

Charity Registration No 1120054

Company Registration No 05866886 (England and Wales)

**BEST BEGINNINGS**  
**(A COMPANY LIMITED BY GUARANTEE)**  
**TRUSTEES' REPORT AND ACCOUNTS**  
**FOR THE YEAR ENDED 31 JULY 2013**

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**BEST BEGINNINGS**  
**(A COMPANY LIMITED BY GUARANTEE)**  
**LEGAL AND ADMINISTRATIVE INFORMATION**

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**Trustees**

Mrs Obi Amadi  
Mr David Boyd  
Mrs Francesca Entwistle  
Dr Morag Campbell  
Ms Rachel Ellison  
Mrs Janet Fyle  
Mrs Eileen Hayes  
Mr Andrew Harris (Treasurer from 12th December 2012)  
Professor Alan Maryon-Davis (Chair)  
Mr Angus Morrison  
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Mrs Sharon Walker

**Chief Executive Officer**

Alison Baum

**Charity number**

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**Company number**

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**(A COMPANY LIMITED BY GUARANTEE)**  
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# **BEST BEGINNINGS**

## **TRUSTEES' REPORT AND ACCOUNTS**

### **FOR THE YEAR ENDED 31 JULY 2013**

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#### **Introduction**

The trustees of Best Beginnings, who are also directors of the charity for the purposes of the Companies Act 2006, submit their Annual Report and Financial Statements for the accounting year ended 31 July 2013. The trustees confirm that the Annual Report and Financial Statements of the charity have been prepared in accordance with the accounting policies set out in Note 1 to the Financial Statements and comply with the charity's constitution, applicable law and the requirements of the Statement of Recommended Practice: Accounting and Reporting by Charities issued in 2005.

#### **Public benefit**

The trustees confirm that they have complied with their duty under the Charities Act 2011 to have due regard to the Charity Commission's general guidance on public benefit.

#### **Best Beginnings – a catalyst for change**

Not all children in the UK have an equal start in life. A large gap exists between the health, wellbeing and development of children born into well-off and less well-off families. For example, a baby born in Bradford is six times more likely to die before the age of one than a baby born in Tunbridge Wells, Kent.

Every year in the UK tens of thousands of babies don't get the start they need in life simply because of the family circumstances they are born into. Deprivation in its various forms is associated with late antenatal booking, premature birth, low birth weight, neonatal illnesses, developmental disorders and deaths in infancy. The health inequalities that exist in infancy continue into adulthood, with those children from lower socio-economic backgrounds being less likely to arrive at school ready to learn, less likely to leave school with qualifications and more likely to suffer from obesity, cancer and heart disease in later life.<sup>1,2,3</sup>

Best Beginnings is a national charity dedicated to improving the health and wellbeing of babies in the UK by tackling child health inequalities. We focus on the crucial time period from preconception and a child's third birthday, where the evidence shows the foundations for a healthy and happy life are laid. We aim to improve health and social outcomes for all children, but particularly those from more disadvantaged backgrounds.

Best Beginnings works collaboratively to create and deliver accessible resources to educate and empower parents, equipping them with the knowledge and confidence to maximise their child's early physical, emotional and cognitive development. Our resources and associated change programmes are designed to enhance appointments with professionals and peer supporters and to support workforce development.

We create resources for all parents, but ensure they are particularly engaging and relevant for families most affected by health inequalities and least likely to self-educate. This is known to be an effective way of reducing stigma, increasing up-take amongst the most disadvantaged groups and improving impact. We aim to help families break cycles of disadvantage, create equality and bring about lasting attitudinal and behavioural change that will give every baby in the UK a chance of a healthier start in life.<sup>1,4</sup>

Best Beginnings works with parents, voluntary sector organisations, healthcare professionals, Royal Colleges and other professional bodies, academics, and the four UK governments to ensure our resources deliver both to the evidence-base and to the needs of families and professionals, maximising our reach and impact to make a real difference to the lives of families.

We are innovative in our approach, using new media, arts and technology to engage traditionally "hard-to-reach" audiences and aim to be a catalyst for change. We have a strong track-record of sensitively filming parents on their journey into parenthood focusing on what they are doing to enhance their child's development and sharing this with a much wider audience. Through evaluation of our projects we've demonstrated how using film to show people what is possible can positively influence behaviour change. We've also learnt that parents value this approach much more than the more traditional route of being told what to do.

Our resources and associated change programmes are designed to amplify and augment existing provision by professionals and third sector organisations. We are committed to this "as well as" not an "instead of" approach as we believe this to be the most effective way of delivery lasting change for future generations.

#### **Aims of the charity**

Best Beginnings works to give every baby in the UK the best start in life, focusing from preconception to the third birthday. Evidence of the importance of a child's early years in determining health and social outcomes is overwhelming.<sup>1,4</sup> Our broad aims are to:

- 1. Support parents to maximise their child's health and wellbeing by creating a range of innovative, engaging and empowering resources.** We work with parents and experts to ensure our evidence-based resources help families make positive and informed choices about the health and wellbeing of their child. In line with our mission to reduce child health inequalities, we ensure our resources and programmes are particularly engaging for the families who most benefit from support.
- 2. Enable healthcare and other professionals to better support families through effective use of our resources and associated best practice change programmes.** We work collaboratively to ensure healthcare professionals are aware of our parent resources and that they introduce them to parents in ways that will maximise their impact. In addition, where appropriate, we develop associated change programmes to enhance staff confidence and skills and further increase the impact of our interventions.

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**3 Influence national and local policy and raise public awareness of the importance of the early years for health and wellbeing** We encourage policymakers to prioritise engagement and empowerment of young families. We commission research to inform and evaluate our interventions and to inform the policy arena.

These aims are achieved through the implementation of four programmes into which Best Beginnings' various charitable activities fit:

- 1 Small Wonders Change Programme
- 2 Transition to Parenthood Programme\*
- 3 Better Breastfeeding Programme
- 4 Future Parents Programme

\* Previously this had been described as two programmes of work, the Nearly Parent Programme and the Now Parent Programme. We have coalesced these two programmes as it better reflects project delivery.

#### **Objects of the charity**

Best Beginnings is governed by a Memorandum & Articles of Association dated 5th July 2006 and amended 23rd January 2007. The objects of Best Beginnings are:

- to promote the physical and psychological health of mothers and infants through the provision of support, education and practical advice,
- to promote equal access to health services for families with babies so that people who have difficulty accessing these services are enabled to do so, and,
- to advance the education of the public, including professionals who have contact with young people and families, about health issues affecting mothers and children, including breastfeeding.

#### **1 Small Wonders Change Programme**

##### **Summary**

The purpose of the Small Wonders Change Programme is to empower the parents of sick and premature babies to be at the heart of their baby's care in ways that will improve health and wellbeing outcomes. At the heart of the programme is the Small Wonders DVD designed to be integrated into maternity, neonatal and health-visiting services and to be used in healthcare professional training.

##### **Background**

More than 1 in 10 babies, (80,000 babies), are born sick or premature every year in the UK. Life for these babies in intensive or special care is often dominated by complex medical procedures and physical separation from their parents in incubators. Parents with babies born sick or premature can feel distressed, anxious, isolated, disempowered and helpless. Young mothers are more likely to give birth prematurely, and preterm babies born to the least socioeconomically advantaged families are less likely to survive.<sup>4</sup>

While sick or premature babies usually receive outstanding medical care, less attention is paid to non-clinical issues and how these can affect families and babies. There is a strong body of evidence demonstrating that prolonged skin-to-skin contact between mother and baby, initiation of expressing breast milk and feeding with breast milk makes a real difference to the baby's health and wellbeing.<sup>5,6,7,8</sup> More active parental involvement in many other aspects of a baby's care can also improve the wellbeing of the baby and their parents.<sup>5,6,7,8</sup>

In light of the evidence, government standards for neonatal services recommend provision to support 'family-centred care'. For example, the Department of Health 'Toolkit for High Quality Neonatal Services'<sup>9</sup> recommends that 'parents are encouraged and supported to participate in their baby's care at the earliest opportunity, including regular skin-to-skin care, providing comforting touch and comfort holding, feeding and day-to-day care such as nappy changing'.

However, despite the policy, research indicates that the reality often falls far short of these standards. The 2011 Picker Institute Europe National Survey of Parents' Experiences of Neonatal Care<sup>10</sup> showed wide variation in the extent to which services inform and enable parents to be actively involved in their baby's care. For example, where admission to a neonatal unit was predicted antenatally, on average only 36% of parents said a member of staff definitely spoke to them about what to expect after birth with some hospitals performing much better (with 76% of parents reporting they were told what to expect) and other hospitals performing much worse (with only 17% of parents reporting they were told what to expect). In addition to this, even though the importance of breast milk for sick and premature babies, both in terms of infection rates and developmental outcomes, is well known, breast milk expression and breastfeeding rates for sick and premature babies vary considerably across hospitals in the UK. Breastfeeding rates on discharge range from less than 5% in some UK neonatal units to over 80% in others. Likewise rates of kangaroo care and skin-to-skin contact between mother and baby vary hugely across the country with the UK as a whole having much lower rates than in countries such as Sweden. This is despite the evidence that prolonged skin-to-skin improves cognitive outcomes, enhances parental attachment, interaction and wellbeing, and helps mothers produce breast milk.<sup>5,7,11,12</sup>

Best Beginnings designed the Small Wonders National Change Programme to drive national change and close the current gap between policy and practice. The Change Programme was designed to do this by supporting practitioners in helping parents to be more central to all aspects of their premature or sick baby's care and by directly empowering parents. At the core of the Change Programme is the Small Wonders DVD, which follows the stories of 14 families on their journey across the neonatal unit from birth to one year on.

