


epilepsy
society



Annual Report
2024/2025

epilepsysociety.org.uk

An abstract network diagram in the top right corner, featuring a central node connected to several other nodes, which are further connected to a larger network of nodes. The nodes are represented by circles of varying sizes and colors (light purple, dark purple, and blue), and the connections are thin white lines.

We are **Epilepsy Society**

**The UK's only charity
transforming the
lives of people with
epilepsy through
world-leading research,
advocacy and care.**

Epilepsy Society

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Registered charity: 206186
Company limited by guarantee: 492761

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Chairman's review of the year



KATE ALCOCK
CHAIRMAN

The great joy about my role at the Epilepsy Society is the people. Our incredible supporters, the patients whose lives we are able to turn around and the amazing staff who, from our support workers through to our researchers and everyone in between, are dedicated to alleviating the impact of epilepsy.

While international politics may make you question the very essence of humanity, in our own camp, humanity is never in question. Every day is inspirational at the Epilepsy Society.

I was thrilled to be able to join our team for a reception in the Houses of Parliament which took place, literally, in the corridors of power. We were privileged to have Rosie Wrighting MP as a guest speaker and England rugby player, Tommy Freeman. Both of them have epilepsy and spoke with great generosity and candour about their lived experience of the condition. They are determined to make sure their experiences benefit others.

But we also had life-sized cardboard cut-outs on display – the reception was part of a week-long exhibition – of people whose lives have been transformed by the Epilepsy Society. Jo, who was experiencing over 2,000 seizures a year and is now seizure-free and able to pursue her dream of pole dancing. And Evan, a Paralympic judo fighter who was able to compete in the games in Paris last year after treatment at our Chalfont Centre finally brought his seizures under control. I am certain their stories gave the Government goosebumps.

In fact, I know they did. At the close of our reception, Lord Hayward who had been listening quietly at the back of the hall, stepped forward to offer to speak on behalf of people with epilepsy in the House of Lords. Exactly the sort of champion we need.

On the subject of champions, we said a fond farewell to our Medical Director, Professor Ley Sander who has been at the Chalfont Centre for over 40 years. Ley is globally revered as an expert in epilepsy and he has helped shape our direction for the future as well as being a voice for people with epilepsy. He will now concentrate on his international commitments, including his work in China. Thank you, Ley, from all of us.

And, as we look to the future, we are delighted to announce the appointment of Professor Sanjay Sisodiya as our Transformation Director. This is a new role that will oversee the transformation of our current research and medical



services, towards the establishment of the expanded provision that we aspire to achieve if our application for planning permission is successful. You can read more about this in the letter from our Chief Executive, Clare Pelham.

People are at the very heart of everything we do but of course, alongside the pioneering research and heart-warming stories, there are also the spreadsheets which themselves tell a less emotional but equally important story.

This year it has been very much a tale of two halves. Income has risen but so have our costs. And world economics have inevitably impacted on our return on investments. Last year the return on our investments was just over half a million. This year it is just £112,000. There is so much that is out of our control.

On a positive note, we have seen a £1.8m rise in our income. £1m of that is thanks to a very generous legacy bequeathed to the charity and I cannot overstate how grateful we are to everyone who remembers the Epilepsy Society in their will. What a wonderful legacy to know that your gift could lead to better diagnosis and treatment for thousands of others in the future.

The additional £0.8m is down to our amazing fundraisers who will stop at nothing to support our vital work. Our supporters love a challenge and our team makes sure there is something for everyone.

We were fortunate to be able to create a designated fund six years ago, due to the sale of some of our estate, which had an initial value of £11.9m. We always intended to invest that money in four key areas: essential management of the estate, our pension deficit, optimising our charitable assets and of course research. The investment is paying dividends on all fronts but the pot is diminishing and we are now down to £2m. As I said, spreadsheets also tell a story.

And so finally to chocolate. Every so often we have one of those left-of-field ideas that takes on a life of its own. The team invested in personalised Epilepsy Society chocolate bars this year to raise awareness of epilepsy. The front of the wrappers bore our name and on the back our *raison d'être*, just slightly modified – “Transforming lives through research, advocacy and chocolate”.

We hoped people would like them, and those who were able to enjoy a bar of Cadbury's Dairy Milk while hearing about epilepsy, were big fans. But so were our online supporters who, in spite of only being able to have a very virtual experience of the chocolate, liked it in their droves – 1.7k likes on Facebook alone.

It's what keeps us on our toes. We plan. We brainstorm. We do wash-ups. We examine data. We analyse. But just occasionally something takes us by complete surprise. Thank goodness.

Letter from the Chief Executive



CLARE PELHAM
CHIEF EXECUTIVE

Times are hard.

A recent report from the Charity Commission showed that the number of people donating money or goods to charity dropped from 62 per cent in 2020 to 40 per cent in 2023. Trust in charities is high with charities among the most trusted groups in society, second only to doctors. But the UK Giving 2025 Report, produced by the Charities Aid Foundation, showed that 44 per cent of people cannot afford to give to charities.

Times are hard and the cost-of-living crisis is real. But our commitment is steadfast and our supporters are undaunted. We know that it is vital that we raise the money that has the potential to transform the lives of people with epilepsy. The backbone of our charity is the thousands of people who find ingenious ways to fundraise for us. And we are so grateful to them. This year, 73 amazing runners raised over £225,000 for us in the London Marathon alone.

We are also fortunate that, as a national charity founded over 130 years ago, we have a 300-acre estate. This estate holds the key to better diagnosis and better treatments for people with epilepsy. We must translate the wealth buried in the land into better health for people with epilepsy.

We know that, by building homes on less than 40 per cent of our land, we could raise over £90m for research into epilepsy. That would enable us to more than double the number of patients we see. That is thousands more people with epilepsy potentially achieving seizure freedom, with all that means. A job, a driving licence, perhaps the opportunity to travel, to study or to start a family without the challenges and anxiety that uncontrolled epilepsy can bring.

Significantly, this investment in research would also save the NHS and wider public sector over £300m per year. The long-term gains are eye-watering and the potential to generate a sea change in the treatment of epilepsy is very exciting. So, we have been taking every opportunity possible to make certain that the Government is aware of just what we can contribute to life sciences, the NHS and, of course, economic productivity.



By building 1,000 homes on 40 per cent of our land, we could raise over £90m for epilepsy research — transforming treatment and saving the NHS over £300m each year.

Tackling economic inactivity is central to the government's goal of promoting economic growth and our ambitious plans to turn land into research could enable many people with epilepsy to get back to work and contribute to the economic productivity of the country. People with epilepsy want to work and we want to enable them to, through better seizure control.

This year it has been even more vital to make sure that epilepsy is on the political agenda. We have attended party conferences, sat alongside politicians on health panels and have spent a week in Parliament talking to MPs about the impact of epilepsy and the challenges that people face. During National Epilepsy Week, Sir Keir Starmer mentioned epilepsy and our campaigners twice during Prime Minister's Questions.

Epilepsy is definitely on the map.

Our proposal to release the value currently locked up in our land and fund research, demonstrates how life sciences, health and building can work together to revolutionise the treatment of epilepsy and transform lives. We are looking forward to a better future where for people with epilepsy, all things are possible.

This time next year, I hope that I will be able to report that we have been granted planning permission, and that the diggers are on site. And that a brighter future for people with epilepsy is in sight.

Trustees' annual report

Our values:

Caring, accountable, improving, respectful and open

The Trustees are pleased to present their report for the year ended 31 March 2025 which provides a commentary on these results and the operations of the Epilepsy Society during the year, which are set out in the audited financial statements following this report. The report also acts as the Society's strategic report and the Directors' Report for the year.

Under section 17 of the Charities Act 2011, the Trustees have a duty to have due regard to the public benefit guidance published by the Charity Commission. During the year, the Trustees have acted in accordance with this requirement and they are satisfied that all the activities of the Society are for the public benefit.

PIONEERING
the treatment
of epilepsy
since 1892

About Epilepsy Society

Epilepsy Society is the UK's leading provider of epilepsy services. Through our cutting-edge research, awareness campaigns, information resources and expert care, we work for everyone affected by epilepsy in the UK.

Our vision is for a world where epilepsy is irrelevant and people with epilepsy lead the lives they want to lead.

What we do

RESEARCH: Our world-leading research team is passionate about translating research findings into improving the lives of people with epilepsy. The ultimate goals of our current research are to spearhead personalised treatment and to incorporate genomic diagnosis into the NHS for people with epilepsy.

ADVOCACY: We are a voice for people with epilepsy, striving to push epilepsy up the political agenda and bring about change. We operate a confidential helpline and webchat service offering help and support for anyone affected by epilepsy, and have a wealth of online information for people at any stage of their epilepsy journey.

We also provide training for individuals and organisations to improve their epilepsy awareness.

MEDICAL: Medical services at our Chalfont Centre provide the most sophisticated diagnostic tools and tailored treatments for people with drug-resistant seizures.

CARE: We provide specialist residential care for about 100 people, who, in addition to their epilepsy, may have an additional condition, such as a brain injury or a physical disability.



A further
£1.8m
invested into our research
programme



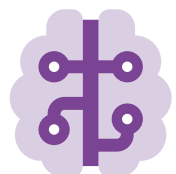
↑
11%

5,696
contacts made to the
Helpline via calls, emails
and webchats



↑
8.7%

20,322
Therapeutic Drug Monitoring
samples processed



↑
18.3%

1,872
MRI scans completed

Our year in numbers



3,169
information resources sent
out from the Helpline



87
awareness-raising training
courses, delivered to over
600 delegates



Over
1.3m
visitors to our website



5.2m
reach on Facebook
and Instagram



89
academic papers published
by our researchers
in conjunction with UCL



Just under
5,000
whole genomic sequences
now analysed cumulatively



7 out of 7
of care services rated
'good' by CQC

Structure

Epilepsy Society is a charitable company limited by guarantee. It is governed by its Memorandum and Articles of Association and it is registered as a charity with the Charity Commission (charity number 206186).

The Society has two wholly-owned subsidiaries — Epilepsy Enterprises Limited and NSE Facilities Limited. Epilepsy Enterprises Limited is the Society's trading company and it carries on commercial activities, such as merchandising, with a view to raising money for the charity. NSE Facilities Limited was incorporated in 2000 to build the Gowers Centre and to manage the healthcare services provided by UCLH within it. However, the management of healthcare services is now being done directly by the Epilepsy Society, and therefore this subsidiary is effectively dormant and the only financial transactions relate to the depreciation of the property and some minor administration. The Boards of each subsidiary consist of two Trustees and the Society's Chief Financial Officer.

Charitable objectives, values and strategy

The Society's strategy is set by the Board of Trustees and they also agree the vision and objectives following discussions with stakeholders including the staff who work for the Society.

Our charitable objective

The Society's charitable objective is to secure a full life for everyone affected by epilepsy and other neurological conditions. Under the Society's constitution, we will try to do this by:

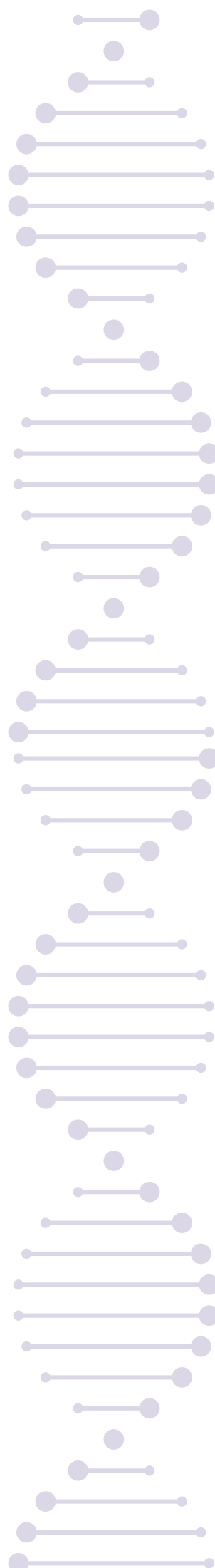
- promoting acceptance of people with epilepsy and other neurological conditions, and challenging discrimination against them;
- preventing the development of epilepsy and other neurological conditions;
- seeking effective treatments for epilepsy and other neurological conditions; and
- providing services to people with epilepsy and other neurological conditions.

Our values

We aim to fulfil this objective while meeting our values, which are being: *Caring; Accountable; Improving; Respectful; Open* while putting the person with epilepsy at the centre of everything that we do.

Public benefit

The Charities Act 2011 requires the Society to have due regard to public benefit guidance published by the Commission in determining the activities undertaken by the charity. The Trustees confirm through this report that they have complied with this requirement. Research carried out and funded by the Society meets the Charity Commission's test for Public Benefit. In addition, the application of the results of the research is not restricted by gender, ethnicity, religion, or ability to pay and in that respect the public at large benefit. Other services that the Society carries out in care, helping people through support and advice and providing medical services all comply with the public benefit test too.





Research

Our research is crucial to understanding the underlying genetic architecture of epilepsy, its causes and how it can be better treated. The deeper we delve into the genomic data, combined with other information such as brain imaging, the more we understand the value of genomic testing for people from the point of diagnosis. We are also looking at the impact of external influences such as climate change on seizures.

Our research



WE BELIEVE

- Genomic data provides invaluable information to support high-quality, tailored healthcare.
- That genomic data should be available for everyone with epilepsy at the time of diagnosis.



TO ACHIEVE THIS, WE:

- Will push forward research aiming to show the value of early genomic testing for as many people with epilepsy as we can.
- We will promote the value of genomic testing for people with epilepsy to the neurological community and service providers.



Severe epilepsies in adulthood

A team of our researchers including Professor Sanjay Sisodiya and Angeliki Vakrinou (pictured left) conducted a study exploring how severe epilepsies that often begin in childhood, evolve during a lifetime. The study focused on a group of adults with Developmental and Epileptic

Encephalopathies — DEEs — looking at their health, seizures and other symptoms. Results showed that while the majority continue to have severe seizures, some may become seizure free or have milder seizures. However, they will still face cognitive difficulties and health problems related to their condition. This highlighted a need for early targeted care and a holistic approach that goes beyond managing seizures. It brings us closer to integrating genetic insights into clinical care.



The Epilepsy Society is leading research into the use of Transcranial Magnetic Stimulation with EEG (TMS-EEG) to better understand epilepsy, aiming to support diagnosis and follow-up in treatment for seizure control. This pioneering, non-invasive technique allows researchers to stimulate the brain and record its responses, helping to monitor brain activity in the outer cortical regions.

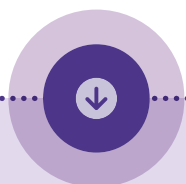
In 2024, inomed provided the clinical research team with the Nexstim NBS 5 — the most advanced clinically approved TMS system. This fully integrated equipment enhances participant comfort and relaxation during sessions, while offering greater precision and reliability for clinical researchers.

Diego Jimenez, epilepsy research fellow said: "This technology offers significant benefits, it is smoother, quieter and more comfortable for participants. For our team, it delivers more accurate and reliable data, supported by clinical approval."

To date, we have completed 28 sessions, contributing to our growing dataset of over 310 participants. Our research is already deepening understanding of epilepsy and helping shape more accurate diagnosis and treatment. In a recent study, we were able to show that people with postictal psychosis exhibit similar patterns of brain activity as those seen in people with schizophrenia.

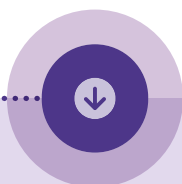
Drug resistance linked to genes

We welcomed the findings of an international study, led by senior author Professor Sanjay Sisodiya, that provides evidence that common genetic variants significantly contribute to drug resistance in epilepsy. In the future it may be possible to predict from the point of diagnosis which individuals are likely to be drug resistant. And it could lead to the development of newer, more effective medications.



