

SIGNHEALTH

England & Wales · Charity number 1011056

Details

Other names	SIGN...THE NATIONAL SOCIETY FOR MENTAL HEALTH AND DEAFNESS, THE ANASTASIA SOCIETY
Status	Registered
Legal form	Charitable company
Company number	02610559
Registered	1992-05-13
Register	View on the Charity Commission register

Contact

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Website	www.signhealth.org.uk
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Activities

Objects: THE RELIEF OF DEAF AND HEARING IMPAIRED PERSONS IN PARTICULAR BY, BUT WITHOUT LIMITATION, THE PROVISION OF RESIDENTIAL SERVICES AND OF SUCH OTHER SERVICES, ACTIVITIES AND FACILITIES AS THE COMPANY SHALL FROM TIME TO TIME DEEM FIT.

Activities: SignHealth aims to improve healthcare & access to health services for deaf people. As well as campaigning, research & health promotion, we provide supported living schemes and outreach for deaf people with mental health problems. We provide a national Advocacy & Counselling service and support for deaf victims of domestic abuse.

Classification

- **How:** Provides Services, Provides Advocacy/advice/information, Sponsors Or Undertakes Research, Other Charitable Activities
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives, Disability, Accommodation/housing, Other Charitable Purposes
- **Who:** Children/young People, People With Disabilities, The General Public/mankind

Geography

- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£9,735,635	£10,396,707	£1,817,069	216
2024-03-31	£8,282,414	£8,550,556	£2,560,626	194
2023-03-31	£5,830,609	£6,860,567	£2,674,762	172
2022-03-31	£5,387,648	£4,945,485	£3,817,018	150
2021-03-31	£5,295,416	£5,710,238	£3,297,378	142

Trustees

Name	Role	Appointed
Amanprit Arnold	Chair	2021-07-22
Alexandra Elvin		2025-09-10
Diane Jones		2023-07-21
Frankie McLean		2023-09-14
Janet Ayoola		2025-09-10
Jasveen Kaur		2025-09-10
Simon Knapp		2025-11-13

Accounts

Company number: 2610559

Charity number: 1011056

SignHealth

Report and financial statements
For the year ended 31 March 2025

**THE DEAF HEALTH
CHARITY
SIGNHEALTH**

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Reference and administrative information

Company number	2610559	
Charity number	1011056	
Registered office	Canopi, 82 Tanner Street, London SE1 3GN	
Country of registration	England and Wales	
Country of incorporation	United Kingdom	
Trustees	Trustees, who are also directors under company law, who served during the year and up to the date of this report were as follows:	
	Sabina Iqbal (Chair)	Stepped down 15 October 2024
	Mark Perry (Chair from 15 October 2024)	
	Amanprit Arnold (Vice Chair from 15 October 2024 and Co - Chair of People and Pay Committee)	
	Tania Hudson (Treasurer and Chair of Audit and Risk Committee)	Resigned 21 May 2025
	Vanessa Longley	Resigned 21 May 2025
	Christine McPherson	
	Diane Jones	
	Hannah Whalley	
	Frankie McLean	
	Matthew James	Stepped down 15 October 2024
Executive Leadership Team	Lucy Warnes	Chief Executive
	Thandi Mtetwa	Director of Finance & Transformation
	Helen Couling	Director Of Operations
	Sarah Daniels	Director of People
	Paul Howes	Director of Governance
	Amy Appleton	Interim Director of Engagement – Fundraising & Business Development
	Philippa Wynne	Interim Director of Engagement – Communications & Campaigns
Bankers	Metro Bank 120 Cheapside London EC2V 7JB	
Solicitors	Trowers and Hamblins 3 Bunhill Road London EC1Y 8YZ	
Auditor	Sayer Vincent LLP Chartered Accountants and Statutory Auditor 110 Golden Lane, London, EC1Y 0TL	

Message from the Chair of Trustees, Mark Perry

The year ending March 2025 was a milestone in several respects, continuing the impressive trajectory of our charity's growth, impact, reach and turnover. We also witnessed the departure of James Watson-O'Neill, our Chief Executive, following eight years of outstanding service to SignHealth, steering us through challenging times including the pandemic. Our heartfelt thanks go out to James, for leaving such a strong legacy for us to build on.

In a very competitive process, we were delighted to appoint Lucy Warnes as our new Chief Executive starting in January 2025. Lucy is deaf, a BSL user and was promoted from within, demonstrating our steadfast commitment to growing deaf leadership talent at the heart of our work.

We look forward to working with Lucy as she takes on our ambition to tackle deaf health inequalities with the support of a strong leadership team and talented workforce with strong lived-in experience. To our people who engage directly with deaf people or offer support behind the scenes to deliver our valued services – thank you for your constant and wonderful dedication.

There has been some change at Board level. I was privileged to step up into the role of Chair in October 2024, after being a trustee for five years. Amanprit Arnold was subsequently appointed as our Vice-Chair. I would like to give special appreciation to the trustees who stood down in the past year, namely Sabina Iqbal, Matthew James, Vanessa Longley and Tania Hudson – the latter two memorably after reaching their maximum term of six years on the Board. Each of them contributed to a dynamic and diverse Board working closely with the executive leadership team, where every voice is valued.

In beginning the delivery of our new three-year plan, we focus on three overarching strategic objectives, underpinned by our transformation programme and targeted investment. More information on our impressive first-year achievements against these objectives is outlined throughout this report. I am particularly proud of delivering our much-needed therapy service with 90% user satisfaction, as well as introducing a new Youth Advisory Board with a first cohort of 10 deaf young people aged 13-17 years old, to guide our voice, governance and work with young people.

Collaborating with partners is vital to achieving our ambition as the deaf health charity. I wish to share our huge gratitude to all partners, our supporters, volunteer fundraisers, statutory funders and grant-making Trusts. Thank you so much – none of our work would be possible with your support.

Mark Perry, Chair

Trustees' Annual Report

The trustees present their report and the audited financial statements for the year ended 31 March 2025.

Reference and administrative information set out on page 3 forms part of this report. The financial statements comply with current statutory requirements, the memorandum and articles of association and the Statement of Recommended Practice – Accounting and Reporting by Charities: SORP applicable to charities preparing their accounts in accordance with FRS 102.

Objectives and Activities

Vision

A world where there are no barriers to good health and wellbeing for deaf people.

Purpose

To improve the health and wellbeing of deaf people.

Values

- We can do it
- Everyone Belongs
- We Grow Together
- Make the Small Moments Count.

Our focus

SignHealth's work focuses on deaf people who use British Sign Language (BSL): this is where our expertise lies and where we feel we are best able to help. The charity will ensure our work is fully costed and planned.

Objectives

- **Mental health:** SignHealth will consolidate its position and look to grow its existing services to meet the needs of more deaf people.
- **Social change:** SignHealth will campaign and lobby for change to remove the barriers and obstacles deaf people face in relation to health issues and access to services.
- **Children and young people:** SignHealth will extend its existing work with deaf children and young people and look at developing new services for them and with them that prevent health problems from starting or address them before they become more serious.
- **Partnership:** SignHealth will work with established experts and continue to work effectively with a diverse range of other deaf charities.

The trustees review the objectives and activities of the charity each year. This report looks at what the charity has achieved and the outcomes of its work in the reporting period. The trustees report the success of each key activity and the benefits the charity has brought to those groups of people that it is set up to support. The review also helps the trustees ensure the charity's objectives and activities remained focused on its stated purpose.

The trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's objectives and activities, and in planning its future activities. In particular, the trustees consider how planned activities will contribute to the objectives and activities that have been set.

Achievements and performance

This year (2024/25) has been another year of investment for SignHealth. The Board of Trustees have made conscious decisions to proactively invest in growth for the organisation. This includes recruiting to a number of new roles both in services and central support functions to increase our capacity and resilience.

Our Three-Year Plan

The strategic direction of SignHealth and plans for the forthcoming years are set out in the SignHealth Three Year Plan. As mentioned in last year's report, a new Three-Year Plan was approved by the board at their meeting in November 2023 and came into effect in April 2024. The plan is structured around three new Strategic Objectives, namely;

- A Healthy Deaf Community
- Forward Together – Working in Partnership
- An Accessible System

These objectives are all supported by an organisation-wide transformation programme.

Our achievements and performance for 2024/25 are therefore reported against these objectives.



A Healthy Deaf Community

Social care

SignHealth residential services offer homes for 34 deaf people (including Brudenell Road) who need additional support with their mental health and complex needs in six locations around the country. We also have supported housing provision in London, which provides daily support for five deaf people. Staff receive ongoing training and support, and continuous risk assessments are undertaken to support the people who live in our services. We had minimal vacancies in our flats in 2024/25 and, although we missed our target of having no more than one vacancy at a few points in the year, we minimised the impact of this by negotiating backdated fees and clear transition funding in all cases.

Residents in SignHealth care homes are supported by highly trained staff who are deaf themselves or hearing colleagues who are fluent BSL users. Many of our clients face significant numbers of barriers including experience of poor mental health, language deprivation, cultural exclusion and other disadvantages. Our staff liaise closely with community mental health professionals. We have a person-centred approach to our work - all residents are encouraged to achieve their individual potential and the support we offer is tailored to the requirements of every person.

We continue to use our Quality Assurance Framework for our care homes and outreach services and incorporate improvements into specific action plans which are monitored on an ongoing basis. All of our CQC registered social care services continue to be rated as Good.

Our care homes are also doing amazing work!

100%
100% of our care home residents told us that their service is caring

”
“I am very happy with all support staff, team leader and manager. They do things with me. They understand me.”

Our Outreach schemes in London and Manchester support deaf people in the community with their day-to-day activities. Outreach workers enable deaf people to lead independent lives by giving support with tasks at home and elsewhere. We develop a personalised plan with each client, after carefully looking at their needs. The Outreach teams also work with our residential services when a resident is ready to move into community accommodation so that each person is well supported throughout their move.

Our Advocacy service works with deaf people in health and social care settings to make sure they are treated fairly and can access healthcare services. Advocates work to help people understand complicated situations, explain their rights and make sure their views and opinions are properly heard. The team delivered advocacy sessions to more than 1253 people in 2024/25.

Therapies

SignHealth's therapy service is for deaf people who are feeling stressed, low in mood, depressed, anxious or worried. Deaf people are referred to a BSL-fluent therapist, often deaf themselves, who will listen and provide advice and support. Sessions take place face-to-face, either in person or online, and everything is confidential. Deaf clients can have a one-on-one conversation in their own language and culture, without the need for an interpreter. This therapy is highly effective and delivers excellent outcomes through treatment.