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The DVD shows the families grow in confidence and become actively involved in all aspects of their baby's care including touching, having skin-to-skin contact, expressing breast milk for their baby, changing nappies and giving the first bath. The DVD is made up of twelve films each divided into chapters so that families can find the relevant chapter quickly and easily.

The Small Wonders DVD was launched in June 2012, just before this reporting period. Prior to launch, Best Beginnings carried out a rigorous consultation and piloting process to ensure that the DVD reflected best practice and the needs of families. This process took two years and included consultation with parents and professionals at five stages during the production and piloting process. In all, more than 200 professionals, (frontline workers, leading experts and representatives from key organisations), as well as over 100 families of sick and premature babies provided input into the style, content and structure of the DVD. This in-depth consultation process also highlighted how much parents and staff wanted and valued the DVD and how the DVD has a unique role to play.

Staff involved in the piloting of the DVD on 19 neonatal units told us how the DVD was already playing a role in supporting an increase in staff knowledge, confidence and skills in supporting family-centred care. See below for impact data from the pilot.

Parents told us they felt the DVD has four complementary roles for them:

- **To inform** them about how the neonatal unit works and the unique role they can play in caring for their baby from day one. This includes showing the different types of care there are on neonatal units and also showing how to touch your baby, hold your baby, express breast milk for your baby, change your baby's nappy, bathe your baby, prepare for home and look after your baby at home. Parents also told us how the DVD highlights the health and wellbeing benefits of things such as kangaroo care and expressing breast milk.
- **To empower** them by showing them what is possible and by providing parents with the knowledge and confidence to achieve the best possible care for their baby. This includes supporting parents to ask questions and to ask to be more actively involved in their baby's care.
- **To reassure** them that what they are feeling and experiencing is normal, that they are not alone, that it can often feel "one step forwards, two steps back" and that what might feel terrifying today (eg. holding your baby) may be achieved and enjoyed within a day or two.
- **To prepare** them to feel more able to cope with what lies ahead of them, and give insights into what to expect. For example, if a parent has been told they will need to have their baby delivered early, watching the Birth film while still pregnant will give a "window" into what will happen so the birth is less traumatic. For example, watching the "Feeding independently" film will show how your baby can take time to learn to feed independently which enables parents to avoid having unrealistic expectations and disappointment whilst also gleaned top-tips on actively supporting their babies to feed independently.

Parents and staff also told us how they see the DVD as being complementary to existing provision and support – including leaflets, booklets and telephone support-lines provided by other charities – and how the DVD has a unique role to play.

Due to the in depth stakeholder input that underpinned the production of the Small Wonders DVD, it is endorsed by 23 organisations including six royal colleges, the Scottish Government, UNICEF, NCT, The Multiple Births Foundation and the Neonatal Nurses Association.

Prior to the DVD's launch in June 2012 an in-depth embedding plan for the Small Wonders DVD was already underway. Since 2011, Best Beginnings had been supporting hospital staff, mostly neonatal nurses, midwives and paediatricians to identify themselves as Small Wonders Champions and take a lead within their hospitals in ensuring the DVD would be effectively embedded into use with parents and staff when it was launched. We've encouraged each hospital to identify three Small Wonders Champions, ideally a midwife, neonatal nurse and paediatrician. These pioneering Champions developed plans that included ensuring the DVD would be watched by staff before being given to parents, ensuring that each relevant family receives a copy of the DVD in a consistent and supportive way and also ensuring there are portable DVD players in the hospital so that parents can watch the DVD in their bed or by their baby's incubator. Only hospitals that had completed the Small Wonders Planning Form and had had that Form signed-off by their Clinical Lead were sent a year's free supply of the DVD. By July 31<sup>st</sup> 2012 just six weeks after launch of the Small Wonders DVD 127 hospitals were signed-up and almost 70,000 copies of the DVD had been sent out.

#### **Progress from August 2012 to July 2013**

##### **England – supporting Small Wonders Champions and getting DVDs to parents**

We have continued to support our network of Small Wonders Champions whilst also bringing onboard new Champions and hospitals. Over the year the number of hospitals in England with Small Wonders DVDs rose to 145. There are 171 hospitals in England with neonatal units, so by July 31<sup>st</sup> 85% of hospitals in England with a neonatal unit had been sent a year's supply of the Small Wonders DVD. In addition, a further 17 hospitals had Small Wonders Champions but had not yet completed their Planning Forms and therefore had not yet been sent their free DVDs. The total number of English Small Wonders Champions at year end was 450 and the total number of DVDs that had been distributed was 78,520.

Due to lack of funding during the year, there wasn't a dedicated Small Wonders project coordinator or National Lead. Instead, Best Beginnings' Professional Lead and project coordinator supported our Champions as part of their overarching activity at Best Beginnings. This support included regular newsletters in which we included case studies, top tips, shared learning between hospitals and signposted to various resources we had created to help Champions distribute the DVD to families consistently in their hospital. These resources include posters, FAQ sheets, DVD monitoring forms and appreciative enquiry forms. In addition Best Beginnings' Professional Lead offered phone support to all our Champions, made site-visits and delivered one workshop.

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In June 2013 we held a workshop at Cambridge University Hospitals for Champions in the East of England. The workshop provided an opportunity to share ideas and learning from Best Beginnings' network of Small Wonders Champions across the UK. The workshop was well attended by neonatal, midwifery and early years practitioners from across the region and served as an opportunity to discuss challenges and solutions to effectively embed the DVD in staff training and with parents. Champions received specialist support from Best Beginnings' Professional Lead Julie Watson who is a neonatal nurse, midwife and health-visitor. As part of our commitment to working collaboratively we invited Bliss to be part of this day to talk about Bliss' Baby Charter Audit and discuss ways in which our organisations' respective resources can be used in conjunction with one another to help support family-centred care on neonatal units.

The day was a success with all attendees describing the day as either very good or excellent and 88% of those in attendance feeling the event would help them roll out Small Wonders in their hospital.

The success of this workshop and the two pre-launch workshops we delivered in the previous financial year highlighted the benefit of face-to-face support for Small Wonders Champions across the country.

#### England – impact to date

In the summer of 2012 we sent out an email survey to all hospitals that already had Small Wonders DVDs, to monitor progress in embedding the DVD and to inform how best to support our Champions. Only 35 hospitals responded to the survey, which represented a response rate of 24%, and due to lack of staffing we were not able to “chase” by phone and email to increase the response rate. The feedback from the 35 hospitals that did respond to the survey was incredibly positive and indicated that the Small Wonders DVD was being embedded in practice. On average, Champions estimated that 61% of relevant staff had watched all or the majority of the films and that 84% of their staff rated the DVDs as “very useful” or “extremely useful”. When asked ‘Have you started giving the DVD to parents?’, 21 out of the 32 units who responded to this question (71%) said that they had.

When asked about the resources Best Beginnings had supplied to support our Small Wonders Champions in their work, 81% of respondents said that they were either ‘very’ or ‘extremely’ useful – ‘The PowerPoints and film clips on the USB, I used over and over again, and will continue to do so. They made everything appear professional and well organised.’

Additional qualitative feedback from Champions completing the survey included ‘The neonatal staff were so excited when the DVD was launched as they felt it would really help educate parents and help get consistent information to them’, ‘I have used the monitoring form and now planning to use the posters and info sheet to raise awareness and increase momentum amongst my team, as soon as staff watch it they are hooked!’ and ‘All members of Staff that have seen the DVD are very enthusiastic and think it is a wonderful resource.’

The full summer survey can be downloaded at [www.bestbeginnings.org.uk/small-wonders-progress-and-activity](http://www.bestbeginnings.org.uk/small-wonders-progress-and-activity).

During this financial year planning began for a second national survey about the Small Wonders DVD. Discussions began with Public Health England about the Child and Maternal Health data unit administering the national survey online as we all agreed this would help to increase the response rate. A decision was made to postpone this second survey until 2014 when it was hoped funding for the next year's supply of Small Wonders DVDs had been secured.

Best Beginnings' has commissioned an independent evaluation of three intense intervention sites (Liverpool Women's Hospital, Guys and St Thomas' and Kings College Hospital). This evaluation in these three hospitals has been delayed and therefore there is no data to share in this report.

There is data available on the impact of Small Wonders across 18 neonatal units in the Yorkshire & Humberside region that are part of the Yorkshire and North Trent networks. Within the Yorkshire and Humberside region the Small Wonders DVD was used as a catalyst for change as part of a much larger health and education innovation programme. This broader programme was led by the maternal and child health theme at the University of York and the Hull York Medical School and spanned all midwifery and neonatal services, from August 2011. (The 18 Yorkshire and Humberside neonatal units along with Edinburgh comprised the 19 pilot sites where the Small Wonders DVD was tested prior to launch in June 2012.)

