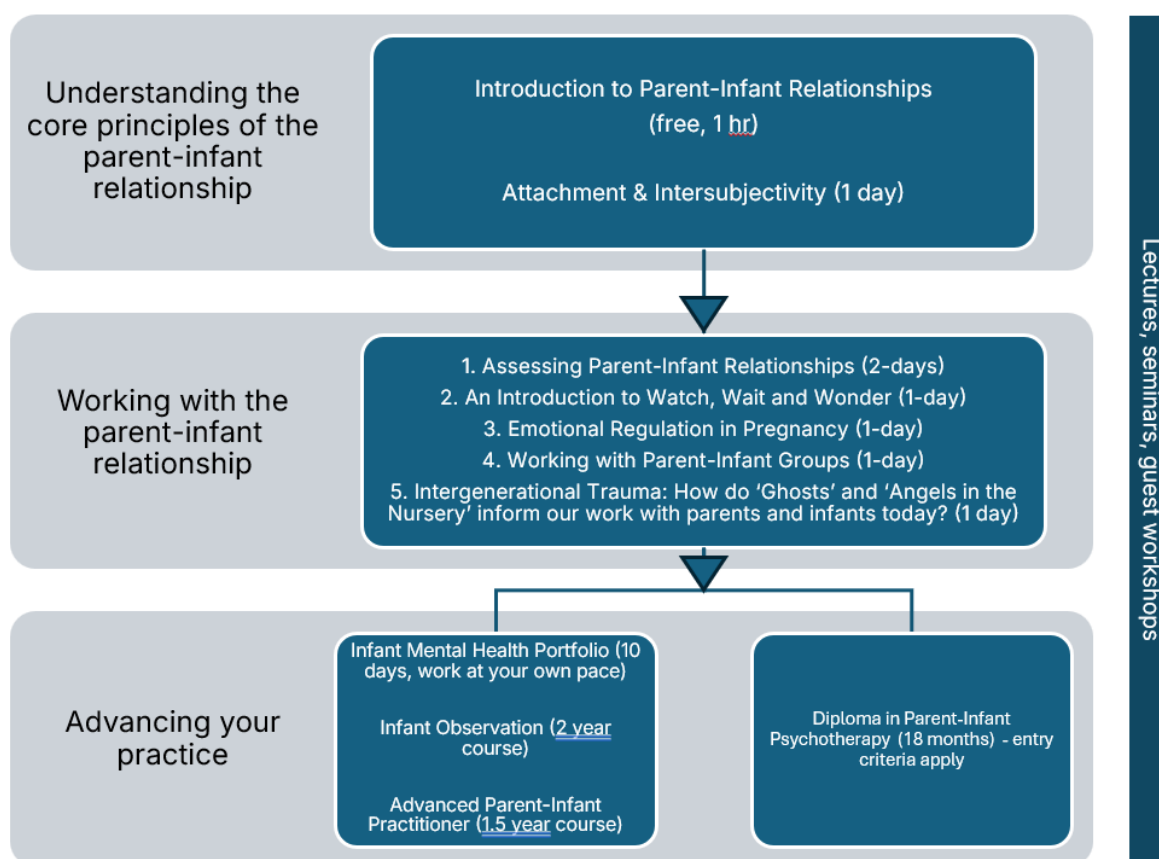
### **Overview**

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.

<b>Short course</b>	<b>Number of attendees 2024-25</b>
---------------------	------------------------------------

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

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## 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 25<sup>th</sup> 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.

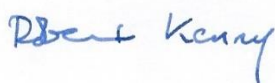
The Trustees wish to ensure that OXPIP would be able to continue to provide treatment that has commenced and to complete training where possible. It may take up to three months to complete treatment, so the general reserve should therefore represent at three months' worth of expenditure not covered by 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 18<sup>th</sup> 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 1<sup>st</sup> 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						
<b>Income from:</b>							
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
<b>Total income</b>		<b>376,055</b>	<b>256,354</b>	<b>632,409</b>	<b>305,447</b>	<b>252,323</b>	<b>557,770</b>
<b>Expenditure on:</b>							
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
<b>Total expenditure</b>		<b>293,307</b>	<b>298,031</b>	<b>591,338</b>	<b>270,418</b>	<b>300,333</b>	<b>570,751</b>
<b>Net gains / - losses on investments</b>		<b>- 2,906</b>	<b>-</b>	<b>- 2,906</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Net income / -expenditure</b>		<b>82,748</b>	<b>- 41,677</b>	<b>41,071</b>	<b>35,029</b>	<b>- 48,010</b>	<b>- 12,981</b>
<b>Transfers between funds</b>		<b>- 47,264</b>	<b>47,264</b>	<b>-</b>	<b>- 49,976</b>	<b>49,976</b>	<b>-</b>
<b>Net movement in funds</b>		<b>32,578</b>	<b>5,587</b>	<b>38,165</b>	<b>- 14,947</b>	<b>1,966</b>	<b>- 12,981</b>
<b>Reconciliation of funds:</b>							
Total funds brought forwards		83,414	6,106	89,520	98,361	4,140	102,501
<b>Total funds carried forward</b>		<b>115,992</b>	<b>11,693</b>	<b>127,685</b>	<b>83,414</b>	<b>6,106</b>	<b>89,520</b>

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

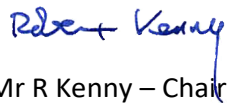
The company is entitled to the exemption from the audit requirement contained in section 477 of the Companies Act 2006, for the year ended 31 March 2025.

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

		<b>Total 2025 £</b>	<b>Total 2024 £</b>
	<b>Notes</b>		
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
	£	£	£	£
<b>COST</b>				
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>
<b>DEPRECIATION</b>				
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>
<b>NET BOOK VALUE</b>				-
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>



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