Research suggests that the best treatment for people suffering from mental health conditions such as depression and anxiety is 'talking therapy', which was highlighted in updates to NICE guidelines suggesting therapy, rather than antidepressant medications, should be prescribed to patients first. However, therapy relies on one-on-one communication and for deaf people this is problematic. The moment a sign language interpreter is involved, the conversation becomes less intimate and has been shown to be less effective for the patient. SignHealth's therapists are either deaf or hearing and fluent in BSL, and some can also support deaf people who do not sign. This NHS contract means deaf people can access talking therapy (previously known as IAPT) directly, in their own language, the same way as their hearing peers.

A key achievement for us in previous years was winning the NHS England Improving Access to Psychological Therapies (IAPT) contract. This was the first time NHS England had awarded a national contract to a deaf specialist service and it was a ground-breaking step forward for the deaf community. This year we have continued to embed, evolve and develop this work.

However, this year the news of NHS England's closure was released by the government which has meant the national funding responsibility for NHS Talking Therapies is being devolved to the 42 local ICBs and has seen the end of SignHealth's national contract. SignHealth are working closely with local commissioners to explore funding arrangements which ensure equitable access to talking therapy services for the deaf community.

4,652

We delivered 4,652
therapy sessions

90%

90% of people were
satisfied with their therapy
experience

75%

75% of people who finished
therapy said their mental
health reliably improved
(the national target is 67%)

630

630 deaf people finished
therapy, making space
for more people to start

In addition, feedback from our patients, received through regular Patient Experience Questionnaires, is consistently positive, showing high satisfaction ratings.



Despite the focus being on talking therapy nationally, we continue to help clients requiring non IAPT interventions such as counselling and clinical psychology.

Domestic abuse

SignHealth's Domestic Abuse Service is the UK's only national BSL-based service to help deaf women, children and people of all genders who experience domestic abuse. Deaf people are more at risk of domestic abuse than hearing people. We provide practical and emotional support to deaf people who are experiencing domestic abuse, and to those who have survived it. The team help people to make choices and to stay safe.

158

We supported 158 families facing domestic abuse



Because of you, people are living safer lives

58%

58% survivors feel safer because of SignHealth

A major achievement in the previous year (2023/24) was the announcement that SignHealth was successfully awarded funding from the [Home Office's Violence Against Women and Girls \(VAWG\) Support and Specialist Fund](#) to expand our vital Domestic Abuse Service to other regions in England. This funding has enabled us to expand our service in 2024/25, including 14 new staff, meaning we now have a team of 25 people. It means that we can provide specialist and culturally appropriate Independent Domestic and Sexual Violence Advisors (IDSVAs) and Domestic Abuse Navigators (DANs), as well as support for Deaf victims of sexual violence across England. In addition, it is also allowing us to work with local organisations to provide support across the country.

Children and Young People

Deaf children and young people are also part of our 'Healthy Deaf Community', and we started a brand new area of work in 2022/23 to scope out our new strategy for Children and Young People (CYP). The draft strategy was approved by our board in December 2023 and launched in April 2024. The strategy contains our long term aim;

SignHealth will be the 'go to' organisation for deaf children and young people, their parents and carers for support and information in relation to health and wellbeing.

Deaf children and young people have access to age appropriate preventative resources from the start that they want and need.

It focuses four key strategic areas to address current gaps in the health offer for deaf young people;

- Involving deaf children and young people
- Improving mental health and wellbeing
- Accessible health education
- Supporting the future

We set up our Youth Advisory Board (YAB) in 2025/25, which, at the moment, has 10 members from all over England although we are looking to expand this to include more young people from other parts of the UK. The YAB met twice in person in 2024/25 with more meetings and events planned for 2025/26. We also met with the YAB online once a month since November 2024.



Members of the YAB have differing reasons for joining such as;

YAB member #1 – 15 years old

Applied for the YAB saying she is a passionate advocate for encouraging more deaf people to be included in society and is committed to breaking down barriers for deaf people. She is a student leader for diversity and equality in her school.

YAB member #2 – 14 years old

Said that Deaf young people are experiencing a lack of accessibility, often not receiving equal access to information due to limited communication provision. She wants to highlight the need for more deaf schools, qualified deaf teachers and teachers of the deaf.

YAB member #3 – 14 years old

Applied to the YAB after being form captain and sports captain, he is passionate about making sure that deaf young people are seen, heard and fairly represented. He said that “deaf young people are not being listened to” and that he would like “to help the YAB achieve a big impact and create positive change for deaf young people and make them ably represented”

Feedback from participants has been positive, including;

- **83%** are starting to see how they can influence decisions that affect them. This was a 33% increase from the previous benchmark survey where only half said that maybe the YAB will help them understand how to influence decisions.
- **60%** of YAB members saying they felt very confident or completely confident in talking about issues such as identity, privilege and discrimination, which was up from 30% at the beginning.
- **70%** of YAB members had never heard of the term ‘intersectionality’ prior to the YAB. We delivered a session on this and now **80%** say that they now understood what intersectionality means.



Forward Together – Working in Partnership

Working in partnership is critical to SignHealth’s success – both internally and externally. We cannot achieve our purpose on our own. We have used our work in 2024/25 to continue to get to know the people and organisations who can help us achieve our goals, helping them to see us a trusted partner and unparalleled expert when it comes to deaf health. This work will enable us to build a network of partners to deliver activity that positively impacts and empowers the deaf community. For example, improving access to NHS services. It also

deaf
together

means we can mobilise a movement of people to take action and deliver equity for all deaf people and establish ourselves as the go-to campaigning group for deaf rights.

As we reported in last year's annual report, in October 2023 we launched deaf together. This is the first cross sector campaign which aims to achieve equity for all deaf people and was a team effort with support with New Economics Foundation, Manchester University, Breakthrough, Rally, and many other deaf charities and organisations. In 2024/25 we have continued to build a movement around the deaf together campaign, attracting more partners and supporters through campaign actions, more funding and supporting other organisations running their own campaigns for change.

We have continued with SignHealth's first ever participation group to support the development of the deaf together campaign. The campaign advisory group (made up of 18 deaf people who help plan and deliver the campaign strategy and activity) continued to meet to discuss a range of issues relating to the deaf community. After detailed discussion, we decided to focus on employment as our first campaign issue. In December 2024, we conducted a [survey](#) of over 600 deaf people on the subject of employment accessibility. The upcoming Deaf at Work report will detail these findings with reference to the Access to Work scheme.

In December 2024 SignHealth co-hosted the [first ever joint parliamentary event](#) alongside the three other largest UK deaf charities: the British Deaf Association, National Deaf Children's Society and Royal National Institute for Deaf People. The event's keynote speaker was Stephen Timms, the Disability Minister, and over 25 MPs attended to learn about the work of deaf charities.



Over the course of the year, the SignHealth policy team developed excellent working relationships with politicians including attending Labour party conference for the first time in our history, meeting Government ministers including the Disability Minister and Care Minister and being mentioned in [parliamentary debates](#) on four occasions.

Our policy team also collaborated with charities RNID, RNIB and Sense to campaign for positive changes to the Accessible Information Standard (AIS) and successfully lobbied to stop a watering-down of the AIS.



In 2024, we also completed important reports on behalf of the Domestic Abuse Commissioner and the BSL Advisory Board, both due to be published in the summer of 2025. SignHealth also contributed to a report by the [Patient Safety Commissioner](#) into medicines safety.

We also presented a number of webinars about healthcare accessibility on behalf of external bodies - including a hugely successful webinar for law firm, Bevan Brittan, and one for the Chief Nursing Officers of England.

In April 2025, we published the [Still Ignored report](#), in collaboration with RNID. This landmark report was the most comprehensive overview of deaf health accessibility in over a decade. The report outlined the shocking state of healthcare accessibility for deaf people. Some key statistics included:

- Only 4% of BSL users have received vital health information translated into BSL
- 76% of BSL users say health professionals have rarely or never been told in advance that they are deaf
- 88% of BSL users say lack of accessible communication affects their mental health; 82% say it impacts their physical health



The report received press attention in a number of outlets, including BBC, ITV, Daily Mail, Guardian and the Independent. At the time of writing, we are hoping the report will be quoted by a range of key stakeholders including Government sources.

An Accessible System

This strategic objective is focussed on understanding how best to achieve alignment with the NHS – this is key if we are to achieve step change in deaf people's access to health and wellbeing. We have continued to work with external partners to position SignHealth as the Deaf Health Charity that the NHS, public bodies and health organisations want to partner with.

We know there are unfair and avoidable differences between the mental health services available to deaf and hearing people. This doesn't need to be the case. Firstly, there are not enough mental health related self-help resources available in British Sign Language (BSL). The specialist mental health services provided by NHS for deaf people, across all ages are not consistent in England. We have seen cases where deaf people are placed in inappropriate settings due to a lack of suitable specialist services. We are aware that many deaf people face difficulties in accessing existing mainstream services. Clinicians do not understand the deaf experience and deaf culture, in many cases BSL interpreters or other communication professionals are not booked, or clinicians do not know how to work with BSL interpreters or other communication professionals.



In January 2025, SignHealth officially launched our [Still Sick of It](#) campaign with a webinar attended by over 200 people from a range of backgrounds including healthcare professionals, deaf organisations and community members. The SignHealth engagement team have hosted over 50 workshops across the UK to raise awareness of healthcare rights and the team have created a range of information leaflets and resources for distribution.

We also relaunched the Deaf Mental Health Working Group as the renamed Deaf Mental Health Network. This group aims to gather deaf mental health experts together to share expertise on accessible mental healthcare. The group have collated the UK's first [deaf mental health library](#) to raise awareness of deaf mental health.



Pay Gap

SignHealth is on a journey to become a diverse, inclusive and equitable employer.

We are not a large enough organisation to be required to publish our pay gap reports but we do anyway. That is because, at SignHealth we are passionate about inequality of any kind, including pay.

This report summarises the findings from SignHealth's 2024 Gender, Disability, and Ethnicity Pay Gap Reports. It explains where differences in pay exist, why they might be happening, and what we are doing to fix them. We aim to be transparent, fair, and to make sure everyone has equal opportunities to develop and access fair pay that supports our staff to feel valued.

Gender Pay Gap

What we found

- On average, women at SignHealth earn 8.68% more per hour than men.
- In the middle of the pay range, women earn 17.56% more than men.

What this means

The main reason for this is that we have more women than men at almost every level of our organisation, including senior and higher-paid roles. This drives up the average pay for women overall.

We did learn that in the lowest pay band (the lower quartile), women are paid slightly less than men. This is because more women are working part-time, in care-based roles but we are committed to reviewing this further in 2025 to ensure what else needs to be done.

Distribution of genders across the organisation by pay level:

We looked at how men and women are spread across different pay quartiles (groups of employees divided by how much they earn):

- Lower quartile (lowest paid): 60% women, 40% men
- Lower middle quartile: 50% women, 50% men
- Upper middle quartile: 77.78% women, 22.22% men
- Upper quartile (highest paid): 68.18% women, 31.82% men

This shows that:

- 1 in 4 women is in a high-paying role.
- 1 in 4 women is also in a low-paying role.