The Small Wonders DVD was embedded into key aspects of care in the 18 Yorkshire and Humberside neonatal units over a 35 week period. The DVD was used directly with parents and in a series of practical one-day neonatal clinical workshops. The workshops were developed to use clips from the DVD and practical exercises to enhance staff knowledge, skills and confidence, in supporting breast milk feeding and skin-to-skin contact, and also to facilitate action planning so that best practice could become everyday practice.

Following this intervention, there was a 20% increase in the proportion of babies receiving skin-to-skin care in the 18 neonatal units across the region. Some hospitals showed more substantial increases, with one tertiary unit seeing an increase in kangaroo care from 20% to 74%, which has since been sustained. The proportion of babies receiving any breastmilk at discharge from a neonatal unit in the region rose from 40% in November 2011 just before the DVD was introduced to 52% by July 2012. This impact data has been presented at several national and international events. For example, a national University of York seminar where the audience included NHS, academic and voluntary sector staff, to clinical leads, heads of midwifery and proposed commissioners at the Clinical Leaders Forum in late 2012 and at the International Maternal and Infant Nutrition Conference in June 2013. Since year end, the data has been presented at the Public Health England National Conference. Plans are in place for a peer reviewed publication led by Professor W McGuire at the Hull York Medical School.

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#### **England – Small Wonders Leadership Change Programme**

The data from Yorkshire and Humberside region have demonstrated the impact the Small Wonders DVD can have when effectively embedded with parents and used in multi-disciplinary staff training. Since delivering the one-day workshops across the region, Julie Watson who was then working at the Yorkshire and Humber HIFC (Health Innovation & Education Cluster) at the Mother & Infant Research Unit (University of York) and the Hull York Medical School worked with Best Beginnings to co-develop the Best Beginnings 'Getting It Right from the Start' Small Wonders Neonatal Workshop. The workshop was piloted from April 2012 until January 2013 at Northwick Park Hospital and then delivered locally at the three intensive intervention sites at Guys and St Thomas' Hospital, King's College Hospital and Liverpool Women's NHS Trust. In all, 379 healthcare professionals received this one-day training. The workshop supports effective embedding of the Small Wonders DVD and Change Programme by building confidence, knowledge and skills for maternity staff and all neonatal staff.

Evaluation of the Small Wonders Neonatal workshops based on participants' self-reported knowledge before and after attending the workshops found that post-workshop scores were significantly higher for all 10 areas of knowledge surveyed (including breastfeeding, breast milk expression and kangaroo care).

Our aim at Best Beginnings is to be a catalyst for change rather than to become a provider of ongoing training. A strategic decision was therefore made to create the Small Wonders Leadership Change Programme, which has two broad aims. Firstly, to develop and support multi-disciplinary health professionals (many of whom have been Small Wonders Champions) to become Change Leaders to effectively embed the Small Wonders DVD into practice (eg ensuring women watch it antenatally where appropriate and soon after delivery where antenatal viewing isn't possible). Secondly, to equip these Change Leaders with the knowledge, confidence and skills to deliver a one-day multi-disciplinary workshop, to all relevant staff in their hospital. We've identified the Northern and Cheshire and Merseyside Regions of England as our two pilot regions and have worked with the networks to bring together a consortium of clinicians and researchers to undertake and evaluate the project once funding has been secured.

#### **England - Parent Champion Programme**

Last financial year, as part of the Small Wonders intensive intervention programme in Liverpool Women's Hospital and thanks to funding from the Department of Health, a team of ten parents (Small Wonders Parent Champions) who had previously had babies on the neonatal unit took part in a new structured training course that Best Beginnings developed. The ten week course was designed to equip the Small Wonders Parents Champions with the confidence, knowledge and skills to use their own experiences, together with the Small Wonders DVD, to

- help parents on the neonatal unit to cope with the stress, anxiety and altered parenting roles that accompany their baby's condition,
- help them manage their expectations and enable them to be at the heart of their baby's care by promoting breastfeeding, skin-to-skin and positive touch.

During this reporting period 7 of the 10 Champions have delivered peer support on the Liverpool Women's Hospital neonatal unit providing a total of 350 hours of support. This equates to just under 7 hours of Champion volunteering per week.

#### **Sample feedback from parents on the Liverpool Women's Hospital neonatal unit**

*"I have found the peer support of great benefit to me as a parent. I found it was useful to share experiences with them and seek reassurance. To have someone who has been through this experience has helped me to talk about my experience. They gave me support and encouragement that in turn gave me confidence to ask nursing staff for skin to skin contact. From speaking to them and seeing where they are today and their story, it gave me the confidence and encouragement that there is light at the end of the tunnel."*

*"It was great to have the Small Wonder's DVD to explain a lot of things that we were experiencing, and knowing that the parent champion had been through what we were going through."*

*"The volunteers spoke openly about their experiences which gave me hope and confidence about my situation. It should be definitely continued, people like me need this service now and in the future."*

During the latter half of this financial year, the opportunity arose to develop a similar Parent Champion Programme at Blackpool Teaching Hospital NHS Foundation Trust. Taking learnings from the earlier programme in Liverpool, Best Beginnings made a decision to collaborate with the Breastfeeding Network to further develop this unique peer support programme and pilot it in Blackpool.

#### **England – funding**

During the year a number of neonatal units in England began running very low on their stocks of the Small Wonders DVD and it also became clear how important it was to have a dedicated team member, from a professional background to lead the Small Wonders National Change Programme. We sought funding for more DVDs and to recruit a dedicated Small Wonders National Facilitator to support our network of Champions. Whilst this funding was not secured during the financial year, we are delighted that the Department of Health has since funded this crucial work so that Small Wonders can continue to be a catalyst for change across the country.

Best Beginnings is now seeking funding for the Small Wonders Leadership Change Programme as a cost effective cascaded learning programme. Our aim is to pilot the programme initially in the Northern Neonatal Network and Cheshire and Merseyside region before considering national rollout.



## **BEST BEGINNINGS TRUSTEES' REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 JULY 2013**

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### **Scotland update**

Best Beginnings secured funding from the Scottish Government towards the end of this year to recruit Champions and roll out Small Wonders in Scotland. The Scottish Government wished to align the dissemination and embedding of Small Wonders, with the launch of the publication of their new 'Scottish Neonatal Framework - a guide for practice' and the 'Refreshed Maternity Care' guidance. Since then Best Beginnings have been planning with the Scottish Government (Maternal and Child Health Directorate) and the three Neonatal Managed Clinical Networks (MCNs) across Scotland, as well as the midwifery leads, as to how best to roll out Small Wonders in Scotland. The MCNs are offering support to all neonatal units to facilitate the embedding of the DVD into everyday practice, three network meetings have been arranged for the summer and we plan to recruit Small Wonders Champions across Scotland from the autumn. One neonatal unit (Edinburgh Royal Infirmary), has already nominated Small Wonders Champions as the hospital was involved in piloting the DVD. This hospital was sent their allocated batch of free DVDs in 2012.

There are plans for a Scottish workshop in the coming financial year and neonatal and maternity units are in the process of identifying their Small Wonders Champions.

### **Northern Ireland update**

In early 2013 Best Beginnings was awarded funding from the Public Health Agency to recruit Champions and roll out the Small Wonders DVD in Northern Ireland. Before the year end, 18 Small Wonders Champions had been recruited spanning seven of the eight neonatal units in Northern Ireland and 7 Planning Forms had been returned.

### **Wales update**

During the year Best Beginnings CEO Alison Baum and Professional Lead Julie Watson had meetings with Polly Ferguson, the Nursing Officer for Wales and Lead for Maternal and Child Health at the Welsh Government and her colleague Tracey Gaudi, Nurse Lead for Infection Control. Plans to roll out Small Wonders in Wales were discussed and these conversations have continued into the subsequent financial year. Discussions are now underway with neonatal networks and maternity leads and it is hoped that a good route forward will be identified and implemented in the coming year.

### **UK-wide work. Small Wonders Advisory Group**

A stakeholder expert advisory group has been established to help shape the development of the Small Wonders Change Programme and offer advice on operational delivery.

The Small Wonders Advisory Group, which now has thirty one members, is made up of healthcare professionals from a variety of disciplines, academics and policy makers. Two face to face meetings happened during this accounting period. We would like to warmly thank all members of our advisory group for giving their time and expertise to enable us to work together to drive change towards more family-centred care across the UK.

### **UK-wide work the Bliss and Best Beginnings Kangaroo Care Sticker Project**

During the year, Best Beginnings and Bliss committed publicly to work collaboratively in order to support family-centred care. As part of this collaboration, Best Beginnings has been working with Bliss and the Royal Victoria Infirmary in Newcastle-upon-Tyne to make available a new resource to promote the uptake of extended periods of skin-to-skin contact between a baby and parents (also known as 'kangaroo care').

The idea for the project initiated from Claire Campbell, a nurse at the Royal Victoria Infirmary (RVI) during the Bliss Baby Charter audit process at the RVI when parents identified that they would like more opportunity for skin-to-skin with their babies. Claire, who is a Small Wonders Champion, came up with the simple, cost-effective and highly visual idea of using stickers on a weekly chart to keep track of which babies had been having skin to skin.