WORKING TOWARDS THIS, WE HAVE:

- Obtained genome sequences for another 500 people with various types of epilepsy to show how useful genomics can be in different types of epilepsy.
- We published two important papers on the genetic basis of multi-drug resistance in epilepsy and SUDEP. Both were well received, and have led to expansion of the work with the ILAE Consortium on Complex Epilepsies and the Epi25 Consortium.



IN THE NEXT 12 MONTHS, WE WILL:

- Work towards making Whole Genome Sequencing (WGS) a standard test at diagnosis for everyone with epilepsy.
- Continue work on merging genomic research with other phenotyping approaches such as imaging and Transcranial Magnetic Stimulation ("TMS").



Climate change and epilepsy



PROFESSOR SANJAY SISODIYA

Climate change, and its effects on weather patterns and adverse weather events, can negatively affect the health of people with brain conditions. Professor Sanjay Sisodiya and his team have been leading on research exploring the impact of climate change on the quality of life for people with epilepsy.

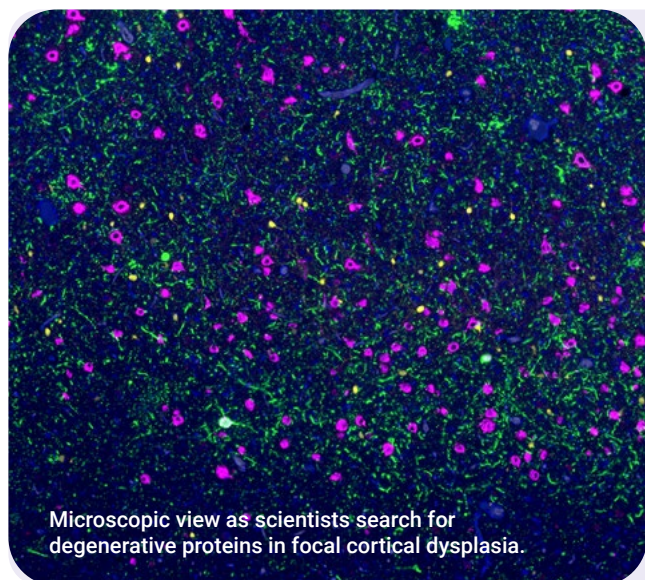
Professor Sisodiya has co-authored two reports this year, one exploring how changing weather patterns resulting from climate change affect sleep and how heat and humidity can impact the effectiveness of common anti-seizure medications.

For many people with epilepsy, sleep deprivation is an important trigger for seizures and this report identified that people with epilepsy are likely to be particularly vulnerable to heatwaves and higher temperatures.

The second report explored the potential effects of climate change on anti-seizure medications, antipsychotics and antidepressants and how it could affect people across the globe.

The paper underlines the need to conduct further research to understand how fluctuations in temperature and humidity could consequently alter the effectiveness of various drugs.

To read more about our research on climate change and epilepsy, go to epilepsysociety.org.uk



Microscopic view as scientists search for degenerative proteins in focal cortical dysplasia.

Epilepsy Society Brain and Tissue Bank

The Epilepsy Society Brain and Tissue Bank collection at UCL is the only UK collection specifically supporting epilepsy research. We now have 273 donors on our register, having signed up 22 new donors this year and received over 70 donor request enquiries.

Research work on epilepsy tissue samples donated to the tissue bank in the last year includes studies on traumatic brain injury in epilepsy, studies on Dravet Syndrome and identifying potential SUDEP risk factors.



Medical

Our medical services provide the most sophisticated tools and tailored treatments for people with drug-resistant epilepsy. This year we have launched a brand new multi-disciplinary clinic which we hope will be the first of many.

New multi-disciplinary clinic

We have launched a unique one-stop clinic for people with Dravet syndrome at our Chalfont Centre.

The service, thought to be the only one of its kind in the UK, is designed to reduce the number of clinical appointments a person has to attend, reducing the stress for both the person and their caregiver, and accelerating any treatment changes as required.

The new service is specifically for people with a severe form of epilepsy, Dravet syndrome, and who are prescribed the medication fenfluramine which requires careful heart monitoring. For the first time, patients will be able to see a cardiologist at their epilepsy clinic without having to make a separate appointment at another hospital.

We hope that in time, multi-disciplinary clinics for adults will become the gold standard in treating people with complex epilepsy care.



Ella's story

Ella is the first person to benefit from our new one-stop clinic. Being prescribed fenfluramine has helped to reduce the number of tonic clonic seizures she experiences by half and has improved her quality of life. And her Mum, Tara, says that it has really helped to be able to have an echocardiogram at the same time as her neurology appointment.



Previously we had to go to a different hospital for the echocardiogram. That could be quite stressful for Ella as it meant more car journeys, waiting rooms and tests. Quite often the echocardiogram would be carried out in very small rooms where there wasn't enough room for both myself and Ella's carer. At the Chalfont Centre we can see Ella's doctor and then have the echocardiogram in the room next door where there is plenty of space. It is much more relaxing for everyone, but particularly for Ella.

—TARA, ELLA'S MUM



MRI

Our MRI (magnetic resonance imaging) team are dedicated to helping to identify and treat the causes of epilepsy. The MRI scanner produces very high-resolution images for people undergoing innovative surgical procedures such as LITT (Laser Interstitial Thermal Therapy). We have also expanded our range of services to assist the government to reduce waiting times and scanned 1,872 patients in the last 12 months.

We have been able to offer our expertise to many neuro-oncology, MS (multiple sclerosis), and neuro-vascular patients looked after by the specialist UCL team at Queen Square in London and who live in the vicinity of our Chalfont Centre.

Our medical progress



WE BELIEVE

- That research-based personalised treatments will transform the lives of people with epilepsy and reduce the burden of epilepsy to the individual and society. It will also reduce pressures on the NHS by decreasing the number of people with chronic epilepsy symptoms.



TO ACHIEVE THIS, WE:

- Will revolutionise the investigation and treatment of forms of epilepsy through the cutting-edge application of medical tools like genotyping, high resolution imaging and analytic pharmacology. This will ensure those with the most complex forms of epilepsy get an accurate diagnosis and that the correct and most effective management pathway is implemented at the earliest opportunity.

TDM unit

Our Therapeutic Drug Monitoring (TDM) unit specialises in measuring medication levels in people with epilepsy, usually through blood samples but also through saliva samples. This helps to ensure that a person is on the right dosage for them as an individual, in order to maximise seizure control and minimise side effects. The Unit provides a specialist service for in-patients and out-patients attending the National Hospital for Neurology and Neurosurgery (Queen Square), University College Hospitals NHS Trust and Epilepsy Society.

We also receive samples from many NHS and private hospitals, institutions, forensic laboratories, private pathology laboratories and from veterinary practices throughout the UK.



In 2024/2025 we analysed over 20,000 samples.

EEG

In the last year we carried out 180 EEGs (electroencephalograms) to record brain wave activities and help us diagnose epilepsy and guide its management. As well as routine EEGs, we also carried out 171 ambulatory EEGs and 171 video telemetry studies.

SPECIALIST EEG AND MONITORING SERVICES

Video telemetry studies	171
Ambulatory EEG studies	171
Routine EEG studies (including sleep deprived and prolonged EEGs)	180

WORKING TOWARDS THIS, WE HAVE:

- Seen and assessed over 4,500 people with epilepsy. We have performed over 1,800 high-resolution MRI brain scans to look at the structure and function of the brain to guide the treatment. We have performed analysis of over 20,000 blood and saliva samples across 25 assays, to guide the management of the medication people use to treat their epilepsy. We have also added new medications to our repertoire of assays.

IN THE NEXT 12 MONTHS, WE WILL:

- Continue to invest in and further develop our MRI imaging centre and our drug monitoring laboratory so they can continue their pioneering work. We will continue to develop the new laboratory information management system to increase efficiencies throughout the team. We will introduce additional drug assays to our repertoire, including research to provide biomarker services.

Jo's story

In 2022 Jo Hardiman was experiencing more than 2,000 seizures a year. Now, thanks to a new medication and treatment at the Epilepsy Society, she is seizure-free and finally able to enjoy life. She says:



I am still on edge every day, worrying about whether I will have another seizure, but I can at last get on with my life. I am excelling at pole dancing, and am able to spend more time with my boyfriend."





Care services

We provide the highest standard of quality care for around 100 people with the most complex epilepsy and associated disabilities. All care is person-centred so that it reflects the needs and preferences of the individual, enabling them to lead as full a life as possible.

Digital and technology

The Epilepsy Society supports around 100 people in our residential, nursing and supported living services. Although they all share a diagnosis of epilepsy, in all other ways each person is very different, and our aim is to provide tailored high-quality person-centred support. Our goal is to support people to lead as full a life as possible. With that in mind we have developed a Quality of Life project to better understand where people are currently with all aspects of their life, but equally as important is to understand where they would wish to be so we can support that journey.

To achieve the highest standards of quality support, we adopt an individualised approach for every person. A person-centred model means providing people with the support that places their needs, preferences, goals and overall wellbeing at the core of the care process. It is moving away from a one-size-fits-all approach and focuses on the unique needs and individuality of each person.

It can take time to really establish what a person wants, and it's also important to be flexible and understand that their needs can change from day to day.

People who we support have been able to make decisions about their lives through this approach. For some, this has been small changes such as deciding what time they want to get up or go to bed, while for others it is choosing a holiday, the destination and accommodation and who they would like to accompany them.

Our commitment to constantly improving standards is reflected in the recruitment of a full-time Quality and Compliance manager. The role not only ensures we are adhering to key areas of statutory responsibilities, but also how we can go above and beyond in care to realise people's ambitions.

Over the course of 2024 care services introduced and delivered a wide-ranging programme of digitalisation. We commissioned a study to review the effectiveness of acoustic monitoring for seizure detection at night and this revealed some extremely positive outcomes. We are now on the cusp of upgrading our existing motion sensor alarms for people who are at higher risk of SUDEP (Sudden Unexpected Death in Epilepsy).

We are continuing to refine our digital social care records with systems that include electronic medication administration records, efficient management of services and quality assurance to measure our performance.

This year's annual meeting of the European Association of Epilepsy Centres conference took place in Berlin with

representation from our Development Director, Jonny Anders, see below. The focus was on technology and innovation where colleagues were able to share insights from across European centres. The Epilepsy Society was able to showcase our acoustic monitoring system including a short film made in co-production with our partners Adaptive.



People at the Epilepsy Society are supported to live as full a life as possible.



Complex care, supported living and respite

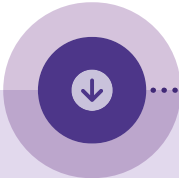
We believe that wherever it is a realistic possibility, people in our care should be offered the opportunity to move into supported living and enjoy all the benefits of community life that come with it. While there have been some frustrations with obtaining housing options to set up supported living pilot services, we are now fully primed with positive opportunities in Buckinghamshire.

We continue to offer placements in our residential and nursing houses at our main Chalfont site. Here we can harness the unique expertise offered by our team of

physiotherapists, occupational therapists, and speech and language therapists in addition to an on-site doctor for 24-hour medical care and our nursing teams, above.

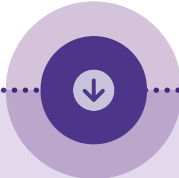
In addition to supported living there is increasingly a recognition of the lack of respite for families and carers, not only in Buckinghamshire but beyond. We have been liaising with commissioners across counties and neighbouring London Boroughs who have expressed an interest for support in this area from the Epilepsy Society.

Our care services



WE BELIEVE:

- People should be empowered to live the fullest life possible. Everyone has a right to live a life meaningful to them, irrespective of their support needs.
- In ordinary life principles, community engagement, choice and control.
- We are ambitious for people to live out their goals and aspirations. People are not defined by their epilepsy and our focus should be on their abilities, gifts and skills.
- It is Epilepsy Society's role to offer outstanding health and social care.



TO ACHIEVE THIS, WE:

- Support individuals in a person-centric way, focussing on what is both *important* to and *for* them to live their life.
- Seek to invest in our colleagues working in care services, so they can have the values, skills and knowledge to deliver outstanding support.
- Aim to be the leaders of innovation and equip our colleagues with technology so that people with refractory epilepsy can stay safe.
- Harness the unique expertise at Epilepsy Society with a coordinated approach for our medical expertise, neurologists, world-leading research and social care offer

Phoenix Games



Yet another amazing year for the Phoenix Boccia Team who represent the Epilepsy Society. Team players who all live at Chalfont site have played team and individual matches across England. The principles of Boccia are similar to that of bowls, and competition is fierce between two teams of three or between individuals. The season began with the Heathcoat Cup singles tournament in Nottingham where we were placed 8th and 11th in the individuals against over 200 competitors. In the team league, Phoenix narrowly missed out on the final 'end' and last ball of the match to the impressive Pace A team who have England players in their ranks.

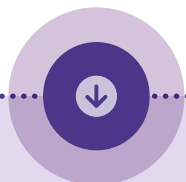
Martin Evans, captain of team Phoenix said, 'I am very proud of the team who have trained hard and played really well'.



Connecting with nature

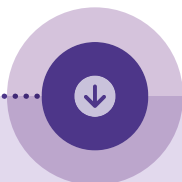
Residents and staff were in for a treat when Ark Farm brought their petting zoo to our beautiful nature trail in the grounds of our Chalfont Centre.

From cuddly rabbits to chirpy chicks, hedgehogs and mice, there was something for everyone to enjoy. Despite the cold breeze there was a great turn out and everyone got to play nature detective with resources created by our team and Inclusion Unlimited who showcased some amazing artwork. Thanks to the Family and Friends of Epilepsy Society.



WORKING TOWARDS THIS, WE HAVE:

- Worked to build our respite proposals for either Chalfont or out in the community.
- Developed pathways for people to live in supported living community settings.
- Increased our Complex Care offer for people living at Chalfont through partnership working in medical and care services.
- Carried out a baseline for individuals through Quality-of-Life indicators.
- Assessed our performance in digitalisation programme.



IN THE NEXT 12 MONTHS, WE WILL:

- Develop our respite offer to offer support to families and carers in desperate need of a break.
- Deliver on our ongoing digitalisation and assistive technology ambitions for people to live independently and safely.
- Work with housing developers and commissioners to open the first pilot service for Ordinary Lives.
- Maintain our overall 'Good' rating across all of our registered services with CQC and strive for 'Outstanding'.
- Seek to deliver on Quality-of-Life indicator goals for people.



Advocacy

Our advocacy work is all about listening and communicating. Our Helpline team is there six days a week to ensure that anyone who needs to talk about epilepsy has somewhere to go for trusted information and emotional support. Our campaign work makes certain that people with epilepsy are heard in the public domain, in parliament and through the media. That is how we help to bring about changes that are important for people with epilepsy.

Putting epilepsy on the political agenda

Sir Keir Starmer nailed it when he described our External Affairs team as 'tireless campaigners' during Prime Minister's Questions, in National Epilepsy Week. It has certainly been a busy year.

We have pushed epilepsy up the political agenda with passion and focus, meeting with MPs from across all parties and Cabinet ministers. Highlights have included: a roundtable with experts from across the medicines supply chain to address the issue of medication shortages; hand delivering a letter about shortages to Number 10; a meeting with Health Minister, Karin Smyth; attending the Labour and Conservative party conferences; and hosting an exhibition in the House of Commons with guest speakers Rosie Wrighting MP and England rugby player Tommy Freeman. Both spoke openly about living with epilepsy, and their commitment to raising awareness of epilepsy and ensuring that people get the right support.



Medication shortages campaign

We joined forces with other charities, pharmacy associations, medication manufacturers and distributors to lobby government about medication shortages. Sadly, two people with epilepsy lost their lives because they weren't able to get their medication on time, which makes our call for the government to commission a review of the medicines supply chain, even more urgent.