This is a positive indicator for progression and representation across all levels of the organisation.

Representation by department:

Departments with a high number of female employees include:

- Central Support
- Domestic Abuse Services
- Therapies & Advocacy

These departments are likely influencing the overall pay structure due to their size and gender balance.

What we're doing about it:

- Continue monitoring who is in which roles, especially in the lowest pay bands.
- Ensure men and women have equal access to promotions, development, and leadership roles.

- Investigate any lower quartile pay gaps and take corrective action where needed in 2025/26 budget year.
- Use plain English in all reporting and clearly show the date of the pay data and who was in leadership at the time.

Disability Pay Gap

What we found:

- On average, staff with all types of disabilities earn 16.66% less than those without disabilities.
- But at the median level (middle of the pay scale), disabled staff earn 1.09% more.

What this means:

This suggests that disabled employees are well represented in the middle levels of the organisation but are underrepresented in the highest-paying jobs. The significant difference in the average (mean) pay likely results from there being fewer disabled employees in senior or specialist roles where pay is highest.

Representation across the organisation:

Median pay is slightly higher for disabled staff; this suggests there is fair representation in mid-range positions. However, the much lower mean pay points to a lack of visibility in upper quartiles, where higher salaries are found.

There may also be additional barriers, such as:

- Limited access to development programmes.
- Accessibility issues with current recruitment or promotion processes.
- Lower confidence in internal mobility due to communication or cultural gaps.

What we're doing about it:

- We have appointed a new role as our Head of Learning and Culture
- The role will develop a new leadership development approach particularly aimed at our "Heads of department" to develop and progress.
- We are focusing on making progression accessible and inclusive and spending more time on supporting colleagues with internal promotion opportunities.
- We are working to improve workplace adjustments, line manager awareness, and digital accessibility to ensure fair participation in higher-level roles.

Next steps

- Introduce a new leadership development approach with feedback from disabled colleagues to shape our approach.
- Ensure all development opportunities are accessible.
- Highlight internal success stories to normalise progression for disabled employees.

Ethnicity Pay Gap

What we found:

- On average, staff from a global majority earn 10.67% less per hour than white colleagues.
- At the median level, the gap is 9.10%.

What this means:

This is not an issue of unequal pay for the same work. Instead, it reflects a gap in representation across senior roles. Ethnic minority staff are well represented in lower and mid-range positions but are less likely to be in leadership or high-paying roles, which reduces the average and median hourly pay figures.

Representation across the organisation

The current workforce structure suggests that:

- Global majority employees are more likely to be found in support, front-line, or junior roles.
- White employees are more likely to be in senior, specialist, or management roles.

This imbalance can result from various factors, such as:

- Fewer development opportunities.
- Unconscious bias in promotion or hiring.
- A lack of visible role models or mentors.

What we're doing about it:

- We are reviewing how we recruit and support staff from global majority backgrounds.
- We are building a programme of mentoring, career coaching, and leadership development targeted at underrepresented ethnic groups.
- We are rolling out Anti-Racism training to all staff in SignHealth.
- We are creating a new recruitment policy with training to support managers and help eliminate unconscious bias.

Next steps:

- Encourage applications from ethnic minority staff for senior roles and secondments.
- Deliver inclusive leadership training for hiring managers.
- Engage with staff networks to identify barriers and co-create solutions.
- Share ethnicity pay data annually and track year-on-year change.

Key messages:

- There is no unequal pay for people doing the same job.
- Pay gaps are caused by differences in progression and representation in higher-paid roles.

Conclusion

SignHealth is proud to be a progressive and inclusive organisation with strong female representation across many areas of the organisation. Our gender pay gap shows a positive trend, with women generally earning more than men, reflecting their higher representation in leadership and better-paid roles. However, we must not become complacent. Differences still exist at certain levels, and other gaps remain for disabled and ethnically diverse staff.

These gaps are not the result of unequal pay for the same job. Rather, they reflect issues around progression, representation, and access to opportunities. That's why we're committed to removing barriers, improving support, and creating an environment where everyone can grow and thrive.

With new leadership in Learning and Culture, updated EDI plans, and a greater focus on transparency, we will work with our colleagues to understand barriers to make meaningful change. The work ahead will require effort across every level of the organisation, but by aligning our culture, processes, and policies, we can make SignHealth a place where fair pay and career progression are possible for all.

Beneficiaries of our services

We follow and refer to the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular, the trustees continue to consider how SignHealth's activities will contribute to the aims and objectives we set out to achieve.

SignHealth carries out a wide range of activities to deliver our charitable aims. The trustees believe these activities provide direct benefit to the Deaf people who use our services, to Deaf people in the wider community, and to the health professionals who provide healthcare to Deaf people and their families.

The trustees have concluded that there is no detriment or harm arising from its aims and objectives.

We would like to extend our sincere appreciation to everyone who has supported SignHealth during the year. The kind and generous contributions have significantly helped to improve the health and wellbeing of deaf people, and we are grateful to have your support. We would especially like to thank all the organisations who have supported us, including the following:

Ardwick Trust	Hospital Saturday Fund
Astorg Foundation	Kent Police
Birkdale Trust	Linmardon Trust
Bishop of Birmingham's Charitable Trust	London Councils
Boshier-Hinton Foundation	Michael and Anna Wix Charitable Trust
Brian Shaw Memorial Trust	National Lottery Awards for All
Camelia Trust	National Lottery Community Fund
Childwick Trust	Natwest SafeLives Circle Fund
Christos Lazari Foundation	NHS England
City Bridge Trust	Ovingdean Hall Foundation
City of London – London Relief Community Fund	Percy Bilton Charity
Clothworkers' Foundation	Pilgrim Trust
Dagleish Trust	Piorta Pia 2012 Foundation

David and Ruth Lewis Family Trust	Potel Charitable Trust
DD McPhail Trust	QBE Foundation
De Vere Hunt Charitable Trust	Rest-Harrow Trust
DMF Ellis Charitable Trust	Rhiannon Trust
Dorothy Hay-Bolton Charitable Trust	Shanly Foundation
Esmee Fairbairn Foundation	Skipton Building Society
Eveson Trust	Solace Women's Aid
Forrester Family Trust	Souter Charitable Trust
Frank Litchfield General Charitable Trust	Stanley Grundy Foundation
Friends at Work	Surrey Community Fund
Garfield Weston Foundation	Sutton Coldfield Municipal Charities
George A Moore Foundation	The #iwill Fund
Helianthus Charitable Trust	The Charles Hayward Foundation
Home Office	Wades Charity
	WO Street Charitable Foundation

We would also like to say a huge thank you to everyone who supported SignHealth by taking part in our fundraising events. Together, we raised over £35,069 for our work with deaf adults and children. We would also like to say thank you to Bec Belles for our Charity of the Year partnership, which raised £15,000 over the year.



As in previous years, much of the support we have received over the year has been towards our award-winning Domestic Abuse Service, run by deaf people for deaf people affected by domestic abuse. Our service helps to improve awareness, resilience and independence and consistently achieves great results; 100% of survivors declared they were more aware of their rights, had better access to services, were better able to make safe choices, and felt more confident. The service relies entirely upon voluntary contributions and grants to operate, and the Trustees extend their thanks and appreciation to our donors for the support they have given throughout the year.

As always, we are grateful to each and every one of you, our work was made possible through and with your generous help.

Financial Review

SignHealth made an overall deficit of £743,557 (2024: £114,136 deficit) in the year to 31 March 2025, against a budgeted deficit of £317,100 (2024: £550,488 deficit). This includes a decrease in the value of the investment portfolio of £82,487 (2024: £154,005 increase).

In the year to 31 March 2025, total income increased by £1,453,221 to £9,735,635 (2024: £8,282,414) due in large part to an increase in residential fee income and new CYP service.

Expenditure to 31 March 2025, before gains/losses on revaluation of investments, increased by £1,816,151 to £10,396,707 (2024: £8,550,556). The majority of this increase is the result of an investment in SignHealth's staff costs and consultancy costs - and therefore SignHealth's ability to deliver its ambitions growth strategy.

Principal risks and uncertainties

SignHealth's approach to Risk Management centres on identifying, measuring, monitoring and controlling the key risks relating to all its services and operations. Our approach has always been strongly informed by guidance provided by the Charity Commission, including its overarching definition of Risk:

"the uncertainty surrounding events and their outcomes that may have a significant impact, either enhancing or inhibiting any area of a charity's operations".

Overall Risk Profiles are calculated using the Commission's "xy+y" formula (x = likelihood and y = impact) giving additional weighting to the impact of risks being realised.

Overall responsibility and accountability for risk lies with the Board of Trustees. Since April 2018 this has been supported by a formally constituted sub-committee of the Board of Trustees, the Audit and Risk Committee (ARC), which became the Finance, Audit and Risk Committee (FARC) in 2024/25.

The Finance, Audit and Risk Committee is responsible for ensuring a robust assurance framework is in place, along with appropriate and functioning processes and systems and processes to support it. The Committee Chair reports to the Board of Trustees on a regular basis through verbal reports at each Board Meeting and an Annual Report in the third quarter of each financial year. It should be noted that the Finance, Audit and Risk Committee does not have delegated responsibility to review the financial performance of the organisation – this remains with the Board.

Responsibility for identifying risk lies with the Executive Leadership Team (ELT), who consider existing risks and identify new ones. The ELT formally updates the organisational Risk Register and its associated Action log quarterly, in advance of Finance, Audit and Risk Committee and Board of Trustee Meetings.

Members of the Executive Leadership Team take specific responsibility for risk within each area of risk that has been identified. They play an important role in identifying and understanding risks that arise and are responsible for ensuring that appropriate controls are in place to ensure these risks are being managed and mitigated.

The Finance, Audit and Risk Committee held four meetings during the year to review our risk management framework, agreeing that our current process continues to be sound and fit for purpose. As part of this work the committee has also continued to develop and implement our approach to both Risk Appetite/Tolerance and Risk Assurance Mapping. All of our current risk areas have an assessment of risk appetite and tolerance, which have been reviewed and accepted by the Board. Each of our risk areas now also has a dedicated risk assurance map in place which sets out the controls for the risk area, linked to an action plan which addresses any gaps and areas for improvement. Reviews of this action plan and our overall approach to risk is linked to an annual Organisational Resilience Review (based on the Charity Governance Code) undertaken by the Finance, Audit and Risk Committee every autumn.

As part of our move to a new Three-Year Plan for 2024/27 we have developed a new Risk Register which is linked to the new Strategic Objectives of the new plan, which was implemented in April 2024. The new register focuses on the following risk areas (following Charity Commission guidance);

- Governance
- Operations
- Finance
- External
- Compliance

As mentioned above this is updated on a quarterly basis by ELT, prior to going to the Finance, Audit and Risk Committee and Board meetings.