In collaboration with Bliss a new resource was designed and printed. These sticker packs were posted by Bliss to all neonatal units across the UK. Best Beginnings then wrote to all of our Champions to inform them of the new project, the arrival of the sticker packs on their unit and how the new resources complement and reinforce the messages in the "Holding your baby" film on the Small Wonders DVD.

The new resource was formally launched on International Kangaroo Care Day on 15<sup>th</sup> May 2013.

The use of the kangaroo care stickers and weekly chart facilitates tracking of duration and frequency of Kangaroo Care and highlights the importance of extended periods of skin-to-skin. The initiative has been very well received by parents and staff alike. Best Beginnings is committed to working with Bliss and Claire to undertake a UK wide evaluation of the sticker project in the coming year.

### **Financial support**

The trustees of Best Beginnings would like to thank the following organisations for their financial support of the Small Wonders project in this financial year:

- Department of Health
- Guy's & St Thomas' Charity
- Northern Ireland Public Health Agency
- St James's Place Foundation

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#### **2 Transition to Parenthood Programme**

##### **Summary**

The purpose of the Transition to Parenthood Programme is to support mothers and fathers in the emotional and physical transition to parenthood in ways that will maximise their baby's physical, emotional and language development. There are two projects that currently sit within our Transition to Parenthood Programme: the Baby Buddy apps and the National Teenage Pregnancy Midwifery Network. In addition, during this year we began discussions about "taking-on" the Baby Express and Toddler Express magazines and became active members of the newly formed Maternal Mental Health Alliance.

##### **Background**

There is strong evidence of the benefits of supporting families in the first years of life<sup>13,14</sup> not only because of impact on child outcomes but because parents are especially receptive to offers of advice and support during this "window of opportunity"<sup>13,14</sup>.

##### **The Baby Buddy apps**

###### **Why apps?**

Over 720,000 babies are born each year in the UK and a quarter of these parents are under 25. Their children are more at risk of premature birth, poor nutrition and developmental delays which all affect their life chances<sup>13,15,16</sup>.

Teenage mothers are less likely to attend antenatal appointments and health professionals highlight the need for free, easily-accessible phone apps to support their engagement<sup>13,16</sup>.

In 2013, 80% of 16-24 year olds in the C2DE group own a smartphone<sup>17</sup>. Commercial phone apps targeted at middle class mothers can fail to engage younger, disadvantaged mothers and are often not evidence-based. Our free apps have been designed specifically for young parents, providing daily information personalised for the user with a reading age of 11.

Currently, there is a clear divide between evidence-based best practice in pregnancy and early years parenting and the knowledge of the average mother in the UK. Our Baby Buddy apps have an important role to play in closing this gap.

These apps aim to improve young parents' health choices, self-efficacy and wellbeing, increase their confidence and knowledge, encourage effective use of health services, and support the emotional transition to parenthood, strong couple relationships and warm and confident parenting.

By providing information in a highly-accessible format, it is anticipated that our Baby Buddy apps will help educate and empower young mothers and fathers directly and also help them make the most out of conventional services.

###### **Phase One**

The first phase of the apps project is to create and launch a version for mothers covering the period from pregnancy to the first six months of the child's life. In time and with funding, we will make apps for fathers as well as mothers, covering the period from preconception to a child's third birthday and also create versions for different community languages.

While the apps when launched can be used by parents alone, a key focus of activity this financial year has been planning how the apps can be embedded into midwifery, health-visiting and children services to increase and enhance contact points with professionals – helping "make every contact count".

As with all of Best Beginnings' projects, the Baby Buddy apps are being developed with input from an expert stakeholder group. Due to in-depth stakeholder engagement over the last year and detailed content review, the first phase of the apps is already endorsed by RCN, RCM, CPHVA, RCPCH, RCSLT, RCOG and UNICEF.

The interactive apps will deliver pregnancy and parenting information and prompts for reflection and action, in the voice of a chatty, knowledgeable friend. This "friend" or "Baby Buddy" is actually created by the user at download. The bespoke Baby Buddy then invites the user to input her name, her baby's name and (if she has a partner) her partner's name. This information is integrated throughout the app, including the daily messages and the evidenced-based answers the Baby Buddy gives to questions asked by users in the "Ask me" function. Other engaging features of the app include:

- Videos – a rich library of film clips including some of the Department of Health Digital Baby films
- Baby Book – a place to store thoughts, feelings and photos
- Baby Booth – where you are prompted to take weekly photos of your bump or baby and then create a video of your bump or baby growing
- I can do it – a powerful goal setting function
- Baby Around – a geo-location function, to help the user find local services and support

## **BEST BEGINNINGS**

### **TRUSTEES' REPORT AND ACCOUNTS**

#### **FOR THE YEAR ENDED 31 JULY 2013**

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A number of these features are integrated into social media. So, for example, the user can update friends via Facebook or Twitter how they are doing with a particular goal they've set.

The interactive functions of the app are designed to maximise downloads and regular usage of the apps. By reinforcing positive health messages, increasing uptake of local services, encouraging early and regular attendance at NHS appointments and improving the interaction with midwives and health visitors, the apps have the potential to support the physical, social, emotional and language development of young children.

#### **Milestones**

Our aim had been to launch the apps within this financial year. However for two key reasons this did not happen. Firstly, as with most large software development projects, there were a number of technical difficulties that took longer than expected to overcome. Secondly, the close alignment between our app project and the aims of the Big Lottery's A Better Start Programme provided us with an opportunity to apply for a substantial grant. This would enable us to ensure the app has "text-to-voice" functionality, create a community language of the app, create more than 60 films for integration into the app, create 600,000 postcards about the apps for distribution across England, and commission an academic institution to evaluate the effectiveness of the app as a public health intervention.

As part of our submission to the Big Lottery we filmed a focus group with young mothers being shown the prototype apps. This was done at a children's centre in Lambeth in association with St Michael's Fellowship. The inspirational young women talked about their experience as young mums as well as the merits of the prototype app. You can see the short film at <http://vimeo.com/70890063>.

Just before filing this Report we learnt that our application to the Big Lottery Fund has been successful. The grant of £866,022 over two years will enable Best Beginnings to recruit a full time Project Manager and a full-time Information Officer and ensure that the first version of the Baby Buddy app is ready for free download on iPhone and Android in the coming year. The Trustees would like to thank the Big Lottery Fund for their support.

#### **Embedding activity**

During the reporting period Best Beginnings' CEO and other staff members spoke at over 10 conferences about the apps and have built up a network of more than 200 health professionals keen to embed the app into practice in their locality once the apps are available on the apps store. We have also been sending updates about the apps to the National Teenage Pregnancy Midwifery Network that we run to ensure that professionals supporting teenage mothers are aware of the apps prior to launch.

In addition, thanks to funding secured from The Royal College of Midwives and Guy's and St Thomas' Charity, we have been putting in place plans to pilot the integration of the apps into community midwifery services in the Guy's and St Thomas' Trust. During the year, four appreciative enquiry workshops were hosted by Best Beginnings. 40 of the 70 community midwives attended and through these workshops an embedding and service evaluation plan was co-created. This plan includes sending postcards about the apps in all booking appointment letters. In the lead-up to launch, a Best Beginnings coordinator will do site visits to the 13 midwifery teams that work from Guy's and St Thomas' Hospital to ensure midwives are aware of the embedding and evaluation plans. This pilot is being formally evaluated by Dr Crispin Day and Dr Daniel Michelson at King's College London.

Before the year end, Blackpool Local Authority came onboard as a second early adoption pilot site with plans to embed and evaluate the Baby Buddy apps across their early years integrated teams. Subsequent to the year end, meetings have happened including senior public health, midwifery and health visiting and children centre staff, and plans are taking shape.

#### **Thanks**

The trustees of Best Beginnings would like to thank the following organisations for their financial support of the mobile apps project in this financial year:

- CPHVA
- Guy's & St Thomas' Charity
- Miller Philanthropy
- Royal College of Midwives
- Tedworth Charitable Trust

The trustees would also like to thank the following for the time, gifts-in-kind and support they have given to the mobile apps project in this financial year:

- Catsnake Film
- Royal College for Paediatrics & Child Health

All three projects are in development and are designed to work alone but designed to be most effective when embedded into mainstream services (midwifery and health-visiting and children-centre services).

# **BEST BEGINNINGS**

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#### **National Teenage Pregnancy Midwifery Newsletter**

Best Beginnings continues to host the National Teenage Pregnancy Midwifery Network - an informal multidisciplinary network that collects and shares good practice, research, policy and resources on maternity care for young parents-to-be and young parents. Although most of the members are midwives the network also includes health visitors, family nurse practitioners, academics, students and a range of voluntary and statutory sector professionals working with young parents. The network, which is run by Jenny McLeish, has grown 30% this year and now has a membership of over 650. Members of the network each receive a newsletter three times a year and are encouraged to disseminate the information locally and support each other. Many of the new members joined as a result of publicity at the Royal College of Midwives 2012 conference, the Community Practitioners Health Visitor Association conference and through the new Teenage Pregnancy Knowledge Exchange.

#### **Baby Express & Toddler Express**

During this year we were approached by the developers and evaluators of two age and stage parenting magazines (Baby Express and Toddler Express) to "take them on" as part of Best Beginnings' Transition to Parenthood Programme. We were chosen because the previous owners of the magazines understood Best Beginnings' commitment to work with professionals to develop and embed interventions nationally to help families and reduce inequalities in child health across the UK.

