



The Windmill Trust

Generating therapeutic change

Trustees' Annual Report & Accounts Period End 31 December 2022

The Windmill Trust

Registered Charity Number 1195160

www.thewindmilltrust.org



The Windmill Trust
Creative Therapy Service

LEGAL AND ADMINISTRATIVE INFORMATION

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Registration Number: 1195160

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Ms. Helen Whittaker (appointed 14/07/2021)
Mrs. Sarah Parkhouse (appointed 14/07/2021)
Ms. Katherine Haigh (appointed 07/02/2022)
Mr. Paul Ulett (appointed 07/06/2022)
Mr. Garry Elliott (appointed 21/09/2022)

Trustees serving during dates covered by this document (14/07/21 - 31/12/22)

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TRUSTEES' ANNUAL REPORT

This is our first Trustees' Report since our accounts began, having set up as a Charity in July 2021. The charity was founded by the chair, Lesley Ritchie, and the manager, Phillippa Chapman, in response to the growing mental health needs of children in Cumbria. Lesley Ritchie is the Director of About Children in Kendal, which is a private company that delivers creative therapy to children in the looked after system or who are adopted, who have funding for therapy through statutory routes. Lesley has been the Director and an Arts Therapist at About Children for over 25 years and so has first hand knowledge of the growing need in the area, alongside Phillippa's 15 years as a Dramatherapist. The Windmill Trust was set up to provide creative therapy to children who are similarly at risk of long term mental health issues as those who qualify for statutory support, but who are unable to access support from therapeutic professionals through statutory routes. This report is an account of our first year's work.

For accounting reasons, the financial period reported in The Windmill Trust Annual Trustees' Report is July 2021 to December 2022, but, as we did not begin delivery of services until April 2022, we have reported on a full year's worth of delivery information, up to March 2023. This is to give a more comprehensive overview of the impact our charity has had within one year.

Our vision is a future where, regardless of economic background, children and young people have access to researched, effective therapeutic interventions to alleviate distress and ward against long-term mental health issues.

Our mission is to provide researched, effective therapeutic interventions to children, young people and families in West Cumbria, helping to reshape the impact of trauma, one child at a time.

We provide therapeutic support to those at risk of suffering long-term mental health issues, who are least likely to have support from therapeutic professionals. We alleviate distress through creative interventions and take a holistic and tiered approach to preventing long-term mental health issues in children and young people in Cumbria.

STATEMENT OF PUBLIC BENEFIT

Our service benefits children, young people and families who would otherwise not have had any support. We also work with schools and referral partners. In defining our charitable programme, we have given regard to the Charity Commission's general guidance on public benefit.

Benefit to Children/Young People

We provide one-to-one psychotherapy to children and young people with complex emotional issues, who have suffered abuse, neglect or trauma, often as a result of multiple Adverse Childhood Experiences (ACEs). We work in a child-centred and creative way to help children and young people explore, express and process difficult material when words are too much or not enough. The one-to-one work lasts as long as it needs to in order for the child to recover and feel happier. We provide targeted group therapy to children and young people who are experiencing issues with anxiety and low self-esteem, using play, drama and art to build resilience and confidence. The group therapy works alongside school timetables and is offered on a termly basis.



Benefit to Parents/Carers

We provide support to parents and carers through face-to-face meetings and telephone calls, to help make sense out of children's behaviour and understand complex emotions and needs. We write Therapeutic Needs Assessment reports to help parents understand their child's needs and we see the work with parents as an essential component to achieving better outcomes for the child. We have fundraised in order to provide more focused therapeutic support to parents who are struggling with complex issues themselves, as this can often be part of the picture. Sometimes, children who have experienced ACEs have parents who have also experienced multiple ACEs.

Benefit to the Wider Family and Community

A child who gets support is going to become a calmer and more productive classroom and playground buddy; is less likely to disrupt the class and is less likely to be part of dramas at home or be a source of worry or stress. Children who have experienced trauma are often at risk of becoming involved in crime, substance misuse or abusive relationships as they grow. Our intervention looks to prevent that.



Benefit to Schools and Referral Partners

We work closely with schools, providing consultation and writing Therapeutic Needs Assessments to help inform Education Health Care Plans (EHCPs) for children and young people with high levels of need. We attend Team around the Family and Early Help meetings and give advice about strategies that might help in the classroom with individual children who are struggling. One local school has made us part of their tiered approach to mental health, which has helped them think more about what different children need.

STRUCTURE, GOVERNANCE & MANAGEMENT

The charity is a Charitable Incorporation Organisation (CIO) which was registered with the Charity Commission in July 2021 and is governed by a constitution as a Foundation CIO.

We have six trustees who bring experience in the areas of Developmental Trauma and Therapy, Finance, Charity Management, Law, Education and Health. As a charity, it is our ethos that all trustees have full DBS checks and participate in safeguarding training. We have joined West Cumbria Strategic Mental Health Partnership and the West Cumbria Children and Young People's Partnership as we are committed to working with other organisations and complementing rather than duplicating the work already being done in the county.

Our Charity Manager, Phillippa Chapman, has Level 3 Safeguarding and is the Designated Safeguarding Lead for the charity. Phillippa is a fully qualified Dramatherapist, registered with the Health Care Professions Council, with over 15 years' of experience working with children with complex needs. She has also begun a Level 5 Diploma in Management of Children's Services.



Recruitment and Appointment of New Trustees

New trustees are recruited in line with The Windmill Trust's Trustee Recruitment Policy. Trustees receive a full induction to the charity and a set of key documents, enabling them to gain the required information to fulfil their role.

A quarterly skills analysis ensures the trustees offer a suitable range of knowledge and skills to support the charity. Where a skills gap is identified we aim to seek trustees to bridge this gap. The Board aims to adhere to the principles of the Charity Governance Code for Smaller Charities. This is an ongoing process, and we are working towards fulfilling all aspects of the code.

OBJECTIVES

Trustees decided this was a 3-year plan, to span April 2023 to March 2026.