Of the current risk areas, we have identified our top three risks (based on risk profile scores), which remain the same as in the last financial year:

Financial Management

For SignHealth, although the risk is low, the impact can be high if we do not mitigate this risk around financial management and understanding which can lead to diminished quality of service, inefficiencies, fraud, unnecessary reduction in cash reduction and/or free reserves and/or under investment in future development, investment and sustainability. There is a risk to our reputation with funders, as they may have less faith in our future bids and tenders if we have needed to give grant money back in the past due to poor management.

We have a performance management framework that aligns financial and non-financial data, which produces regular understandable and accurate reports for Managers and Trustees. We also have new procedures documented and ensuring all relevant people are aware of their responsibilities and ensuring a properly structured and competent Finance Team, together with a clear segregation of duties. During the start of the year, we continued with our Finance Task and Finish Group made of trustees (including the Vice Chair and Treasurer) and staff to keep a focus on key elements of our financial management including cashflow and income/expenditure. This group enabled us to maintain an increased level of overview and scrutiny as well as providing assurance to the board. Following the success of the group it was decided to merge the group into the remit of the existing Audit and Risk Committee (ARC) to create a Finance, Audit and Risk Committee (FARC). This ensures that an appropriate level financial overview and scrutiny is continued.

Staff

As a deaf-led organisation, it is vital that SignHealth recruits a large proportion of staff that have lived experience of being deaf people. We are therefore recruiting from a small pool of potential candidates. Our best candidates will also have different prior experiences and skills to those in a hearing-led organisation. This can also lead to risks around hearing and deaf staff not understanding each other, leading to poor teamwork, low staff morale and increased incidents. Deaf staff may also not understand and follow organisational policies and procedures that are delivered via 'hearing' methods, leading to lack of career progression and increased incidents. We may not be able to find enough appropriately trained and experienced deaf staff to meet our needs, in the right locations or at all, leading to understaffing and loss of quality.

This risk is managed in various ways. We ensure that all policies, procedures and training are as clear and accessible as possible to everyone, regardless of background or experience. We have also invested time in assessing the accessibility of our training and policies for our diverse workforce, including the development of BSL videos for our policies and procedures. In 2024/25 our Policy and Performance Manager has led on the redrafting all of our key policies in BSL and cascading these across the organisation. Whilst it will take some time for all our policies to be updated, we have now developed a Policy Working Group, together with clear processes for the development and approval of new policies and delivered a number of fully accessible policies including new Adult and Children Safeguarding policies.

The People and Pay Committee which was established in 2022/23 has continued to add value to our work. The committee is made up of both trustees and independent members who have extensive experience and knowledge in this area. The committee has clear Terms of Reference and has continued to provide guidance, support and advice to our People Team.

This risk area has also led SignHealth to adopt a different approach to learning and development than peer organisations. We have also used different methods and approaches to communication and training, that are shown to be more effective for a diverse staff group and particularly for deaf staff. We have also continued to investigate the impact of 'language deprivation' on the lived experience of deaf staff. We are continually reviewing and improving the staff 'offer', particularly for deaf staff, so that people value working at SignHealth because of its culture, its terms and conditions, and the opportunities for personal and professional development it provides.

Safeguarding

This risk covers both potential poor practice leading to a safeguarding incident which could result in the death of a client or significant harm to a client, reputational loss or financial loss to the organisation and/or individual clients and also an increased risk if we grow our services to include providing more services to children and/or young people.

We actively manage this risk in a variety of ways including having a comprehensive Adult Safeguarding policy and procedure which is reviewed and approved by the Board each year. We have a separate Child Protection policy and procedure which is similarly reviewed and approved every year. As mentioned above, both policies were reviewed in 2024/25 to make them fully accessible in BSL and published in our new interactive software package, 'Page Tiger'. We maintain an incident log which is regularly reviewed by the Executive Leadership Team, with all significant

issues reported directly to the CEO and on to the Chair of the Board of Trustees. We undertake training for staff, including in relation to the handling/management of clients' finances and undertake a full investigation of all incidents, with learning from every incident being captured and disseminated. Learning from any investigations relating to alleged safeguarding incidents continue to be incorporated in to updated policies, procedures and practice, particularly in terms of the safety of clients and staff when interacting with third parties. We also undertake Quality Assurance Audits.

Reserves policy

SignHealth's Board of Trustees take a risk based approach to determine the appropriate level of minimum reserves required to ensure SignHealth is a financially sustainable organisation.

The Board of Trustees has carried out a detailed review of SignHealth's reserves policy and have set a target range for general reserves equal to 3 – 6 months' annual total expenditure. Setting reserves at this level allows SignHealth to manage the liquidity risks associated with local authority and grant funding which make up a significant amount of total income. This level also allows SignHealth to fund future strategic initiatives which may not initially come with funding but with which SignHealth can continue to strive for the removal of barriers to good health and wellbeing for deaf people.

The Board of Trustees will review the level of reserves set against each risk category annually and immediately in the event of a significant change in the charity's activities, size or risk profile.

At 31 March 2025, SignHealth's total reserves were £1,817,069 (2024: £2,560,626). Unrestricted funds were £1,817,069 (2024: £2,558,848) which equates to 2.14 months' operating expenditure (2024: 3.49 months), and restricted reserves stood at £0 (2024: £1,778).

The current level of reserves are lower than target. This is due to a multi-year period of significant investment in SignHealth's people via a staff pay increase to match the London Living Wage, an investment in fundraising to diversify SignHealth's income sources and an investment in a transformation programme to update SignHealth's systems and working practices.

SignHealth's Trustees have agreed a surplus budget for the next financial year, signalling a commitment to rebuilding SignHealth's reserves. SignHealth also plans to support new residents and expand income generating activities over the next few years to further increase its reserves. Combined with the careful management of costs – SignHealth is expected to increase its reserves to the level specified by the policy over the short to medium term (2-5 years).

Investments

In April 2020, SignHealth invested £1,462,690 with Rathbones. In 2024-25 the charity reported £82,487 net losses and £36,059 income (2024: £109,706 net gains and £38,341 income) as a result of difficult market conditions – the war in Ukraine, high inflation and poor projections for economic growth all contributing to the decrease shown in this year's financial statements.

Our investment managers Rathbones have not invested during the financial year to 31 March 2025. The equity holdings are held as share unit holdings. The trustees have adopted the ethical policy of the Rathbone Core Investment Fund for Charities (into which the Charity will invest) which is:

no direct investments in companies manufacturing tobacco or tobacco products, or companies that derive more than 10% of their revenues from the manufacture of alcoholic beverages, armaments, gambling, high-interest rate lending or pornography

There is no difference between fair value and market value as the investments are either fixed interest, equities or cash deposits. Market valuation shows the fair value for these assets.

Going Concern

The Trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern. This is despite the reduction in reserves during 2023/24 and 2024/25.

This going concern position is supported by:

- The security of SignHealth's income – over 95% of SignHealth's income is contractual – received for the delivery of vital residential and support services that the NHS and local authorities are not equipped to provide, and this risk is spread across numerous separate NHS organisations and different local authorities.
- A more secure cash position. The availability, from May 2023, of a loan facility with Rathbones against the value of our investments. Rathbones approved a five year £500,000 loan facility against the value of investments - drawn down to support SignHealth with its cashflow. The availability of this loan will help SignHealth invest in the expansion of its services before income, received in arrears for the majority of services, is realised.
- Improved and increased focus on budgetary controls and reviews of financial information, with the addition of Finance to the existing Audit and Risk Committee to create the Finance, Audit and Risk Committee. This is to ensure that SignHealth's finances are monitored closely and that any remedial action necessary is taken in a timely manner.
- Further investment in the Finance team – additional support has been procured to support SignHealth's debtor recovery efforts which has seen a huge reduction in the level of debt from £1.042m in April 2024 to £313,584 in March 2025.

Plans for the future

The strategic direction of SignHealth and plans for the forthcoming years are set out in the SignHealth Three Year Plan. A new Three-Year Plan for 2024/27 was approved by the board in November 2023 and 2025/26 will be the second year of the plan.

As outlined previously the plan is structured around three new Strategic Objectives, namely;

- A Healthy Deaf Community
- Forward Together – Working in Partnership
- An Accessible system

These objectives are supported by an organisation-wide transformation programme.

Detailed milestones and actions under each objective have been agreed for 2025/26.



A Healthy Deaf Community

- We will continue to plan for expanding our social care services focusing on a more flexible and needs led approach in a change to the original focus of the Three-Year Plan. This means we will look to supporting 12 new residents rather than three new homes as originally planned. As part of this we will continue to engage with stakeholders from commissioning authorities (NHS and Council), housing associations and deaf mental health clinical services, as well as develop business cases
- We will continue to transition funding away from NHSE and integrate our Therapy service with ICBs to ensure continued sustainability
- We will continue the roll out of our new Children and Young People (CYP) Engagement and Participation teams, as well as developing a programme plan for digital resources and web pages for deaf CYP by deaf CYP with diverse representation
- We will continue to expand our Domestic Abuse services nationally through the Home Office contract.

Forward Together – Working in Partnership

- Working in partnership remains critical to SignHealth's success – both internally and externally. We cannot achieve our purpose on our own.
- We will develop a new project timeline for 'Sick of It 2' and start the project with a view to reporting in the first quarter of 2026/27
- We will continue to build a movement around the deaf together campaign, attracting more partners and supporters, appointing external ambassadors for campaigns and launching the Deaf at Work report
- We will deliver 60 workshops on health information and work with NHS Digital to expand their BSL accessible resources.

An Accessible System

- We will grow our capacity for working with the health system, by building on our recent consultancy work
- We will consider how we can improve SignHealth's customer experience journey by mapping current customer journey for each service, from initial contact to ongoing engagements and identifying areas where effective engagement can be enhanced
- We will collaborate with other organisations to improve people's understanding and knowledge of their rights.

In addition to the work under our three Strategic Objectives we will continue to deliver our internal transformation programme focusing on the agreed themes of People, Finance, Systems and Data and Climate. A major focus for 2025/26 will be the introduction of a new CRM system for Social Care alongside the development of a project management framework for SignHealth.

Structure, governance and management

The organisation is a private company limited by guarantee, incorporated on 14 May 1991 and registered as a charity on 13 May 1992.

Charitable objects

The relief of deaf and hearing-impaired persons in particular by, but without limitation, the provision of residential services and of other such services, activities and facilities as the charity shall from time to time deem fit.

Governance

SignHealth is a company limited by guarantee, with registration number 02610559, and a registered charity with number 1011056. The company was established under a Memorandum of Association, which created the objects and powers of the charitable company and is governed by its Articles of Association. All Trustees give their time voluntarily and receive no benefits from the charity. Any expenses reclaimed from the charity are set out in note 8 to the accounts.

The Memorandum and Articles of Association were reviewed and updated in March 2025.

