Equity, diversity and inclusion strategy 2022–2026

Final review

October 2026



Anna Freud
building the mental wellbeing of the next generation

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Foreword and welcome
From our Acting CEO, Claire Evans



As we come to the end of our 2022–2026 equity, diversity and inclusion (EDI) strategy, there is much to recognise and build on.

Over the past four years, we have made meaningful progress in becoming a more diverse and inclusive organisation. The diversity of our workforce has increased, we have strengthened inclusive recruitment and leadership development, established six colleague diversity networks, improved disability representation and introduced ethnicity pay gap reporting ahead of statutory requirements. Equity and inclusivity are now explicit organisational values, with clearer expectations about what they mean for how we lead, manage and work with one another.

We have also increasingly embedded EDI into the work we deliver for children, young people, families and the wider workforce. Across our research, clinical and school services, training and participation work, there are strong examples of teams using data, lived experience and partnership with communities to understand who we are reaching, who we are not reaching and how our work needs to change. Projects such as InCLUDE demonstrate the difference that can be made when people with lived experience are involved as equal partners in designing research, while work across our services and training such as National Autism Trainer Programme (NATP) shows a growing focus on accessibility, representation and equitable access.

These are important achievements. They reflect the commitment of colleagues, our diversity networks, young people, parents and carers, partners and trustees providing stronger foundations for our next phase of work.

At the same time, this review is clear that progress has not been consistent and we have not achieved everything we intended. Internally, we remain short of our ambitions for representation in some areas, particularly at leadership level, and some commitments around accountability and learning have not been sustained or completed. Financial pressures, organisational change and capacity have played a part, but we also need to learn from where our approach did not deliver the change we wanted.

Our external work presents a somewhat different challenge. There are examples of excellent inclusive practice across Anna Freud, but they are not yet sufficiently consistent or systematic across everything we do. Our next step is therefore not simply to create more EDI activity, but to make consideration of equity part of how we design, deliver and evaluate our research, services, training and partnerships. Routinely we need to ask whose needs we are meeting, whose voices are missing and what our evidence tells us about differences in access, experience and outcomes.

One of the key lessons from this strategy is the importance of continuing to embed EDI across the organisation, building on the work of our EDI and People & Culture team, colleague networks and wider initiatives. Internally, this means strengthening its place in leadership, management, recruitment, progression, culture and decision-making. Externally, it means increasingly integrating EDI into how we understand need, develop our programmes, work with communities and assess our impact.

The next phase therefore needs to build on what has worked whilst doing some things differently: being clearer about the outcomes we want to achieve, strengthening accountability for them, using data more consistently, and focusing our effort where we can make the greatest impact.

Our commitment to anti-racism and anti-oppressive practice remains central to this work. We will continue to ask difficult questions about inequity, power and whose voices are heard, whilst recognising that meaningful change requires sustained action as well as intent.

I would like to thank everyone who has contributed over the past four years. The progress reflected in this review has been shaped by the contributions of many people, and we will need everyone's commitment to build on this together. Our task now is to take what we have learned, from our successes as well as where we have fallen short, and use it to build a more equitable and inclusive Anna Freud. In doing so, we can continue to strengthen the impact of our work for all children, young people and families.

Claire Evans
Acting CEO, Anna Freud


Anna Freud



Two years on from our last EDI report, I want to take a moment to recognise and celebrate the progress we've made. We haven't achieved everything we set out to do, and that's important to acknowledge, but we shouldn't lose sight of how far we've come. These are challenging times for EDI, and real, lasting change doesn't happen overnight. It's a marathon, not a sprint, and what matters is that we stay the course, keep learning and keep moving forward together. I'm proud of what we've achieved so far, and I want to say a huge thank you to our Networks, the EDI Acceleration Group and the EDI team for all their hard work, care and commitment. We often say it takes a village, and that's certainly true here. Making Anna Freud a place where everyone feels included, valued and able to thrive is something we all have a part to play in. There's still more to do, but I believe that together we can get there.

Pamela Hutchinson OBE, Trustee and EDI Board Champion

Summary of progress against each objective

Anna Freud's 2022–2026 EDI Strategy set out to make the organisation more equitable, diverse and inclusive, structured around four objectives: representation, inclusion and belonging, continuous learning, and community wellbeing. Four years on, this report sets out what was achieved, where we fell short and why, and what should carry into the next strategy.

We believe anti-racism unlocks opportunities to tackle all forms of discrimination. Understanding the power dynamics that uphold structural and systemic oppression empowers us to take an active role in disrupting inequality and bias in our work, and we continue to use the lens of anti-racism and anti-oppressive practice as our starting point across all EDI activity.

Progress towards objective one: **Representation**

Progress made:	
Develop in-house inclusive recruitment training for hiring managers	Built and embedded, including a module in the Management Development Programme (MDP)
Develop a recruitment strategy and inclusive employer brand	Completed, alongside targeted strategies to attract more male applicants
Improve career pathways/ attraction into the sector (long-term ambition)	Researcher Internship Scheme (with UCL) running annually since 2021; alumni now in research roles at Citizens Advice, King's College London and elsewhere. Creation of apprenticeship opportunities to support career development across many areas of the organisation. Introduction of personal development plans into the Performance, Review and Development process.
Monitor and report on pay gaps	Gender pay gap narrowed since 2022; first ethnicity pay gap figures published in 2025, ahead of statutory requirement. Disability pay gap report to be published Nov 2026
Improve disability representation and support	Disability representation rose steadily every year (8.7% to 11.2%); joined Business Disability Forum (BDF), completed Disability Smart self-assessment, embedded Sunflower Lanyard scheme.

Further work needed:	
Meet targets for minoritised ethnic representation (30%, set at midway review)	Grew from 17.1% (2022) to 25.1% (2026) — substantial progress, still 5 points short. Acknowledge that original target of 30% representation was too aspirational, and this has since been reviewed.
Improve ethnic diversity in leadership	Black representation in leadership recovered to 6.5% in 2025 after a dip in 2024 (2.3%) and held at 6.1% in 2026, broadly in line with 2022 (5.7%); overall minoritised ethnic leadership representation fell slightly (23.1% to 22.8%) and remains short of 30%.
Improve disability representation (15% target, set at midway review)	Rose from 8.7% to 11.2% — real progress, but short of target and below the 24% national benchmark.
Reduce fixed-term contract levels	Approach introduced (1-year cap) then revised (extended to 2 years) to align with project delivery time frames. Percentage of fixed term contracts reduced by more than 50% and has remained stable at around 12% over past 3 years.
Maintain Living Wage Foundation accreditation	No longer a paid member but have retained our commitment to pay above the London Living Wage (LLW).

Commitment not delivered:	
Improve male representation (20% target, set at midway review)	Remained static at ~14% — no meaningful movement.
EDI reporting dashboard for divisional directors	Committed to in the original governance model; Due to financial constraints, planned investment in HR reporting system was paused impacting on ability to provide Management dashboards.