Our aims and objectives, as agreed at our latest Strategic Planning Day, held by the Board of Trustees, are:

- Provide researched, effective and inclusive therapeutic interventions to 100 children and young people in West Cumbria.
- Benefit 20 families through direct Family Support work and parental therapy, where needed.
- Benefit 400 people (family members/carers) indirectly through our therapeutic interventions.
- Provide indirect benefits to schools through having an impact on the learning of the whole classroom through participating children being happier and less disruptive.
- Respond to the children that come to us with complex needs, on an individual basis, by not being bound by generic time frames and never leaving part way through the process, ending when the time is right for the child and trauma processing has had the time it needs.
- Raise enough money to support 100 children and young people, 20 families and 400 indirect beneficiaries, through a diverse portfolio of funding sources, to make The Windmill Trust sustainable and able to help more children and young people in the future.
- Contribute to research that evidences the impact of creative arts therapies to improve policy and service provision so that more children can access the long-term trauma sensitive therapies they need.
- Grow our reach in a steady, sustainable way, maintaining a high-quality service in line with our values.
- Ensure we have an infrastructure that allows us to work effectively, efficiently and compliantly through our IT, finance and administration systems and our policies and procedures.

THE NEED

We are building a service that will greatly increase what Cumbria can offer in terms of children's mental health because there are very few mental health services for children of junior school age that are able to provide face-to-face, specialised, trauma sensitive interventions based on the child's own timetable for healing. Less than 1% of the NHS budget is spent on children's mental health and very few children meet the threshold criteria for therapy with CAMHs.¹

Effect of Experiencing Multiple ACEs

ACEs are stressful or traumatic events that happen in childhood. They can include things that affect a child/young person directly (such as abuse or neglect) or indirectly through the environment they live in. ACEs can be single events or long-term or repeated experiences.¹

ACEs affect a person's neurological, physical, emotional, psychological and social development. Toxic stress emulating from ACEs affects a person's brain chemistry and how that person will respond to stress, as well as potentially having an influence on physiological factors such as cardiology and the nervous system. It has a huge impact on a person's ability to make and maintain healthy relationships, which is fundamental to human happiness and wellbeing.

Around half of all adults living in England have experienced at least one ACE.²

For children living with the effect of ACEs, early mental health support is crucial. The support needs to involve the whole family, and services need to avoid retraumatisation.³
This is our specialism at The Windmill Trust.

¹ YoungMinds report: *Addressing Adversity*, 2018, p22.

² YoungMinds report: *Addressing Adversity*, 2018, p23.

³ Cumbria County Council Public Health Annual Report on Adverse Childhood Experiences, 2018.

Young people who have experienced four or more ACEs are:

- **Twice** as likely to binge drink and have a poor diet.
- **Three** times more likely to be a smoker.
- **Four** times more likely to have poor mental health.
- **Five** times more likely to have had underage sex.
- **Six** times more likely to have a teenage pregnancy.
- **Seven** times more likely to have been involved in violence.
- **Eleven** times more likely to have used drugs.
- **Eleven** times more likely to be incarcerated.

Adults with multiple ACE's are:

- **Twice** as likely to die prematurely.
- **Twice** as likely to develop cancer.
- **Three** times more likely to develop type 2 diabetes.
- **Four** times more likely to develop lung disease.
- **Six** times more likely to have a stroke.
- **Six** times more likely to suffer from a mental illness.
- **Nine** times more likely to experience feeling suicidal or to self harm.
- At risk of passing down ACEs through generations.

ACEs in Cumbria

It is estimated that 46,000 children currently living in Cumbria will experience at least one ACE before their 18th birthday, and nearly 8,000 will experience four or more, making them extremely vulnerable.⁴ This figure is based on national averages for England, so the number could be much higher for West Cumbria as this area is higher than the national average for other risk factors, such as childhood poverty, domestic violence, alcoholism and substance abuse, being classed as a Child in Need and percentage of children with mental health issues.⁵ These are also pre-pandemic figures, so we could anticipate that the actual number today is higher.

Young Mind's publication, *Addressing Adversity*,⁶ demonstrates that good practice in working to reduce the impact of ACEs on children and young people must be with services that have a truly trauma informed approach. It shows that approaches need to be flexible, working with the young person's preferred methods of communication and that services should be relationship based and child/young person led. This is harmonious with how we work.

⁴ Cumbria County Council Public Health Annual Report on Adverse Childhood Experiences, 2018, p6.

⁵ Joint Strategic Needs Assessment, Children and Young People Report for Cumbria (<https://www.cumbriaobservatory.org.uk>), [14.06.23], 2015 and 2017.

⁶ YoungMinds report: *Addressing Adversity*, 2018.

Why we Work Creatively

Play and art are a child's innate way of communicating and processing difficult events.

It makes sense to use this when doing therapy with children and young people. We learn to speak their language. We don't expect them to speak ours.

Traumatic memory does not reach the hippocampus (the part of the brain that deals with our perception of time and ability to recall things).

It gets stored in the amygdala, our central alarm system, and sends signals throughout the entire body. Therefore, it is very difficult for children (and adults) to access these memories as explicit, whole episodes of reliable information. Current trauma research has clearly shown that recovery from trauma requires a full brain/body approach that can work with traumatic memory using sensory, creative materials, in the here and now.⁷

Children who have experienced abuse, neglect and multiple ACEs are unable to recognise healthy attachment patterns.

They need a relationship-based approach that is non-directive and completely child-led, to address the unmet relationship needs from their infancy and help them build a neurological blueprint of what this looks and feels like. It is the relationship part of the brain/emotional development that has suffered, so the approach must be a long-term approach that looks to heal this through relationship.

Children who have suffered early trauma are often avoidant and dissociative.

We are trained to work with this, and our approach means that children do not have to talk, if they don't want to. Dissociation is a highly complex psychological condition that can be misunderstood and missed by professionals. Therapists working with these children should be experienced and qualified to do this work.

⁷ Van der Kolk, (2015), *The Body Keeps The Score: Mind, Brain and Body in the Transformation of Trauma*. London. Penguin.

Levine, P, (2017), 'Somatic experiencing; a body oriented approach to the treatment of traumatized infants and children'. In S. Daniel and C. Trevarthen (eds) *Rhythms of Relating in Children's Therapies*. London. Jessica Kingsley, pp 126-141.

Siegel, D (2022) *Intra-connected; Mwe (Me & We) As the Integration of Belonging and Identity*. New York.