We engaged with the new government straight away, campaigning with Parkinson's UK, Epilepsy Action and SUDEP Action about the need to review the medications supply chain. We also asked our supporters to write to their MPs to make sure the issue was top of Health Minister, Karin Smyth's inbox. And we persuaded 45 MPs to sign a letter led by Cat Smith MP to Health Secretary, Wes Streeting, calling for action over medication shortages.

At the Labour Party Conference we spoke to Wes Streeting and Stephen Kinnock, Minister for Social Care about the need to address the situation. We hosted a round table bringing together patient organisations, pharmacies, charities, manufacturers and distributors to explore medicine supply shortages. It was recognised that it is a global issue and there are no quick fixes or easy solutions. The consensus from the roundtable was that politicians have got the message that there is a serious medicine shortage crisis but now is the time for action. By working in partnership with patient organisations, pharmacies and charities, and creating a taskforce for a comprehensive review of the current medicine supplies shortages, we believe we could collectively create a strategic plan for the future and minimise the impact that people are facing daily.

Parliament Square and letter to Keir Starmer

Epilepsy Society were joined by Chloe Christoforou, who has epilepsy, to present a letter to No 10 Downing Street on behalf of the 630,000 people who live with the condition and need their medication on time, at the right dose and in the right quantity.

Additionally, a team from Epilepsy Society took a giant letter and medicine bottle to Parliament Square to raise awareness of medication shortages. Our campaign has also been supported by James Cracknell, former Olympian and now an endurance athlete, who has epilepsy.



Our advocacy

WE BELIEVE THAT:

- People with epilepsy should be both listened to and heard. We want to increase public understanding of epilepsy and the impact of living with seizures.
- People with epilepsy should lead the life they wish to lead, free from stigma and with the best possible seizure control.

TO ACHIEVE THIS, WE:

- Provide a unique epilepsy Helpline that offers emotional support and information about the condition.
- Strive to increase public understanding of epilepsy in the community and the workplace, making sure everyone is aware of our critical first aid message – Calm, Cushion, Call.
- Amplify the voices of those with epilepsy nationally and politically so that people with epilepsy are given the support they need.

THIS YEAR WE HAVE:

- Worked with Government and across the medicines supply chain to address the ongoing issue of medication shortages.
- Held a week-long exhibition in parliament, raising awareness of epilepsy among MPs and ensuring epilepsy is high up on the political agenda.
- Delivered epilepsy training in prisons and worked with the College of Police to improve understanding of the challenges of epilepsy during a crisis.
- Introduced a new free online course for families and friends to support loved ones with epilepsy.

NEXT YEAR WE WANT TO:

- Have epilepsy recognised as a cliff-edge condition with appropriate safeguarding measures systemically embedded in the prescribing and treatment of medication.
- Increase awareness of Sudden Unexpected Death in Epilepsy to support our goal of halving the number of epilepsy deaths in 10 years.
- Ensure that the charity is able to fulfil its potential to support the NHS and wider public sector, saving it millions every year.
- Secure a medical exemption for people who damage their teeth during a seizure.

Exhibition at the House of Commons

We believe we are the first epilepsy charity to hold a week-long exhibition in the House of Commons. Our thanks to Bambos Charalambos MP, who hosted the event. As well as having productive conversations with over 50 MPs, the team from Epilepsy Society were able to talk to many of the hard-working staff 'behind the scenes' about the importance of epilepsy seizure first aid.

Our exhibition was in the Upper Waiting Hall off 'committee corridor' so we had a constant stream of visitors stopping by to learn more about epilepsy. We also held a reception with speakers including the rugby player Tommy Freeman, Rosie Wrighting MP and an impromptu speech from Lord Hayward, who was so inspired by our work, he wanted to add his voice to our campaign.

Our specially customised Epilepsy Society chocolate bars, proved to be great conversation starters with people saying they knew a friend or family member with epilepsy.



Tommy Freeman (pictured on the left above) is a talented England rugby player who was diagnosed with epilepsy aged 13. When he opened up about living with epilepsy last year, he became a source of inspiration for others. We were delighted that Tommy was able to attend our event at the Houses of Parliament to promote understanding of the condition.



Media work

BBC Lifeline appeal

Back in June we launched our first-ever BBC Lifeline appeal to raise funds to support our research into Sudden Unexpected Death in Epilepsy (SUDEP). We were very grateful to Hamish and Debbie Roberts who bravely spoke about the impact of losing their daughter, Amelia to SUDEP. Also to Kirsty Barnett and Evan Molloy who shared their experiences of epilepsy. We were very lucky to have broadcaster and writer, Edith Bowman as our presenter. Edith has her own experience of epilepsy which brought an extra layer of poignancy to the appeal.



Purple Day

On Purple Day, the international day of epilepsy on 26 March, we joined forces with our friends at Shout Communications for a special radio day talking about the challenges of epilepsy and promoting our seizure first aid messaging — *Calm, Cushion, Call*. Thanks to all our wonderful supporters who shared their personal stories across 24 local radio stations including 15 BBC outlets and reached 5.3 million listeners.

Parliamentary engagement

Our Chief Executive, Clare Pelham, explains in *The House* magazine how development on our site could revolutionise the treatment of epilepsy. *The House* magazine is read by politicians from all parties, from Cabinet ministers to backbenchers.



Sharing on social media

We regularly post information, personal stories and fundraising feats across our social media platforms to raise awareness and connect with our supporters.

We are very grateful to Éamonn Borg-Neal, who kindly shared a video of himself having a tonic clonic seizure while at work, being ably supported and cared for by his colleagues. This post on Instagram and Facebook generated around 1,000 likes each and had a reach of 34.4k on Facebook.

We commissioned personalised chocolate bars from Cadbury's for our House of Commons exhibition. They were a great conversation starter but what we didn't anticipate was the demand



there is from the public! When we posted about the bars online, we received over 1.7k likes and many comments from people around the world asking where they could purchase them. Watch this space as we explore whether we can make this a reality.

And finally, we briefly hopped on the AI trend and created a virtual 'Gus' (our g-nome) which proved to be very popular and was a great way to spread our epilepsy seizure first aid message of *Calm, Cushion, Call*.



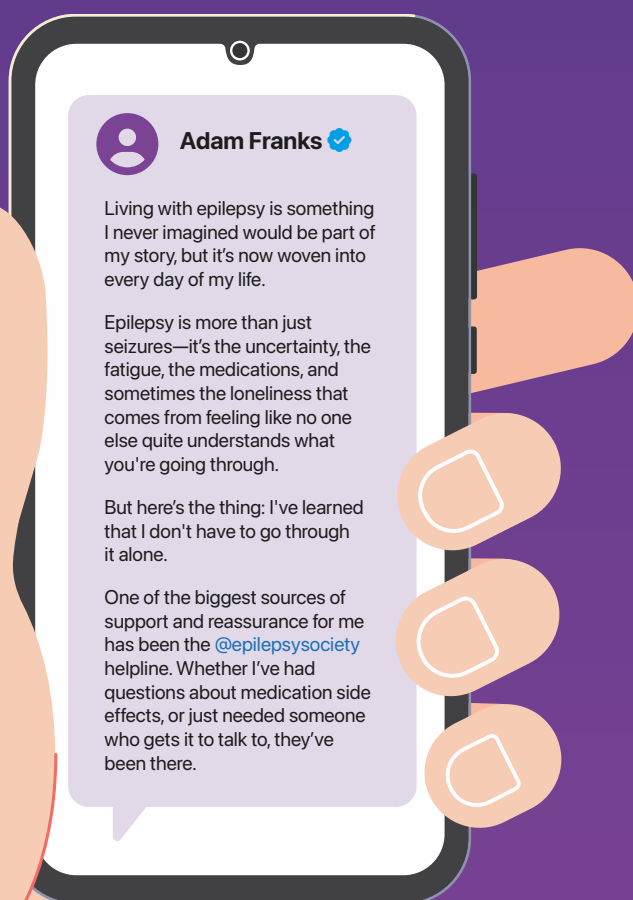
Leading the conversation

Epilepsy Society and the *New Statesman* led a roundtable event attended by a panel of influential Third Sector organisations, to discuss how the voluntary sector can play a greater role in supporting the NHS through its ongoing reform.

Helpline and information

Helpline, information and webchat

Our confidential Helpline is there for anyone who wants to talk about epilepsy, and that includes people with the condition as well as families, friends and those who support them.



Trusted
Information
Creator

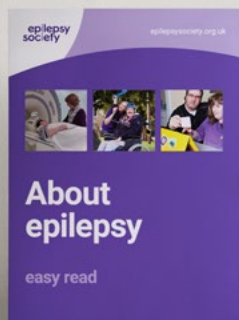


Patient Information Forum

Our trusted information

This year Epilepsy Society gained PIF TICK accreditation, the UK's only assessed quality mark for print and online health and care information. By becoming a trusted information creator, it means that people can be assured that what they are reading, watching or listening to is evidence-based, understandable, jargon-free, up-to-date and produced to the best possible standard.

Easy read pack for people with a learning disability



Out of every 100 people with a learning disability, around 22 also have epilepsy. This means epilepsy affects about one in five people with a learning disability. We have updated our award-winning easy read booklets about epilepsy, treatment, and how people with epilepsy may feel. Our easy read materials have large text, photos and symbols and were developed with input from people with epilepsy and learning disabilities.

EXTERNAL TRAINING

We run training courses for anyone wanting to build their understanding of epilepsy and how to manage seizures, as well as providing training for administering emergency medication. Our courses are run both in-person and online by qualified nurses and experienced trainers, see above.

We hosted 87 courses in 2024/25, attended by 637 people. Highlights included:

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Providing training for office staff at the Premier League
.....

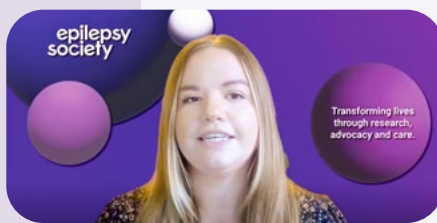
Two bespoke sessions for Jazz Pharmaceuticals
.....

Following the success of our course for disability advisors working in Higher Education last year, we ran a second course in July 2024 and received positive feedback

Some feedback on the courses:

I cannot rate this training enough! I feel positive now that I'm a lot more informed.

Invaluable information. Some of the best and most informative we have received so far.



.....
We were invited to visit the College of Policing to discuss epilepsy in relation to missing persons and asked to produce information to help police search advisors learn more about the condition. This followed recommendations in a Coroner's Preventing Future Deaths report after the death of Gaia Pope who had epilepsy
.....

Two training sessions for prison healthcare staff based at a London prison, highlighting the need for more training and epilepsy awareness
.....

A bespoke lunch and learn awareness session for a workers cooperative grocery in Manchester, who were looking to support staff, customers and local people.

Family and friends free training courses

Following a generous donation, we have been able to develop our new free family and friends training courses.

Living with epilepsy can be challenging, not just for those diagnosed but also for their family and friends. Understanding more about epilepsy and how to offer effective support can make a significant difference in their lives. Our courses have been developed alongside people with epilepsy and their families, ensuring the content is relevant and impactful.





Fundraising

The Fundraising and Marketing team plays a crucial role in driving voluntary income and bringing our cause to a wider audience through thought provoking, relevant and engaging activities. We'd like to thank our amazing donors and supporters: individuals, businesses, Trusts and Foundations, for every penny raised. Together we are delivering positive change.

Marathon and running events

Marathons and running events remain an important source of income for the Epilepsy Society and are central to our fundraising community. During the 2024/25 financial year, we raised an incredible £482,654 through sporting events, which included The London Marathon, Royal Parks Half, The Great North Run and London Landmarks Half Marathon.

Additionally, we raised £116,409 via public support for three virtual challenges: Challenge 100, The Gone Too Soon Memory Walk and the 79 Squats a Day in July Challenge. Whether running in memory of a loved one with epilepsy, or impacted by the condition themselves, we are extremely grateful and humbled by the inspirational individuals who choose to support us through events.

With the London to Brighton Bike Ride now established in our calendar, we continue to look for new ways of event fundraising for all abilities — from UK-wide challenge events to family-friendly inflatable assault courses, walks and accessible community activities.

Every donation makes a difference

The Epilepsy Society is privileged to receive donations from individuals who generously support us via one-off donations, monthly payroll giving, by becoming a regular giving Society Member or through gifts made in memory of a loved one.

The team runs two major appeals each year: one in the lead-up to Christmas and the second to coincide with an internationally recognised epilepsy awareness event, to maximise impact. This year's Christmas appeal focused on the devastating impact of Sudden Unexpected Death in Epilepsy (SUDEP) and highlighted the research which we are conducting aimed at halving the number of deaths caused by epilepsy over the next 10 years. This hard-hitting content resonated with supporters and raised over £50,000 towards this vital work. In 2025, our second appeal was moved from March to May to coincide with National Epilepsy Week.



The lasting impact of legacies and gifts in memory

Legacies and gifts in memory play a vital role in funding our work. Together with our supporters, we are creating lasting change. Every donation makes a difference, but legacies are a vital way we can accelerate that change and help to secure lasting impact.

Gifts in wills provide over a third of our voluntary fundraised income, crucial for driving the pioneering research that can

transform the lives of people living with epilepsy – improving diagnosis, aiding early interventions and treatment.

In the financial year 2024/5 we benefited from an exceptional legacy of £1m, which will enable us to plan and commit to life-changing research projects and treatments. Breakthroughs which may not be possible without the gift of legacies.



The Society has its own fundraising team which supports individuals and businesses fundraising in the community, solicits donations via direct marketing and makes applications to companies, trusts and foundations. Events are small scale and managed directly by the Society, which generally does not employ professional fundraisers or commercial participants.



The Society follows the Fundraising Regulator's Code of Fundraising Practice, aspires to apply the highest standards in its fundraising activities and is a member of the Chartered Institute of Fundraising. The Epilepsy Society's code of conduct for the Society or its supporters fundraising takes all reasonable steps to protect vulnerable people and members of the public from intrusion into their privacy, persistent requests and undue pressure.

We received only five formal complaints about our fundraising activities during the year. All have been resolved sensitively and as appropriate, according to our complaints policy and procedures. Nothing was in breach of the fundraising code.

Corporate fundraising

Corporate fundraising offers a crucial pillar of support for the Epilepsy Society, and we are grateful to have longstanding partnerships with a wide range of companies, as well as Trusts and Foundations. Alongside funding, these partnerships raise public awareness of epilepsy and help to address the stigma many people living with epilepsy feel every day. The Epilepsy Society campaigns for inclusivity: a world where epilepsy is irrelevant and people with epilepsy can live their life to the full.



Above: tough-mudder Dan Morten. And, from left, some of our corporate fundraisers, Roche and Live Innovative Solutions. Below, Acrisure.