Progress towards objective two:
Inclusion and belonging

Progress made:	
Introduce accountability for organisational values and behaviours	New Behavioural Framework (Nov 2024) names "Equity" and "Inclusivity" as explicit values with defined behaviours for all staff, managers and leaders
Establish/formalise staff diversity networks	Six colleague diversity networks formalised (May 2023) with Terms of Reference and co-chair leadership
Improve external stakeholder confidence in underserved communities (long-term ambition)	InCLUDE project (foster/kinship carers) and My Story and Me (young women/girls) both delivered evidenced increases in engagement from underserved groups, including male and South Asian foster and kinship carers, and Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual/Aromantic/Agender (LGBTQIA+) and minoritised ethnic young women and girls.
Support inclusive leadership for line managers	Delivered via the MDP, including a dedicated Inclusive and Compassionate Leadership module

Further work needed:	
Ensure executive sponsorship for each diversity network	Named in each network's Terms of Reference, but applied inconsistently, compounded by Executive Team turnover leaving some roles vacant

Commitment not delivered:	
Maintain co-chair remuneration for network leads	Payments to co-chairs reduced then phased out completely from Sept 2026 due to the financial review and a need to regularise payments to staff working on committees and project teams. Network event/awareness budgets remain.
Sustain the Community Organising Network	No longer active; closed due to funding constraints (Citizens UK membership not renewed) and limited capacity
Review and refresh the "Be Inclusive" style guide	Data collection (staff survey + 5 of 6 networks consulted) completed, but work paused when the team was affected by organisational restructuring — no proposal or sign-off reached

Progress towards objective three:
Continuous learning

Progress made:	
Develop thematic/ mandatory EDI training	Full suite developed, embedded into induction, plus bite-sized sessions (care experience, neurodivergence, recruitment)
Commit to and learn from external best-practice frameworks	Business Disability Forum's Disability Smart Framework assessment completed
Co-develop learning with external partners, young people, parents and carers	Delivered via bite-sized sessions and MDP content, informed by external partners

Further work needed:	
Monitor feedback from parents, carers, young people, partners and professionals (not just staff)	Data collected via Salesforce (mandatory since March 2026, ~50% completion) and MS Forms (~25% completion) — collection exists but completion rates are low

Commitment not delivered:	
Introduce an EDI refresher training programme (planned 2024)	Delayed due to capacity constraints; induction training is being revamped first, refresher still not built due to staff time constraints following restructure. New online training portal provided by IHASCO provides up to date training to staff on EDI.
Progress to Disability Confident Employer status (level 2)	Remains at level 1 (Disability Confident Committed) due to lack of organisational capacity
Develop an EDI log with external "critical friends" / build a critical friend network (long-term ambition)	Not evidenced in the review as delivered

Progress towards objective four:
Community wellbeing

Progress made:	
Establish holistic, preventative approach to workplace wellbeing	Organisational Development function established; Wellbeing Support Leads introduced as first point of contact, replacing Mental Health First Aiders
Increase safe spaces for sharing common challenges	Restorative practice approach adopted across diversity networks, being rolled out more widely
Extend wellbeing/ burnout prevention support to the wider sector (long-term ambition)	VESS London partnership (£15.6m funded) supported via evaluation; AMBIT held its first conference since 2017 (March 2026, ~100 delegates)
Introduce tools, training and escalation processes for managers on team wellbeing	Wellbeing Support Leads, and wellbeing action plans have been developed to support managers. Managers have also received training in Managing Absence and Managing Performance, backed by updated policy and templates, alongside wellbeing action plans and regular HR Business Partner support.

Commitment not delivered:	
Sustain the Perkbox employee benefits and recognition platform	Due to financial constraints, staff cuts to the Organisational Development team, the resources available to support recognition and engagement were cut back. Planned activity in this area has therefore been paused.

About our data
This report draws on a number of data sources, to learn more see page 38



Our EDI ambitions for 2022–2026 in detail

Context

The 2022-2026 EDI Strategy is structured around four objectives:

1

Representation

To be representative of the society we serve, those we partner with and the professionals we work with.

2

Inclusion and belonging

For everyone in our organisation to feel a sense of inclusion and belonging through our services, training, resources and ways of working.

3

Continuous learning

For our people to develop cultural humility, learning from and supporting each other to gain clarity, cultural context and a deeper understanding and appreciation of new perspectives.

4

Community wellbeing

To embed the wellbeing of our people and the wider community of professionals that support children, young people and families as a priority.