Why we Work Creatively (continued)

The part of the brain that deals with language, switches off when a person is asked to recall a traumatic event.

There is growing evidence for trauma treatment not to focus on recollection of events but to take a different approach, as the growing consensus is that recollection is not necessary for recovery. This is especially consistent with current research that demonstrates the unreliable nature of memory and how this is affected by trauma.⁸

It is possible through creative therapy to offer a truly trauma sensitive approach.

This is where the client leads the session and has ultimate control over what happens, giving them back autonomy. This means that the intervention is completely open to being based around their needs and their preferences for ways of working/how to use the time (trauma always involves lack of choice/loss of power, so our approach directly restores this).

Arts Therapies offer a way of exploring and processing difficult material through metaphor.

The trauma is processed at a safe aesthetic distance from the client, whilst also working at a deep emotional level with subconscious processes that are engaged during creative practice.

There is a proven relationship between the arts and mental wellbeing.

There is a proven relationship between the arts and mental wellbeing, which gives added weight to using a creative arts-based approach to address trauma.⁹

⁸ Ganslmeier, M., Kunze, A.E., Ehring, T. et al. *The dilemma of trauma-focused therapy: effects of imagery rescripting on voluntary memory*. Psychological Research, 2022.

⁹ Arts Council (<https://www.artscouncil.org.uk/arts-culture-and-wellbeing>) [14.06.23.]

ACTIVITIES

Services

We offered Dramatherapy and Art Therapy during our first year. We plan to offer other creative therapies (Play/Movement/Music) as we grow. Dramatherapy and Art Therapy are creative, integrative (making use of many theories and approaches) and psychodynamic (working with the therapeutic relationship) psychotherapy approaches to help children and young people explore and process difficult feelings and memories.

We make use of story, art, movement and drama which means children can explore issues safely through metaphor and access support when their problems are hard to verbalise. We work with children to set goals for the therapy, to help them think about what changes they want to feel. Children do not need to be interested in the arts to access our service. Because we are completely child-led and non-directive in our approach, what happens in the session is non-prescriptive and we are trained to find ways to engage the child and build a relationship in a way that makes sense to them and is accessible to them, whatever that might look like. This means the therapy can be non-verbal, where necessary, working at a deep level with subconscious processes and the child's own preferred methods of relating and communicating.

Individual Therapy

Children who have experienced multiple ACEs need long-term therapy because of the profound effect that trauma has on their neurological, social and emotional development. It is reasonable to anticipate that a child or young person's natural survival mechanism means building trust with their therapist to safely express vulnerable or difficult emotions. It can take 2-3 years.

We offer individual Dramatherapy or Art Therapy sessions to children or young people who have been identified as being at risk of long-term mental health issues through schools, other services, parents or GPs. We offer this service as a one-year intervention that can be extended when there is a need to continue.

Group Therapy

Our group work is more preventative and focuses on destigmatising and universalising difficult issues, decreasing isolation and building relationship skills.

We offer group Dramatherapy/Art Therapy services to children who have been identified through schools as having specific needs around anxiety and low self-esteem. Group sessions are aimed at helping children understand they are not alone, build empathy with others and gain confidence. We work with the group dynamic in order to help children understand their own emotions and that of others.

Issues are explored through drama and shared art works, safely contained in metaphor. Groups run for a school term (approx. 12 weeks).

Parents/Carers

We work with parents/carers and other professionals involved with the child/young person to help them understand the child's emotional needs and psychological status, through using a mixture of psychoeducation and therapy. Involving the parents/carers is often paramount to achieving outcomes for children in therapy because these are the people providing the routine day-to-day, practical and emotional care and attachment relationship.

Sometimes, parents need their own support and it can be necessary to take a holistic, whole family approach to achieving positive outcomes for the child/young person.

Partnerships

We have worked in partnership with Wigton Youth Station in developing a therapy space in their building and the money we pay them for room hire goes back into providing a service for young people in Wigton. We have also joined West Cumbria Strategic Mental Health Partnership and West Cumbria Children and Young People's Partnership to network, develop understanding of our work and build relationships with other agencies. This has helped us to understand other local organisations and has led to frequent requests to refer. Unfortunately, we do not yet have the capacity to open up for referrals.

Partnerships

We work closely with the schools of children and young people in our service, attending Team around the Family and Early Help meetings and writing Therapeutic Needs Assessment Reports. We offer consultation and support based around understanding children and young people's behaviour and how to take a trauma informed approach to helping them heal and engage with education.

A local junior school has been able to make us a part of their new strategy for dealing with mental health issues. They have a tiered system of support in place, with decider skills and talk and draw, for children showing signs of distress. They come to us if they feel a child needs specialist input.

Fundraising

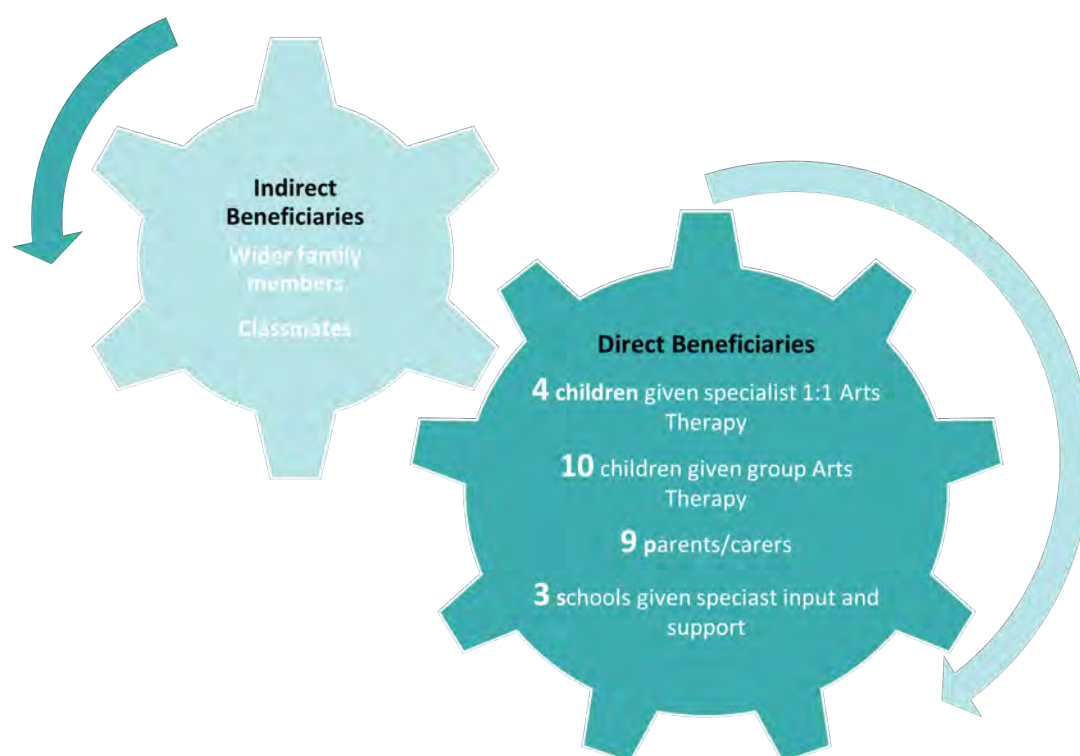
We are almost completely reliant on trusts and grants. Charging a fee for our services would mean the families of the children and young people we see would not be able to access us, which goes against our vision that mental health services should be accessible to all, regardless of economic or financial background.