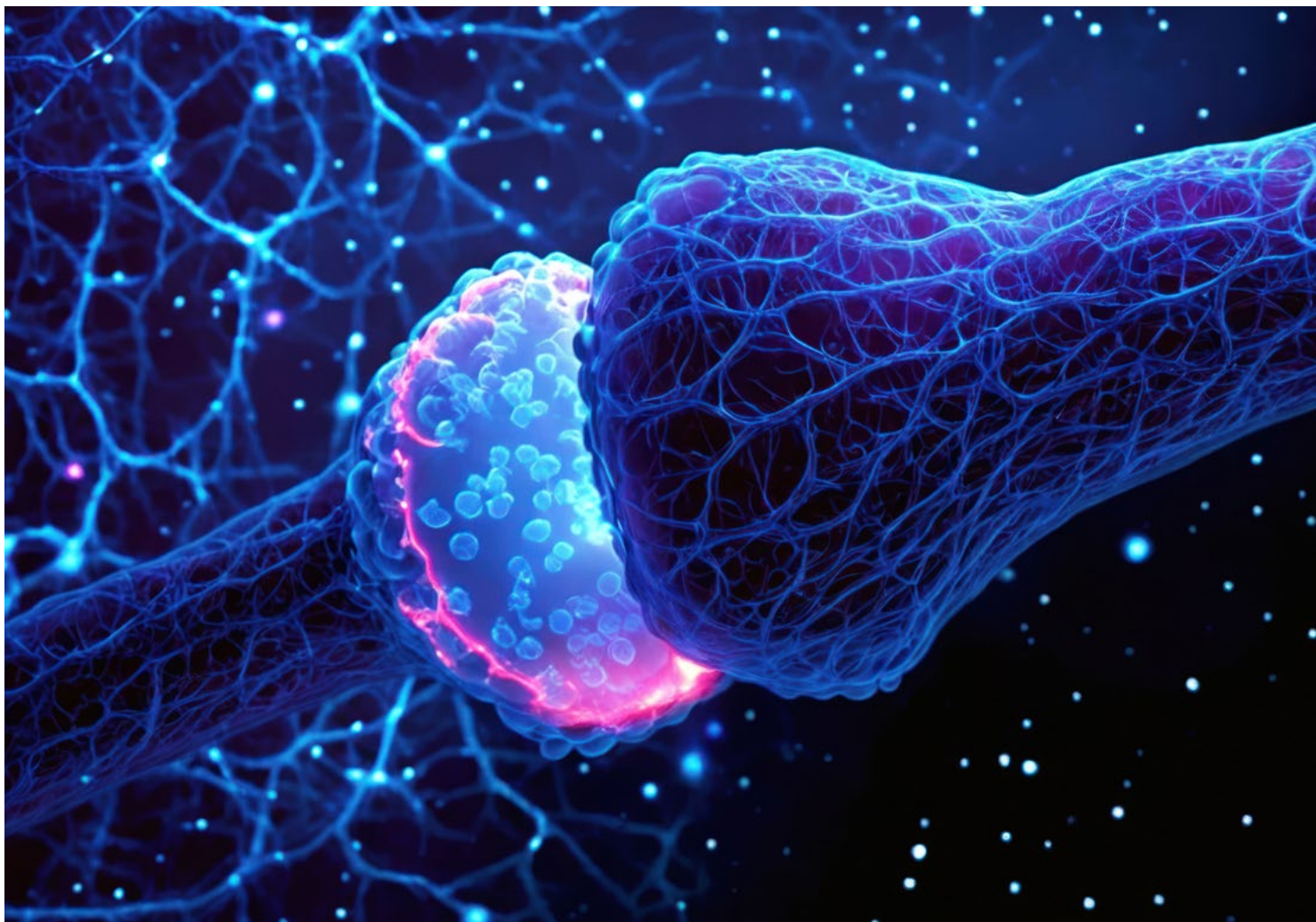
By working with businesses we are helping to shape strategies and communications which positively impact communities across the UK. With 1 in 100 people living with epilepsy, our corporate supporters acknowledge the impact of epilepsy on their customers, clients and suppliers. The Epilepsy Society understands the need for shared values and mutual benefits in the corporate partnerships we co-create. Working together with local and national businesses, we share ways of support and enable brands to reach new audiences and evidence their commitment to inclusivity in the workplace. This is through bespoke, inclusive activities and communications which tackle the stigma of epilepsy and resonate with their customers and staff. The Epilepsy Society is extremely grateful for the incredible support received and we would like to thank all our extraordinary corporate partners including Acrisure, Ascot Underwriting, Live Innovative Solutions and Roche Diagnostics.



If you would like to make a donation, go to epilepsysociety.org.uk/donate

Or to join one of our fundraising events, go to epilepsysociety.org.uk/fundraising-events





Looking to the future

As our Annual Report went to print, we were still on tenterhooks, awaiting the outcome of a planning inquiry which really is the gateway to a better, brighter future for people with epilepsy.

We talk a lot about research and what it could deliver in terms of improved seizure control and fewer side effects through faster diagnosis and better, more targeted treatment options. But the real, unparalleled value is the difference it could make to people's lives in terms of education, employment, freedom to drive and, in a word, happiness.



At the heart of everything will be the people we support.

If our plans to develop just under 40 per cent of our 300-acre estate are approved, it would mean an injection of over £93 million into epilepsy research. We are looking to change the lives of people with epilepsy, just as our founders set out to do in 1892.

Every day on our Helpline we hear from people who want to work, but can't. Who want to drive, but can't. Who are struggling in education due to poor memory, inability to concentrate and, of course, seizures. Who are scared to go out because they don't know when the next seizure will up-end their plans, often resulting in broken limbs, bruises, fatigue and confusion.

As a medical research charity, we are in a unique position to have people at the very heart of our work, both through callers to the Helpline and through people who we see in our on-site clinics. This distinguishes us from the more wide-ranging and theoretical work of university-led research.

Visiting researchers often tell us how much they envy our close proximity to patients and how inspiring and motivating it is to hear about the real-life experience of people with epilepsy. We know. It is what has driven our decision to do everything in our power to release the wealth in our land by building houses to fund research that will build better futures for the people we support.

Our goal is that, rather than addressing unique and specialised areas, our research will address the areas that people tell us concern them most: fast, accurate diagnosis; management of their medication; and living well with their epilepsy in a changing environment.

We have always been pioneers in the treatment of epilepsy and our research into the impact of climate change on people with epilepsy and ways to mitigate those impacts, further cements our standing as world leaders in science.

We want to establish 10 new research groups which will be supported by the most cutting edge and advanced technology, across neuro-imaging, genomics and pharmacology. Medical avatars could even be used to simulate the precise working of an individual to assess the efficacy of possible treatment strategies.

But at the heart of everything will be the people we support. Avatars could undoubtedly mean more tailored, safer treatment options for people without the trial and error model that is too often part of the patient journey. But for the 'how I feel' and 'what matters to me most' questions, nothing will replace that face-to-face interaction between patient and doctor.

Principal risks

The principal risks and uncertainties to which the Society and Group are exposed are very similar and managed through the same processes. The major strategic risks, that is those that have the potential to adversely impact the Group in achieving its future strategic objectives, are listed below. They are identified, classified, managed and reported on using Rhiza, a bespoke risk and assurance platform. The most effective controls to manage the risks are identified and plans to mitigate the risks to ensure the delivery of the Society's objectives are established and implemented.

Quality of care provided across some or all client stakeholders falls significantly below required standards — our uppermost priority as a charity is ensuring that the people we support, as well as our staff and visitors, and contractors are kept safe. We appreciate that the risk of harm and injury cannot be eliminated in its entirety. We manage the risk that exists by ensuring a robust and rigorous adherence to regulatory standards, the law and legal procedures to safeguard people, as well as by modelling best practice. Risk management is embedded as part of our everyday processes. We also conduct lessons learned reviews and commission quality assurance audits to improve our practice and compliance with CQC regulations and assessment (PAMMs). The quality audit programme for Care Services has been expanded and mock CQC inspections have been delivered by PK Consulting. The Quality and Compliance framework has been rolled out across all the services, feeding into service continuous improvement plans. A Care Quality and Compliance Manager was recruited during the year. There is executive oversight by the Health and Safety Committee and trustee oversight from the Research, Medical and Care Services Committee.

Insufficient funding to continue current and future operations — financial management is a key element of the Trustees' responsibilities, as is ensuring the long-term financial viability of the charity. Like many others, the charity has been impacted by the continuing cost-of-living crises exacerbated by high inflation and economic downturn. To ensure the Society's longer term financial sustainability and cushion the charity from the impact that current and future financial challenges may have on its operations, we have sought to embrace technological advancements across care, source additional funding for research and re-negotiated the terms of existing contracts and grants to reflect the increased costs of operation. Balanced financial transparency has been shared with all colleagues, instilling a shared sense of common purpose. Fundraising results were reported quarterly to the Finance Committee, and more grant funding in Research has been targeted and structural

changes made to support that ambition. A new Fundraising and Marketing Strategy was developed and approved in May 2025, and we are planning a new care contract management system and a new accountancy software package. Trustees are closely monitoring the risks that exist and may materialise, particularly those associated with the land development application through the Finance Committee and Trustee Board, and regular meetings of the Estates Working Group.

Failure to attract, retain and develop sufficient and suitably qualified talent — this applies to staff in all areas, but particularly in care, where there is a shortage of suitable people across the sector, and in research, where we need highly trained professionals to progress work in areas such as genomics and who are much in demand across the various research sectors. To mitigate the risk of potentially unsafe staffing levels, we use a mixture of bank and regular agency workers in those care services with high volume on vacancies. We have put a strong, cost-effective, high quality agency network in place to take up any temporary shortfalls in staff availability. To retain and attract high quality staff we have: a competitive pay and benefits offer; have targeted smart and quick recruitment and induction processes; fostered proactive career developments and clear internal opportunities; have a strong programme of statutory and mandatory training in place; and have offered staff flexibility in working times, locations and frequencies and benefits offer outside of pay (e.g. salary finance). We launched the staff survey in February 2025, and have driven up rates of exit interviews undertaken. We have also engendered employee welfare and well-being and professional psychological safety as part of what we do.

Failure of cyber security — safeguarding and upholding the Society's data and the integrity of its data is of paramount importance, not least due to the amount of highly sensitive data the Society handles in its delivery of medical services and social care services. Cyber risk poses a real and ever-increasing threat against the charity's operations. To guard the charity against a cyber-attack, and to mitigate the risk of cyber and digital security failure, the charity has strengthened its policies and procedures and focused on their management, monitoring and enforcement. An Artificial Intelligence (AI) Policy was initiated in 2023/24, with guidelines for the use of AI tools at the Society, and this is being monitored. The emphasis is on the potential risks associated with AI — not disclosing confidential information, adhering to the code of conduct, human involvement in decision-making, verifying AI output, and respecting copyrights. Cyber Essentials Plus certification has been renewed, and we achieved "Standards Exceeded" in our Data Security and Protection Toolkit ("DSPT") assessment. A number of internal controls have been created to enhance digital security including remote access controls with

secure connections, firewalls and automatically updated anti-virus software and e-mail/internet filtering, restricted end user software installations, IT equipment asset tagging and encryption deployed to laptops and smartphones.

Failure to deliver the Society's strategic objectives across the three pillars of care, advocacy and research – trustees are responsible for the strategic direction of the charity, whilst its implementation has been delegated and devolved to executive directors. To ensure that the Society is focused on what is appropriate to the improvement of the lives of those with epilepsy, we regularly consult and collaborate with those affected by epilepsy as well as with other charities and research bodies. We aim to expand the search for, and secure, additional funding to support existing and future research and advocacy work. We have also strengthened our engagement with key political and other stakeholders and built partnerships. We often ask ourselves are we providing the space for our senior leaders to try new things and there is the right culture to back that up? Are we properly measuring impact? In response, we emphasise learning, improving and recognising and rewarding effective and impactful innovation. To ensure that the Society's vision becomes reality and to drive our strategy, the charity develops actions and implementation plans that are subject to evaluation and ongoing monitoring by trustees through Working Groups, and at both Committee and Board level. The Society has progressed the Change Management Programme begun in 2024, developing programmes of work across the organisation with clear milestones and deliverables. This gives focus to the creation of the right culture within the expanded charity, and the importance of internal communications.

The land development application is not successful and negatively affects longevity and ability to have a real impact for people affected by epilepsy – to ensure that the charity is in a stable position to continue to deliver its services and further its objectives, it is seeking to utilise its land assets to support the delivery of the charity's purposes. In the event that the application is unsuccessful the charity has sought to develop a plan to enable it to manage Business As Usual finances as well as possible for as long as possible. A robust and comprehensive project plan has been implemented and is being closely monitored and managed from a risk management perspective to provide the best possible chance of success to the application. The Society continues to receive expert advice from experienced external firms and King's Counsel. The Estates Working Group provide knowledgeable support and guidance. Particular care is being taken to ensure that the charity partners with the right organisation to see the application and development through.

The land development application is successful, but the Society fails to be prepared and take full advantage of the opportunities afforded – the charity believes that a successful planning application will transform the lives of thousands of people with epilepsy across the UK, revolutionising their treatment and also providing exciting new housing opportunities for people living in Chalfont St Peter where it is based. However, to optimise the likelihood of this occurring and make best use of our funds, we have developed a detailed business plan and a headline implementation programme, involved trustees through the Estates Working Group, and commissioned architects and shared their initial designs with the local authority. The Board approved an enabling document in September 2024 to provide sufficient information for the architects to complete a draft design of the new Research Centre that will meet our needs for the foreseeable future. It will also provide a foundation document for the development of a more detailed Research Strategy in due course. The Society commissioned Syneos Health to review the research funding landscape and begin the planning for how we might need to adapt our structures and governance to take full advantage should our land development application be successful.

Performance of medical services falls behind a reasonable level and/or is not highly regarded – medical services at our Chalfont Centre provide the most sophisticated diagnostic tools and tailored treatments for people. To counter the risk of reputational damage, lack of new opportunities, financial investment failing to deliver a return and failing to implement and demonstrate an appropriate level of compliance there is continuous monitoring by the Business Manager Medical Services, Management Board and Board of Trustees. We reviewed options and have begun work on a business case for the future location of the TDM which will also identify additional resourcing. We also discussed the results of the SHO Audit and have been planning for a shadow UKAS regulatory inspection to support future UKAS review.

Financial review

2024/25 financial year saw another slight improvement in our bottom line, before gains or losses on the defined benefit pension scheme, with a reduction in the deficit from £1,367k in 2023/24 to £1,026k in 2024/25. The causes of the overall deficit continue to be non-operational costs like the land development application, contributions to the pension scheme and the high maintenance costs of the estate.

Total income grew from £18.9m to £20.7m, with the increase being mostly due to a growth in fundraising income (up from £2.9m to £4.8m). £1m of this growth was from one sizeable legacy, for which we are extremely grateful, and that is to be restricted to the funding of research into existing or new treatments, or in the provision of new diagnostic equipment. Care income was quite flat year on year; although we continued to successfully work with commissioners for general fee inflation and to review individual funding packages, we did see a higher level of voids in our services this year and so the overall position was slightly down. We were very pleased to see income from medical services and help, information and advocacy grow again, up by 10% this year, from £1,840k to £2,030k.

During the year we spent a further £1,420k (2024: £1,200k) from the designated reserve set up in 2019 from the sale of land to Audley developments, see note 17 for more details.

Partly as a result of our increased contributions towards the deficit, the defined benefit pension scheme liability improved in 24/25, reducing from £3,761k to £2,517k; see note 20 for details.

Income

Total income for the Society was up 9.5% (2024: 5.4%), from £18.9m to £20.7m. Voluntary income drove this growth in 24/25, with the largest increase in legacy income (from £1.2m to £2.4m), and also saw a substantial rise in general donations (from £1.5m to £2.2m). Donations include £293k (2024: £233k) of goods in kind income related to internet advertising, with the same value showing as expenditure in our costs of raising funds.

Our investment income in the year was significantly down on our 23/24 returns (from £556k to £112k), as a result of the global economic environment experienced in the last few months of the financial year.

Expenditure

We continue to try and manage our cost base as carefully as possible; our overall expenditure did increase by £1m from £20.8m to £21.8m, but as in previous years this was driven in the main by the increase in direct costs of care delivery from £10.1m to £10.6m, in turn driven by the National Living Wage increase effective 1 April 2024.

Our overall wage bill grew from £10.4m to £12.3m, on an increased level of headcount (up from 319 to 368 for the full year average). We continued to have good success in recruiting to our care services, which was the main driver of the increase in headcount there, reducing our need for agency staff and improving the continuity of care for our residents.

Funds and reserves

In line with Charity Commission guidance, the Trustees aim to have an appropriate level of reserves to allow the Society to continue to operate through temporary reductions in income levels or increases in costs. To help meet that aim the Society has a reserves policy, approved by the Board, which sets minimum levels of reserves.