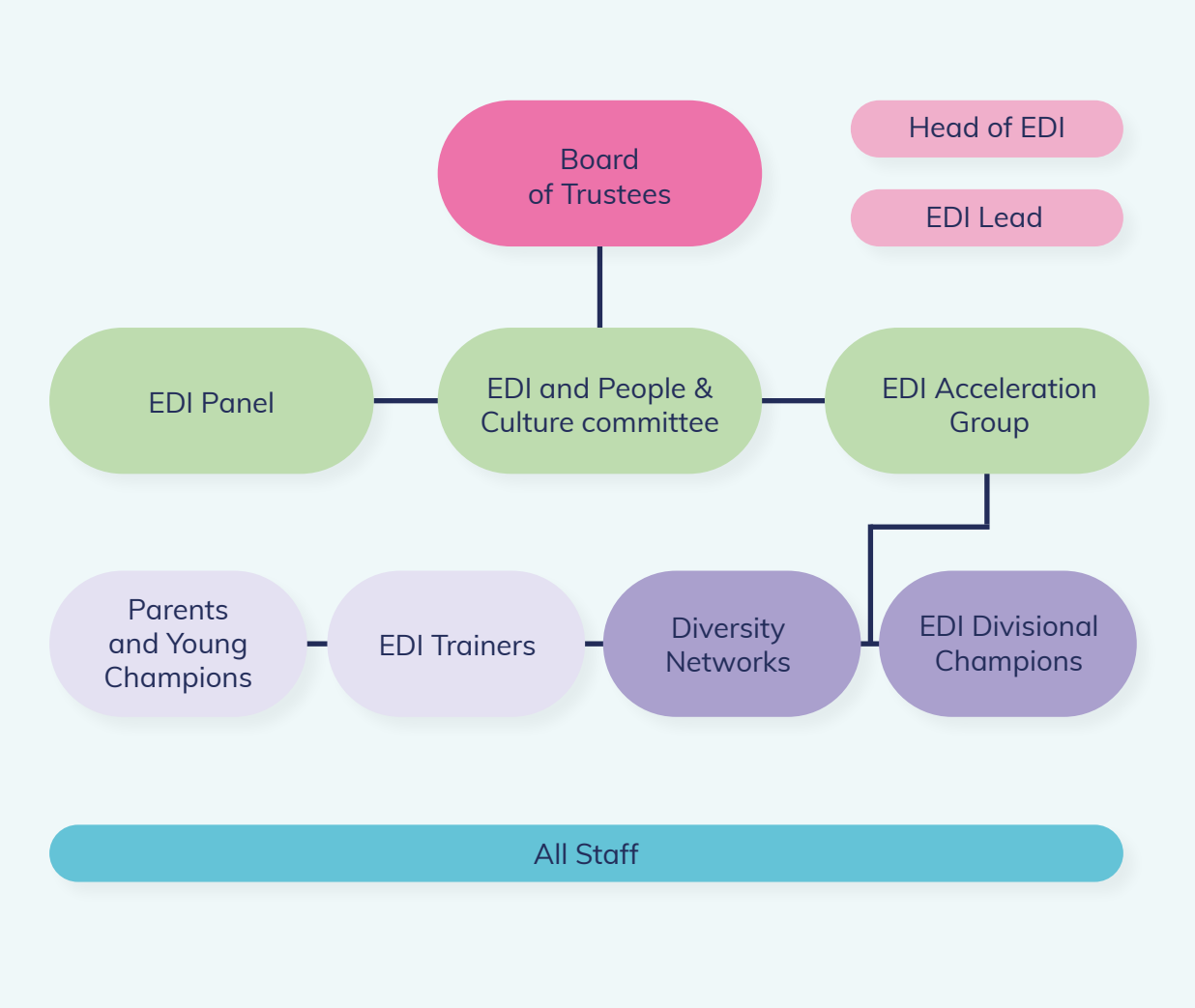
EDI governance structure

The strategy emphasised that EDI is the responsibility of every colleague, and that clear accountability structures would be needed to sustain progress. Anna Freud's governance reflects this principle.

EDI at Anna Freud is overseen at Board level, with executive sponsors assigned to each network and an EDI Panel bringing divisional directors and the CEO together to review progress. We revisited our subcommittees after a period of change in both the external environment and trustees and ultimately decided to combine a number of our subcommittees, leading to the combining of our people and culture and EDI subcommittees chaired by Antonia Cowdry and Pamela Hutchinson OBE.

Beneath this sit several connected routes through which staff can engage with EDI, the six colleague diversity networks, EDI Trainers, and EDI Divisional Champions, all linked back to the same structure, with Parents and Young Champions connected in alongside staff.

The Head of EDI and EDI Lead lead the central function, which remained resourced throughout the strategy period, including during a period of maternity leave cover for the Head of EDI.



Objective one:
Representation

Our ambition is to be representative of the society we serve, those we partner with and the professionals we work with.

At the outset, our focus areas were Black representation in leadership, disability representation at all levels, and low representation of men.

Ethnicity representation

Ethnicity organisation-wide

Group	June 2022	June 2024	June 2025	June 2026
White	79%	73%	71.7%	70.8%
Asian or Asian British	7.5%	8.8%	8.8%	10.1%
Black, African, Caribbean or Black British	3.9%	6.7%	6.6%	6.4%
Mixed or multiple ethnicity	3.9%	5.6%	6%	5.2%
Other including Arab	1.8%	2.5%	2.8%	3.4%
Prefer not to say / not recorded	3%	4.8%	3.4%	4.2%
Total minoritised ethnic backgrounds	17.1%	23.6%	24.2%	25.1%

Target: **30%** from minoritised ethnic backgrounds (first set at midway review).

Ethnicity in leadership

Note: 'leadership' was defined by job titles in 2022, by upper pay grades from 2024 - direct comparison isn't exact.

Group	2022	2024	2025	2026
White	75.3%	72.9%	72.9%	72.7%
Asian or Asian British	9.1%	9.1%	11.4%	10.6%
Black, African, Caribbean or Black British	5.7%	2.3%	6.5%	6.1%
Mixed or multiple ethnicity	4.3%	6.8%	3.9%	4.6%
Other including Arab	1.4%	2.3%	1.3%	1.5%
Not recorded	-	4.3%	3.9%	4.6%
Total minoritised ethnic backgrounds in leadership	-	-	23.1%	22.8%

Target: 30% minoritised ethnic backgrounds (set in midway review)

Summary and actions taken on ethnicity representation

Across the strategy period, minoritised ethnic representation has grown substantially, from 17.1% of the workforce in 2022 to 25.1% by 2026, an increase of eight percentage points and now within five points of the 30% target set at the midway review.

The pattern is uneven across ethnic groups. Asian or Asian British representation rose from 7.5% to 10.1%. Representation of colleagues from Black, African, Caribbean or Black British backgrounds grew initially, from 3.9% to 6.7% by 2024, before dipping slightly to 6.4% by 2026. Colleagues from mixed or multiple ethnic backgrounds followed a similar rise-then-fall pattern, reaching 6% in 2025 before falling to 5.2% in 2026.

In leadership, the picture is more mixed. Black, African, Caribbean or Black British representation in leadership fell from 5.7% in 2022 to 2.3% in 2024, then recovered to 6.5% in 2025 and held at 6.1% in 2026, broadly in line with where it started. Representation of colleagues from mixed or multiple ethnic backgrounds in leadership rose from 4.3% to 6.8% in 2024, then fell to 3.9% in 2025 before recovering slightly to 4.6% in 2026. These movements should be read with caution: the definition of leadership changed in 2024, from job title to upper pay grades, and the population is small, so individual moves have an outsized effect on the percentages. A combined figure is available only from 2025, when minoritised ethnic representation in leadership stood at 23.1%, falling slightly to 22.8% in 2026, still short of the 30% target.

To support this, Anna Freud has collected diversity data at every stage of the recruitment pipeline, application, shortlisting, and appointment, and has completed analysis to understand where talent is being lost between stages. The recruitment strategy was updated as a result, alongside creative strategies to attract more male applicants, and an inclusive employer brand was completed.

Inclusive recruitment training has also been built into leadership development directly, with a module included as part of the Management Development Programme. To extend this further, a session open to all managers, not just those on the MDP, is planned for autumn 2026.

Disability representation

Level	2022	2024	2025	2026
Overall organisation	8.7%	10%	10.7%	11.2%

Summary and actions taken on disability representation

Disability representation has risen steadily and consistently across all four years, from 8.7% in 2022 to 11.2% in 2026, an increase of 2.5 percentage points. This is real, sustained progress, though it remains short of the 15% target set at the midway review, and below the 24% of working-age UK adults who report a disability nationally.[1]

Disability representation rose from 4.4% in 2022 to 6% in 2024, before falling sharply in 2025 and 2026, to a very small number of colleagues. As the leadership population is small this movement is likely explained by the departure or role change of a few individuals, rather than a genuine reversal in disability inclusion at leadership level.

To support disability inclusion more broadly, Anna Freud joined the Business Disability Forum and completed the BDF Disability Smart Framework self-assessment, giving a structured picture of where barriers remain and informing action planning across internal teams. The Sunflower Lanyard scheme was also introduced, giving staff with non-visible disabilities a way to signal their needs without having to provide evidence or explanation.

Completion rates of staff diversity data remain an area for improvement, with the average completion rate across the categories at about 40%.

Pay gap reporting

Gender pay gap

Anna Freud has reported its gender pay gap consistently since 2018. As of April 2025, the median gap stood at 10.84% and the mean at 16.47%, both narrower than in 2022, with the gap driven primarily by seniority mix rather than unequal pay for equivalent roles.