At the time of writing our Board consists of eight Trustees, which is in line with the maximum permitted by SignHealth's Memorandum and Articles of Association. In line with SignHealth's ambitions to be a deaf-led organisation, the current Board of Trustees is made up of five deaf and three hearing Trustees.

In October 2024, two trustees stood down from the board. One of these was the Chair (Sabina Iqbal) therefore, following discussions at the board, Mark Perry (the existing vice chair) was appointed as chair to provide continuity to the board and serve in the role for a year (until September 2025). Amanprit Arnold was also appointed at the same meeting to serve as vice chair for the same period. These changes necessitated a minor change to the Articles of Association to amend the period that a trustee can serve for from two three-year periods (six years in total) to two three-year periods plus

one year in exceptional circumstances (seven years in total). This change was approved by special resolution at the board meeting in March 2025.

None of the Directors has any beneficial interest in the Company. All Directors agree to contribute £1 in the event of a winding up. Related party transactions are detailed in note 9 of the accounts.

The charity is governed by the Board of Trustees who meet with management regularly. Day to day management is delegated to the Chief Executive and the Executive Leadership Team. The Board of Trustees meet regularly and receive reports from the Chief Executive and Executive Leadership Team. The Chair, as representative of the Board, maintains regular contact with the Chief Executive. The Executive Leadership Team are invited to Board Meetings to provide reports on their areas of work. The Trustees provide advice and support to the Executive Leadership Team and other areas of the charity where their expertise is appropriate.

As reported in last year's annual report we undertook a full governance review between January and May 2024. This review was comprised of three elements, namely an internal review, board self-review and an external review carried out by independent, external governance experts. The review reported to the board at their May 2024 awayday, with the recommendations being implemented in the rest of 2024/25. These recommendations included the creation of a new Growth Committee, the addition of Finance to the existing Audit and Risk Committee to create a new Finance, Audit and Risk Committee and the introduction of new Executive Leads for each committee, as well as a number of other smaller recommendations around the practical operation of governance across the organisation.

Leadership and management

At the end of 2024/25, a third of the SignHealth Executive Leadership Team (ELT) were deaf people.

We continued to further invest in Management and Leadership training with managers across SignHealth and this will continue across the existing Three-Year Plan.

The Chief Executive continues to meet with all staff teams regularly throughout the year and regular bi-monthly Leadership Team meetings with all senior managers across SignHealth continued in 2024/25.

As part of our ongoing annual Organisational Resilience Review process, we have continued to review the organisation against the Charity Governance Code. This self-assessment continues to highlight broad compliance and good practice against the principles whilst also identifying some areas where further work remains necessary. Actions under these areas is monitored throughout the year, with progress made against them reported as part of the next Organisational Resilience Review scheduled for Autumn 2025.

Fundraising Regulations

During the year, SignHealth engaged in public fundraising, but did not use professional fundraisers or commercial participators. The charity continued to observe and comply with the relevant fundraising regulations and codes and is a member of the Fundraising Regulator. The charity received no complaints (2023/24: no complaints) relating to its fundraising practice.

Appointment of Trustees

Vetting and checks of new Trustees was carried out in line with Charity Commission guidance. All new Trustees undertake a full induction process which includes induction meetings with the Chief Executive and each of the Directors on the Executive Leadership Team, external training on finance, the legal responsibilities of being trustee and safeguarding, as well as attendance at an all-day face to face staff induction event.

We continued with our new Trustee Alumni scheme in 2024/25 to connect with previous SignHealth trustees. This enables us to stay in contact with trustees when they step down from the board, keeping them up to date with what SignHealth is doing and how it is growing, as well as continuing to benefit from their experience and networks. Although very beneficial in terms of relationship management the scheme is relatively light on resources and consists of one face to face event and one remote, online meeting each year, together with two e-mail newsletters.

Related parties and relationships with other organisations

Both Trustees and key management personnel complete annual declarations of interest. Trustees declare any conflicts of interest at the beginning of each meeting and discuss how the conflict should be managed with regards to agenda items.

Details of related party transactions can be found in note 9 of the financial statements.

Remuneration policy for key management personnel

The Chief Executive's salary is determined by the Board of Trustees, and their review takes account of the past year's achievements, environmental and market conditions, and of sector comparisons.

The pay of senior staff is reviewed annually and can be increased in accordance with average earnings and the level of responsibility required. In view of the charitable nature of the company, the remuneration benchmark is determined through comparative research into charities of a similar size and scope. The People and Pay committee was established in 2022/23 with the remit to advise and make recommendations to the Board on these and other matters.

Statement of responsibilities of the trustees

The trustees (who are also directors of SignHealth for the purposes of company law) are responsible for preparing the trustees' annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

In preparing these financial statements, 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
- State whether applicable UK Accounting Standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation

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

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware
- The trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The trustees are members of the charity, but this entitles them only to voting rights. The trustees have no beneficial interests in the charity.

The charity has taken out indemnity insurance on behalf of the Trustees.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The trustees' annual report has been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime.

The trustees' annual report has been approved by the trustees on 17 July 2025 and signed on their behalf by

Mark Perry
Chair of Trustees

Independent auditor's report

Opinion

We have audited the financial statements of SignHealth (the 'charitable company') for the year ended 31 March 2025 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 March 2025 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
- Have been prepared in accordance with the requirements of the Companies Act 2006

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other Information

The other information comprises the information included in the trustees' annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The trustees' annual report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report. We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is

necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management and the Board of Trustees, which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.

Independent auditor's report

To the members of SignHealth

For the year ended 31 March 2025

- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

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

Jonathan Orchard (Senior statutory auditor)

20 August 2025

for and on behalf of Sayer Vincent LLP, Statutory Auditor

110 Golden Lane, LONDON, EC1Y 0TG

Statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2025

	Note	Unrestricted £	Restricted £	2025 Total £	Unrestricted £	Restricted £	2024 Total £
Income from:							
Donations and legacies	2	144,005	–	144,005	225,325	–	225,325
Charitable activities							
Social care	3a	6,617,502	8,020	6,625,522	5,306,037	9,643	5,315,680
Therapies	3b	1,184,354	28,138	1,212,492	1,162,537	85,396	1,247,933
Domestic abuse	3c	–	1,275,028	1,275,028	–	1,409,364	1,409,364
Other charitable activities	3d	–	–	–	–	–	–
CYP	3d	–	356,645	356,645	–	–	–
Fundraising events		35,119	–	35,119	4,842	–	4,842
Investments	4	86,823	–	86,823	79,270	–	79,270
Other income		–	–	–	–	–	–
Total income		8,067,803	1,667,831	9,735,635	6,778,011	1,504,403	8,282,414
Expenditure on:							
Raising funds		558,167	–	558,167	247,022	–	247,022
Charitable activities							
Social care		6,817,868	8,020	6,825,888	5,497,133	9,643	5,506,776
Therapies		999,217	28,138	1,027,355	904,269	85,396	989,665
Domestic abuse		159,135	1,275,028	1,434,163	157,077	1,409,364	1,566,442
Other charitable activities		83,362	–	83,362	80,347	–	80,347
CYP		111,124	356,645	467,769	160,304	–	160,304
Total expenditure	5	8,728,874	1,667,831	10,396,707	7,046,152	1,504,403	8,550,556
Net income/(expenditure) before gains/(losses)		(661,070)	–	(661,070)	(268,142)	–	(268,142)
(Loss)/Gain on revaluation of investments	12	(82,487)	–	(82,487)	154,005	–	154,005
Net (expenditure) for the year		(743,557)	–	(743,557)	(114,136)	–	(114,136)
Transfers between funds	17a	1,778	(1,778)	–	–	–	–
Net (expenditure) before other recognised gains and losses		(741,779)	(1,778)	(743,557)	(114,136)	–	(114,136)
Net movement in funds		(741,779)	(1,778)	(743,557)	(114,136)	–	(114,136)
Reconciliation of funds:							
Total funds brought forward		2,558,848	1,778	2,560,626	2,672,984	1,778	2,674,762
Total funds carried forward		1,817,069		1,817,069	2,558,847	1,778	2,560,626

All other activities are continuing. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 17 to the financial statements.

Balance sheet

Company no. 02610559

As at 31 March 2025

	Note	2025 £	2024 £
Fixed assets:			
Tangible assets	11	8,460	35,625
Investments	12	1,362,064	1,486,046
		<u>1,370,524</u>	<u>1,521,671</u>
Current assets:			
Debtors	13	825,741	1,627,044
Cash at bank and in hand		591,710	236,689
		<u>1,417,451</u>	<u>1,863,733</u>
Liabilities:			
Creditors: amounts falling due within one year	14a	(720,907)	(674,778)
Creditors: amounts falling due after more than one year	14b	(250,000)	(150,000)
		<u></u>	<u></u>
Net current assets		<u>446,543</u>	<u>1,038,955</u>
Total net assets	16	<u><u>1,817,069</u></u>	<u><u>2,560,626</u></u>
Funds:			
Restricted income funds		–	1,778
Unrestricted income funds:			
Designated funds		38,687	69,882
General funds		1,778,382	2,488,966
		<u></u>	<u></u>
Total unrestricted funds		<u>1,817,069</u>	<u>2,558,847</u>
Total funds	17	<u><u>1,817,069</u></u>	<u><u>2,560,626</u></u>

Approved by the trustees on 17 July 2025 and signed on their behalf by

Mark Perry
Chair of TrusteesAmanprit Arnold
Vice Chair of Trustees

Statement of cash flows

For the year ended 31 March 2025

	Note	2025 £	£	2024 £	£
Cash flows from operating activities					
Net (expenditure) for the reporting period (as per the statement of financial activities)		(743,557)		(114,136)	
Depreciation charges		27,164		45,355	
Dividends, interest and rent from investments		(86,823)		(79,270)	
Loss/(Gain) on revaluation of investments		82,487		(154,005)	
(decrease) in debtors		801,304		(255,622)	
Increase in creditors		46,130		102,966	
Net cash used in operating activities			126,704		(454,712)
Cash flows from investing activities:					
Dividends, interest and income from investments		86,823		79,270	
Purchase of fixed assets		–		(2,139)	
Proceeds from sale of investments		41,589		32,475	
Movement in cash held by investment managers pending reinvestment		(95)		1,963	
Net cash provided by/(used in) investing activities			128,317		111,569
Cash flows from financing activities:					
Repayments of borrowing		–		(50,000)	
Cash inflows from new borrowing		100,000		200,000	
Net cash (provided by) financing activities			100,000		150,000
Change in cash and cash equivalents in the year			355,021		(193,144)
Cash and cash equivalents at the beginning of the year			236,689		429,833
Cash and cash equivalents at the end of the year			591,710		236,689

1 Accounting policies

a) Statutory information

SignHealth is a charitable company limited by guarantee and is incorporated in England and Wales.