Our Chair, Lesley, and her friend, Helen, are climbing Mount Kilimanjaro in September to raise funds for and awareness of our work. We plan to do more direct fundraising in 2023-2024.



ACHIEVEMENTS AND PERFORMANCE

In our first year of delivery, we supported:



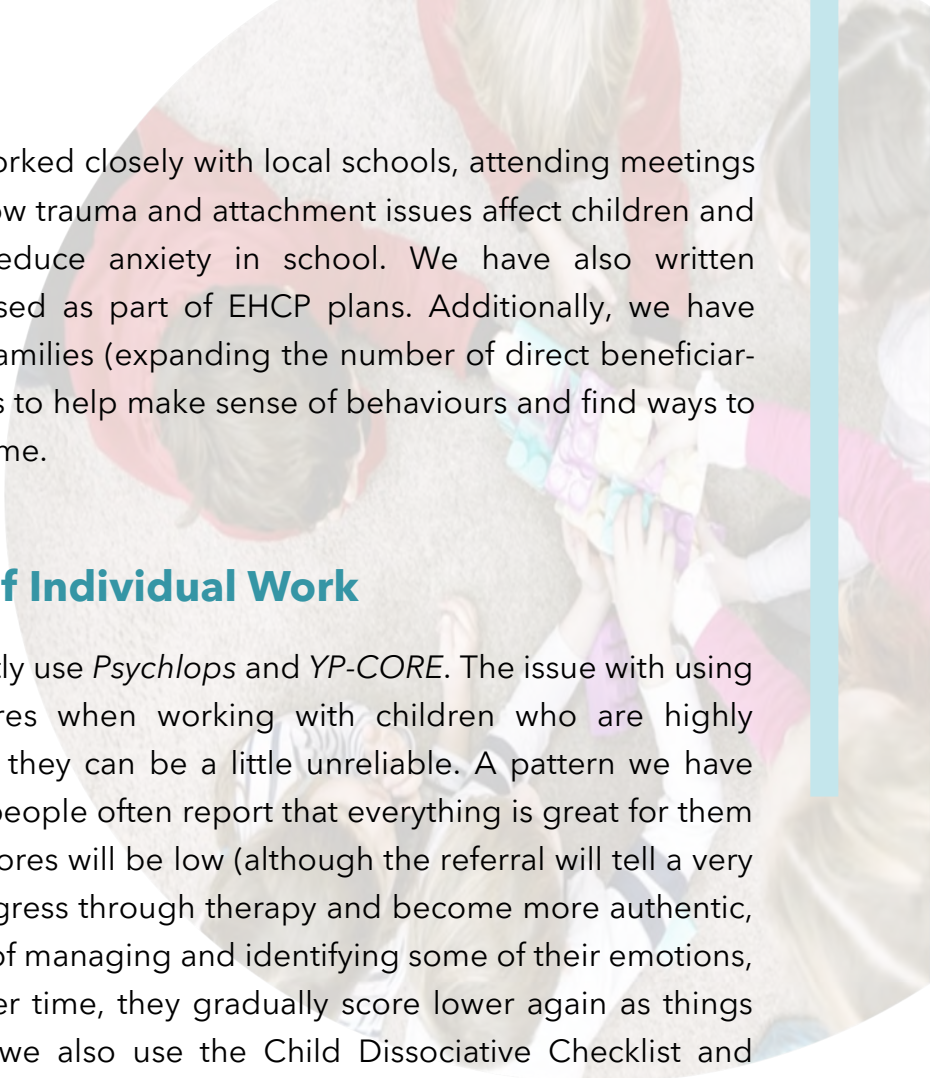
Our Impact

We have provided specialist creative psychotherapy sessions to 14 children in distress who would otherwise not have been able to access any support, because they were not eligible through statutory routes and because there were no other services who could offer this in Wigton.

Our goal in our business plan was to work with 3 individual children in 1:1 therapy and in fact we were able to provide weekly therapy for 4 individual children suffering from the effects of multiple ACEs.

We have also provided regular group therapy to 10 children who were not thriving in school because of low self-esteem, lack of confidence and varying communication issues.

In our Business Plan, we had set out to work with 12 children (two groups of 6). However, the group work itself was logistically tricky which impacted the ability to recruit 6 children for each group. We need to further explore the barrier to getting all the spaces filled as it is not due to lack of need but practicalities.



During this time, we have also worked closely with local schools, attending meetings and providing consultation on how trauma and attachment issues affect children and providing strategies to help reduce anxiety in school. We have also written comprehensive reports to be used as part of EHCP plans. Additionally, we have worked very closely with seven families (expanding the number of direct beneficiaries), providing support to parents to help make sense of behaviours and find ways to minimise anxiety and stress at home.