The first magazine called "Baby Express" covers the period from birth to the first birthday and the second magazine "Toddler Express" covers the period from when a baby is thirteen months old until their second birthday. These two parenting magazines had been designed to be delivered to parents' homes once a month to support parents during the first two years of their baby's life. A few successful pilots had happened but national rollout had not been achieved.

Baby Express has been shown in a randomised control trial<sup>18</sup> to improve early relationships and child development. Following this paper, Baby Express was included in the Healthy Child Programme.<sup>19</sup>

Subsequent to year end, we have taken on the magazines as they compliment the apps and can be provided universally within an area, or be used in a more targeted way to reach the 20% of C2D2 young families who don't have smartphones.

In the upcoming financial year we plan to update the magazines, with input from an expert advisory group including representatives from Royal Colleges, and to embed and evaluate the updated magazines in at least one region in the UK.

#### **Maternal Mental Health**

During the year Best Beginnings became an active member of the newly formed Maternal Mental Alliance.

The physical aspects of pregnancy are widely discussed, yet by comparison the emotional changes during this time attract less attention and are less well publicised. Perinatal mental health problems can have a devastating impact on women, their babies, fathers and their families. Up to 10% of women will suffer from mental health issues that can occur during pregnancy and in the year after birth. These perinatal mental illnesses include anxiety, postnatal depression and postnatal psychotic disorders.<sup>13</sup> Mental illness can result in a wide range of symptoms which mean women can struggle to understand that they are ill. Health and social care professionals need to have enough knowledge of these issues to be alert to a wide array of symptoms.<sup>28,29</sup> Without this support, there is strong evidence of significant adverse outcomes for women, their babies and their families. However, with the right information, professionals and families can make a real difference.

The onset and escalation of perinatal mental illnesses can often be prevented through early identification and expert management of a woman's condition, and prompt and informed choices about treatment. Even if the illness itself is not preventable, it is possible to prevent many of the negative effects of perinatal mental illness on families.<sup>13,28,29</sup>

Several studies have found that universal service provision has a key role to play in identifying mothers who are at risk of, or are suffering from perinatal mental illness, yet 29% of midwives said they had received no content on mental health in their training, 42% of GPs said they lacked training about specialist service provision and 41% of mothers reported that their health visitor did not ask them about depression.<sup>13</sup>

Best Beginnings is committed to work collaboratively with the Maternal Mental Health Alliance to support workforce development and families across the UK.

### **3 Better Breastfeeding Programme**

#### **Summary**

The purpose of the Better Breastfeeding Programme is to promote and support breastfeeding to enable parents to make a fully informed choice and be effectively supported in their choice. At the heart of the programme is the From Bump to Breastfeeding DVD which is given to parents by professionals antenatally and postnatally and used to support healthcare professional training.

#### **Background**

Breastfeeding provides a natural safety net against the worst effects that child poverty has on health and for this reason the WHO recommends that all babies are breastfed exclusively for six months and alongside other food and drink for at least the first two years. Despite this recommendation less than 2% of UK mothers exclusively breastfeed to six months.<sup>20,21</sup>

## BEST BEGINNINGS TRUSTEES' REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 JULY 2013

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"Infants who are not breastfed, for whatever reason, should receive special attention from the health and social welfare system since they constitute a risk group," advises the World Health Organisation. The health benefits of breastfeeding to mother and child are huge. Research shows that breastfeeding is extremely important for child health and wellbeing:

- Babies who are not breastfed are more likely to develop a range of short, medium and long-term health problems including early respiratory infections, gastrointestinal illness, type 2 diabetes, higher blood pressure and raised cholesterol<sup>7,22</sup>
- Children who are breastfed for four months or longer have a significantly lower chance of having socio-emotional difficulties at five years compared to those who had never been breastfed<sup>2,22,23,24</sup>
- Mothers who do not breastfeed will have an increased risk of breast cancer and gallbladder disease
- There remain huge inequalities in infant nutrition, with families from lower socio-economic groups being significantly less likely to start and continue breastfeeding. For example, only 5% of babies born to mothers under 20 are exclusively breastfed at six weeks compared to 30% of mothers in managerial and professional occupations<sup>20-26</sup>

In Autumn 2008, Best Beginnings launched the UK's first (and only) national DVD on breastfeeding, *From Bump to Breastfeeding*. This 'fly-on-the-wall' style documentary follows several families including young parents and those from lower socio-economic groups, putting accurate, practical breastfeeding information straight into the hands of parents who otherwise might never become or continue as breastfeeding families. Our DVD shows parents how to start breastfeeding and provides practical information on how to continue.

An independent evaluation carried out by Bournemouth University<sup>27</sup> across 14 trusts in the UK found:

- 71% of women who got the DVD watched it, with this figure being higher (88%) amongst women who left school with no qualifications
- Of the women who watched the DVD before their baby was born 99% said they found it useful and 84% felt that the DVD covered all they wanted to know
- Watching the DVD was associated with higher breastfeeding rates. 75% of women who had watched the DVD were still breastfeeding at 6 weeks compared to 66% of the women who did not watch the DVD

Over 1.6 million copies of *From Bump to Breastfeeding* were distributed by the four UK governments between November 2008 and November 2010. In November 2010, the English Government then decided to pass the task of distributing the DVD over to Best Beginnings. The DVD is now sold by Best Beginnings in England but continues to be given out free in Scotland, Northern Ireland and Wales.

### Progress from August 2012 to July 2013

From August 2012 to the end of July 2013, Best Beginnings distributed just over 39,000 copies of the *From Bump to Breastfeeding* DVD to healthcare organisations, children's centres and individuals in England. 22 copies were distributed to individuals outside the UK. Since the DVD was launched in 2008, just under 2 million copies have been distributed.

Best Beginnings' staff have been to several conferences throughout the financial year at which they have promoted the DVD and the best ways to distribute it to families. The DVD is now used to educate student midwives and doctors in best-practice breastfeeding and continues to be an integral part of the UNICEF BFI training programmes.

Following on from the successful production and dissemination of a bespoke version of *From Bump to Breastfeeding* in Brent and Harrow locality in 2011, the Yorkshire and Humber Health Innovation and Education Cluster (HIEC) and Maternity Forum, approached Best Beginnings to produce a bespoke version of the DVD as part of their investment in breastfeeding support services. As per the pioneering DVD in Brent & Harrow, a logo was added to the front cover of the DVD and details of Yorkshire and Humber HIEC local maternity services were put on the back cover. On this occasion the back cover printed a request from the local supervisor of midwives to collect service user experiences of local maternity services. Midwives and health visitors now give out these DVDs to families and fulfil two goals: ensuring that local people have details of their support services, their views are sought and that expectant families receive a copy of *From bump to breastfeeding*, as recommended in best practice guidance outlined in the Department of Health, UNICEF and Start4Life breastfeeding care pathways.

During this year and based on the success of bespoke versions of *From Bump to Breastfeeding* in these two areas, the strategic decision was made to offer a bespoke service to DVD orders over 5000 at an increased price. This concept has been welcomed by areas throughout the country and we hope will become a sustainable way of ensuring the DVD reaches more families across the country. Alison Spiro, Infant Feeding Lead & Health Visitor for Harrow Community Services and Northwick Park Hospital shared the following quote with Best Beginnings when informed bespoke versions *From Bump to Breastfeeding* would be offered to all areas:

*"I'm proud that, together with Brent, we were the first area in the UK to get the bespoke version of the From Bump to Breastfeeding DVD. My colleagues and I are in no doubt that the effective embedding of the DVD (including it going to all women antenatally and being used in staff training) has supported us in achieving Baby Friendly Status and that using the DVD has been a significant contributing factor to our very high breastfeeding rates, over 50% exclusive breastfeeding at 6-8 weeks and one of the lowest drop-off rates in the country."*

The DVD content is accessible to people from all socio-economic backgrounds and various clips will feature in the smartphone apps we are developing. In addition, *From Bump to Breastfeeding* is still available to view for free on the Best Beginnings website and NHS Choices.

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#### **4 Future Parents Programme**

The purpose of this programme is to educate young people to increase knowledge, change attitudes and build confidence of the parents of tomorrow. There is good evidence that this life-course approach will support national change. However, due to funding and capacity issues no activity has happened with this programme during this year.

#### **5 Other work to tackle child health inequalities**

##### **Conferences & events**

Best Beginnings staff attended over 22 conference events from August 2012 to July 2013, the extensive public output included keynote speaker presentations, chairing workshops and national events, poster presentations, exhibiting and giving an online international talk which has led to an invitation to be a

keynote speaker at 5 conferences in New Zealand and Australia in the upcoming financial year.