The policy states that the Society shall maintain a level of 'free reserves' that covers all the annual expenditure of the Society (based on current projected costs for the year excluding depreciation) for at least four months and expenditure of the Society excluding care and medical service costs (where there is an established flow of income) for at least nine months. Free reserves are defined within the policy and are consistent with the reporting requirements of the Charities Statement of Recommended Practice (SORP).

Total reserves for the Group reduced slightly from £26.7m last year to £26.5m as at 31 March 2025. The reserves comprise restricted reserves of £3.2m (2024: £2.4m), a negative pension reserve reflecting our pension scheme deficit of £2.5m (2024: £3.8m), a revaluation reserve of £2.2m (2024: £2.2m) and unrestricted funds of £23.6m (2024: £25.8m), of which £2.0m (2024: £3.5m) is the balance of the designated reserve.

Free reserves, which exclude funds held as fixed assets, total £12.0m at 31 March 2025 (2024: £11.8m), and this represents 6 months (2024: 8 months) of total budgeted expenditure for 2025/26 and 13 months (2024: 18 months) of total expenditure excluding care and medical services costs. Although these levels of cover remain higher than those set by the reserves policy, the Trustees remain comfortable with the position because the free reserves balance includes £2.0m of designated reserves, held separately for specific uses.

The Society's budget for 2025/26 was approved in March 2024, and shows a small operational surplus before one-off costs related to backlog estates maintenance, expenditure related to our future land strategy and an increase in our contributions to the defined benefit scheme deficit. With cash and liquid investment balances remaining strong, the Trustees believe that the Society has sufficient working capital to fund operations for the foreseeable future, and sufficient time to take any appropriate action should circumstances change negatively.

In 2019/20, the Trustees established a designated reserve to support and keep track of the use of the funds for four specific purposes and a balance of £10.4m was transferred into designated funds as at 1 April 2019. Since 2019/20 expenditure of £8.4m has been attributed to the designated reserve and so the balance at 31 March 2025 is £2.0m.

Details of fund movements for the year are set out in note 17 and restricted reserves are detailed in note 19 to the accounts.

Balance sheet

Group cash at bank and in hand reduced from £2.4m as at 31 March 2024 to £1.7m at 31 March 2025. In line with our treasury management policy, we have £7.9m of investments with our fund manager, £5.6m in a multi-asset fund and £2.3m receiving a fixed rate of return. Fixed asset purchases were lower in 24/25 (down from £812k to £384k). Our total debtor balance increased by £1.3m, but most of this was due to the accrual of the £1m legacy income referred to above, as the funds did not arrive until after 31st March.

Going concern review

The Trustees continue to review the financial sustainability of the Society in detail, both at the Board and through the Finance, Performance and Resources Committee. In particular, we have considered expected cashflows for several years after the date of signing of these accounts and the potential impact of a number of scenarios across care funding, pay and general cost inflation and fund-raising income growth. The Trustees consider there are no material uncertainties regarding the charity's ability to continue as a going concern, and therefore are satisfied that in all cases the Society remains able to meet its obligations to at least 31 March 2027, and that these accounts should be prepared on a going concern basis.

Engagement with stakeholders

The Trustees, who are Directors for the purposes of the Companies Act, confirm that in accordance with Section 172 (1) of the Companies Act they act in a way they consider most likely to achieve the purposes of the Company. In making this assessment, the Trustees consider the relevant actions of the Board, and engagement with all stakeholders is described throughout the annual review. Taking the areas required for disclosure in turn:

The likely consequences of any decision in the long term

Epilepsy Society's long-term sustainability is considered by the Trustees as set out in the Funds position and reserves policy and Going concern sections on page 35. Risk management is also discussed further in the report, on pages 32 and 33.

The interests of the company's employees

This is detailed below under the Employment and volunteers section.

The need to foster the company's business relationships with suppliers, customers and others

Epilepsy Society always seeks to maintain a positive relationship with its suppliers, ensuring all non-disputed invoices are paid within 30 days – in line with Epilepsy Society's agreed payment terms. Our business partnerships are further outlined in the Fundraising activities section on pages 26 and 29. Lived experience sits at the heart of all we do, in particular working with our most important stakeholders, people with epilepsy. All of our engagement with key stakeholder groups involves consideration of this, including Board and Committee discussions.

The impact of the company's operations on the community and environment

Epilepsy Society's environmental reporting is detailed on this page and overleaf.

The desirability of the company maintaining a reputation for high standards of business conduct

Epilepsy Society has a risk register and assurance framework to manage regulatory and legal risk and is committed to complying with all applicable laws and regulations relating to fraud, bribery and corruption.

Employment and volunteers

The Society employs more than 300 staff and is lucky to have volunteers to help us in offering an onsite café provision that serves staff and the local community. We value and embrace difference, and we work hard to ensure we are inclusive, and we are championing diversity. We have continued to grow our diverse workforce with international recruits from countries including Kenya, Pakistan and Nigeria and have successfully also enhanced our nursing provision with two overseas recruits.

The Society aims to be a place where staff and volunteers enjoy working, are involved in establishing the Society's approach and help to provide high quality services to people with epilepsy. We want staff to feel supported and have a range of support mechanisms in place to provide them with help when they need it, such as Mental Health First Aiders, a well-being helpline, well-being weeks and an Employee Forum. We are also striving this year to introduce Grief First Aiders to our wellbeing portfolio.

Learning and development is a key part of making sure our staff are fulfilled in their roles, and have the skills required to carry out their roles to a high standard. We continue to ensure we are meeting people's needs as well as those of our sector.

Insurance, health and safety and energy reporting

Health and Safety remains extremely important to the Society. We are dedicated to the care of our residents, staff and volunteers by providing a safe and pleasant environment for every person who uses or provides our services. All new starters receive our H&S Policy and a H&S induction, and all staff are required to complete regular training in all H&S aspects applicable to their role. The Head of Estates produces a monthly H&S report which is reviewed by both the management board, and the H&S committee who also meet quarterly. It is also reviewed regularly by the Audit, Governance and Risk Committee and the Board of Trustees. Last year we implemented a comprehensive compliance tracker to support accurate documentation and monitoring of the multitude of statutory tasks carried out by the society across their buildings.

The Society maintains a comprehensive suite of insurance policies to protect it against the various insurable risks it faces. Each policy is reviewed before renewal each year, and cover is adjusted, sometimes by taking out new and additional cover, to take account of changing risks and Value for Money considerations. The policies include cover for members of the Board and officers against liabilities in relation to the Society and its activities.

Under the Energy and Carbon Report Regulations, we are required to include Streamlined Energy and Carbon Reporting. This information is set out in the tables opposite.

We have followed the 2019 HM Government Environmental Reporting Guidelines. We have also used the GHG Reporting Protocol – Corporate Standard and have used the 2020 UK Government's Conversion Factors for Company Reporting. The chosen intensity measurement ratios are based on numbers of staff and number of residents, which the Trustees believe are the most appropriate measurements.

UK greenhouse gas emissions and energy use data	Year ended 31 March 2025	Year ended 31 March 2024
Energy consumption used to calculate emissions (kWh)	4,904,888	4,829,768
Energy consumption breakdown: gas (kWh) electricity (kWh) transport fuel (kWh)	3,399,589 1,423,817 81,481	2,881,958 1,878,754 69,056
UK greenhouse gas emissions and energy use data	Year ended 31 March 2025	Year ended 31 March 2024
Emissions in metric tonnes CO2e: Gas and electricity Owned transport Total	1,246.4 21.1 1,267.5	1,230.2 17.4 1,247.6
Intensity ratios in metric tonnes CO2e: Per FTE staff member – 281 in 2025 (297 in 2024) Per resident – 94 in 2025 (94 in 2024)	1.9 7.7	1.8 7.4
	(Based on average usage per resident being 4 x that of staff member)	(Based on average usage per resident being 4 x that of staff member)

In 2024/2025 average consumption per capita remained very similar to previous years. Gas consumption has increased (partly due to some back-billing), whilst electricity usage has decreased, leading to a broadly similar total kWh. The number of staff has decreased a little, but the number of residents is the same. Fuel consumption remains consistent with last year, after refreshing and enhancing our vehicle fleet and employing a dedicated driver. We continue to partner with EIC who are supporting our ESOS reporting process.

Governance, the Board and Executive Officers

The Society is governed by its Articles of Association which set out the composition of the Board. The Articles were recently updated and modernised to allow for hybrid meetings, to clarify that trustees are automatically Members and to provide clarification of the process for all trustee appointments which is now more robust. The Society currently has around 100 voting members.

The Board has to be made up of between 6 and 16 Trustees of whom no more than 4 Trustees may be co-opted. Currently, there are 13 Trustees who are listed on page 68 and meet quarterly. They delegate some authority to their four Committees: Audit, Governance & Risk; Finance, Performance & Resources; Research, Medical and Care Services and Appointments & Remuneration. These delegation areas, and appropriate levels of authorisation, are captured in a Schedule of Delegation which is reviewed by all Committees and approved by the Board. Each Committee is chaired by a Trustee and the membership is composed of a number of other Trustees.

The Committees and their membership during 2024/25 were the following:

Appointments & Remuneration Committee

The Committee's purpose is: to ensure that the Board is fully recruited, resourced and retained in accordance with the Constitution of the Society; to oversee on behalf of the Board the selection of the Chairman of the Board and the CEO of the Society; to ensure that the executive capacity and capability of the Society is fully recruited, resourced and retained in accordance with the Constitution; to oversee on behalf of the Board the monitoring of performance of the Board, trustees, the CEO and, as appropriate, direct reporting executives; and to receive reports on behalf of the Board all external or internal processes related to employment, human resources or organisational culture matters that require confidentiality or discretion.

Members

- Rae Avatar Barnett (Chair)
- Kate Alcock
- Andrew Gosling
- Andrew Gray

Audit, governance and risk

The Committee's purpose is to ensure that: the Society's financial and related affairs and controls are prepared, maintained, and independently audited appropriately; the Society's other operational affairs are independently audited appropriately; the Society's governance regime, including legal, regulatory and best practices requirements, is adhered to, maintained and enhanced; and that material risks are systematically managed in line with applicable best practice and the risk appetite of the Board of Trustees.

Members

- Andrew Gosling (Chair)
- Hannah Purves
- Karen Skinner
- Robin Woolfson

Finance, Performance & Resources Committee

The main functions of the Committee are: to monitor in detail on behalf of, and make recommendations to, the Board in relation to Financial and operational sustainability, Annual, Multi-annual or other Business or Operational Plans, Financial modelling, Budgets, the preservation, maintenance or allocation of Resources (whether human, capital, land, improvements or fixtures, or other assets or property), or the relevant legal, financial, best practice or other standards appropriate to them; to monitor in detail performance, and risk related to performance, against Board approved Annual Multi-annual or other Business or Operational Plans, Financial modelling, Budgets, or plans for the preservation,

maintenance or allocation of Resources (whether human, capital, land, improvements or fixtures, or other assets or property); and to liaise as appropriate with the Audit, Governance & Risk Committee on the annual internal audit plan, and risk management in general, to ensure risks related to Finance, Performance and Resources are appropriately covered.

Members

- Andrew Gray (Chair)
- Catherine Alcock
- Tracie Coultas-Pitman
- Nick Grant
- James Hagan
- Sarah Miller from January 2025
- Deborah Wheeler until December 2024

Research, Medical and Care Services Committee

The Committee's purposes in the areas of care, medical and research are: to monitor on behalf of, and make recommendations to, the Board; to ensure the quality, safety and compliance of the services delivered and ensure they are of high quality and are compliant with the appropriate regulators and frameworks; to promote compliance, safety and quality improvements and learning including through oversight of the risk management system related. The Committee also: liaises with the Audit, Governance & Risk Committee on the annual internal audit plan, and risk management, to ensure risks related to research, medical and care services are appropriately covered; ensures value for money for the Society and our service users; has oversight of the Society's relationships with key stakeholders that might, in co-operative activities with the Society, further the advocacy, social care, clinical R&D; ensures that research undertaken by the Society is conducted in an ethically sound manner and is aligned with the Society's strategic direction and plans; oversees the grant submissions and other fundraising activity needed to fund our research; and seeks advice from external experts as appropriate.

Members

- Robin Woolfson (Chair)
- Tracie Coultas-Pitman
- James Hagan
- Penny Owen from January 2025
- Karen Skinner
- Jacqueline Sullivan
- Deborah Wheeler until December 2024

The Board is responsible for setting the strategic direction of the Society and ensuring that it is properly controlled, the risks are managed, it is financially sustainable and that it delivers charitable outcomes for people with epilepsy in the UK.

The Trustees have a broad range of skills and expertise and are recruited through open advertisement. Trustees are allowed to serve on the Board for a maximum of nine years. Trustees can serve on the Board beyond the maximum nine years only in exceptional circumstances. Such reappointments will be made in accordance with the guidance contained within the Charity Governance Code at Chapter 5.7.4. Consideration of the Charity Governance Code by the Audit, Governance and Risk Committee will continue into 2025/26.

The Society intends to carry out a Board effectiveness review in April 2026, to evaluate the performance of the Trustees in carrying out their duties. This review will include the Board of Trustees and all four Committees.

The Board delegates the day-to-day operations to the Chief Executive Officer, who is supported by a Chief Financial Officer and six Executive Directors who are also listed on page 68. The pay of the CEO, CFO and of the Executive Directors is reviewed annually by the Board of Trustees, with the salaries being benchmarked against pay levels in other not-for-profit organisations of a similar size.

Statement of Trustees' Responsibilities

The Trustees, who are also directors of the Epilepsy Society for the purpose of company law, are responsible for preparing the Trustees' annual report, which includes the strategic report, and the Financial Statements for the Group and the Society in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year.

They must not approve the Financial Statements unless they are satisfied that these give a true and fair view of the state of affairs of the charitable company and the Group and of the incoming resources and application of resources, including the income and expenditure, of the Group for that period.

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

- select suitable accounting policies and apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and

- prepare the Financial Statements on a going concern basis, unless it is inappropriate to presume that the charitable company will continue to operate.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the Financial Statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the Society and the Group and therefore for taking reasonable steps for the prevention and detection of fraud and other irregularities.

So far as each of the Trustees is aware at the time the report is approved:

- there is no relevant audit information of which the company's auditors are unaware; and
- the Trustees have each taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

External auditors

Crowe UK LLP were appointed as the Society's auditors by a General Meeting of members of the Society. Crowe has expressed their willingness to continue in office and a resolution to re-appoint them will be proposed at the Annual General Meeting.

This Trustee's annual report was approved by the Board of Trustees on 19 September 2025 and is signed on their behalf by:



Kate Alcock, Chairman

Independent Auditor's Report

to the Members and Trustees of Epilepsy Society



44	Consolidated statement of financial activities
45	Balance Sheets as at 31 March 2025
46	Consolidated Cashflow Statement for the year
47	Notes to the Financial Statements for the year

Opinion

We have audited the financial statements of the Epilepsy Society for the year ended 31 March 2025 which comprise the Group and Parent Statements of Financial Activities, Group and Parent Balance Sheets, and Consolidated Cash Flow Statement and the related notes 1 to 23 to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the group's and charitable company's affairs as at 31 March 2025 and of its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006

Basis for opinion

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

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group and charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

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

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the trustees' report, which includes the directors' report and the strategic report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report included within the trustees' report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In light of the knowledge and understanding of the group and charitable company and their environment obtained in the course of the audit, we have not identified material misstatements in the strategic report or the directors' report included within the trustees' report.

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

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

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 39, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

Details of the extent to which the audit was considered capable of detecting irregularities, including fraud and non-compliance with laws and regulations are set out below.