The registered office address is: Canopi, 82 Tanner Street, London, SE1 3GN

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) – (Charities SORP FRS 102), The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

In applying the financial reporting framework, the trustees have made a number of subjective judgements, for example in respect of significant accounting estimates. Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The nature of the estimation means the actual outcomes could differ from those estimates. Any significant estimates and judgements affecting these financial statements are detailed within the relevant accounting policy below.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern. The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

Further information on the charity's going concern conclusion can be found in the trustees' annual report.

e) Income

Income is recognised when the charity has entitlement to the funds, any requirements attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any conditions attached to the grants are expected to be met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

Notes to the financial statements

For the year ended 31 March 2025

1 Accounting policies (continued)

g) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

h) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services undertaken to further the purposes of the charity and their associated support costs
- Other expenditure represents those items not falling into any other heading

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

i) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. The indirect costs of overall direction and administration, comprising the salary and overhead costs of the central function, is apportioned to activities as a proportion of headcount in each service area;

● Raising funds	5% (2024:2%)
● Social care	69% (2024:69%)
● Therapies	8% (2024:10%)
● Domestic abuse	13% (2024:15%)
● CYP	4% (2024:3%)
● Other charitable activities	1% (2024: 1%)

Governance costs are allocated to each of the activities on the following basis which is an estimate, based on staff headcount, of the amount attributable to each activity:

● Raising funds	5% (2024:2%)
● Social care	69% (2024:69%)
● Therapies	8% (2024:10%)
● Domestic abuse	13% (2024:15%)
● CYP	4% (2024:3%)
● Other charitable activities	1% (2024: 1%)

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

j) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

Notes to the financial statements

For the year ended 31 March 2025

1 Accounting policies (continued)**k) Tangible fixed assets**

Items of equipment are capitalised where the purchase price exceeds £1,000. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use. Major components are treated as a separate asset where they have significantly different patterns of consumption of economic benefits and are depreciated separately over its useful life.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

● Freehold Land and Buildings	50 years
● Leasehold Land and Buildings	Over the period of the lease
● Fixtures, Fittings and Equipment	4 years
● IT Equipment	3 years

l) Listed investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Any change in fair value will be recognised in the statement of financial activities. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains/(losses) on investments" in the statement of financial activities. The charity does not acquire put options, derivatives or other complex financial instruments.

m) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

n) Short term deposits

Short term deposits includes cash balances that are invested in accounts with a maturity date of between 3 and 12 months.

o) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

p) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

q) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

r) Pensions

The charitable company operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the charitable company in an independently administered fund. The pension cost charge represents contributions payable under the scheme by the charitable company to the fund. The charitable company has no liability under the scheme other than for the payment of those contributions.

Notes to the financial statements

For the year ended 31 March 2025

2 Income from donations and legacies

	Unrestricted £	Restricted £	2025 Total £	Unrestricted £	Restricted £	2024 Total £
Gifts	141,202	–	141,202	93,679	–	93,679
Legacies	2,803	–	2,803	131,646	–	131,646
	144,005	–	144,005	225,325	–	225,325

3 Income from charitable activities

	Unrestricted £	Restricted £	2025 Total £	Unrestricted £	Restricted £	2024 Total £
3a Social care						
Access to work	–	8,020	8,020	–	5,353	5,353
Fees	6,552,412	–	6,552,412	5,237,867	–	5,237,867
Client income	65,090	–	65,090	68,170	–	68,170
Grants receivable	–	–	–	–	4,290	4,290
Sub-total for Social Care	6,617,502	8,020	6,625,522	5,306,037	9,643	5,315,680
3b Therapies						
Fees	1,184,354	–	1,184,354	1,162,537	–	1,162,537
Grants receivable	–	28,138	28,138	–	85,396	85,396
Sub-total for Therapies	1,184,354	28,138	1,212,492	1,162,537	85,396	1,247,933
3c Domestic abuse						
Fees	–	–	–	–	–	–
Grants receivable	–	1,275,028	1,275,028	–	1,409,364	1,409,364
Sub-total for Domestic abuse	–	1,275,028	1,275,028	–	1,409,364	1,409,364
3d CYP						
Fees	–	–	–	–	–	–
Grants receivable	–	356,645	356,645	–	–	–
Sub-total for CYP	–	356,645	356,645	–	–	–
Total income from charitable activities	7,801,856	1,667,831	9,469,688	6,468,574	1,504,403	7,972,977

4 Income from investments

	2025 Total £	2024 Total £
Interest receivable	1,863	1,532
Other rental income	48,900	39,396
Income from investments	36,059	38,341
	86,823	79,270

All income from investments is unrestricted.

Notes to the financial statements

For the year ended 31 March 2025

5a Analysis of expenditure (current year)

	Charitable activities								2025	2024
	Raising funds £	Social care £	Therapies £	Domestic abuse	Other charitable activities	CYP £	Governance costs £	Support costs £	Total £	Total £
Staff costs (Note 7)	350,136	3,573,728	619,372	887,171	42,552	310,828	279,762	1,407,224	7,470,773	5,896,066
Other staff costs	10,281	390,916	63,137	26,751	5,889	2,392	8,578	446,225	954,168	902,121
Travel and subsistence	10,749	64,211	11,714	52,456	4,541	21,388	15,328	61,406	241,794	229,405
Building costs	-	441,818	-	71	-	-	3,927	2,234	448,050	394,260
Running costs	3,542	108,643	78,983	50,081	-	7,742	96,306	448,999	794,297	678,568
Fundraising and marketing	31,233	-	118	5,582	-	3,503	15,861	83,724	140,020	185,127
Beneficiary costs	-	94,568	-	16,371	-	393	-	312	111,643	97,323
Other trading costs	-	-	-	-	-	-	34,339	-	34,339	29,174
Accountancy and audit	-	-	-	-	-	-	-	26,340	26,340	17,914
Legal and professional	27	11,881	-	-	-	-	10,827	74,354	97,087	92,663
Depreciation and impairment	297	43,861	10,987	732	-	-	-	22,320	78,196	27,937
	406,264	4,729,624	784,310	1,039,214	52,982	346,247	464,927	2,573,137	10,396,707	8,550,556
Support costs	128,657	1,775,464	205,851	334,508	25,731	102,925	-	(2,573,136)	-	-
Governance costs	23,246	320,800	37,194	60,441	4,649	18,597	(464,927)	-	-	-
Total expenditure 2025	558,167	6,825,888	1,027,355	1,434,163	83,362	467,769		1	10,396,707	
Total expenditure 2024	247,022	5,506,776	989,665	1,566,442	80,347	160,304	-	-		8,550,556

5b Analysis of expenditure (prior year)

	Charitable activities								
	Raising funds £	Social care £	Therapies £	Domestic abuse	Other charitable activities	BSLHA £	Governance costs £	Support costs £	2024 Total £
Staff costs (Note 7)	158,978	2,656,395	585,902	780,290	41,570	61,640	280,286	1,331,005	5,896,066
Other staff costs	3,618	250,701	56,085	123,156	6,100	10,850	28,946	422,665	902,121
Travel and subsistence	4,423	70,407	10,788	59,548	4,949	4,258	31,271	43,759	229,405
Building costs	–	418,391	–	924	–	–	(28,231)	3,176	394,260
Running costs	969	95,826	63,300	90,476	–	216	111,185	316,596	678,568
Fundraising and marketing	23,283	497	196	83,733	–	160	8,375	68,883	185,127
Covid-19 costs	–	–	–	–	–	–	–	–	–
Beneficiary costs	–	89,813	–	8,449	–	–	261	(1,200)	97,323
Other trading costs	–	–	–	–	–	–	–	29,174	29,174
Accountancy and audit	–	–	–	–	–	–	17,914	–	17,914
Legal and professional	–	7,090	310	–	–	–	33,776	51,487	92,663
Depreciation and impairment	297	4,502	(4,184)	3,964	–	–	–	23,358	27,937
	191,568	3,593,622	712,397	1,150,540	52,619	77,124	483,783	2,288,903	8,550,556
Support costs	45,778	1,579,343	228,890	343,335	22,890	68,667	–	(2,288,903)	–
Governance costs	9,676	333,811	48,378	72,567	4,838	14,513	(483,783)	–	–
Total expenditure 2024	247,022	5,506,776	989,665	1,566,442	80,347	160,304		–	8,550,556

Notes to the financial statements

For the year ended 31 March 2025

6 Net income / (expenditure) for the year

This is stated after charging / (crediting):

	2025 £	2024 £
Depreciation	27,164	27,937
Loss/(gain) on revaluation/disposal of fixed assets	-	-
Auditor's remuneration (excluding VAT):		
Audit	16,800	17,914
Other services	9,540	-
	<u>27,164</u>	<u>27,937</u>

7 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2025 £	2024 £
Salaries and wages	6,441,194	5,038,056
Redundancy and termination costs	78,525	103,767
Social security costs	645,508	501,882
Employer's contribution to defined contribution pension schemes	305,545	252,359
	<u>7,470,773</u>	<u>5,896,064</u>

The following number of employees received employee benefits (excluding employer pension costs and employer's national insurance) during the year between:

	2025 No.	2024 No.
£60,000 – £79,999	3	2
£80,000 – £99,999	2	2
£100,000 – £129,999	1	
£130,000 – £159,999	1	2
	<u>7</u>	<u>6</u>

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were £739,242 (2024: £633,545). The Key Management Personnel includes the Trustees, the CEO, and all members of the Executive Leadership Team (Director of Operations, Director of People, Director of Finance and Transformation, Director of Engagement and Director of Governance).

A Chair is paid from employment with the charity in the year 2025 £16.1k (2024 £14.6k) with permission from Charity Commision. As for the rest of charity trustees, they were neither paid nor received any other benefits from employment with the charity in the year (2024: £nil). No charity trustee received payment for professional or other services supplied to the charity (2024: £nil).

£2,512 trustee expenses (2024: £3,376), for attendance at trustee meetings, was incurred or paid on behalf of 6 trustees (2024: 7) in the year.

8 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 216 (2024: 194).

The FTE number of employees for the year was 167 (2024: 123)

Staff are split across the activities of the charitable company as follows (head count basis):

	2025 No.	2024 No.
Raising funds	9	3
Social care	130	113
Therapies	16	16
Domestic abuse	24	25
Other charitable activities	1	1
CYP	7	6
Administration	22	23
Governance	7	7
	<u>216</u>	<u>194</u>

9 Related party transactions

In the year to 31 March 2025, SignHealth paid the Voluntary Organisations Disability Group (VODG) and the UK Council on Deafness (UKCOD) combined membership and other fees of £1,622 (2023-24: £1,515). The former CEO of SignHealth was also a board member of VODG.

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties.

The charity has taken out indemnity insurance on behalf of the Trustees.