Measuring the Impact of Individual Work

In our individual work, we currently use *Psychlops* and *YP-CORE*. The issue with using these type of outcome measures when working with children who are highly dissociative and avoidant is that they can be a little unreliable. A pattern we have seen is that children and young people often report that everything is great for them at the start of therapy, so their scores will be low (although the referral will tell a very different story). As they then progress through therapy and become more authentic, less avoidant and more capable of managing and identifying some of their emotions, they may score higher. Then over time, they gradually score lower again as things change. So, for these children we also use the Child Dissociative Checklist and parental and school feedback to assess how things are going.

There are 10 items on the YP-CORE measured from 0 to 4, with higher scores indicating higher levels of distress, with the lowest possible score being 0 and the highest possible score being 40. Although a clinically validated cutoff score has yet to be determined for YP-CORE, a score of 11 or above indicates significant distress (Healthy 0-5, low (6-10) mild (11-14), moderate (15-19), moderate to severe (20-24) and severe (25 and above).

All children from the first therapy group showed progress, moving from either mild to low; moderate to mild, or moderate/severe to moderate. The children with the highest level of complexity made the biggest improvements and one child improved significantly by 6 points within the 12 week period. Another child indicated they thought about self harm 'often', which became 'never' after 5 months of therapy.

Children attending 1:1 therapy often require ongoing support because of the profound and enduring nature of their difficulties, and in order to minimise the risk of long-term mental health issues. Meaningful data can be reported when they come to the end of therapy.

Measuring the Impact of Group Work

For our group work, we used YP-CORE, Me&My Feelings Questionnaire and child/parental/referrer feedback forms. We found that the YP-CORE was more consistent with what was reflected in feedback forms and that on average children improved by 3.85 points, with the children with the highest complexity and emotional need recording the largest changes. In feedback forms, children said they felt the group had helped them, that they were more confident as a result, describing less anxiety, feeling less scared about attending school and feeling more open to working with others.

We feel that outcome measures vary greatly in their relevance to different interventions and time frames, we are working with local Health Research Partnership Coordinators to explore research opportunities to help evidence our work.

We are also looking into using the *Outcomes Star*¹⁰ (an evidence-based tool for both supporting and measuring change) as it may be more applicable for use within a group setting.

From the YP-CORE Questionnaire:

100%

of children felt they'd improved at being able to cope when things go wrong.

100%

of children felt they were sleeping the same or better following therapy.

From the Me&My Feelings Questionnaire:

100%

of children felt that they no longer worried a lot or only sometimes, instead of all the time.

100%

of respondents said they never or only sometimes worried at school now.

¹⁰ Outcomes Star (<https://www.outcomesstar.org.uk>) [14.06.23.]

Challenges

For group work, it is important that the children who attend have similar issues and are of a similar age. It is also important that they are suitable for group work and can manage group therapy, so children who really needed individual therapy could not be considered as their needs would likely overwhelm the group. In order for all the children to arrive and leave at the same time and to prevent all their parents having to bring them and wait in our waiting area, we organised with schools (who made the referrals) to bring the children. This created issues with different schools having different break/class times and staff availability for escorting children.

Another challenge with the group work has been evidencing the change. This is because we are still exploring which outcome measures work best with 7-10 year olds in a group setting.

With the first group, we used *YP-CORE* and although it showed improvement, we felt in actuality the form was not appropriate, some of the questions confused some group members and completing it in session without it taking over the whole session was problematic.

Because the next group were younger, we used the *Me&MyFeelings* questionnaire as we felt the questions were gentler. What was interesting was that they all made huge progression in confidence within the sessions but also there was a lot of conflict in the group dynamics and we worked a lot with managing difficult emotions. The children had done a lot of work on identifying their emotions and being authentic in expressing how they feel. This may have been the reason we noticed inconsistencies between what they recorded on the *Me&MyFeelings* Questionnaire and the feedback forms.

We have asked schools/parents to feedback if they felt the process should be longer or if it would be better to run more groups and see more children rather than see the same children for more time. The group work is developing and we are finding the best, smoothest and most effective way for it to run. All ten children told us they didn't want the group to ever end.



Child Feedback

Comments about what feels different for the children after therapy included:

"The experience has helped me **overcome my fears** and bullies and have made new friends."

"I've got better at working as a team."

"I have been wanting to put my hand up more."

"I feel a lot **calmer, less scared, less worried.**"

When asked what The Windmill Trust does well, the children responded:

"Help with problems and fears."

"More **confident.**"

"They don't force you to do anything you don't want to and help you."

"Helps me feel **less stressed.**"

"I love this place! I have **made new friends** and overcame fears."

Parent Feedback

From the replies received, **100%** strongly agreed or agreed that their child had benefitted from sessions, and that they would recommend The Windmill Trust to others.

Comments included:

"My daughter noted she thoroughly enjoyed the sessions and felt **comfortable** with the therapists."

"The Windmill Trust allows quiet, introvert children to be heard. To build **confidence**."

"We noticed that (child's) confidence quickly improved shortly after beginning to attend the sessions. Even now the sessions have come to and end, (child) is much **less anxious** and worries a lot less."

When asked what The Windmill Trust does well, parents commented:

"Getting to know each **individual child**, and understanding their individual personalities. The activities provided seemed to be for my child but at the same time proved to achieve an effective outcome."

"Communicate with parents."

"The **support** they give to both children and adults who look after those children. They are **caring** and keep in touch."

Referrer Feedback

In their feedback, schools have indicated that they would like us to have more capacity for 1:1 work.

A Special Educational Needs Coordinator (SENCO), at a school we work with, provided feedback on The Windmill Trust:

“We have seen an increase in confidence and self-esteem in all children that have completed the group therapy or individual therapy. One parent has said that any OCD/anxieties have disappeared as that child has brought strategies home to cope with their anxieties. We have seen another child start to talk to other children and show his sense of humour in class (he has never done this before).

All the children look forward to their sessions and find it as a highlight to their week. The sessions have helped school refusers to come into school.

Parents have also commented on the improvement in the children’s general wellbeing. We use Early Help for our families and through Team Around The Family meetings, families and children are positive and we have been able to close some of the Early Help sessions as they are no longer needed.

Such an amazing charity in our local community. We are extremely lucky to have this in our town.”

CASE STUDY

This study has been anonymised.