##### **Key Conferences at which Best Beginnings had speaking or chairing roles**

- CPHVA Annual Conference, November 2012, Brighton, presentation by Alison Baum
- RCM Annual Conference, November 2012, Brighton, presentation by Alison Baum
- UNICEF UK BFI Annual Conference, December 2012, Cardiff, day two chaired by Best Beginnings' Trustee Francesca Entwistle
- UNICEF UK BFI and the Public Health Agency for Northern Ireland Conference, 25th June 2013, Belfast, presentation by Alison Baum
- Maternity Mother and Baby Midwifery Forum, March 2013, Birmingham, presentation by Alison Baum and Julie Watson
- MAINN Nutrition and Nurture in Infancy and Childhood Bio-Cultural Perspectives, Cumbria, July 2013, presentation by Julie Watson
- CPHVA Interest Group for Parenting and Family Support conference, London, July 2013, presentation by Alison Baum

##### **Part of a wider network**

Best Beginnings CEO Alison Baum has been a member of several advisory boards throughout the year:

- 1 The Early Intervention Foundation, headed by Graham Allen MP, was launched in April 2013 to give babies, children and young people a great start, and cut the massive costs of dysfunction for taxpayers. Alison is a member of the Advisory Council group for this Foundation.
- 2 Alison is on the Steering Committee for SIFT, a multi-centre randomised controlled trial of two speeds of daily increment of milk feeding in very preterm or low birth weight infants.
- 3 Alison is also a 'Nexter' Nexters is the Big Society network's programme to support the UK's best social entrepreneurs.

Professional Lead Julie Watson has been a member of several relevant associations in the past year:

- 1 Association of Infant Mental Health (AIMH UK), which aims to promote consistency in perinatal period, Julie is on the management committee.
- 2 Maternal Mental Health Alliance: a new multi-disciplinary/multiagency alliance set up to champion the maternal mental health agenda, a campaign hopes to put a stop to the shocking post code lottery that exists in perinatal mental health care for women in the UK and achieve equality between mental and physical health care at this crucial time in a woman's life. Its priority is to put pressure on key decision makers to ensure all women in the UK have access to appropriate perinatal mental health care.
- 3 The evidence expert group on the Early Intervention Foundation, one aspect of the foundation is to review the evidence of 'what works' to improve outcomes for children and families.
- 4 Children & Young Peoples all party Group – House of Commons. This group reviews services and experiences of young people.

#### **6 Building for the future**

In this financial year, we appointed an experienced Director of Development to enable us to increase and diversify our income. We appointed a part time Business & Funding Director, a role that focuses on maximising income from sale of our resources, thanks to funding from Philip King Charitable Trust. We also appointed an Executive Assistant to support our very busy CEO. These new posts have allowed us to expand the capacity of our team.

The trustees of Best Beginnings would like to thank Jones Day for their generous legal support and consultancy work. The pro bono legal work that Jones Day have given to Best Beginnings has allowed us to step up in the professionalism of our projects in a way that would not have been possible without their support. Jones Day have given legal support to all of the various types of charitable activity mentioned in this report and we are deeply touched by their commitment to helping give UK babies a better start in life.

In June 2013, Best Beginnings came runner up for the 2013 IC AEW Charities Online Financial Reporting and Accounts Awards. The awards celebrate the success of charities that have demonstrated excellence and innovation in online financial reporting. The awards are structured into five different categories based on charitable income, Best Beginnings was in the 'Income between £250k and £1m' category. The online version of the accounts was created pro bono for Best Beginnings by Jinne Stuksma from OpenUmbrella. The trustees would like to thank Jinne for his hard work and generous support.

## **BEST BEGINNINGS TRUSTEES' REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 JULY 2013**

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In December 2012, Best Beginnings was awarded a grant of £126,800 from the Cabinet Offices' Investment & Contract Readiness Fund managed by the Social Investment Business. £48,030 of this fund was to spend on the recruitment and first six months' salary and on-costs of a Director of Development, as well as 12 weeks costs for a Health Sector Consultant to work with Best Beginnings for three days per week. The remaining £78,770 was for Best Beginnings to spend on services from PricewaterhouseCoopers, including the following:

- Completion of market analysis and co-development of business development plan to support the growth strategy, identifying current market size for our resources, identifying potential commissioners and contracting opportunities
- Review of the current operating model and organisation structures and capabilities leading to a recommendation on the appropriate structure and resource plan to support the growth strategy, identifying key roles and skills gaps that need to be recruited externally
- Review of our previous impact evaluations and development of a method and plan for ongoing evaluations on the impact of our work
- Skills transfer to our staff in project management and impact measurement methods
- Review of the financial model underpinning the growth strategy, identifying the base, best case and worst case scenarios for growth
- Review of our bid materials, and providing specialist input on project management and quality management approaches
- Review of our current project and quality management methodologies and identifying/addressing areas for improvement in order to deliver larger scale contracts

This support from ICRF allowed Best Beginnings to take a significant step forward in our investment and contract readiness. PwC offer services across the full life-cycle of the contract readiness process, including experience of building capacity in the management team and staff, and experience in measuring social impact – two of the key elements needed by Best Beginnings to take us to the next level. They also have a great understanding of the health and social care sectors and have worked with many project managers in this field. They easily understood what Best Beginnings is trying to achieve and were especially enthusiastic about our digital and creative solutions to impacting positively on the UK's most vulnerable babies and toddlers.

Best Beginnings is fortunate enough to have the support of fantastic volunteers who help us with all aspects of our work from filmmaking to fundraising. The trustees would particularly like to thank Lisa Edwards, Catrin Pritchard and Victoria Bosman for their excellent work.

The trustees would like to thank RCPCII, Sheffield Haworth and Olswang for providing meeting rooms throughout the financial year as well as CODE Advisors for providing a weekly hotdesk facility. The trustees would like to thank Hearloom Media for pro-bono filming and production support, Alex Rhodes for pro-bono market research and Sara Shipman for pro-bono fundraising support.

The trustees would also like to thank the following for their generous contributions to our running costs in the 2012-13 financial year:

- Monument Trust
- Tedworth Charitable Trust
- Miller Philanthropy
- Nick Jenkins Foundation
- Mike and Anne Strong
- Mike Wilson

### **7 Raising funds activities undertaken**

Despite a difficult economic climate, the strength of Best Beginnings' projects and mission, as well as our recognition as a significant player in the infant health field, has made it possible to increase our income by 9% increase on the previous year to £719,310.

We have been successful in securing significant funding from trusts and foundations, including continuing a 3-year grant from the Third Sector Investment Programme funding our Small Wonders Intervention in Liverpool Women's Hospital. We have also funded a significant portion of the first phase of our smartphone apps project. The trustees would like to thank Sara Shipman for her generous support in writing fundraising grant bids.

Our team at the 2013 British 10K London Run raised nearly £5,000. The trustees would like to thank the following for their pro-bono support of the event:

- Mei Parsons for stills photography
- Sylwia Doliszna for filming Team Best Beginnings
- Royal Horseguards Hotel, a 5 star hotel near the race finish line that provided Best Beginnings with a function room where runners could meet before and after the run.

Two exclusive dinners were held in the financial year, each raising several thousand pounds. The trustees would like to thank our Patron Lady March for hosting these special events and Alan Graham and Barry Baxter for their generous support of these dinners.

Thanks to Lord and Lady March and Nimmy March, Best Beginnings was one of two beneficiary charities for this year's Glorious Goodwood Annual Regency Ball on 31st July and the Magnolia Cup Ladies Race the following day. Over £100,000 was raised for Best Beginnings from ticket sales, sponsorship, collections, the raffle and auction. This will provide much needed unrestricted income to cover our core costs for several months. The event straddled our year end, with the second day of the event happening in the next financial year. For this reason half of the money raised is included in this year's finances and half will be included in next year's finances.

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Christine Niccolls (Lead Small Wonders Champion) and the Parent Champions at Liverpool Women's Hospital kindly organised a fundraising event for both Best Beginnings and the Liverpool Neonatal Unit. 250 guests attended the event at the Liverpool Hilton in May and £2,500 was raised for Best Beginnings on the night.

Sheffield Haworth selected Best Beginnings as one of its two Charities of the Year for a second year running. Employees held a 'charaoke' evening, which raised £2,500. Sheffield Haworth are also hosting our board meetings for the next twelve months.

Miss Jones is an online resource and social network for PAs and other business professionals, which is owned and managed by Patti Anderson who attended our March dinner. They have decided to adopt us as their chosen charity. Best Beginnings will be working with Miss Jones in the coming months to raise awareness of the charity with their members and to raise valuable funds for its work.

Best Beginnings is proud to have long standing relationships with our existing donors who stay with us because they see the impressive social return we give on their philanthropic investment. We would like to welcome new supporters into the Best Beginnings Family and would greatly welcome any help as an individual, a trustee of a grant giving trust or as someone who can help us secure corporate support for our work. Together we can reduce health inequalities for babies and children in the UK.

#### **8 Financial review**

Despite the unfavourable financial climate, Best Beginnings' total incoming resources showed substantial growth with a 9% increase on the previous year to £719,310. The growth is principally due to the generous support of our funders and contributors, as well as the continued hard work undertaken by our staff.

Total resource expenditure for the year was £639,728.

You will note that at year end there is £133,052 of restricted funds. This is largely due to the multi-year nature of projects. The largest item contributing to this is £56,713 restricted to the Small Wonders evaluation programme which has been delayed.

A total of £571,674 (89.4% of expenditure) was spent on charitable activity for the public benefit. 7.8% of expenditure was spent on fundraising with the remaining 2.8% being spent on governance.