10 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. Its charge to corporation tax in the year was:

	2025 £	2024 £
UK corporation tax at 19%	<u>-</u>	<u>-</u>

11 Tangible fixed assets**The charity**

	Fixtures and fittings £	Computer equipment £	Total £
Cost			
At the start of the year	91,296	309,832	401,128
Recategorisation of Assets	(91,296)	91,296	–
At the end of the year	–	401,128	401,128
Depreciation			
At the start of the year	71,482	294,022	365,504
Charge for the year		27,164	27,164
Recategorisation of Assets	(71,482)	71,482	–
At the end of the year	–	392,668	392,668
Net book value			
At the end of the year	–	8,460	8,460
At the start of the year	19,814	15,810	35,624

All of the above assets are used for charitable purposes.

12 Listed investments

	2025 £	2024 £
Fair value at the start of the year	1,486,046	1,366,478
Additions at cost	–	–
Proceeds from sale of investments	(41,589)	(32,475)
Net gain/(loss) on change in fair value	(82,487)	154,005
	1,361,969	1,488,009
Cash held by investment broker pending reinvestment	95	(1,963)
Fair value at the end of the year	1,362,064	1,486,046
Investments comprise:		
	2025 £	2024 £
Shares listed on the London Stock Exchange	1,361,969	1,488,009
Cash	95	(1,963)
Fair value at the end of the year	1,362,064	1,486,046

Financial investments are measured at fair value through income and expenditure.

Notes to the financial statements

For the year ended 31 March 2025

13 Debtors

	2025 £	2024 £
Trade debtors	313,584	975,175
Prepayments and accrued income	512,157	651,869
	<u>825,741</u>	<u>1,627,044</u>

All of the group's financial instruments, both assets and liabilities, are measured at amortised cost. The carrying values of these are shown above and also in note 14 below.

14a Creditors: amounts falling due within one year

	2025 £	2024 £
Trade creditors	158,521	186,334
Taxation and social security	174,566	141,576
Other creditors	54,793	42,466
Accruals	160,417	221,767
Deferred income (note 15)	172,610	82,635
	<u>720,907</u>	<u>674,778</u>

14b Creditors: amounts falling due after more than one year

	2025 £	2024 £
Bank loans	250,000	150,000
	<u>250,000</u>	<u>150,000</u>

15 Deferred income

Deferred income comprises income that has been billed in advance.

	2025 £	2024 £
Balance at the beginning of the year	82,635	82,603
Released to income in the year	(647,924)	(567,279)
Deferred in the year	737,899	567,311
Balance at the end of the year	<u>172,610</u>	<u>82,635</u>

16a Analysis of group net assets between funds (current year)

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Fixed assets	1,362,064	8,460	–	1,370,525
Net current assets	416,317	30,227	–	446,544
Net assets at 31 March 2025	1,778,381	38,687	–	1,817,069

16b Analysis of group net assets between funds (prior year)

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Fixed assets	1,486,046	35,625	–	1,521,671
Net current assets	1,002,919	34,257	1,778	1,038,955
Net assets at 31 March 2024	2,488,965	69,882	1,778	2,560,626

17a Movements in funds (current year)

	At 1 April 2024 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2025 £
Restricted funds:					
Domestic Abuse	–	1,275,028	(1,275,028)	–	–
Residential	–	–	–	–	–
Therapy	–	28,138	(28,138)	–	–
Brudenell Road	–	–	–	–	–
Deaf with Cancer	1,778	–	–	(1,778)	–
CYP	–	356,645	(356,645)	–	–
Access to Work	–	8,020	(8,020)	–	–
Total restricted funds	1,778	1,667,831	(1,667,831)	(1,778)	–
Unrestricted funds:					
Designated funds:					
Fixed asset fund	35,624	–	(27,164)	–	8,460
Innovation fund	–	–	–	–	–
Two Deaf Foot fund	34,258	–	(4,031)	–	30,227
Total designated funds	69,882	–	(31,195)	–	38,687
General funds	2,488,968	8,067,803	(8,780,166)	1,778	1,778,383
Total unrestricted funds	2,558,849	8,067,803	(8,811,361)	1,778	1,817,069
Total funds	2,560,626	9,735,635	(10,479,193)	–	1,817,069

The narrative to explain the purpose of each fund is given in note 17c.

17b Movements in funds (prior year)

	At 2 April 2023 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2024 £
Restricted funds:					
Domestic Abuse	–	1,409,364	(1,409,364)	–	–
Residential	–	4,290	(4,290)	–	–
Therapy	–	85,396	(85,396)	–	–
Brudenell Road	–	–	–	–	–
Deaf with Cancer	1,778	–	–	–	1,778
Corona Virus funds	–	–	–	–	–
Access to Work	–	5,353	(5,353)	–	–
Total restricted funds	1,778	1,504,403	(1,504,403)	–	1,778
Unrestricted funds:					
Designated funds:					
Fixed asset fund	78,840	2,139	(45,355)	–	35,624
Innovation fund	13,073	–	–	(13,073)	–
Two Deaf Foot fund	34,258	–	–	–	34,258
Total designated funds	126,171	2,139	(45,355)	(13,073)	69,882
General funds	2,546,814	6,775,872	(6,846,792)	13,073	2,488,968
Total unrestricted funds	2,672,985	6,778,011	(6,892,147)	–	2,558,849
Total funds	2,674,763	8,282,414	(8,396,551)	–	2,560,626

17c Purposes of restricted funds

Domestic Abuse (previously DeafHope)

SignHealth's domestic abuse service, previously called DeafHope, works with the Deaf survivors of domestic abuse and includes our work with Deaf children and young people. It is funded by our fantastic supporters, who in 2024–25 include London Councils, the Home Office, The Police and Crime Commissioners for Kent and Sussex, Solace Women's Aid, Safe Lives, National Lottery, Bristol Next Link, Pilgrims and the City Bridge Foundation.

The Home Office had provided a grant over 2 years to enable SignHealth to improve its capacity to respond to deaf victims of domestic abuse. An extra £895,580 was awarded during the financial year 2023–2024, and was expended for the purpose for which it was awarded. Of the grant, £130,857 was spent on direct project and beneficiary costs, £69,579 on project overheads and £695,145 on staff costs.

£259,224 was awarded from the London Councils Grant Committee during the financial year 2024–2025 for SignHealth's domestic abuse service. This was expended for the purpose for which it was awarded: for abused Deaf women and children in London. Of the grant, £34,661 was spent on direct project costs, £28,594 on project overheads and £196,737 on staff costs.

17c Purposes of restricted funds (continued)

Residential

Support has kindly been received for specific work in our residential schemes, including support for training costs, and small refurbishment work at some of the homes and breaks with carers for those service users with the most complex mental health needs.

Therapy/Online Therapy

With support from the Rayne Foundation, we have been able to continue the development of an online resource for Deaf people needing cognitive behavioural therapy (CBT).

Brudenell Road

Funding received for 'Brudenell Road' refers to a new housing scheme we have developed in Leeds.

Deaf with Cancer

Funding provides therapy for deaf people diagnosed with or recovering from cancer.

Access to Work

SignHealth receives funds from the Department of Work and Pensions, to reimburse the cost of additional communications support workers employed on the SignHealth payroll, providing support to SignHealth staff in receipt of an Access to Work grant.

Purposes of Designated Funds and General Funds

The fixed asset fund represents the net book value of all assets held by the charity, excluding the Restricted funds.

The Two Deaf Foot designated fund represents funds raised for SignHealth by the Two Deaf Foot fundraising walk from John O'Groats to Land's End in summer 2020. Expenditure of these funds is overseen by a committee comprising the Two Deaf Foot walkers and members of the SignHealth Board of Trustees.

The innovation designated fund represents funds set aside by the Board of Trustees, to put towards initiatives that will further SignHealth's charitable objects but that represent a high financial risk.

18 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

Accounts

Charity number: 1011056

Report and financial statements
For the year ended 31 March 2024

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Reference and administrative information

Company number 2610559
Charity number 1011056
Registered office CAN Mezzanine, 7-14 Great Dover Street, London SE1 4YR

Country of registration England and Wales

Country of incorporation United Kingdom

Trustees Trustees, who are also directors under company law, who served during the year and up to the date of this report were as follows:

Jackie Driver OBE, Chair	Stepped down 14 September 2023
Sara Clare Mitchell	Stepped down 14 September 2023
Andrew Sims, Vice Chair and Chair of Audit and Risk Committee	Stepped down 14 September 2023
Christine McPherson	
Mark Perry, Vice Chair and Chair of Audit and Risk Committee (from 14 Sept 2023)	
Tania Hudson, Treasurer	
Vanessa Longley	
Amanprit Arnold, Co - Chair of People and Pay Committee	
Diane Jones	Appointed 14 July 2023
Sabina Iqbal, Chair	Appointed 14 September 2023
Hannah Whalley	Appointed 14 September 2023
Frankie McLean	Appointed 14 September 2023
Matthew James	Appointed 14 September 2023

Executive Leadership Team

James Watson-O'Neill OBE	Chief Executive
Thandi Mtetwa	Director of People and Finance
Michelle Dawson	Interim Director Of Operations
Lucy Warnes	Director of Engagement
Stacey Witter	Director of Social Change
Paul Howes	Assistant Director (Governance)

Bankers Metro Bank 120 Cheapside London EC2V 7JB

Solicitors Trowers and Hamlins 3 Bunhill Road London EC1Y 8YZ

Auditor Sayer Vincent LLP Chartered Accountants and Statutory Auditor
110 Golden Lane London EC1Y 0TG

Message from the Chair of Trustees, Sabina Iqbal

I am honoured to introduce myself as the new Chair at SignHealth, having joined in September 2023. Firstly, I would like to thank those trustees who stood down this year, especially Jackie Driver who was Chair for six years. As a result of their incredible leadership during a very challenging time SignHealth grew from strength to strength, working to improve the health and wellbeing of Deaf people.

I am fortunate to be working with a great mix of new and experienced trustees on the board. They come from a variety of professional backgrounds – NHS, social care, mental health and senior third sector leadership. I am proud that seven out of ten trustees are Deaf and disabled, bringing lived experience as well as valuable skills.

Our last Three-Year Plan led us to three major achievements:

- Opening our supported living accommodation at Brudenell Road in Leeds for Deaf people with complex mental health needs
- Achieving a national contract with NHS England for our therapies service
- Expanding our domestic abuse service across England after a successful bid for funding from the Home Office.

Eighteen months ago, SignHealth employed 125 people with a budget of around £4.5 million. Now we employ nearly 200 people and have a budget of £9.5 million. This growth means we are reaching more Deaf people across the country than ever before.