Sally is 9 years old. Her mother, Louise, gave birth to her when she was 14. Louise had been sexually abused by her father and he had died when Louise was 10. Sally had been raised mostly by Louise's mum because Louise had struggled as a teenager with early trauma to connect to her baby. However, Louise's mum died one year before Sally came to our service. Sally's dad had been in her life for the first 6 years then left the area and rarely contacted her, Christmas and birthday presents being inconsistent and visits unreliable.

Sally had disclosed, just after her grandmothers death, that she was being physically abused regularly by her maternal uncle. Although there was evidence of this there was no prosecution. At this time, Sally's behaviour became increasingly distressed and angry. School noticed a sharp decline in her attendance and ability to manage her emotions. Sally became a Child in Need and was offered support from a charity offering talking therapy, although didn't engage and after a few weeks it was agreed by her school and the Strengthening Families Team that she needed something longer and more in depth.

Sally was exhibiting a lot of aggressive behaviour when in school, towards both staff and pupils. Mum was struggling to manage Sally at home and reported that at times she was sitting on her to stop her from hitting and kicking her. Sally then went on to disclose that she had been sexually assaulted by a teenage son of one of mum's friends. Again, there was no prosecution. Sally's Social Worker was worried about Louise keeping Sally safe from others and if she would be able to manage her behaviours.

Six months later, the Social Worker felt that there was enough evidence of mum knowing how to protect Sally and that they needed to find the family more support to help this happen. A referral was made to ourselves, The Windmill Trust, as the Strengthening Families Team had heard about our service starting. At the time when Sally first came to us, she was only attending school on average two days a week due to high levels of anxiety, often expressed as anger. She had been offered some short-term, online support through another charity but had declined.

CASE STUDY (continued)

CAMHS had given Sally an assessment, however, she did not meet the criteria for therapeutic support. There were no other services that could have taken her for therapy.

Sally came into our therapy space full of anxiety and mistrust. She declared her intentions to destroy the room, pull down the curtains and pull over the shelves. The therapist let her know that it was really normal to feel that way when coming to a new space and meeting a new person, especially when people haven't been nice in the past. She explained that this was a space where she didn't have to do anything she didn't want to, in fact, Sally would be the one to decide what they did and the therapist would keep them both and the room safe. Sally decided to stay for the full session and explored the new space and new relationship through physical games that helped shift and process the anxiety in her body.

Sally and her therapist continued in this way for several weeks, slowly building up trust in the space and it being a place she could safely express herself. Sally moved on to working with clay and paint. Often children with early trauma have missed opportunities for sensory play during infancy which is essential for brain/body development. However, they also often have sensory issues as a result of the neurological aspects of trauma and naturally navigate towards sensory play in therapy. Children often subconsciously work through unprocessed material in the developmental stage where difficulties occurred.

The play with children is non-directive so that everything explored comes from them.

We worked alongside Sally within the play to understand her emotions and help make sense out of how she felt. The work with Sally was psycho-dynamic; we are always working with the attachment relationship to help build a healthy attachment blueprint within the brain.

CASE STUDY (continued)

Sally later created play around a dying wolf coming for healing in an animal shelter, a metaphor for developing/exploring trust in the therapist and through which she was able to appreciate and hold all her pain.

Alongside this, we worked closely with the school and with Louise. We gave Louise regular support with how to deal with Sally's behaviours and make sense out of them and also with her own emotional health and advocated for her to get some much needed support for herself. We also wrote a Therapeutic Needs Assessment which informed Sally's Education, Health and Care Plan.

Sally is now in school full time again and mum has said that things have settled at home but she can still be very anxious and angry. She has stepped down from being classified as a Child in Need to being on an Early Help plan.



ACKNOWLEDGEMENTS

We would like to thank all of the local schools we work with; our partners and our supporters:

- **Albert Hunt Trust**
- **Cumbria Community Foundation**
- **Francis C Scott Charitable Trust**
- **Kelly Family Foundation**
- **Magdalen Hospital Trust**
- **National Lottery Awards for All**
- **Postcode Neighbourhood Trust**
- **Saint & Co Chartered Accountants**
- **Wigton Youth Station**



The Magdalen Hospital Trust



FUTURE PLANS

We plan to grow our therapy service, in line with the need as we experience it, in order to reach as many children and young people as require the support we offer.

Our focus over the next year will be on capacity building, so that we are able to meet the aims outlined in this report. In order to grow our service, we will need to attract some multi-year funding to give us the security we need to employ more therapists.

We are aiming to create a funding portfolio made up of 80% funding from trusts and grants, 15% through building and growing corporate partnerships and 5% through public donations. Part of this will involve us raising awareness of our charity and our work and building our infrastructure so that we develop as a robust, ethical and well managed charity.

We are aware that there is a real need, particularly in West Cumbria, and we are developing ideas for how we can expand our service and offer a tiered approach to treating mental health, in a cost effective way using the arts and trauma sensitive creativity.

FINANCIAL REVIEW AND RESERVES POLICY

Review of The Windmill Trust's Financial Position at 31/12/22

The trust's net income for the period was £67,229 with expenditure of £18,404. The trust therefore realised a surplus of £48,825 of funds (which had been raised in order to expand services going into the next financial year). The main income stream for the charity was grants received with the main expense being staff costs.

As at 31 December 2022 the unrestricted, unallocated funds available for use by the trust are £6,605.

The reserves policy of the trust is to work towards maintaining sufficient unallocated reserves representing 3 months total operating costs.

The level of reserves is monitored and reviewed by the Trustees as necessary and at least once each year.

TRUSTEES' REPORT APPROVAL

For the period 14 July 2021 to 31 December 2022

The trustees present their annual report and financial statements for the period ended 31 December 2022.

The financial statements have been prepared in accordance with the accounting policies set out in note 1 to the financial statements and comply with the trust's governing document, the Charities Act 2011 and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)" (effective 1 January 2019).

Objectives and Activities

The trustees have paid due regard to guidance issued by the Charity Commission in deciding what activities the trust should undertake.