Ethnicity pay gap

The ethnicity pay gap measures the difference in average pay between White colleagues and colleagues from minoritised ethnic backgrounds, using the same methodology already applied to gender pay reporting. It is not yet a legal requirement in the UK; the government has confirmed its intention to introduce mandatory ethnicity pay gap reporting for large employers, but this isn't expected to begin before 2027.

Anna Freud published its first ethnicity pay gap figures in 2025, ahead of that requirement, drawing on 2023 and 2024 data retrospectively to allow for comparison. The mean gap for minoritised ethnic colleagues combined stood at 8.59% in 2025, and the median at 6.24%. As with the gender pay gap, this is driven primarily by underrepresentation at senior grades rather than unequal pay for equivalent roles; minoritised ethnic colleagues are less represented at the most senior grades than at junior ones. One group, categorised as "Other," has seen its gap widen in every year for which data exists, and now stands apart from the wider improving trend.

[1] House of Commons Library (2025) UK disability statistics: prevalence and life experiences, Research Briefing CBP-9602. Available at: https://commonslibrary.parliament.uk/research-briefings/cbp-9602/

Socio-economic diversity

Socio-economic background is measured differently to other protected characteristics: rather than asking directly about someone's own circumstances, Anna Freud follows the Social Mobility Commission's recommended approach, asking the occupation of a colleague's main household earner at around age 14. This measure is used widely across UK employers to benchmark progress on social mobility, understanding whether an organisation's workforce reflects a genuine range of backgrounds, or is drawn disproportionately from more advantaged starting points.

Anna Freud began collecting this data as a commitment of this EDI strategy, and completion remains low as a result: the categories below account for around 45.5% of the workforce in 2025 and 47.6% in 2026, meaning over half of colleagues have not yet provided this information. The figures should therefore be read as a partial picture rather than a confirmed profile of the organisation.

Socio-economic background	2025	2026
Professional background	22.3%	23.6%
Intermediate background	3.4%	4.5%
Lower socio-economic background	15.9%	15.4%
Prefer not to say	3.9%	4.1%
Total responded	45.5%	47.6%

No specific target was set for socio-economic representation during this strategy period as the original commitment was to begin monitoring key patterns. With only two years of data, no meaningful trend can yet be drawn and so improving completion rates will be treated as a priority.

Beyond collecting data to improve staff representation, the Schools and Colleges Early Support Service (SCESS) offers a practical example of how routine monitoring can show whether a service is reaching a genuinely diverse population of young people. Read more about this case study in the appendix.

Where commitments have not been met on *representation*

Anna Freud is no longer a member of the Living Wage Foundation but remains committed to paying at least the London Living Wage, with all staff currently paid above this level.

The EDI strategy committed to reducing fixed-term contract levels across the organisation. In 2022, to improve job security for staff on fixed-term contracts, Anna Freud limited new fixed-term contracts to a maximum of one year. In practice, this meant staff working on projects lasting longer than a year were often offered permanent contracts, even where the role itself was inherently time-limited.

By 2024, this approach was reconsidered as the one-year cap meant roles genuinely tied to project duration or funding were often being converted to permanent contracts sooner than the nature of the work justified. The maximum fixed-term contract length was extended from one to two years as a result, alongside formal People and Culture guidance published in June 2025.

EDI reporting dashboard for divisional directors

The strategy's governance model committed to an EDI reporting dashboard for divisional directors, intended to provide accountability for recruitment, development and retention decisions by reviewing divisional demographic data and staff survey sentiment.

A dedicated role was funded in 2023 to develop the organisation's data and dashboard capability. However, this investment did not result in the data or dashboard required to meet the commitment, and the work was subsequently discontinued following organisational changes.

Where we stand against our longer-term ambitions: ***representation***

Career pathways and attraction into the sector

The strategy committed to increasing awareness of career pathways, building confidence among underrepresented groups to engage with Anna Freud, and improving attraction into the sector through education and early-career routes.

The Researcher Internship Scheme, running annually since 2021, is strong evidence toward this. Six fully-funded three-month placements are offered each year, targeted at individuals who face additional barriers to research careers, including those from minoritised ethnic groups, disabled applicants, and those with lived experience of mental health difficulties, with care-experienced applicants specifically included this year. Delivered jointly with UCL, the scheme was developed during the earliest stages of Anna Freud's EDI work and gives interns exposure to work across the organisation, helping shape their sense of what a research career could look like, not just experience of a single project. Some interns have gone on to work at Anna Freud since completing their placement, and others have moved into research-related roles elsewhere, including at Citizens Advice and King's College London.

Additionally, the People & Culture team are using apprenticeships as a way to upskill existing staff and support career development within the organisation, by giving colleagues the opportunity to gain recognised qualifications and develop new skills alongside their current roles. In 2026, 7 colleagues are being supported through a Level 5 Learning and Development apprenticeship and a Level 4 Project Management apprenticeship, enabling staff to develop specialist skills that support both their current roles and future career progression.


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Objective two: Inclusion and belonging

Our ambition is for everyone in our organisation to feel a sense of inclusion and belonging through our services, training, resources and ways of working.

Summary and actions taken on inclusion and belonging

Objective two's ambition was for everyone at Anna Freud to feel a genuine sense of inclusion and belonging, and the strategy period saw two parallel strands of work toward this: building peer community and embedding inclusion into our formal structures.

On the community side, EDI working groups were formally transitioned into six colleague diversity networks in May 2023, each with agreed Terms of Reference, co-chair leadership, and accountability. Co-chair workshops have continued to support network leadership, and internal communications capacity was developed to help promote the work and activities of the networks to the wider organisation.

Alongside this, inclusion was built into the structures that shape day-to-day working life. A Chief People Officer was appointed and the People and Culture function developed from what had been HR, supported by newly recruited HR business partners. A People and Culture strategy was published, naming equity and inclusivity among its core organisational values, and culture-enhancing objectives were embedded directly into the performance review process. This was reinforced most recently by the Behavioural Framework, launched in November 2024, which names 'Equity' and 'Inclusivity' as explicit organisational values with defined expected behaviours set out separately for all staff, people managers, and senior and strategic leaders.

In addition to staff-focused initiatives, the InCLUDE project and My Story and Me both show what it looks like to build genuine trust and engagement with communities who might otherwise be wary of taking part in research or accessing support. Read more on these in the EDI in Action and appendix.

Where commitments have not been met on *inclusion and belonging*

Review of co-chair remuneration

Changes were announced to how we would remunerate co-chairs in 2026. From September, the co-chair role will be unpaid to better align with Anna Freud's other voluntary roles, including membership of the Employee Voice Forum and Senior Leadership Team. While previous payments acted as recognition of the emotional labour of the role, equity of remuneration across Anna Freud is important and necessary to prioritise. Funding for network events and awareness day budgets remain separately ring-fenced within the EDI team's budget and are not affected by this change.