#### **Reserves Policy**

The Reserves Policy of the charity is to run with a minimum of 6 months running costs (£180,000) in the bank to ensure continuity of services in the event of a loss or delay of funding, and to maintain the ability to meet unforeseen costs. As of July 31st 2013, there was £58,450 in unrestricted reserves, representing just under two months running costs, and £133,052 in restricted reserves, resulting in overall reserves of £191,502. Best Beginnings has no investments or other substantial assets at the time of this report.

While the unrestricted Reserves were rather low at year end, the Trustees were not unduly concerned as, in addition to the £50,000 from the Glorious Goodwood event featured in this year's accounts, a further £50,000 had been firmly pledged for next year.

#### **Relevant organisations**

Bank: The Co-operative Bank, PO Box 250, Delf House, Southway, Skelmersdale, WN8 6W1

Solicitor: Jones Day, 21 Tudor Street, London, EC4Y 0DJ

Accountant: HW Fisher, Acre House, 11-15 William Road, London, NW1 3LR

#### **Trustees**

The trustees who served during the year were:

Obi Amadi (appointed 21/03/13)

David Boyd

Morag Campbell

Rachel Ellison (appointed 24/09/12)

Francesca Entwistle (resigned 23/10/13)

Janet Fyle

Andrew Harris (Treasurer from 12th December 2012)

Lilken Hayes

Alan Maryon-Davis (Chair)

Hannah Mindel (Treasurer until 12th December 2012)

Angus Morrison (appointed 24/09/12)

Andrew Moss (resigned 6/12/13)

Sharon Walker

None of the trustees have any beneficial interest in the company. All are directors of the company and guarantee to contribute £1 in the event of a winding up. Trustees are elected by the existing Board of Trustees. A Trustee Policy is in the process of being created, stating the induction and training to be received by new trustees, the process of selecting new trustees and the continuation policy for existing trustees.



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#### **Risk management**

The trustees consider risk as part of their quarterly meetings and are confident that systems are in place to mitigate the impact of key risks

#### **Organisational structure**

CEO Alison Baum and her senior management team of Operations Manager Lee Hall, Director of Development Sarah Taylor, and Professional Lead Julie Watson manage the day-to-day running of the charity. Strategy and major decisions are decided by the Board of Trustees

#### **Charity details**

Best Beginnings is a company limited by guarantee, company number 5866886, and a registered charity, number 1120054. Best Beginnings' principal address and registered office is 12 Vale Royal, London, N7 9AP

#### **Disclosure of information to auditors**

Each of the directors has confirmed that there is no information of which they are aware which is relevant to the audit, but of which the auditor is unaware. They have further confirmed that they have taken appropriate steps to identify such relevant information and to establish that the auditors are aware of such information.

#### **Auditors**

In accordance with section 485 of the Companies Act 2006, a resolution proposing that H W Fisher & Company be re-appointed as auditors of the company will be put to the Annual General Meeting.

On behalf of the Board of Trustees



18.12.13

Professor Alan Maryon-Davis  
Chair of Trustees

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## **BEST BEGINNINGS**

### **TRUSTEES' REPORT AND ACCOUNTS**

#### ***FOR THE YEAR ENDED 31 JULY 2013***

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**BEST BEGINNINGS**  
**(A COMPANY LIMITED BY GUARANTEE)**  
**STATEMENT OF TRUSTEES' RESPONSIBILITIES**

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The trustees, who are also the directors of Best Beginnings for the purpose of company law, are responsible for preparing the Trustees' Report and the accounts in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice)

Company law requires the trustees to prepare accounts for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that year

In preparing these accounts, the trustees are required to

- select suitable accounting policies and then apply them consistently,
- observe the methods and principles in the Charities SORP,
- make judgements and estimates that are reasonable and prudent, and
- prepare the accounts on the going concern basis unless it is inappropriate to presume that the charity will continue in operation

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the accounts comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities

# **BEST BEGINNINGS**

## **(A COMPANY LIMITED BY GUARANTEE)**

### **INDEPENDENT AUDITORS' REPORT**

#### **TO THE MEMBERS OF BEST BEGINNINGS**

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We have audited the accounts of Best Beginnings for the year ended 31 July 2013 set out on pages 19 to 27. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditors' 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 its members as a body, for our audit work, for this report, or for the opinions we have formed.

#### **Respective responsibilities of trustees and auditors**

As explained more fully in the Trustees' Responsibilities Statement on page 17, the trustees, who are also the directors of the charitable company for the purposes of company law, are responsible for the preparation of the accounts and for being satisfied that they give a true and fair view.

Our responsibility is to audit and express an opinion on the accounts in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

#### **Scope of the audit of the accounts**

An audit involves obtaining evidence about the amounts and disclosures in the accounts sufficient to give reasonable assurance that the accounts are free from material misstatement, whether caused by fraud or error. This includes an assessment of whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed, the reasonableness of significant accounting estimates made by the trustees, and the overall presentation of the accounts. In addition, we read all the financial and non-financial information in the Trustees' Report to identify material inconsistencies with the audited accounts. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

#### **Opinion on accounts**

In our opinion the accounts

- give a true and fair view of the state of the charitable company's affairs as at 31 July 2013, and of its incoming resources and application of resources, including 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 Companies Act 2006.

#### **Opinion on other matter prescribed by the Companies Act 2006**

In our opinion the information given in the Trustees' Report for the financial year for which the accounts are prepared is consistent with the accounts.

#### **Matters on which we are required to report by exception**

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

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us, or
- the accounts 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.

**Andrew Rich (Senior Statutory Auditor)**  
**for and on behalf of H W Fisher & Company**

**Chartered Accountants**

**Statutory Auditor**

Acre House  
11-15 William Road  
London  
NW1 3ER

Dated

28/3/14

**BEST BEGINNINGS**  
**(A COMPANY LIMITED BY GUARANTEE)**  
**STATEMENT OF FINANCIAL ACTIVITIES**  
**INCLUDING INCOME AND EXPENDITURE ACCOUNT**  
**FOR THE YEAR ENDED 31 JULY 2013**

	Notes	Unrestricted funds £	Restricted funds £	Total 2013 £	Total 2012 £
<b><u>Incoming resources from generated funds</u></b>					
Voluntary income	2	284,330	85,155	369,485	320,766
Activities for generating funds		4,300	-	4,300	27,762
Investment income	3	282	-	282	962
		288,912	85,155	374,067	349,490
Incoming resources from charitable activities	4	49,893	295,350	345,243	309,896
<b>Total incoming resources</b>		<b>338,805</b>	<b>380,505</b>	<b>719,310</b>	<b>659,386</b>
<b><u>Resources expended</u></b>					
<b>Costs of generating funds</b>					
Costs of generating voluntary income and activities for generating funds	5	49,927	-	49,927	37,852
<b>Charitable activities</b>					
Campaigning, awareness and other charitable activity		274,836	296,838	571,674	770,077
Governance costs		18,127	-	18,127	15,505
<b>Total resources expended</b>		<b>342,890</b>	<b>296,838</b>	<b>639,728</b>	<b>823,434</b>
<b>Net (outgoing)/incoming resources before transfers</b>		<b>(4,085)</b>	<b>83,667</b>	<b>79,582</b>	<b>(164,048)</b>
Gross transfers between funds		(63,006)	63,006	-	-
<b>Net (expenditure)/income for the year and Net movement in funds</b>		<b>(67,091)</b>	<b>146,673</b>	<b>79,582</b>	<b>(164,048)</b>
Fund balances at 1 August 2012		125,541	(13,621)	111,920	275,968
<b>Fund balances at 31 July 2013</b>		<b>58,450</b>	<b>133,052</b>	<b>191,502</b>	<b>111,920</b>


The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006

**BEST BEGINNINGS**  
**(A COMPANY LIMITED BY GUARANTEE)**  
**BALANCE SHEET**

**AS AT 31 JULY 2013**

	Notes	2013 £	£	2012 £	£
<b>Fixed assets</b>					
Tangible assets	8		603		3,562
<b>Current assets</b>					
Debtors	9	61,115		41,219	
Cash at bank and in hand		143,427		122,674	
		<u>204,542</u>		<u>163,893</u>	
<b>Creditors amounts falling due within one year</b>	10	<u>(13,643)</u>		<u>(55,535)</u>	
<b>Net current assets</b>			<u>190,899</u>		<u>108,358</u>
<b>Total assets less current liabilities</b>			<u><u>191,502</u></u>		<u><u>111,920</u></u>
<b>Income funds</b>					
Restricted funds	11		133,052		(13,621)
Unrestricted funds			<u>58,450</u>		<u>125,541</u>
			<u><u>191,502</u></u>		<u><u>111,920</u></u>

The accounts were approved by the Board on 18.12.13

  
 Professor Alan Maryon-Davis  
 Chair of Trustees

**BEST BEGINNINGS**  
**(A COMPANY LIMITED BY GUARANTEE)**  
**NOTES TO THE ACCOUNTS**  
**FOR THE YEAR ENDED 31 JULY 2013**

---

**1 Accounting policies**

**1.1 Basis of preparation**

The accounts have been prepared under the historical cost convention

The accounts have been prepared in accordance with applicable accounting standards, the Statement of Recommended Practice, "Accounting and Reporting by Charities", issued in March 2005 and the Companies Act 2006