Structure, Governance and Management

The trustees who served during the period and up to the date of signature of the financial statements were:

Mrs. Lesley Ritchie	(appointed 14/07/2021)
Mrs. Helen Whittaker	(appointed 14/07/2021)
Mrs. Sarah Parkhouse	(appointed 14/07/2021)
Ms. Katherine Haigh	(appointed 07/02/2022)
Mr. Paul Ulett	(appointed 07/06/2022)
Mr. Garry Elliott	(appointed 21/09/2022)
Ms. Erika Ghienelli	(appointed 14/07/2022 and resigned 19/09/2022)

The Trustees' Report was approved by the Board of Trustees and signed on their behalf by:

Name: Lesley Ritchie
Position: Chair of Trustees
Signature:
Date: 18th July 2023

INDEPENDENT EXAMINER'S REPORT

THE WINDMILL TRUST

INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF THE WINDMILL TRUST

I report to the trustees on my examination of the financial statements of The Windmill Trust (the trust) for the period ended 31 December 2022.

Responsibilities and basis of report

As the trustees of the trust you are responsible for the preparation of the financial statements in accordance with the requirements of the Charities Act 2011 (the 2011 Act).

I report in respect of my examination of the trust's financial statements carried out under section 145 of 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

Your attention is drawn to the fact that the charity has prepared financial statements in accordance with Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) in preference to the Accounting and Reporting by Charities: Statement of Recommended Practice issued on 1 April 2005 which is referred to in the extant regulations but has now been withdrawn.

I understand that this has been done in order for financial statements to provide a true and fair view in accordance with Generally Accepted Accounting Practice effective for reporting periods beginning on or after 1 January 2015.

I understand that this has been done in order for financial statements to provide a true and fair view in accordance with Generally Accepted Accounting Practice effective for reporting periods beginning on or after 1 January 2015.

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 trust as required by section 130 of the 2011 Act; or
- 2 the financial statements do not accord with those records; or
- 3 the financial statements do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 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.

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 in order to enable a proper understanding of the financial statements to be reached.

Sophie Graham FCA

Saint & Co Chartered Accountants
Sterling House
Wavell Drive
Rosehill
Carlisle
CA1 2SA
Cumbria

Dated: 18th July 2023

STATEMENT OF FINANCIAL ACTIVITIES

THE WINDMILL TRUST

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE PERIOD ENDED 31 DECEMBER 2022

	Notes	Unrestricted funds 2022 £	Restricted funds 2022 £	Total 2022 £
<u>Income from:</u>				
Donations and legacies	3	50,226	17,000	67,226
Investments	4	3	-	3
Total income		50,229	17,000	67,229
<u>Expenditure on:</u>				
Charitable activities	5	8,624	9,740	18,364
Net income for the period/ Net movement in funds		41,605	7,260	48,865
Fund balances at 14 July 2021		-	-	-
Fund balances at 31 December 2022		41,605	7,260	48,865

The statement of financial activities includes all gains and losses recognised in the period.

All income and expenditure derive from continuing activities.

The notes on pages 5 to 13 form part of these financial statements.

STATEMENT OF FINANCIAL POSITION

THE WINDMILL TRUST

STATEMENT OF FINANCIAL POSITION

AS AT 31 DECEMBER 2022

	Notes	2022 £	£
Fixed assets			
Tangible assets	10		577
Current assets			
Debtors	11	320	
Cash at bank and in hand		50,074	
		<u>50,394</u>	
Creditors: amounts falling due within one year	12	(2,106)	
		<u></u>	
Net current assets			48,288
Total assets less current liabilities			<u>48,865</u>
Income funds			
Restricted funds	14		7,260
<u>Unrestricted funds - general</u>			
Designated funds	15	35,000	
General unrestricted funds		6,605	
		<u></u>	
			41,605
			<u>48,865</u>

The notes on pages 5 to 13 form part of these financial statements.

The financial statements were approved by the Trustees on 18th July 2023

.....
Mrs. Lesley Ritchie
Trustee

.....
Ms. Katherine Haigh
Trustee

NOTES TO THE FINANCIAL STATEMENTS

THE WINDMILL TRUST

NOTES TO THE FINANCIAL STATEMENTS FOR THE PERIOD ENDED 31 DECEMBER 2022

1 Accounting policies

Charity information

The charity is a public benefit entity and a registered charity in England and Wales. The charity is a Charitable Incorporated Organisation, and the address of the principal office is 78 Appleby Road, Kendal, LA9 6HF.

1.1 Reporting period

The financial statements have been prepared for an 18 month period. There are no comparative figures as this is the entities first reporting period. The accounting period was extended to provide sufficient time for the charity to establish.

1.2 Accounting convention

The financial statements have been prepared in accordance with the trust's governing document, the Charities Act 2011, FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" ("FRS 102") and the Charities SORP "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)" (effective 1 January 2019). The trust is a Public Benefit Entity as defined by FRS 102.

The trust has taken advantage of the provisions in the SORP for charities not to prepare a Statement of Cash Flows.

The financial statements have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a true and fair view. This departure has involved following the Statement of Recommended Practice for charities applying FRS 102 rather than the version of the Statement of Recommended Practice which is referred to in the Regulations but which has since been withdrawn.

The financial statements are prepared in sterling, which is the functional currency of the trust. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention. The principal accounting policies adopted are set out below.

1.3 Going concern

At the time of approving the financial statements, the trustees have a reasonable expectation that the trust 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.

1.4 Charitable funds

Unrestricted funds are available for use at the discretion of the trustees in furtherance of their charitable objectives.

The trustees have the discretion to allocate sums to particular funds as they so wish. Such funds are known as designated funds, and remain unrestricted.

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.

1.5 Income

Income is recognised when the trust 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.

NOTES TO THE FINANCIAL STATEMENTS

THE WINDMILL TRUST

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE PERIOD ENDED 31 DECEMBER 2022

1 Accounting policies

(Continued)

Cash donations are recognised on receipt. Other donations are recognised once the trust 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 trust 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.

1.6 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement, and the amount of the obligation can be measured reliably.

Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges are allocated on the portion of the asset's use.

1.7 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 so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Computers	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 the statement of financial activities.

1.8 Impairment of fixed assets

At each reporting end date, the trust 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 in order to determine the extent of the impairment loss (if any).

1.9 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.

NOTES TO THE FINANCIAL STATEMENTS

THE WINDMILL TRUST

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE PERIOD ENDED 31 DECEMBER 2022

1 Accounting policies

(Continued)

1.10 Financial instruments

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

Financial instruments are recognised in the trust's balance sheet when the trust 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 trust's contractual obligations expire or are discharged or cancelled.