Executive sponsorship

In line with the accountability structure established in the strategy, each diversity network's Terms of Reference names an Executive Team sponsor, intended to act as an advocate, provide leadership and support, and represent the network's interests at Executive Leadership Team level. The level of engagement from sponsors has varied across networks, which has been compounded by changes at Executive Team level across the strategy period with some networks experiencing gaps in sponsorship during periods of executive transition. Where sponsors have been active and visible, members have valued this significantly. However, it was also found that there was some inconsistency in how the Executive Sponsor role was delivered by different directors. It is therefore important for Sponsors to be briefed on how to deliver the role so that all networks have the support they need.

'Be Inclusive' style guide review

In early 2025, work began to review the 'Be Inclusive' section of the organisational style guide (a guide for staff, partners and consultants to help create consistent, high-quality and accurate written communications). An inclusive language section matters for EDI specifically because the words we use shape whether people feel respected and included or excluded, turning our EDI commitments into everyday, consistent practice.

A survey, to all staff, gathered views on what worked, what didn't, and what was missing from the current guidance. This was supplemented by consultation with five of the six colleague diversity networks, the Parent and Young Champions groups, and some feedback from students.

The intended next steps were to synthesise this input, draw on trusted organisations' approaches to inclusive language as needed, and draw up a proposal of changes for senior sign-off. However, this work was paused after the data collection phase, when the team leading it was impacted by wider organisational restructuring.

This example shows that EDI work is not exempt from the pressures that affect Anna Freud more broadly. A genuine, well-supported piece of work, with staff and network engagement, still depends on sustained organisational capacity to see it through.

Where we stand against our longer-term ambitions for ***inclusion and belonging***

External stakeholder confidence

The strategy committed to improving external stakeholders' confidence to engage with Anna Freud's services, particularly in schools and clinical work, among communities the organisation currently underserves.

The InCLUDE project and My Story and Me both speak directly to this ambition (see appendix for details). InCLUDE addressed a specific, evidenced trust gap: foster carers from underrepresented groups, including male carers, carers with South Asian heritage, and kinship carers, were less likely to engage with research, and the project redesigned recruitment and communication in direct response, resulting in genuine increases in engagement from these groups.

My Story and Me takes a parallel approach with young women and girls, building trust through peer storytelling rather than clinical framing, and deliberately targeting recruitment sites and partner organisations to reach LGBTQIA+ young people and young people from minoritised ethnic backgrounds who may face barriers to taking part. These examples highlight how Anna Freud has taken deliberate, evaluated steps to build confidence and trust among underserved groups engaging with its work.



Objective three: Continuous learning

Our ambition is for our people to develop cultural humility, learning from and supporting each other to gain clarity, cultural context and a deeper understanding and appreciation of new perspectives.

Summary and action taken on continuous learning

Objective three's ambition was for Anna Freud's people to build cultural humility, through learning from and supporting one another to gain a deeper understanding of perspectives different from their own. Across the strategy period, this was pursued primarily through a growing suite of training, embedded at different points in the colleague journey rather than delivered as a single one-off exercise.

Half-day EDI training sessions were commissioned early in the strategy and later adapted for in-house delivery as part of new starter induction, delivered by trained colleague volunteers rather than external providers. This was supplemented by bite-sized learning sessions on colleague-voted topics such as care experience awareness training via The Care Experienced Movement, a neurodivergence masterclass was delivered specifically for managers, and a second phase of inclusive recruitment training for hiring managers. At leadership level, the Management Development Programme, launched November 2024, has run three cohorts with a fourth planned for November 2026.

Formal evaluation of the programme's first 45 delegates found over 90% rated it 3 or 4 out of 4 for satisfaction. The programme includes a dedicated Inclusive and Compassionate Leadership module and was designed in response to performance review data identifying management skills as the most requested development need. Feedback led to planned changes for cohort three, including a content review, greater hybrid access, widening access to include aspiring managers and formal recognition on completion.

Feedback-led changes to mentalization based treatment (MBT) and structured clinical management (SCM) training show this commitment to learning in practice, using what learners told us to make training more accessible and representative. Training, Conferences and Events has taken a similar approach, establishing an EDI Focus Group to embed this thinking directly into how the team plans and delivers its external training offer. Read more about this case study in the appendix.

Where commitments have not been met on *continuous learning*

An EDI refresher training course, to complement induction training for staff in their third year of service, was originally planned for introduction in 2024. This was delayed due to capacity limitations. Work is now underway to revamp induction training first, with a pilot planned before the refresher programme itself is built.

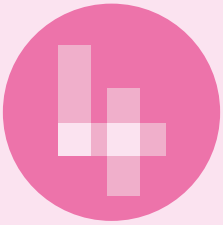
Anna Freud remains at Disability Confident Committed status (level 1) of the government Disability Confident Scheme and has not yet elevated to Disability Confident Employer status (level 2), due to a lack of organisational capacity. This remains a consideration for the near future.

Feedback from those we work with

The strategy committed to monitoring progress by analysing survey feedback from parents and carers, young people, partner organisations and professionals, not just internal staff.

Anna Freud collects participant EDI data across our training and event registrants through two forms: one is an embedded form in the public programme booking system (Salesforce) for registrants to complete on sign-up; the other is a Microsoft Forms questionnaire shared with our commissioned training attendees. The EDI questions in the Salesforce booking system were made mandatory in March 2026, with completion at around 50% over the last year. The Microsoft Forms questionnaire completion rate is lower, around 25%, as there is no way to follow up individuals to complete it given the anonymised nature of the data. Adding further questions risks reducing this further while raising data management challenges for special category data. NHS England-funded programmes carry a contractual requirement to report this data, making their collection a particular priority.

Expanding collection may be considered in the future, while prioritising not disrupting the booking journey and delivering a large enough, representative dataset. This will be revisited alongside a planned review of the historic dataset once the transition to a new NHS England-aligned system is complete.



Objective four:
Community wellbeing

Our ambition is to embed the wellbeing of our people and the wider community of professionals that support children, young people and families as a priority.

Summary and actions taken on community wellbeing

This objective was about embedding the wellbeing of Anna Freud's own people, and the wider community of professionals who support children, young people and families, as an organisational priority rather than an afterthought. Across the strategy period, this was pursued primarily through new structures and approaches to how staff are supported day to day.

Managers have received training in Managing Absence, with an updated policy and process implemented alongside the training. Training has also been delivered to managers on Managing Performance, with templates to help set manageable improvement objectives and targets. Managers meet regularly with their HR Business Partners who support them with staff wellbeing cases.

A dedicated Organisational Development function has been established to hold responsibility for staff wellbeing more broadly. Wellbeing Support Leads have been established; colleagues within our Clinical Services team who provide a first point of contact for staff seeking support with their wellbeing. The role replaces our previous Mental Health First Aider offer, providing a listening ear and signposting colleagues to appropriate support and resources. Additionally, a restorative practice approach, focused on creating space for difficult conversations without blame, has been adopted across the colleague diversity networks and is being rolled out more widely across the organisation.

Where commitments have not been met on ***community wellbeing***

Employee benefits and recognition platform

During the strategy period Anna Freud joined Perkbox, an employee benefits and recognition platform. The platform offered a wellness hub that brought together employee assistance resources, wellbeing webinars, and information on wellbeing hours and mental health first aiders. A recognition tool allowed peer-to-peer, divisional, and organisation-wide recognition explicitly linked to Anna Freud's values. Additionally, staff could access discounts across major High Street and online retailers.