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

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We identified and assessed the risks of material misstatement of the financial statements from irregularities, whether due to fraud or error, and discussed these between our audit team members. We then designed and performed audit procedures responsive to those risks, including obtaining audit evidence sufficient and appropriate to provide a basis for our opinion.

We obtained an understanding of the legal and regulatory frameworks within which the charitable company operates, focusing on those laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements. The laws and regulations we considered in this context were the Companies Act 2006 together with the Charities SORP (FRS 102). We assessed the required compliance with these laws and regulations as part of our audit procedures on the related financial statement items.

In addition, we considered provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which might be fundamental to the charitable company's ability to operate or to avoid a material penalty. We also considered the opportunities and incentives that may exist within the charitable company for fraud. The laws and regulations we considered in this context for the UK operations were General Data Protection Regulation (GDPR), Care Quality Commission (CQC) regulations, employment legislations, taxation legislations and anti-fraud, bribery and corruption legislation.

Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the Trustees and other management and inspection of regulatory and legal correspondence, if any.

We identified the greatest risk of material impact on the financial statements from irregularities, including fraud, to be within the timing of recognition of income and the override of controls by management. Our audit procedures to respond to these risks included enquiries of management, and the Audit, Governance and Risk Committee about their own identification and assessment of the risks of irregularities, sample testing on the posting of journals, reviewing accounting estimates for biases, reviewing regulatory correspondence with the Charity Commission, recording the impact of the CQC regulatory reviews and reading minutes of meetings of those charged with governance.

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations (irregularities) is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it. In addition, as with any audit, there remained a higher risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

Use of our report

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



Alastair Lyon
Senior Statutory Auditor

For and on behalf of
Crowe UK LLP
Statutory Auditor
London

9 October 2025

Consolidated statement of financial activities (including Income and Expenditure Accounts) for the year ended 31 March 2025

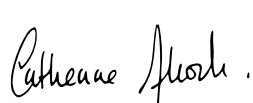

		31 March 2025		31 March 2024	
	Note	Unrestricted funds	Restricted funds	Total funds	Total funds
		£'000	£'000	£'000	£'000
Income from					
Donations and legacies	3	3,347	1,421	4,768	2,893
Charitable activities	4	15,048	135	15,183	15,117
Other trading activities	5	380	7	387	336
Investments	6	277	—	277	345
Other		43	—	43	169
		19,095	1,563	20,658	18,860
Expenditure on:					
Raising funds	3	(833)	—	(833)	(960)
Charitable activities:					
Care	4	(15,093)	(15)	(15,108)	(14,754)
Research	4	(1,171)	(676)	(1,847)	(1,335)
Medical services	4	(1,945)	—	(1,945)	(1,685)
Help, information and advocacy services	4	(862)	(61)	(923)	(838)
Other	4	—	—	—	—
		(19,071)	(752)	(19,823)	(18,612)
Trading activities	5	(765)	—	(765)	(832)
Other costs	8	(375)	—	(375)	(379)
Total expenditure		(21,044)	(752)	(21,796)	(20,783)
Net gains/(losses) on fixed assets	13	—	—	—	—
Net gains/(losses) on investments	14	112	—	112	556
Net income/(expenditure) for the year		(1,837)	811	(1,026)	(1,367)
Transfers between funds	17	—	—	—	—
Other recognised gains/(losses):					
Actuarial gains/(losses) on defined benefit pension scheme	20	893	—	893	(132)
Net movement in funds	17	(944)	811	(133)	(1,499)
Reconciliation of funds:					
Total funds brought forward	17	24,273	2,377	26,650	28,149
Total funds carried forward	17	23,329	3,188	26,517	26,650

Balance Sheets as at 31 March 2025

		31 March 2025		31 March 2024	
	Note	Group £'000	Society £'000	Group £'000	Society £'000
Fixed assets					
Intangible assets	12	61	61	43	43
Tangible assets	13	14,452	13,402	14,824	13,739
Investments	14	10,023	12,469	9,974	12,420
		24,536	25,932	24,841	26,202
Current assets					
Investments		2,267	2,267	3,143	3,143
Stock		18	2	25	5
Debtors	15	3,741	3,750	2,395	2,404
Cash at bank and in hand		1,680	1,360	2,424	2,112
		7,706	7,379	7,987	7,664
Liabilities					
Creditors: Amounts falling due within one year	16	(3,208)	(3,199)	(2,417)	(2,412)
Net Current assets		4,498	4,180	5,570	5,252
Total assets less current liabilities		29,034	30,112	30,411	31,454
Net assets excluding pension liability		29,034	30,112	30,411	31,454
Defined benefit pension scheme liability	20	(2,517)	(2,517)	(3,761)	(3,761)
Total net assets		26,517	27,595	26,650	27,693
The funds of the charity					
Restricted income funds	19	3,188	3,188	2,377	2,377
Unrestricted funds	17	21,570	22,648	22,338	23,381
Designated fund	17	2,036	2,036	3,456	3,456
Pension reserve	17	(2,517)	(2,517)	(3,761)	(3,761)
Revaluation reserve		2,240	2,240	2,240	2,240
Total unrestricted funds		23,329	24,407	24,273	25,316
Total funds		26,517	27,595	26,650	27,693

The loss for the financial year for the parent company was £98,000 (2024: a loss of £1,462,000).

The financial statements on pages 44 to 66 were approved by the Trustees on 19 September 2025 and signed on their behalf by:



Kate Alcock, Chairman Andrew Gray, Treasurer

The notes on pages 47 to 66 form part of these accounts.

Consolidated Cashflow Statement for the year ended 31 March 2025

	31 March 2025	31 March 2024
	£'000	£'000
Cash flows from operating activities:		
Net cash used in operating activities	(1,637)	(4,102)
Cash flows from investing activities:		
Dividends, interest and rents from investments	277	345
Purchase of property, plant and equipment	(384)	(812)
Investment in Cazenove Multi-Asset Fund	—	—
Withdrawal from / (Investment in) Cazenove short term deposit	1,000	(2,131)
	893	(2,598)
Change in cash and cash equivalents in the year	(744)	(6,700)
Cash and cash equivalents at beginning of the year	2,424	9,124
Cash and cash equivalents at end of the year	1,680	2,424

Reconciliation of net (expenditure) to net cash flow from operating activities

Group	31 March 2025	31 March 2024
	£'000	£'000
Net (expenditure) for the year	(1,026)	(1,367)
Adjustments for:		
Depreciation and amortisation	739	686
(Gains)/losses on fixed asset investments	(112)	(556)
(Gains)/losses on current asset investments	(123)	(143)
Investment management fees	63	60
Dividends, interest and rents from investments	(277)	(345)
Pension deficit service and interest costs	187	192
Pension deficit contributions	(538)	(293)
(Profit)/loss on sale of fixed assets	—	—
Investment revaluation	—	—
Decrease/(increase) in stocks	6	(2)
(Increase)/decrease in debtors	(1,347)	(774)
Increase/(decrease) in creditors	791	(1,560)
Net cash used in operating activities	(1,637)	(4,102)

The Society has taken advantage of the exemption that allows it to prepare a Group cashflow and not a separate cash flow for the Society.

Notes to the Financial Statements for the year ended 31 March 2025

1. Legal status

The Society is a company limited by guarantee (registered number 492761). The Directors of the Company are the Trustees set out on page 68. In the event of the Society being wound up, the liability in respect of the guarantee is limited to £1 for each member of the Society.

The Society is registered as a charity with the Charity Commission (charity number 206186).

2. Accounting policies

a) Basis of preparation

The financial statements have been prepared in accordance with the Statement of Recommended Practice for Charities (FRS102), the Companies Act 2006 and applicable accounting standards. The charity is a Public Benefit Entity as defined by FRS102.

The Trustees consider that there are no material uncertainties regarding the charity's ability to continue as a going concern. In arriving at this view, the Trustees have considered the risks presented by current inflation levels and forecasts, and the timing of future cash flows. They have modelled a range of scenarios and consider that, having taken account of these scenarios (including actions that would be taken in response to any crystallization of risk), the likely timings of cash flows over the 12 months from date of signing do not create uncertainties around the assessment of the charity as a going concern.

b) Significant judgements and estimates

In preparing these financial statements, management has made judgements in the application of the Society's accounting policies which materially affect the amounts recognised in the financial statements. Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Key areas subject to judgement and estimation are as follows:

Legacy income

Judgement is applied in the consideration of the likelihood of receipt and reliability of measurement of amounts receivable in respect of legacies to which the charity has established entitlement at the balance sheet date. Subsequent events are monitored to identify those which give additional information about conditions as at the balance sheet date which would warrant adjustment to the financial statements.

Pension scheme accounting

Judgement is applied in the selection of the valuation assumptions applied to the Society's defined benefit pension schemes as set out in note 20.

Value of investment properties

An independent desktop valuation of the Group's farmland was undertaken as at 31 March 2024 in accordance with its accounting policies, and the assumptions made reviewed again as at 31 March 2025. As is normal for this sort of exercise, there was a significant element of judgement used and a number of assumptions made by the Society's professional valuers in arriving at their valuation.

Bad and doubtful debts

The Group provides against rent arrears of current and former tenants and other miscellaneous debts to the extent that they are considered to be irrecoverable.

c) Basis of Consolidation

The Group financial statements consolidate the financial statements of the Society, and its wholly owned subsidiaries, Epilepsy Enterprises Limited and NSE Facilities Limited, at 31 March 2025 with intra group loan and trading account balances and other intra group transactions being eliminated. The consolidated financial statements incorporate the financial statements of Epilepsy Enterprises Ltd and NSE Facilities Ltd, the charity's subsidiaries. No separate statement of financial activities is presented for Epilepsy Society, as permitted by Section 408 of the Companies Act 2006. The net outgoing resources of Epilepsy Society were £98,000 (2024: £1,462,000)

A summary of the key accounting policies, which have been applied consistently across all entities, is set out below.

d) Income

The Group recognises revenue when its receipt is probable as per section 23 of FRS102. All income is included in the Statement of Financial Activities when the Group is legally entitled to the income, is reasonably certain of receipt and the amount can be measured with reasonable accuracy.

Income from care fees is recognised when the care services related to that income have been delivered, taking into account the time period that the invoices relate to.

Legacies' entitlement is recognised when it is probable that it will be received i.e. the charity has been informed that there has been grant of probate; the executors have established that there are sufficient assets in the estate, after settling any liabilities, to pay the legacy; and any conditions attached to the legacy are either within the control of the charity or have been met.

Income from donations or grants is recognised when there is evidence of entitlement to the gift, receipt is probable, and its amount can be measured reliably. Additionally, it is receivable when the conditions for receipt of agreed donation or grant funding have been met. Where terms and conditions have not been met or uncertainty exists as to whether the charity can meet the terms or conditions otherwise within its control, the income is not recognised but deferred as a liability until it is probable that the terms or conditions imposed can be met.

Donated services totalling £293k (2024: £233k) are included as a gift in kind and an expense and are included at their estimated value to the charity where this is reasonably quantifiable and measurable. In accordance with the Charities SORP (FRS 102), the general time of volunteers is not recognised.

e) Funds

Unrestricted funds are funds that are expendable at the discretion of the Trustees in furtherance of the general objects of the Society and which has not been designated for other purposes.

Designated funds comprise unrestricted funds that have been put aside at the discretion of the Trustees for particular purposes (see note 17). Each Designated fund is applied by the Board of Trustees on the recommendation of the Finance, Performance and Resources Committee.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Society for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of the major restricted funds are set out in the notes to the financial statements.

f) Expenditure

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Where costs cannot be directly attributed to particular headings, they have been allocated to activities on a basis consistent with use of the resources. Overheads have been allocated on a mix of the most appropriate bases of staff numbers, building size, income or expenditure.

g) Tangible fixed assets

All assets are held at cost less accumulated depreciation.

h) Intangible fixed assets

Intangible assets are identifiable non-monetary assets without physical substance. The Group's intangible assets comprise IT software and licences. These are stated at cost less accumulated amortisation. The cost includes cost of asset purchase and other directly attributable costs.

The threshold for capitalisation is £1,000 for a single asset or group of assets.

i) Depreciation and amortisation of fixed assets
Freehold land is not depreciated.

Other assets are depreciated, on a straight-line basis over the useful economic life of the assets from the date of acquisition, as follows:

Freehold buildings used for the Society's operational activities	50 years
Leasehold buildings	Life of the lease
Fixtures, fittings, furniture, and equipment	4–10 years
Computer and other equipment	3–10 years
Vehicles	5 years

Intangible assets are amortised on a straight-line basis over the useful economic life of the asset as follows:

Software licences	3 years
Other licences, trademarks, rights etc.	Over their identifiable life

j) Investments

The Group's investment in farmland is stated at market value. An external valuation of the Estate including all property and land will be obtained at least every three years or if there is likely to be a material change in the value. The most recent external valuation was performed as at 31 March 2024 on the farmland. A desktop revaluation is performed in the intervening years. Investments in the subsidiaries are stated at cost. The SOFA includes the net gains and losses arising on revaluations and disposals throughout the year.

k) Listed Investments

Investments are included in the Balance Sheet initially at cost and revalued to market value at the reporting date. Realised gains and losses on disposals and unrealised gains and losses on investments at the Balance Sheet date are included in the Statement of Financial Activities. The historical cost of investments is shown in note 14.

l) Impairment

The Group carries out an impairment review of individual tangible assets and cash generating units at each reporting date. The review takes into account internal and external indicators of impairment. Where an indicator of impairment exists, an impairment assessment is performed where the carrying amount is compared to the recoverable amount. If the carrying amount of an asset or cash generating unit exceeds the recoverable amount, then the loss is charged to the SOFA as expenditure and as a separate line within operating expenditure where it is considered to be material.

m) Financial Instruments

A financial instrument is a contract that gives rise to a financial asset of one entity and a financial liability of another entity. The Group accounts for its financial instruments using sections 11 and 12 of FRS102. Basic financial instruments are initially recognised at transaction price and in subsequent years at amortised cost. Financial instruments that do not meet the criteria of basic financial instruments are initially recognised at fair value and in subsequent years are measured at fair value at the end of each reporting period with any changes in fair value being recognised in the SOFA. The Group's financial instruments are all currently classified as basic.

Financial assets are derecognised when the rights to the cash flows from the asset expire or are settled. Financial liabilities are derecognised when the obligation is discharged, cancelled, or expired. Any difference between the consideration paid or received and the amounts derecognised are recognised in the SOFA.

n) Stock

Stock comprises goods for resale and is valued at the lower of cost or net realisable value after making due allowance for obsolete or slow-moving items.

o) Taxation

The Society is a registered charity and is exempt from Corporation Tax on its income and gains to the extent that they are applied to its charitable purposes. The subsidiaries aim to distribute any taxable profits in full to the Society through Gift Aid so will only provide for a tax liability where this is not possible.

p) VAT

Most expenditure is subject to VAT, which the Society is unable to reclaim. This expenditure is therefore shown inclusive of VAT. VAT can be reclaimed by the Society under the partial exemption method for certain other activities and this recovery is recognised in the SOFA during the year. Where the activities of the Society's subsidiaries relate to taxable supplies, VAT can be reclaimed, and this expenditure is shown net of VAT. The balance of VAT payable to or recoverable at the year-end is included in the Balance Sheet as a current liability or asset.

q) Pension costs

The Society operates a defined benefit pension scheme for permanent employees, which was closed to new entrants in 2006 and it is recognised according to section 28 of FRS102. The assets, liabilities and movements in the surplus or deficit of the scheme are calculated by qualified independent actuaries as an update to the latest full actuarial valuation.

r) Provisions

The Group provide for liabilities when:

- there is a present legal or constructive obligation, resulting from a past event, at the balance sheet date;
- it is probable that a transfer of economic benefits will be required to settle the obligation; and
- a reliable estimate can be made of the amount of the obligation.