**1.2 Incoming resources**

Donations, legacies and other forms of voluntary income are recognised as incoming resources when receivable, except insofar as they are incapable of financial measurement. Donated services are valued and brought in as income and the appropriate expenditure at the price that Best Beginnings estimates it would pay in the open market for an equivalent service

Grants, including grants for the purchase of fixed assets, are recognised in full in the Statement of Financial Activities in the year in which they are receivable

**1.3 Resources expended**

Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources

- Costs of generating funds are those costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds

- Costs of charitable activities comprise all expenditure identified as wholly or mainly attributable to achieving the objectives of the charity. These costs include staff costs, wholly or mainly attributable support costs and an apportionment of general overheads

- Governance costs include those incurred in the governance of the charity and its assets and are primarily associated with constitutional and statutory requirements

**1.4 Tangible fixed assets and depreciation**

Tangible fixed assets are stated at cost less depreciation. Depreciation is provided at a rate calculated to write off the cost less estimated residual value of each asset over its expected useful life, as follows

Fixtures, fittings & equipment	33% Straight Line
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**1.5 Leasing and hire purchase commitments**

Rentals payable under operating leases are charged against income on a straight line basis over the period of the lease

**1.6 Taxation**

The charity is exempt from corporation tax on its charitable activities

**1.7 Accumulated funds**

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



**BEST BEGINNINGS**  
**(A COMPANY LIMITED BY GUARANTEE)**  
**NOTES TO THE ACCOUNTS (CONTINUED)**  
**FOR THE YEAR ENDED 31 JULY 2013**

**2 Voluntary income**

	Unrestricted funds £	Restricted funds £	Total 2013 £	Total 2012 £
Donations and gifts	284,330	85,155	369,485	320,766
<b>Donations and gifts</b>				
Unrestricted funds				
Donations			17,700	31,215
Grants			142,090	168,000
Donated services			124,540	81,682
			<b>284,330</b>	<b>280,897</b>
<b>Restricted funds</b>				
Donations			44,395	31,859
Grants			40,000	-
Donated services			760	8,010
			<b>85,155</b>	<b>39,869</b>

Included within unrestricted grants is £25,000 (2012 £10,000) from The Hedworth Charitable Trust, £50,000 (2012 £100,000) from The Monument Trust and £50,000 (2012 £nil) raised at the 2013 Goodwood Regency Ball, held on the night of 31 July 2013

Restricted grants is comprised of £30,000 (2012 £nil) from Philip King Charitable Trust and £10,000 from St James's Place Foundation (2012 £nil)

Unrestricted donated services consists of £80,000 (2012 £75,000) from Jones Day, £5,250 (2012 £1,600) from Herloom Media, £18,000 (2012 £nil) from Angus Morrison, £6,020 (2012 £nil) from Open Umbrella and £15,270 (2012 £5,082) in other gifts

**3 Investment income**

	2013 £	2012 £
Interest receivable	282	962

**BEST BEGINNINGS**  
**(A COMPANY LIMITED BY GUARANTEE)**  
**NOTES TO THE ACCOUNTS (CONTINUED)**  
**FOR THE YEAR ENDED 31 JULY 2013**

**4 Incoming resources from charitable activities**

	Unrestricted funds £	Restricted funds £	Total 2013 £	Total 2012 £
Grants for charitable activity, sales of educational material and related income	<u>49,893</u>	<u>295,350</u>	<u>345,243</u>	<u>309,896</u>
Included within income relating to campaigning and awareness are the following grants				
Grants receivable			112,138	124,629
Statutory funding			183,212	83,754
			<u>295,350</u>	<u>208,383</u>

Included within grants receivable is £17,000 (2012 £nil) from Royal College of Midwives, £20,000 (2012 £25,000) from The Tedworth Charitable Trust, and £42,339 (2012 £45,299) from the Guy's and St Thomas' Charity. The remaining £32,799 (2012 £2,750) comprises other small grants.

Statutory Funding comprises £46,647 (2012 £67,859) from The Department of Health, £122,142 (2012 £nil) from The Social Investment Business and £14,423 (2012 £nil) from the Public Health Agency.

**BEST BEGINNINGS**  
**(A COMPANY LIMITED BY GUARANTEE)**  
**NOTES TO THE ACCOUNTS (CONTINUED)**  
**FOR THE YEAR ENDED 31 JULY 2013**

**5 Total resources expended**

	Staff costs £	Depreciation £	Other costs £	Total 2013 £	Total 2012 £
<b>Costs of generating funds</b>					
Costs of generating voluntary income and activities for generating funds	16,692	-	33,235	49,927	37,852
<b>Charitable activities</b>					
Other charitable activities					
Activities undertaken directly	202,043	3,863	365,768	571,674	770,077
<b>Governance costs</b>	5,196	-	12,931	18,127	15,505
	<u>223,931</u>	<u>3,863</u>	<u>411,934</u>	<u>639,728</u>	<u>823,434</u>

Included within other costs of campaigning and awareness are educational goods for resale of £11,882 (2012 £94,147), mobile app production of £34,869 (2012 £38,625), Evaluation costs of £27,081 (2012 £114,552), filming and photography costs of £10,697 (2012 £7,480) and legal costs of £80,000 (2012 £75,796)

In addition to auditors' remuneration, other governance costs comprise legal costs of £2,764 (2012 £3,850), trustee meeting costs £452 (2012 £975), governance support costs £1,781 (2012 £693) and sundry £272 (2012 £414)

**Auditors' remuneration**

Fees payable to the auditor for the audit of the charity's annual accounts	<u>7,500</u>	<u>7,500</u>
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**6 Trustees**

None of the trustees (or any persons connected with them) received any remuneration during the year, but they were reimbursed a total of £452 relating to the cost of attending trustee meetings

**7 Employees**

The average number of employees during the year was six (2012 seven). There were no employees earning over £60,000 per annum

Employment costs	2013 £	2012 £
Wages and salaries	202,568	186,006
Social security costs	21,363	19,984
	<u>223,931</u>	<u>205,990</u>

**BEST BEGINNINGS**  
**(A COMPANY LIMITED BY GUARANTEE)**  
**NOTES TO THE ACCOUNTS (CONTINUED)**  
**FOR THE YEAR ENDED 31 JULY 2013**

**8 Tangible fixed assets**

	Fixtures, fittings & equipment
	£
<b>Cost</b>	
At 1 August 2012	11,971
Additions	904
<b>At 31 July 2013</b>	<b>12,875</b>
<b>Depreciation</b>	
At 1 August 2012	8,409
Charge for the year	3,863
<b>At 31 July 2013</b>	<b>12,272</b>
<b>Net book value at 31 July 2013</b>	<b>603</b>
Net book value at 31 July 2012	3,562

All tangible fixed assets were used for charitable purposes

<b>9 Debtors</b>	<b>2013</b>	<b>2012</b>
	£	£
Trade debtors	9,826	10,011
Other debtors	1,289	31,208
Prepayments and accrued income	50,000	-
	<b>61,115</b>	<b>41,219</b>

<b>10 Creditors amounts falling due within one year</b>	<b>2013</b>	<b>2012</b>
	£	£
Taxes and social security costs	143	143
Other creditors	6,000	-
Accruals and deferred income	7,500	55,392
	<b>13,643</b>	<b>55,535</b>

**BEST BEGINNINGS**  
**(A COMPANY LIMITED BY GUARANTEE)**  
**NOTES TO THE ACCOUNTS (CONTINUED)**  
**FOR THE YEAR ENDED 31 JULY 2013**

**11 Restricted funds**

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

	Balance at 1 August 2012	Movement in funds		Transfers	Balance at 31 July 2013
	£	Incoming resources	Resources expended	£	£
'Small Wonders' project	6,991	76,619	(89,903)	63,006	56,713
Policy and Development Manager	-	15,000	(15,000)	-	-
Mobile Apps	(20,612)	136,744	(95,852)	-	20,280
Fund B&TD	-	30,000	(10,335)	-	19,665
ICRF	-	122,142	(85,748)	-	36,394
	(13,621)	380,505	(296,838)	63,006	133,052

The 'Small Wonders' project is the creation of a DVD and change programmes to place parents at the heart of their sick or premature baby's care

The 'Mobile Apps' project is intending to create a free downloadable mobile app for new parents, with helpful advice and tips from experts to support new parents in the emotional and physical transition to parenthood

Please see the Trustees' Report for more information on these projects

**12 Analysis of net assets between funds**

	Unrestricted funds	Restricted funds	Total
	£	£	£
Fund balances at 31 July 2013 are represented by			
Tangible fixed assets	603	-	603
Current assets	71,490	133,052	204,542
Creditors amounts falling due within one year	(13,643)	-	(13,643)
	58,450	133,052	191,502

**BEST BEGINNINGS**  
**(A COMPANY LIMITED BY GUARANTEE)**  
**NOTES TO THE ACCOUNTS (CONTINUED)**  
**FOR THE YEAR ENDED 31 JULY 2013**

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**13 Commitments under operating leases**

At 31 July 2013 the company had annual commitments under non-cancellable operating leases as follows

	<b>Land and buildings</b>	
	<b>2013</b>	<b>2012</b>
	<b>£</b>	<b>£</b>
Expiry date		
Between two and five years	<b>16,000</b>	16,000

**14 Related parties**

Angus Morrison, who is a trustee of the charity, donated consultancy services valued at £18,000 during the year