However this platform has not had the desired impact with low staff take-up, therefore membership of the platform will not be renewed.

Where we stand against our longer-term ambitions for **community wellbeing**

Wellbeing support beyond Anna Freud's own staff

The strategy committed to extending wellbeing support into the wider sector, helping prevent secondary traumatic stress and burnout among the professionals Anna Freud works alongside, not just its own people.

The alliance work referenced at the strategy's midway point has since formalised into VESS London (the Violence and Exploitation Support Service), a pan-London partnership between Safer London, St Giles Trust, New Horizon Youth Centre, and the Mayor's Office for Policing and Crime, commissioned with £15.6 million of funding announced in March 2024. Anna Freud is no longer part of the alliance itself, but supported its evaluation.

More broadly, the AMBIT team held its first conference since 2017 in March 2026, a sold-out event on the theme "Minds in Crisis," bringing together around 100 delegates from AMBIT-influenced teams across youth work, social care, health, justice and education, in the UK and internationally. Local Facilitator training continues to be delivered, equipping workers from partner organisations to become AMBIT-influenced and share learning within their own networks.

Network voices: a four-year reflection

Anna Freud's six colleague diversity networks (Anti-Racism, Anti-Classism, Faith and Belief, Disability and Accessibility, Neurodiversity and Mental Health, and LGBTQIA+) were established to amplify underrepresented voices, provide safe spaces for staff with lived experience, and contribute a critical lens to our EDI work. The impact of their work touches on every objective in this report.

Across their four years, three consistent strengths emerge from network members' own reflections: community building and safe spaces, awareness-raising and knowledge sharing at events, and input into structural change and policy work.

Community building and safe spaces

"We have maintained consistent and communicative [support] even throughout difficult times at the charity & more broadly for the community (redundancies; Supreme Court ruling)."

LGBTQIA+ network member

Awareness-raising and knowledge sharing at events

"The awareness sessions are so engaging and informative - really well prepared and delivered."

Network member

Input into structural change and policy work

The Disability and Accessibility Network's engagement with the Business Disability Forum has driven the BDF Disability Smart self-assessment, now informing action planning across internal teams. The LGBTQIA+ network also gave feedback to the People & Culture team on the 'Transitioning at work' policy in December 2025.



Network highlights

Anti-Classism Network

Delivered a webinar on child poverty and a Social Mobility Day panel (40 attendees).

Community Organising Network

A seventh network, Community Organising, existed earlier in the strategy period but is no longer active. The network ran internal training and events, supported postgraduate students and Young Champions in local listening campaigns, and took part in wider Citizens UK activity including the Living Wage campaign and the North London Listening Campaign.

Its closure was driven by financial constraints - in terms of membership and staffing costs. Additionally there was limited staff capacity to sustain external partnerships and embed community organising practice more widely across the organisation.

Neurodiversity and Mental Health Network

Delivered monthly peer support sessions since September 2024 and co-designed a Manager Development Programme session on inclusive leadership through a neurodiversity lens.

> *"I enjoy being part of the Neurodiversity and Mental Health Network because it represents a safe space for everyone... it also makes it easier to connect with fellow network members without pressure, contributing to a community feeling."*

Anti-Racism Network

Hosted Race Equity Week annually, Black History Month events, and collaborated with the LGBTQIA+ Network on Black Pride.

Disability and Accessibility Network

Led our engagement with the Business Disability Forum and the BDF Disability Smart self-assessment; held events including Global Accessibility Awareness Day and a Winter Paralympics screening.

Faith and Belief Network

In January 2026 we ran an external speaker session on religion, wellbeing and mental health, which attendees commented was "thought provoking" and allowed them to reflect on ideas they hadn't previously considered. The network also provided space to discuss the rise in antisemitism and Islamophobia, and following this has begun monthly discussions where members can discuss recent news stories and reports related to faith and belief.

LGBTQIA+ Network

Four years ago we started the organisation's first yearly internal Pride event, which has become a highlight of the year. It was kicked off by an excellent talk by Stephanie Fuller, the CEO of Switchboard - National LGBTQIA+ Support Line and the well-attended and well received day included the talk, lunch, short films, crafting and quiz events. It was the biggest set of events in one day, run by a network at that point. Since then, every year we run an internal pride event where network members decide on a theme to anchor the day, for example, the 2025 theme of Queer Nature was a particular network favourite. These events have highlighted many of the issues important to LGBTQIA+ folk and children and young people and have been informative, moving and fun with a lot of positive feedback from colleagues across the charity.

The network has also facilitated staff attendance at externally organised pride events, including collaboration with the Anti-Racism network to set up a stall at UK Black Pride in 2024, with volunteers across the network helping to make sure Anna Freud was represented, build links with other organisations and celebrate the lives and experiences of the LGBTQIA+ Black and People of Colour (POC) community.

We have been marking Trans Day of Remembrance every November since 2022, with a particularly moving event in 2024 focusing on the theme of Trans creativity past and present. It brought a small group of network members together to run the event, building a sense of community, grief, pride, celebration and a shared connection.

Each year the network runs events to mark LGBTQIA+ history month. These have included film screenings, such as the documentary Cured which tells the story of activists who fought to remove homosexuality from the American Psychiatric Association's (APA) manual of mental disorders in 1973. Where we were fortunate enough to also have a Q&A with one of the directors who was in London at the time. Other events have also included guest speakers such as Rita Hirani, co-founder of Club Kali which has celebrated and supported LGBTQIA+ Black and South Asian communities for more than 30 years.

"As co-chairs, we are incredibly proud to be part of the sense of community and belonging that has grown through the network. There have been moments, particularly in recent years, where it has felt hard for the LGBTQIA+ community, which has felt targeted and scapegoated by the media and politicians, compromising safety and wellbeing. Despite this, we have seen this network shine as it comes together to support each other while also finding joy and celebrating together. Whether this be through the creation of inclusive spaces, responding to issues and coming together in a social way, such as theatre trips, games nights and walks. Alongside this, we are proud at the collaboration and allyship that working with other networks has fostered, for example coming together to run webinars during anti-bullying week in 2024 or running events together. We are looking forward to building on our successes over the coming years"



EDI in action: case studies

Case study one: using feedback to improve the accessibility and inclusivity of MBT and SCM training

Feedback from learners in 2025 highlighted ways to make our MBT and SCM training more accessible, inclusive and representative. This feedback was used directly to improve the learning experience and strengthen EDI across the programme.

The challenge

Learners said some examples and case studies didn't reflect the diversity of the people and communities they work with. They suggested there was a need for a wider range of scenarios and lived experiences, including better representation of older adults. Learners also flagged accessibility issues: unclear pre-course information, difficult navigation, no subtitles on videos, not enough practical examples, insufficient support for different learning needs, and screen fatigue during online sessions.