1.11 Retirement benefits

Payments to defined contribution retirement benefit schemes are charged as an expense as they fall due.

2 Critical accounting estimates and judgements

In the application of the trust'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.

NOTES TO THE FINANCIAL STATEMENTS

THE WINDMILL TRUST

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE PERIOD ENDED 31 DECEMBER 2022

3 Donations and legacies

	Unrestricted funds general 2022 £	Restricted funds 2022 £	Total 2022 £
Donations and gifts	14	-	14
Grants	50,000	17,000	67,000
Other	212	-	212
	<u>50,226</u>	<u>17,000</u>	<u>67,226</u>

4 Investments

	Unrestricted funds general 2022 £
Interest receivable	<u>3</u>

NOTES TO THE FINANCIAL STATEMENTS

THE WINDMILL TRUST

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE PERIOD ENDED 31 DECEMBER 2022

5 Charitable activities

	Therapeutic services 2022 £
Staff costs	13,043
Therapy expenses	426
Supervision and training	1,802
Consultancy and evaluation	60
	<hr/>
	15,331
Share of support costs (see note 6)	1,833
Share of governance costs (see note 6)	1,200
	<hr/>
	18,364
	<hr/>
Analysis by fund	
Unrestricted funds - general	8,624
Restricted funds	9,740
	<hr/>
	18,364
	<hr/>

NOTES TO THE FINANCIAL STATEMENTS

THE WINDMILL TRUST

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE PERIOD ENDED 31 DECEMBER 2022

6 Support costs

	Support costs	Governance costs	2022
	£	£	£
Depreciation	52	-	52
Room hire	385	-	385
Telephone and IT	623	-	623
Repairs and renewals	163	-	163
Subscriptions	204	-	204
Travel and subsistence	3	-	3
Printing, postage and stationery	79	-	79
Disclosure and barring service checks	65	-	65
Trustee expenses	220	-	220
Sundry expenses	39	-	39
Independent examination fees	-	600	600
Accountancy	-	600	600
	<u>1,833</u>	<u>1,200</u>	<u>3,033</u>
Analysed between			
Charitable activities	<u>1,833</u>	<u>1,200</u>	<u>3,033</u>

Governance costs includes payments to the independent examiner of £600 for independent examination fees and £600 for other fees.

7 Trustees

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

8 Employees

The average monthly number of employees during the period was:

2022 Number
<u>1</u>

NOTES TO THE FINANCIAL STATEMENTS

THE WINDMILL TRUST

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE PERIOD ENDED 31 DECEMBER 2022

8	Employees	(Continued)
	Employment costs	2022
		£
	Wages and salaries	12,663
	Other pension costs	380
		<u>13,043</u>
		<u><u>13,043</u></u>
	There were no employees whose annual remuneration was more than £60,000.	
9	Taxation	
	The charity is exempt from tax on income and gains falling within section 505 of the Taxes Act 1988 or section 252 of the Taxation of Chargeable Gains Act 1992 to the extent that these are applied to its charitable objects.	
10	Tangible fixed assets	
		Computers
		£
	Cost	
	Additions	629
		<u>629</u>
	At 31 December 2022	<u>629</u>
	Depreciation and impairment	
	Depreciation charged in the period	52
		<u>52</u>
	At 31 December 2022	<u>52</u>
	Carrying amount	
	At 31 December 2022	<u>577</u>
		<u><u>577</u></u>
11	Debtors	
		2022
	Amounts falling due within one year:	£
	Prepayments and accrued income	320
		<u>320</u>

NOTES TO THE FINANCIAL STATEMENTS

THE WINDMILL TRUST

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE PERIOD ENDED 31 DECEMBER 2022

12 Creditors: amounts falling due within one year

	2022 £
Other taxation and social security	477
Other creditors	428
Accruals and deferred income	1,201
	<u>2,106</u>

13 Retirement benefit schemes

Defined contribution schemes

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

The charge to profit or loss in respect of defined contribution schemes was £380.

Contributions amounting to £108 were payable to the scheme at 31 December 2022 and are included within other creditors.

14 Restricted funds

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

	Movement in funds		Movement in funds		
	Incoming resources	Balance at 14 July 2021	Incoming resources	Resources expended	Balance at 31 December 2022
	£	£	£	£	£
Therapeutic services in Workington	-	-	12,000	(9,740)	2,260
Family support funding	-	-	5,000	-	5,000
	<u>-</u>	<u>-</u>	<u>17,000</u>	<u>(9,740)</u>	<u>7,260</u>

The Therapeutic services in Wigton fund is restricted to provide therapeutic services to children and young people in Wigton.

The Family support fund is restricted to enable the trust to give more focused and sustained therapeutic parenting support to parents and carers of children receiving therapy with us, or to give us the option of providing family therapy where necessary.

NOTES TO THE FINANCIAL STATEMENTS

THE WINDMILL TRUST

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE PERIOD ENDED 31 DECEMBER 2022

15 Designated funds

The income funds of the charity include the following designated funds which have been set aside out of unrestricted funds by the trustees for specific purposes:

	Movement in funds		Movement in funds	
	Incoming resources	Balance at 14 July 2021	Incoming resources	Balance at 31 December 2022
	£	£	£	£
Therapeutic services in Workington	-	-	25,000	25,000
Therapeutic services in Wigton	-	-	10,000	10,000
	<u>-</u>	<u>-</u>	<u>35,000</u>	<u>35,000</u>

Therapeutic Services in Workington designated fund of £25,000 has been earmarked to provide therapeutic services to children and young people in Workington.

Therapeutic Services in Wigton designated fund has arisen from applications for general funding towards our core costs and are needed for our delivery in 2023.

16 Analysis of net assets between funds

	Unrestricted funds	Restricted funds	Total
	2022	2022	2022
	£	£	£
Fund balances at 31 December 2022 are represented by:			
Tangible assets	-	577	577
Current assets/(liabilities)	41,605	6,683	48,288
	<u>41,605</u>	<u>7,260</u>	<u>48,865</u>

17 Related party transactions

There were no disclosable related party transactions during the period.



The Windmill Trust
Creative Therapy Service



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