The amount recognised as a provision is the best estimate of the expenditure required to settle the present obligation at the balance sheet date.

3. Voluntary income and costs of raising funds Group

Group	31 March 2025		31 March 2024	
	Income and direct costs	Support costs	Total income and costs	Total income and costs
	£'000	£'000	£'000	£'000
Income:				
Donations and fundraising	2,203	—	2,203	1,543
Legacies	2,410	—	2,410	1,194
Grants	155	—	155	156
Total income	4,768	—	4,768	2,893
Expenditure:				
Costs of raising funds	(607)	(226)	(833)	(960)
Net funds raised	4,161	(226)	3,935	1,933

The above income was all in the Society, which also received £11k in gift aid, giving total Society income of £4,779k.

4. Charitable activities

The Group carries on a range of charitable activities, some of which are funded from Local Authorities, Care Commissioning Groups, Integrated Care Boards and NHS Trusts. Others are funded from grants and voluntary income. These are grouped below in the following categories:

- **Care services** — the Society ran six care homes and a supported living service for people in supported housing or their own homes.
- **Research** — the Society carries out research, in conjunction with UCL and UCLH, to take forward the prevention and treatment of the condition of epilepsy. The major investment is in genomic research but other related research is also undertaken.
- **Medical services** — the Group provides services and facilities for people with epilepsy, to UCLH and other NHS trusts, including a 24 bed in-patient facility, therapeutic drug monitoring, MRI, other diagnostic assessments, an on-call doctor service and direct therapeutic services such as physiotherapy, occupational therapy and art therapy.
- **Help, information and advocacy services** — the Society provides help and support to people with epilepsy through a helpline, online assistance, provision of information, signposting, training for professionals and advocacy and awareness raising activities.

4. Charitable activities (continued)

The income and costs from these activities are set out below:

	31 March 2025 Group		31 March 2024 Group	
	Direct Activity	Support Activity	Total Funds	Total Funds
	£'000	£'000	£'000	£'000
Income				
Care services	13,153	—	13,153	13,277
Research	—	—	—	—
Medical services	1,962	—	1,962	1,763
Help, information and advocacy	68	—	68	77
	15,183	—	15,183	15,117
Expenditure				
Care services	(10,613)	(4,495)	(15,108)	(14,754)
Research	(1,384)	(463)	(1,847)	(1,335)
Medical services	(1,275)	(670)	(1,945)	(1,685)
Help, information and advocacy	(570)	(353)	(923)	(838)
	(13,842)	(5,981)	(19,823)	(18,612)

5. Other trading activities

The Group carries out a limited amount of other trading activities to raise funds for the Society. Some of these activities are carried out through the Society's subsidiary, Epilepsy Enterprises Limited. A breakdown of these activities is set out below:

Group	31 March 2025		31 March 2024	
	Income and direct costs	Support costs	Total income and costs	Total income and costs
	£'000	£'000	£'000	£'000
Income:				
Merchandise	22	—	22	18
Coffee Shop	46	—	46	32
Rental income and overnight charges	319	—	319	286
Total income	387	—	387	336
Expenditure:				
Costs of sales — merchandise and shop	(48)	—	(48)	(31)
Letting costs	(175)	(542)	(717)	(801)
Net surplus/(deficit)	164	(542)	(378)	(496)

The Society's trading activities exclude the merchandise and coffee shop above, £5,000 of rental income (2024: £5,000) and £5,000 of support costs (2024: £5,000).

6. Investment income

	31 March 2025	31 March 2024
	Group	Group
	£'000	£'000
Income from farmland	102	113
Other sundry lease income	8	3
Interest receivable and dividends	167	229
Total	277	345

7. Support costs

Support costs allocated to the activities of the charity represent the running costs of the Society. This includes substantial costs of managing our large and ageing estate including depreciation of the unused buildings. As a result, the Trustees are of the opinion that to simply allocate all the support costs in total would

not provide a reasonable reflection of the costs of providing the services. Therefore, the costs have been split out below between normal running costs and additional costs that the charity currently incurs in maintaining its estate.

	31 March 2025	31 March 2024
	Group	Group
	£'000	£'000
Corporate, finance and governance costs	2,960	2,609
HR and IT costs	1,141	1,193
Depreciation of non-function specific assets	38	38
Estates and office services costs	1,695	1,275
Normal support costs	5,834	5,115
Additional costs:¹		
Depreciation of non-function specific assets	84	59
Estates and land costs	832	1,547
Total allocated support costs	6,750	6,720

Allocated to

Charitable activities:

Care	4,495	4,606
Research	463	428
Medical Services	670	617
Help, information and advocacy services	353	320
Total charitable activities	5,981	5,971
Raising funds	226	261
Other trading activities	543	488
Total allocated support costs	6,750	6,720

¹ These costs represent expenditure on estate maintenance that arise only because of the nature of the Society's estate, and depreciation of disused buildings together with costs of consultants and advisors employed to further the development or sale of part of the Society's estate.

8. Other income and expenditure

Other expenditure

The Society operates a defined benefit pension arrangement called the Epilepsy Society Pension and Life Assurance Scheme (the "Scheme"). Details of the Scheme are set out in note 20. The Scheme has been closed to new members for a number of years and at 31 March 2025 only had 3 active members (2024: 3). The Society makes employer contributions for these employees and significant deficit contributions into the Scheme which are accounted for as a cost in the normal way.

The major administration costs of running the Scheme are paid for directly by the Society rather than the Scheme. These costs, which total £187k (2024: £193k), together with the pension service costs and the pension interest costs are treated as other expenditure in the accounts, and together come to £375k (2024: £379k).

9. Employee information

Employees costs during the year were:

	31 March 2025	31 March 2024
	Group	Group
Employee costs	£'000	£'000
Wages and salaries	10,857	9,275
Social Security costs	1,020	838
Pension costs	338	279
Apprentice Levy	37	29
Total	12,252	10,421

Employer deficit contributions of £538,000 (2024: £293,000) were paid into the Society's defined benefit pension scheme during the year as described in note 20. During the year Epilepsy Society paid and/or accrued £nil (2024: accrued £nil) of redundancy costs.

The average number of people employed during the year was:

	31 March 2025	31 March 2024
	Group	Group
Residential and domiciliary care services	277	237
Research and medical Services	20	18
Communication, information and marketing	27	21
Fundraising	9	10
Administration and management	34	33
Total	368	319

Bandings of employee emoluments	2025	2024
	No	No
More than £60,000 but not more than £70,000	2	2
More than £70,000 but not more than £80,000	5	3
More than £80,000 but not more than £90,000	1	2
More than £90,000 but not more than £100,000	1	—
More than £110,000 but not more than £120,000	—	—
More than £120,000 but not more than £130,000	1	1
More than £140,000 but not more than £150,000	1	1
More than £150,000 but not more than £160,000	1	1
Total	12	10

10. Trustees and Executive Officers

Details of Trustees and Executive Officers are set on page 68 of these Financial Statements. Trustees do not receive any remuneration and during the year two Trustees claimed expenses totalling £281 for travel and subsistence (2024: one Trustee claimed £470).

The table in note 9 setting out employees in pay bands includes the Chief Executive Officer and other Executive Officers whose remuneration totalled more than £60,000 in the year. All Executive Officers are employed on contracts that are the same as those used for other staff and benefits, including pensions, on the same basis.

The total emoluments received by the Chief Executive Officer and other Executive Officers identified as key management personnel was £828k (2024: £783k) represented by salary of £708k (2024: £672k), national insurance of £90k (2024: £81k) and pension contributions of £30k (2024: £29k). One member of the executive team left during the year, and one joined in December.

11. Net income

Net income is stated after charging/(crediting):

	31 March 2025	31 March 2024
	Group	Group
	£'000	£'000
Depreciation of tangible fixed assets	704	648
Amortisation of Intangible fixed assets	34	41
Operating lease rentals:		
office equipment	19	84
External auditor's remuneration excl VAT:		
audit of the financial statements	41	38
for other services	18	10
Rental Income	319	286

12. Fixed assets: intangible assets

	31 March 2025		31 March 2024	
	Software & systems		Software & systems	
	Group	Society	Group	Society
	£'000	£'000	£'000	£'000
Cost				
At 1 April	257	257	256	256
Additions	52	52	3	3
Disposals	(2)	(2)	(2)	(2)
At 31 March	307	307	257	257
Accumulated Amortisation				
At 1 April	(214)	(214)	(175)	(175)
Charge for the year	(34)	(34)	(41)	(41)
Disposals	2	2	2	2
At 31 March	(246)	(246)	(214)	(214)
Net book value				
At 31 March	61	61	43	43

13. Fixed assets: tangible assets

Group	31 March 2025				
	Freehold land & buildings	Fixtures, fittings, furniture & equipment	Computer & other equipment	Vehicles	Total
	£'000	£'000	£'000	£'000	£'000
Cost:					
At 1 April 2024	20,909	508	3,680	195	25,292
Additions	—	19	298	18	335
Disposals	—	(128)	(326)	—	(454)
At 31 March 2025	20,909	399	3,652	213	25,173
Accumulated depreciation:					
At 1 April 2024	(7,323)	(335)	(2,707)	(103)	(10,468)
Charge for the year	(414)	(30)	(233)	(27)	(704)
Disposals	—	126	325	—	451
At 31 March 2025	(7,737)	(239)	(2,615)	(130)	(10,721)
Net book value:					
At 31 March 2025	13,172	160	1,037	83	14,452
At 31 March 2024	13,586	173	973	92	14,824

The land and buildings held by the Group and the Society were valued as at 31 March 2019 by Carter Jonas, a qualified RICS valuer, who valued the total land and buildings held by the Group at that date at £52.5 million.

Society	31 March 2025				
	Freehold land & buildings	Fixtures, fittings, furniture & equipment	Computer & other equipment	Vehicles	Total
	£'000	£'000	£'000	£'000	£'000
Cost:					
At 1 April 2024	19,145	508	3,680	195	23,528
Additions	—	19	298	18	335
Disposals	—	(128)	(326)	—	(454)
At 31 March 2025	19,145	399	3,652	213	23,409
Accumulated depreciation:					
At 1 April 2024	(6,644)	(335)	(2,707)	(103)	(9,789)
Charge for the year	(380)	(30)	(233)	(26)	(669)
Disposals	—	126	325	—	451
At 31 March 2025	(7,024)	(239)	(2,615)	(129)	(10,007)
Net book value:					
At 31 March 2025	12,121	159	1,038	84	13,402
At 31 March 2024	12,501	173	973	92	13,739

14. Fixed assets: investments

	Society Farmland	Multi-Asset Fund	Group Total
	£'000	£'000	£'000
Cost or valuation:			
At 1 April 2024	4,440	5,534	9,974
Additions	—	—	—
Gains before management fees	—	112	112
Management fees deducted	—	(63)	(63)
At 31 March 2025	4,440	5,583	10,023
At 31 March 2024	4,440	5,534	9,974

The Society owns 222 acres of farmland that is rented out under an agricultural lease and treated as an investment. A revaluation gain of £2,240k on the Society's farmland was recognised at 31 March 2021. The basis of the valuation is for full vacant possession and takes into account similar land in the locality in line with the comparable approach generally accepted for valuation for agricultural property. An independent valuation of the Group's farmland was undertaken as at 31 March 2024, and a desktop review completed as at 31 March 2025.

The Society has an investment of fully paid-up share capital in subsidiary NSE Facilities Limited of £2,446k, which is eliminated on consolidation. This gives a total investment balance of £12,469k in the Society (2024: £12,420k).

During the year the Society withdrew £1,000k from the short-term deposit managed by Cazenove. The remaining balance is treated as a current asset in the Society and Group balance sheet.

15. Debtors

	31 March 2025		31 March 2024	
	Group	Society	Group	Society
	£'000	£'000	£'000	£'000
Due within one year				
Residential and Domiciliary Care Services	406	406	645	645
Less: Provision for bad and doubtful debts	(47)	(47)	(67)	(67)
	359	359	578	578
Medical Services Receivable	213	213	271	271
Rent Receivable	6	6	12	12
Other Receivables	12	12	18	17
VAT Refundable	—	—	—	—
Prepayments & Accrued Income	3,151	3,151	1,516	1,516
Amounts due from Subsidiaries	—	9	—	10
Total due within one year	3,741	3,750	2,395	2,404

16. Creditors: Amounts falling due within one year

	31 March 2025		31 March 2024	
	Group £'000	Society £'000	Group £'000	Society £'000
Trade creditors	853	853	401	401
Taxation and social security	300	300	279	279
Amounts held for residents and tenants	47	47	54	54
VAT payable	18	18	5	5
Other creditors	109	109	131	131
Accruals and deferred income	1,880	1,872	1,547	1,542
Total Creditors: Amounts falling due within one year	3,207	3,199	2,417	2,412

The deferred income balance as at 1st April 2024 was £0k. £124k of income invoiced during 2024/25 was deferred to future periods.

17. Fund movements

Group	31 March 2025					At 31 March 2025
	At 1 April 2024	Income	Expenditure	Transfers	Gains and losses	
	£'000	£'000	£'000	£'000	£'000	£'000
General funds	22,338	19,096	(19,976)	—	112	21,570
Designated funds	3,456	—	(1,420)	—	—	2,036
Revaluation reserve	2,240	—	—	—	—	2,240
Pension reserve	(3,761)	—	351	—	893	(2,517)
Total unrestricted funds	24,273	19,096	(21,045)	—	1,005	23,329
Restricted funds	2,377	1,563	(752)	—	—	3,188
Total funds	26,650	20,659	(21,797)	—	1,005	26,517

Group	31 March 2024					At 31 March 2024
	At 1 April 2023	Income	Expenditure	Transfers	Gains and losses	
	£'000	£'000	£'000	£'000	£'000	£'000
General funds	22,231	18,688	(19,137)	—	556	22,338
Designated funds	4,656	—	(1,200)	—	—	3,456
Revaluation reserve	2,240	—	—	—	—	2,240
Pension reserve	(3,730)	—	101	—	(132)	(3,761)
Total unrestricted funds	25,397	18,688	(20,236)	—	424	24,273
Restricted funds	2,752	172	(547)	—	—	2,377
Total funds	28,149	18,860	(20,783)	—	424	26,650

17. Fund movements (continued)

During 2019/20, The Trustees decided to create a designated fund to ensure that the proceeds from the sale of a tranche of our land to Audley in March 2019 would be used for the purposes they had agreed. The designated fund is used for a combination of four purposes:

- To invest in the backlog of works needed on the Society's ageing estate;
- To make one-off payments to the Society's pension scheme in 2020/21 and 2022/23 as part of the deficit reduction plan;

- To pay for consultants and legal costs incurred in possible development of the Society's land;
- To fund the Society's research programme to the extent that fundraising income fails to do so.

During the year, the Society incurred £1,420k (2024: £1,200k) in expenditure in these areas and this amount has been transferred out of the reserve during the year.