What changed

- Examples, case studies and scenarios were reviewed for representation, with discussion of greater involvement of Experts by Experience in training design and delivery.
- A dedicated SCM training cohort for older adults was created.
- The team moved to a more accessible e-learning platform (Thinkific) and simplified learning materials and pre-course information.
- Subtitles were added to videos where possible, regular breaks introduced during online training, and practical learning increased through the SCM Implementation course and clinical dilemma scenarios.

Next steps

The team will continue using learner feedback to improve training for different communities and strengthen Expert by Experience involvement in shaping future content. It will also introduce further accessibility measures, including an event accessibility checklist covering access requirements, inclusive language and accessible resources.

Case study two: The InCLUDE project - inclusive research with foster and kinship carers

InCLUDE sits within the Reflective Fostering Study, a large National Institute for Health and Care Research (NIHR) funded trial evaluating a support programme for foster and kinship carers, which recruited over 520 carers. After several rounds of recruitment, the study team noticed male carers, carers with South Asian heritage, and kinship carers kept turning up in smaller numbers than you'd expect nationally. InCLUDE was set up to find out why, and to fix it, both for this trial and for children's social care research more widely.

Approach

InCLUDE was built on the principle that research about underserved groups should be shaped by them, not just done to them. Two of the four people leading the project were experts by experience, South Asian male carers themselves, sitting as equal decision-makers on the reasoning that people are more likely to open up to research designed with people who understand their experience firsthand. The team first checked whether the pattern they'd noticed reflected a wider problem, reviewing existing research and surveying carers nationally, before speaking directly with male carers, carers from minoritised ethnicities more broadly, and kinship carers, each in their own space so people could speak freely.

What was found

The wider check confirmed it wasn't just this trial: foster carer research across the UK has the same problem and mostly isn't even tracking it. Most studies don't record things like disability or religion at all, and two-thirds don't mention representation as a consideration. Some barriers came up across every group: people didn't know opportunities existed, found it hard to trust researchers, and wanted to see people like themselves involved first. Others were specific. Male carers said they were treated as the "plus one" even when they were the main carer. Kinship carers said they were often lumped in with mainstream training that didn't fit their situation. Carers from minoritised ethnicities shared feeling cautious to get involved due to being unaware of opportunities, or previously experiencing discrimination within fostering services.

What changed and the outcome

The study changed how it recruited as a direct result. Both carers in a household were contacted, not just one. Materials were redesigned to reflect the people they were trying to reach. Carers were able to sign up directly through Anna Freud instead of only via their local authority, which addressed a specific trust issue some described. Single-identity groups were also offered where preferred.

With these changes, the team saw a statistically significant increase in carers from underserved groups, particularly through the direct sign-up route. Read the study's findings paper.

Outputs and recognition

The project produced two practical guides for others to use: Square Peg in a Round Hole and An A-Z of Inclusive Research, co-authored by Rachael Stemp and Shayma Izzidien (2023). The team presented their findings at the European Scientific Association on Residential and Family Care for Children and Adolescents (EUSARF) 2023 Conference and the Health Services Research UK conference in 2023, winning an "Innovation in Inclusion" prize and three academic papers were published:

- Promoting Inclusive Recruitment Within Children's Social Care Research Trials: Lessons From the Reflective Fostering Study's InCLUDE Project
- How inclusive and representative is research on foster caring in the UK? Findings from a scoping review
- The lived experience of co-production: Reflective accounts from the InCLUDE project



"When I started the InCLUDE project, I didn't see how much difference it could make... now I have realised that research can make a difference, I can make a difference."

Sabir Ahmed, expert-by-experience researcher

Conclusion, looking ahead and acknowledgements

The 2022–2026 EDI strategy has delivered important progress and given us stronger foundations on which to build. We are a more diverse organisation than we were four years ago; equity and inclusivity are more firmly reflected in our values, leadership and ways of working; and there are strong examples of EDI shaping how we design and deliver our work.

We also know that progress has been uneven and we have not achieved all of the ambitions we set ourselves.

These experiences give us important lessons for what comes next. We need to be clearer about the outcomes we are seeking, strengthen accountability for achieving them, make better and more consistent use of data and evidence, and ensure that responsibility for EDI is shared across the organisation.

This will be reflected in how we develop our next EDI strategy. Importantly, EDI will not sit alongside our new organisational strategy as a separate or parallel priority. It will be foundational to it. Our EDI ambitions will be embedded within the organisation's strategic priorities and the outcomes we want to achieve for children, young people and families.

This means considering equity in both how we are as an organisation and what we deliver. Internally, it means continuing to address representation, inclusion, progression, leadership and organisational culture. Externally, it means embedding equity and inclusion more systematically into how we understand need, design our research and programmes, deliver services and training, work with communities, and measure reach, experience and impact.

There is much more to do, but we begin the next phase with greater understanding of what has worked, where we have fallen short and what we need to do differently.

We are hugely grateful to everyone who has contributed to this work over the past four years, particularly our colleague diversity networks, EDI leaders, colleagues, young people, parents and carers, partners and trustees. Their experience, challenge and commitment is essential as we all work together to continue to build a more equitable and inclusive Anna Freud.



Appendix

About our data

This report draws on a number of data sources:

- **Anna Freud's workforce diversity monitoring data** (June 2022 –June 2026) : Diversity monitoring data is collected via the HR information system PeopleHub. Currently, we collect data about the following categories: care experience, caring responsibilities, disability/health conditions, gender, religion, sexual orientation and socio-economic background.
- **Reflections from diversity network co-chairs**
  To capture the perspective of Anna Freud's six colleague diversity networks, co-chairs shared on the activity of the networks over the four years of the strategy. This includes information on events such as safe space discussions and awareness campaigns, and networks' impact and influence on policy or organisational decisions, cross-network collaboration, and external engagement.
- **Event records maintained by the diversity networks**
  Network event records are maintained individually by each of the six diversity networks, logging event name, date, network, and number of attendees. These records vary in completeness across networks and time periods. Where used in this report, these records reflect the networks' own account of their activity rather than a centrally verified dataset.

A few things to bear in mind regarding the figures in this report:

- **Leadership definition change:** in 2022, 'leadership' was defined by job title; from 2024 onwards it is defined by upper pay grade. Figures before and after 2024 are therefore not directly comparable.
- **Small sample sizes:** leadership-level ethnicity and disability figures are based on a small population and should be read with appropriate caution.
- **Benchmarking data:** national and London comparators use England and Wales Census 2021 figures, the most recent available at time of writing.

Additional case studies

My Story and Me

My Story and Me is a new preventative tool to help young women and girls aged 14–18 talk about their own mental health by hearing from others like them. Young women and girls can watch, read or listen to another young woman's story, create their own and get guidance on how to talk about mental health with others and find support. The stories within the platform include young women from different ethnic, LGBTQIA+ and neurodivergent backgrounds, including people whose identities overlap in more than one of these ways. By sharing their stories and watching others' stories, My Story and Me aims to reduce stigma, improve mental health literacy and support young women to seek help.

Shaping the intervention with young women
Research shows that one in three young women aged 17–19 experiences mental health difficulties.[2] The My Story and Me team worked with 29 young women from different backgrounds and listened to their mental health stories, turning what they heard into the stories that now sit at the heart of the intervention

Participation at the heart of My Story and Me
Groups of young people, plus a paid peer researcher with their own lived experience of mental health difficulties, have been involved since day one, helping to shape the platform, influence research delivery, and write the funding bid for this stage. The research team itself brought together staff from different backgrounds and career stages, including several research interns.

Reaching the young women the study needs to hear from
Recruitment was planned with inclusion built in from the start. Sites were selected with diversity in mind, the study set specific targets for how many young women from different backgrounds it wanted to reach, and an Equality Impact Assessment covering all protected characteristics was carried out at the start and revisited regularly. The team worked closely with other organisations with existing relationships in specific communities to ensure they reached as many young women as possible, including LGBTQIA+ young people and those from minoritised ethnic backgrounds. The terms 'women' and 'girls' are used inclusively and the team welcomes gender diversity.

Where is the project at now?
The current stage is an 18-month feasibility study, to explore the best setting, right sample size, and whether the intervention and a future trial are acceptable, before committing to next steps. The team are working with over 100 young women across eight sites: three secondary schools, three Further Education colleges, and two community organisations. Participants complete surveys now and at 7 months, and the team speaks directly to young women and staff at each site about their experiences of the intervention.

Partners
Led by Anna Freud, working with UCL, King's College London, the University of Manchester, the University of Oxford, Centre for Mental Health, the Centre of Women's Mental Health, the Children and Young People's Mental Health Coalition, and Gendered Intelligence. This study is funded by the NIHR [Public Health Programme (NIHR158909)]. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

[2] NHS Digital, 2023. Part 1: Mental health - NHS England Digital https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up/part-1-mental-health

Schools and Colleges Early Support Service – 2026 update

The Schools and Colleges Early Support Service (SCESS) is an early intervention mental health service for young people aged 11–25. It provides a useful example of what EDI can look like within day-to-day service delivery, through routinely monitoring who is accessing support, identifying patterns in access and engagement, and using this information to understand where the service is reaching young people well and where further attention may be needed.

The EDI Strategy Year 3 review identified five areas that SCESS intended to explore in greater detail. Data covering September 2025 to July 2026, comprising 663 referrals in total, provides an opportunity to begin examining each of these areas.

Free school meal eligibility (proxy for economic deprivation)

Around a quarter of referrals, 26.4% or 175 of 663, came from young people eligible for free school meals (FSM), with 67.9% not eligible and 5.7% preferring not to disclose.

Of the young people eligible for FSM, 58.9% were allocated to a practitioner, compared with 71.1% of young people who were not eligible for FSM. The service data suggests that higher complexity of need and a greater proportion of above-threshold presentations may be contributing to this difference.

The gap in allocation is therefore an important area for SCESS to continue to monitor and understand as part of its ongoing EDI work and strengthens the importance of our wider school and college offer, alongside signposting and support for parents, carers and the adults around the young person.

Disabled young people

Of all referrals, 9.0%, 60 of 663, were from young people who disclosed a disability or long-termillness expected to last 12 months or more.

Of these, 70% were allocated to a practitioner, which is broadly consistent with allocation across the service overall.

For those who were not allocated, the majority were either assessed as presenting above the SCESS clinical threshold or were unable to be reached following three contact attempts. The data therefore provides a broadly positive picture of access for young people who disclosed a disability or long-term health condition, while continuing to give the service an opportunity to monitor this over time.

Young people with caring responsibilities

Of all referrals 6.2%, 41 of 663, came from young people who identified as having caring responsibilities. Of these, 68.3% were allocated to a practitioner, again broadly consistent with allocation across the service overall.

The remaining referrals included young people whose needs were assessed as above the service threshold, those who could not be reached following three contact attempts, and a small number who were withdrawn or closed for other reasons.

This provides a positive indication that young carers are accessing the service, while offering a useful baseline against which SCESS can continue to monitor reach and engagement.

Service demand from males and delayed treatment-seeking

SCESS does not currently hold data that enables us to directly examine delayed treatment-seeking among male young people.

What the available data does show is a considerable gender difference in service demand. Females represented 73.8% of cases ready for allocation, compared with 25.8% males.

The available outcome data also suggests an interesting pattern in engagement once young people enter the service, with males appearing relatively likely to remain engaged through to completion despite representing a much smaller proportion of overall referrals.

This suggests that the more significant question for the service may be how and when male young people access support, rather than engagement once support has begun. This is an area that would benefit from further exploration as the dataset develops.

Interaction between age, offer type and dropout

Allocation rates are relatively consistent across the core adolescent age groups within both the school referral and self-referral pathways.

There is greater variation at the younger and older ends of the age range, although numbers within some of these groups are very small and should therefore be interpreted cautiously.

The current dataset provides a useful picture of allocation by age and offer type. Further analysis of withdrawal and completion by age would be needed before drawing conclusions about whether dropout is concentrated around particular ages or transition points.

Overall

The current analysis reports that 64.4% of closed cases with a known outcome resulted in completion of the intervention.

Taken together, the data provides a broadly positive picture of SCESS reaching a diverse population of young people aged 11–25, including young people experiencing socio-economic disadvantage, those with disabilities or long-term health conditions, and young people with caring responsibilities.

Importantly, the analysis also identifies areas for further enquiry rather than assuming that access and engagement are the same for every group. In particular, the lower allocation rate among FSM-eligible young people and patterns of engagement by gender provide useful areas for continued monitoring.

What this shows

This provides a practical example of Anna Freud's commitment to embedding EDI within service delivery, not only by seeking to reach diverse groups of young people, but by routinely examining who accesses support, what happens once they do, and where differences may require further understanding.

The data gives SCESS an increasingly strong evidence base from which to monitor inclusion over time and use emerging patterns to inform ongoing service development.

Function-level EDI activity: embedding EDI in Training, Conferences and Events

This year, Training, Conferences and Events established an EDI Focus Group to ensure equity, diversity and inclusion are considered more consistently across the team's work. The group brings together colleagues from different roles to identify areas for improvement, discuss emerging issues, and support the implementation of practical actions. Membership is open to all colleagues, with a core group meeting fortnightly to review progress and bring recommendations to wider team meetings, keeping EDI an ongoing and open conversation rather than a one-off exercise.

To support the group's work, a team session was delivered by Anna Freud's EDI Manager on applying EDI principles in training, conferences and events, encouraging colleagues to think about how planning and delivery decisions affect different audiences.

The group has focused on areas where the team can have direct impact: improving the experience of attendees with disabilities through Anna Freud's Business Disability Forum work, reviewing attendee data to better understand representation, and using attendee feedback to identify barriers and opportunities for improvement.

Training, Conferences and Events: external training demographic data

The team has revised its data collection protocols to improve the accuracy and completeness of demographic data collected from training delegates, now providing a baseline sample sufficient to inform evidence-based decisions on training design, scheduling and delivery. Areas identified for further exploration: building a longitudinal delegate demographic baseline; examining attendance variation by ethnicity and possible barriers; disaggregating spend by demographic characteristics.



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