Society	31 March 2025					
	At 1 April 2024	Income	Expenditure	Transfers	Gains and losses	At 31 March 2025
	£'000	£'000	£'000	£'000	£'000	£'000
General funds	23,381	19,071	(19,916)	—	112	22,648
Designated funds	3,456	—	(1,420)	—	—	2,036
Revaluation reserve	2,240	—	—	—	—	2,240
Pension reserve	(3,761)	—	351	—	893	(2,517)
Total unrestricted funds	25,316	19,071	(20,985)	—	1,005	24,407
Restricted funds	2,377	1,563	(752)	—	—	3,188
Total funds	27,693	20,634	(21,737)	—	1,005	27,595

Society	31 March 2024					
	At 1 April 2023	Income	Expenditure	Transfers	Gains and losses	At 31 March 2024
	£'000	£'000	£'000	£'000	£'000	
General funds	23,237	18,606	(19,018)	—	556	23,381
Designated funds	4,656	—	(1,200)	—	—	3,456
Revaluation reserve	2,240	—	—	—	—	2,240
Pension reserve	(3,730)	—	101	—	(132)	(3,761)
Total unrestricted funds	26,403	18,606	(20,117)	—	424	25,316
Restricted funds	2,752	172	(547)	—	—	2,377
Total funds	29,155	18,778	(20,664)	—	424	27,693

18. Fund assets and liabilities

The analysis of net assets between funds is set out below:

	Group		Society	
	31 March 2025		31 March 2025	
	Unrestricted funds	Restricted funds	Unrestricted funds	Restricted funds
	£'000	£'000	£'000	£'000
Tangible and intangible fixed assets	13,432	1,080	12,383	1,080
Investments	10,023	—	12,469	—
Current assets	5,598	2,108	5,271	2,108
Current liabilities	(3,207)	—	(3,199)	—
Defined benefit pension liability	(2,517)	—	(2,517)	—
Total net assets at 31 March 2025	23,329	3,188	24,407	3,188

	Group		Society	
	31 March 2024		31 March 2024	
	Unrestricted funds	Restricted funds	Unrestricted funds	Restricted funds
	£'000	£'000	£'000	£'000
Tangible and intangible fixed assets	13,757	1,110	12,672	1,110
Investments	9,974	—	12,420	—
Current assets	6,720	1,267	6,397	1,267
Current liabilities	(2,417)	—	(2,412)	—
Defined benefit pension liability	(3,761)	—	(3,761)	—
Total net assets at 31 March 2024	24,273	2,377	25,316	2,377

The designated fund at 31 March 2025 is all represented by current assets (cash at bank) and is included in unrestricted funds above.

19. Restricted funds

The Society receives donations and grants that can only be used for specified purposes. The Society maintains records for each donation or grant given in this way and allocates costs against those funds. The table below summarises the types of activities the income is received in respect of. In some cases, actual restrictions are more specific than the general categories used in this table.

Group and Society	31 March 2025				
	At 1 April 2024	Income	Costs	Transfers	At 31 March 2025
	£'000	£'000	£'000	£'000	£'000
Specific genomics research	694	198	(532)	—	360
General genomics research	61	173	(99)	—	135
Specific other research	153	—	(44)	—	109
General research	135	1,050	—	—	1,185
MRI IT upgrade	15	—	—	—	15
Helpline service	45	24	(30)	—	39
Care services and activities	135	118	(15)	—	238
The New House	1,110	—	(30)	—	1,080
Other areas	29	—	(2)	—	27
Total restricted funds	2,377	1,563	(752)	—	3,188

The costs above include £9,000 (2024: £10,000) relating to capital purchases.

Group and Society	31 March 2024				
	At 1 April 2023	Income	Costs	Transfers	At 31 March 2024
	£'000	£'000	£'000	£'000	£'000
Specific genomics research	812	—	(118)	—	694
General genomics research	36	110	(85)	—	61
Specific other research	129	—	24	—	153
General research	317	1	(183)	—	135
MRI IT upgrade	15	—	—	—	15
Helpline service	106	—	(61)	—	45
Care services and activities	141	49	(55)	—	135
The New House	1,140	—	(30)	—	1,110
Other areas	56	12	(39)	—	29
Total restricted funds	2,752	172	(547)	—	2,377

The nature of the restriction on these funds can be understood from the table above with the exception of "The New House", which represents donations that were received in prior years for the building of a block of 12 supported flats for people with epilepsy. The depreciation on the capital asset, which is still subject to the restrictions, is charged to the fund.

The prior year figures above set out the element of the 2024 Statement of Financial Activities that relate to restricted income and expenditure. All other items in the prior year SOFA relate to unrestricted funds.

20. Pensions

Epilepsy Society (the Company) operates a defined benefit pension arrangement called the Epilepsy Society Pension Scheme (the Scheme) to 3 permanent employees (2024: 3). The Scheme provides benefits based on final salary and length of service on retirement, leaving service or death. The Company also operates a defined contribution scheme but this is not included in these disclosures.

The Scheme is subject to the Statutory Funding Objective under the Pensions Act 2004. A valuation of the Scheme is carried out at least once every three years to determine whether the Statutory Funding Objective is met. As part of the process the Company must agree with the Trustees of the Scheme the contributions to be paid to meet any shortfall against the Statutory Funding Objective and to pay for the future accrual of benefits.

The most recent comprehensive actuarial valuation of the Scheme was carried out as at 31 March 2022. As a result, the Schedule of Contributions has been amended, as laid out below, with future annual deficit contributions reducing slightly. The next actuarial valuation will be carried out as at 31 March 2025.

The Company plans to pay contributions of £520,000 in the year to 31 March 2024, plus the cost of the Pension Protection Levy and the expenses of operating the Scheme. This is in line with the deficit reduction contributions agreement reached by the Society and the Scheme Trustees based on the 2022 actuarial valuation, which is summarised below:

- £273,182 pa, to be paid towards the Scheme in monthly instalments on or before the 19th of each calendar month following that to which the payment relates, up to 31 March 2024; and
- £520,000 pa, to be paid towards the Scheme in monthly instalments on or before the 19th of each calendar month following that to which the payment relates, from 1 April 2024 up to 31 March 2030, with this payment increasing by 3% pa on 1 April 2025 and each 1 April thereafter.

The Scheme is managed by a board of Trustees appointed in part by the Company and in part from elections by members of the Scheme. Trustees have responsibility for obtaining valuations of the fund, administering benefit payments and investing the Scheme's assets. The Trustees delegate some of these functions to their professional advisers where appropriate.

The effect of the judgment regarding equalisation of guaranteed minimum pensions for past transfers has been accounted for as a past service cost during the period.

There were no plan amendments, curtailments or settlements during the period.

The Scheme exposes the Company to a number of risks:

- Investment risk. The Scheme holds investments in asset classes, such as equities, which have volatile market values and while these assets are expected to provide real returns over the long-term, short-term volatility can cause additional funding to be required if a deficit emerges;
- Interest rate risk. The Scheme's liabilities are assessed using market yields on high quality corporate bonds to discount the liabilities. As the Scheme holds assets such as equities the value of the assets and liabilities may not move in the same way;

- Inflation risk. A proportion of the benefits under the Scheme are linked to inflation. Although the Scheme's assets are expected to provide a good hedge against inflation over the long term, movements over the short-term could lead to deficits emerging;
- Mortality risk. In the event that members live longer than assumed, a deficit will emerge in the Scheme;
- Member options. Certain benefit options may be exercised by members without requiring the consent of the Trustees or the Company, for example exchanging pension for cash at retirement. In this example, if fewer members than expected exchange pension for cash at retirement then a funding strain will emerge;
- Legislative risk. Changes in legislation could increase the value of the Scheme's liabilities; and
- Climate risk. This may manifest itself through any of the other risks identified above, including investment and inflation risk, potentially causing a deterioration in the Scheme's funding position.

The principal actuarial and main financial assumptions used to calculate the Scheme liabilities are:

Group and Society	31 March 2025 Percentage pa	31 March 2024 Percentage pa
Salary increase rate	2.85	3.05
CPI pension increases (fixed at 3%)	3.00	3.00
CPI pension increases (between 3% and 5%)	3.15	3.25
CPI pension increases (maximum 5%)	2.85	3.05
CPI pension increases (maximum 2.5%)	2.45	2.45
Discount rate	5.65	4.75
RPI increase rate	3.35	3.40
CPI increase rate	2.85	3.05
Tax-free cash on commutation	20.00	20.00
Post-retirement mortality	S3PA tables with CMI 2023 projections using a long-term improvement rate of 1.25% pa. The initial addition is 0.5% pa., the 2022/2023 weight parameter is 15%.	S3PA tables with CMI 2022 projections using a long-term improvement rate of 1.25% pa. The initial addition is 0.5% pa, the 2022 weight parameter is 25%

The CPI for pension increases figures above set out the assumption used for pension increases dependent on the increase clause within members' pension conditions.

20. Pensions (continued)

Assets held in the scheme

The Scheme invests funds in range of assets to produce an investment return. At 31 March 2025, the analysis of assets based on the valuation at that date is as follows:

Group	31 March 2025	31 March 2024
	£'000	£'000
Equities	8,199	9,421
Gilts and bonds	4,146	5,212
Liability Driven Investment	7,414	6,432
Property	598	676
Cash	138	513
Other assets	281	422
Total	20,776	22,676

The actual gross return on the assets over the period was a loss of £613,000 (2024: a gain of £673,000). The assets do not include investment in the shares of the Society or any Group company.

Under FRS102, the expected return on assets is the same as the discount rate used to value the liabilities. However, the assets and liabilities will not generally change in the same manner over time and are also unlikely to change in the same way as other measures of the funding position such as that used for scheme funding or assessing solvency.

Amounts recognised in the Balance Sheet as at 31 March 2025

Group	31 March 2025	31 March 2024
	£'000	£'000
Fair value of employer assets	20,776	22,676
Present value of funded liabilities	(23,293)	(26,437)
Net liability	(2,517)	(3,761)

Amounts recognised in the Statement of Financial Activities for the year ended 31 March 2025

Group	31 March 2025	31 March 2024
	£'000	£'000
Current service cost	21	23
Past service cost	—	—
Interest on Scheme liabilities	1,213	1,236
Interest on Scheme assets	(1,047)	(1,067)
Total	187	192

20. Pensions (continued)

Re-measurements for the year ended 31 March 2025

Group	31 March 2025	31 March 2024
	£'000	£'000
(Loss) on scheme assets in excess of interest	(1,660)	(394)
Experience gains/(losses) on liabilities	121	(77)
Gains/(losses) from changes to assumptions:		
Due to changes in demographic assumptions	19	177
Due to changes to financial assumptions	2,413	162
Total actuarial gains/(losses) per SOFA	893	(132)

Reconciliation of fair value of the Society's assets

Group and Society	31 March 2025	31 March 2024
	£'000	£'000
Fair value of assets at 1 April	22,676	23,400
Interest on assets	1,047	1,067
Employer contributions	538	293
Contributions by Scheme participants	5	7
Benefits paid	(1,819)	(1,687)
Administration costs	(11)	(10)
Return on scheme assets less interest	(1,660)	(394)
Fair value of assets at 31 March	20,776	22,676

Reconciliation of the Society's defined benefit obligation

Group	31 March 2025	31 March 2024
	£'000	£'000
Defined benefit obligation at 1 April	(26,437)	(27,130)
Current service cost	(10)	(13)
Past service cost	—	—
Contribution by Scheme participants	(5)	(7)
Interest cost	(1,213)	(1,236)
Benefits paid	1,819	1,687
Experience gains/(losses) on liabilities	121	(77)
Changes to demographic assumptions	19	177
Changes to financial assumptions	2,413	162
Defined benefit obligation at 31 March	(23,293)	(26,437)

20. Pensions (continued)

Sensitivity of the value of liabilities

As with most defined benefit pension schemes, the value of the liabilities in the Scheme would be different if assumptions were changed. The table below sets out the impact on the Scheme's liabilities if the main assumptions were changed:

Adjustments to assumptions	Approximate (decrease)/ increase in liabilities
	£'000
Discount rate — increased by 0.5%	(1,095)
Inflation — increased by 0.5%	418
Commutation — remove 20% allowance	51

21. Operating leases

The Society has a number of non-cancellable operating leases for printers and office equipment. Details are set out below:

Adjustments to assumptions	31 March 2025	31 March 2024
	Group	Group
	£'000	£'000
IT and office equipment		
Within one year	7	21
One year or more but less than five years	12	63
Total operating leases	19	84

22.Subsidiaries

The Society owns 100% of the share capital in two subsidiaries, Epilepsy Enterprises Limited and NSE Facilities Limited, who gift aid any taxable profits to the Society. Both subsidiaries’ registered office and place of business is the same as the Society as set out on page 68. A summary of their activities and results for the year is set out below:

Epilepsy Enterprises Ltd

The main activities of the company are the sale of goods and services to raise funds for the charity and other related trading activities. A summary of its Income Statement and a summarised Statement of Financial Position are set out below:

Statement of income	Year ended	Year ended
	31 March 2025	31 March 2024
	£'000	£'000
Turnover	24	23
Cost of sales	(14)	(10)
Administrative expenses	(7)	(2)
Profit on ordinary activities	3	11

The Statement of Changes in Equity recognised a Gift Aid payment of £10,638 (2024: £10,794).

Statement of Financial Position	As at	As at
	31 March 2025	31 March 2024
	£'000	£'000
Stock	16	20
Debtors	1	—
Cash at bank	8	10
Creditors: amounts falling due within one year	(15)	(13)
Total net assets	10	17
Share capital (2 ordinary shares of £1 each)	—	—
Accumulated profit	10	17
Total reserves	10	17

22. Subsidiaries (continued)

NSE Facilities Ltd

This company is inactive other than owning the building, the Gowers Centre, from which medical services are provided to the UCLH NHS Foundation Trust. A summary of its Income Statement and a summarised Statement of Financial Position are set out below:

Statement of income	Year ended 31 March 2025 £'000	Year ended 31 March 2024 £'000
Turnover	12	—
Operating costs	(38)	(38)
Loss on ordinary activities	(26)	(38)

The Statement of Changes in Equity recognised a Gift Aid payment of £nil (2024: £nil).

Statement of Financial Position	As at 31 March 2025 £'000	As at 31 March 2024 £'000
Tangible fixed assets	1,049	1,085
Amounts due from Subsidiaries	—	—
Cash at bank	312	302
Creditors: amounts falling due within one year	(3)	(2)
Total net assets	1,358	1,385
Share capital	2,446	2,446
Accumulated loss	(1,088)	(1,061)
Total reserves	1,358	1,385

The share capital comprises 2 'A' ordinary shares of £1 each and 2,446,000 'B' ordinary redeemable shares of £1 each. The tangible fixed assets related wholly to buildings are reported at cost less accumulated depreciation.

23. Related party transactions

During the year, the Society received a Gift Aid distribution from Epilepsy Enterprises Limited of £10,638 (2024: £10,794). At 31 March 2025, Epilepsy Enterprises Limited owed the Society £8,636 (2024: £9,845) and the balance between NSE Facilities Limited and the Society was £nil (2024: £nil).

Trustees, officers and advisors

Registered Office: Chesham Lane, Chalfont St Peter, Buckinghamshire SL9 0RJ

Patron: His Majesty, The King

President: The Rt Hon Countess Howe

Board of Trustees

Catherine Alcock	Chair
Andrew Gray	Treasurer
Deborah Wheeler	(Resigned 13 December 2024)
James Hagan	
Andrew Gosling	
Tracie Coultas-Pitman	
Jacqueline Sullivan	
Rae Avatar Barnett	
Nick Grant	
Hannah Purves	
Karen Skinner	
Robin Woolfson	
Sarah Miller	(Appointed 1 January 2025)
Penny Owen	(Appointed 1 January 2025)

Management Board

Chief Executive	Clare Pelham
Director of Care Services	Rebecca Salvatierra
Development Director	Jonny Anders-Cannon
Director of Fundraising	Gordon Craig (Resigned 22 October 2024)
Interim Director of Fundraising	Deborah Bourne (Appointed 3 December 2024)
Chief Financial Officer	Andy James
Medical Director	Ley Sander (Resigned 31 March 2025)
Director of Land and Estates	Kevin Bournier

External Auditors: Crowe UK LLP
55 Ludgate Hill
London EC4M 7JW

Bankers: National Westminster Bank Plc

Legal Advisors:	B P Collins 20 Station Road Gerrards Cross Buckinghamshire SL9 8EL	Bevan Britten LLP Fleet Place House 2 Fleet Place London EC4M 7RF
	Eversheds Sutherland (international) LLP 1 Wood Street London EC2V 7WS	Fieldfisher LLP 2 Swan Lane London EC4R 3TT

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