I am excited to work with SignHealth trustees and staff as we launch our new Three-Year Plan. Our vision has not changed, but we know we must expand our services and influence to achieve a world where there are no barriers to good health and wellbeing for Deaf people. With this in mind, we have set three key objectives:

- Forward together, working in partnership
- A healthy Deaf community
- An Accessible system

To grow and achieve our goals, we will also deliver a transformation programme to change the ways we work so that we can improve how we work with Deaf people and everyone at SignHealth. I look forward to working with you all as we continue to end health inequality for Deaf people.

With thanks and best wishes

Sabina Iqbal, Chair

Trustees' Annual Report

The trustees present their report and the audited financial statements for the year ended 31 March 2024.

Reference and administrative information set out on page 3 forms part of this report. The financial statements comply with current statutory requirements, the memorandum and articles of association and the Statement of Recommended Practice – Accounting and Reporting by Charities: SORP applicable to charities preparing their accounts in accordance with FRS 102.

Objectives and Activities

Vision

A world where there are no barriers to good health and wellbeing for Deaf people.

Purpose

To improve the health and wellbeing of Deaf people.

Values

- We can do it
- Everyone Belongs
- We Grow Together
- Make the Small Moments Count.

Our focus

SignHealth's work focuses on Deaf people who use British Sign Language (BSL): this is where our expertise lies and where we feel we are best able to help. The charity will ensure our work is fully costed and planned.

Objectives

- **Mental health:** SignHealth will consolidate its position and look to grow its existing services to meet the needs of more Deaf people.
- **Social change:** SignHealth will campaign and lobby for change to remove the barriers and obstacles Deaf people face in relation to health issues and access to services.
- **Children and young people:** SignHealth will extend its existing work with Deaf children and young people and look at developing new services for them and with them that prevent health problems from starting or address them before they become more serious.
- **Partnership:** SignHealth will work with established experts and continue to work effectively with a diverse range of other Deaf charities.

The trustees review the objectives and activities of the charity each year. This report looks at what the charity has achieved and the outcomes of its work in the reporting period. The trustees report the success of each key activity and the benefits the charity has brought to those groups of people that it is set up to support. The review also helps the trustees ensure the charity's objectives and activities remained focused on its stated purpose.

The trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's objectives and activities, and in planning its future activities. In particular, the trustees consider how planned activities will contribute to the objectives and activities that have been set.

Achievements and performance

This year (2023/24) has been another year of investment for SignHealth. The Board of Trustees have made a number of conscious decisions to proactively invest in growth for the organisation. This includes recruiting to a number of new roles both in services and central support functions to increase our capacity and resilience.

Our Three-Year Plan

The strategic direction of SignHealth and plans for the forthcoming years are set out in the SignHealth Three Year Plan. As mentioned in last year's report, we started to develop a new Three Year Plan in 2022/23, which was approved by the board at their meeting in November 2023. The plan is structured around three new Strategic Objectives, namely;

- A Healthy Deaf Community
- Forward Together – Working in Partnership
- An Accessible System

These objectives are all supported by an organisation-wide transformation programme.

Although we did not finalise the content of the new Three-Year Plan until November 2023, as mentioned in last year's report the board approved a 'Year Zero' Plan in March 2023 for 2023/24 which was structured around the new Strategic Objectives and contained milestones and actions under each of them for 2023/24. Our achievements and performance for 2023/24 are therefore reported against these objectives.

A Healthy Deaf Community

Social care

A major achievement in 2023/24 was the opening of our new residential supported living service in Leeds. Brudenell Road provides supported living for four Deaf people who have previously lived in secure mental health hospitals. By the end of the year 23 staff had been recruited and three tenants had moved in, with the other tenant undertaking transition work.

SignHealth residential services offer homes for 34 Deaf people (including Brudenell Road) who need additional support with their mental health and complex needs in six locations around the country. We also have supported housing provision in London, which provides daily support for five Deaf people. Staff receive ongoing training and support, and continuous risk assessments are undertaken to support the people who live in our services. We had minimal vacancies in our flats in 2023/24, meeting our target of having no more than one vacancy at any one time in the year.

Residents in SignHealth care homes are supported by highly trained staff who are Deaf themselves or hearing colleagues who are fluent BSL users. Many of our clients face significant numbers of barriers including experience of poor mental health, language deprivation, cultural exclusion and other disadvantages. Our staff liaise closely with community mental health professionals. We have a person-centred approach to our work - all residents are encouraged to achieve their individual potential and the support we offer is tailored to the requirements of every person.

We continue to use our Quality Assurance Framework for our care homes and outreach services and incorporate improvements into specific action plans which are monitored on an ongoing basis. All of our CQC registered social care services continue to be rated as Good.

Our Outreach schemes in London and Manchester support Deaf people in the community with their day-to-day activities. Outreach workers enable Deaf people to lead independent lives by giving support with tasks at home and elsewhere. We develop a personalised plan with each client, after carefully looking at their needs. We delivered an average of over 1,169 hours per month in 2023/24 (14,028 hours in total compared to 13,021 in 2022/23). The Outreach teams also work with our residential services when a resident is ready to move into community accommodation so that each person is well supported throughout their move.

Our Advocacy service works with Deaf people in health and social care settings to make sure they are treated fairly and can access healthcare services. Advocates work to help people understand complicated situations, explain their rights and make sure their views and opinions are properly heard. The team delivered advocacy sessions to more than 100 people in 2023/24.

Therapies

SignHealth's therapy service is for Deaf people who are feeling stressed, low in mood, depressed, anxious or worried. Deaf people are referred to a BSL-fluent therapist, often Deaf themselves, who will listen and provide advice and support. Sessions take place face-to-face, either in person or online, and everything is confidential. Deaf clients can have a one-on-one conversation in their own language and culture, without the need for an interpreter. This therapy is highly effective and delivers excellent outcomes through treatment.

Research suggests that the best treatment for people suffering from mental health conditions such as depression and anxiety is 'talking therapy', which was highlighted in updates to NICE guidelines suggesting therapy, rather than antidepressant medications, should be prescribed to patients first. However, therapy relies on one-on-one communication and for Deaf people this is problematic. The moment a sign language interpreter is involved, the conversation becomes less intimate and has been shown to be less effective for the patient. SignHealth's therapists are either Deaf or hearing and fluent in BSL, and some can also support Deaf people who do not sign. This NHS contract means Deaf people can access talking therapy (previously known as IAPT) directly, in their own language, the same way as their hearing peers.

A key achievement for us in previous years was winning the NHS England Improving Access to Psychological Therapies (IAPT) contract. This was the first time NHS England had awarded a national contract to a Deaf specialist service and it was a ground-breaking step forward for the Deaf community. This year we have continued to embed, evolve and develop this work.

We scheduled 3,520 sessions in 2023/24 and achieved all our targets with a recovery rate, at March 2024, of 73.3% (against a target of 50%) and a reliable improvement rate of 87.1% (against a target of 65%). We have 92.5% of referrals receiving a first session within six weeks (target – 75%) and 100% within 18 weeks (target – 95%). In addition, feedback from our patients, received through regular Patient Experience Questionnaires, is consistently positive, showing a satisfaction rating of 81.7%. In terms of the recovery of patients SignHealth ranks 7th out of 159 NHS Talking Therapies providers.

In 2023/24 we also ran new workshops covering topics such as fibromyalgia, stress and anxiety and trauma. The aim of these workshops is to help attendees manage their situation, giving them the tools to support their mental health. The workshops ran for 4, 6 or 8 weeks depending on the topic.

We have also continued to invest in the service. Staff continue to be upskilled with additional training to expand the capacity to deliver therapy interventions. Examples in 2023/24 include Eye Movement Desensitisation and reprocessing (EMDR) training, Interpersonal Psychotherapy (IPT) and supervision training and Couples Therapy training. One of our therapists also qualified as a Psychological Wellbeing Practitioner (PWP), with one qualifying in High Intensity Therapy (HIT).

We have also onboarded more Freelance Counsellors for our non NHS work and our Employee Assistance Program. Our 5 original freelance staff have been joined by 3 new additions, with the potential for two more to join in 2024/25. We are also offering Deaf trainee counsellors placement and look to continue this offer for future trainees to support their journey to becoming qualified.

Despite the focus being on talking therapy nationally, we continue to help clients requiring non IAPT interventions such as counselling and clinical psychology.

Domestic abuse

SignHealth's Domestic Abuse Service is the UK's only national BSL-based service to help Deaf women, children and people of all genders who experience domestic abuse. Deaf people are more at risk of domestic abuse than hearing people. We provide practical and emotional support to Deaf people who are experiencing domestic abuse, and to those who have survived it. The team help people to make choices and to stay safe.

A major achievement for 2023/24 was the announcement that SignHealth was successfully awarded funding from the [Home Office's Violence Against Women and Girls \(VAWG\) Support and Specialist Fund](#) to expand our vital Domestic Abuse Service to other regions in England. This funding has enabled us to expand our service for the next two years, including 14 new staff, meaning we now have a team of 25 people. It means that we can provide specialist and culturally appropriate Independent Domestic and Sexual Violence Advisors (IDSVAs) and Domestic Abuse Navigators (DANs), as well as support for Deaf victims of sexual violence across England. In addition, it is also allowing us to work with local organisations to provide support across the country.

“Our experience shows that it is essential that Deaf survivors of Domestic Abuse receive local specialist support in their home area in addition to mainstream provision. It is vital that Deaf BSL users have the option to communicate in their first language with specialist staff who have lived experience.

We are grateful that the Home Office has awarded us this incredible opportunity to create greater impact for the Deaf community.”

Marie Vickers, Head of Domestic Abuse Service at SignHealth

One of the effects of the Covid-19 pandemic was an increased number of domestic abuse cases. As a result, this year we have continued to see an increased demand for our domestic violence support and healthy relationship courses. The team also continued to ensure that information on staying safe and awareness of domestic abuse was offered to people across all the areas we work in.

We were successfully awarded the SafeLives Leading Light accreditation in 2023/24 following an intense assessment process. The accreditation programme offers services, partner agencies and commissioners a set of standards for supporting victims of domestic abuse. The Leading Light quality mark helps us demonstrate that SignHealth is providing the most effective response and keeping victims and survivors safe. Only 50



domestic abuse services have received this accreditation in the UK. Our domestic abuse team and the wider organisation worked so hard to achieve this. We updated our policies and changed our practices to ensure better case management. The changes will help us to improve our service for the Deaf community, support better ways of working together and open new funding opportunities.

We hosted three live stream conversations with domestic abuse survivors, emergency support and inclusive services in February/March 2024, working in collaboration with Cambridgeshire Deaf Association. The series was funded by the Home Office.

We are continuing to make lots of new connections with the Deaf community and mainstream services to raise profile of SignHealth and what we do. We are also reaching out to new Deaf people that are not aware of domestic abuse, doing this face to face makes a difference as we are empowering them to be safe and make choices for themselves. We have done this throughout the year by providing workshops, visiting Deaf organisations and hosting live streaming events on social media.

Some feedback from our clients;

‘I have to say that my caseworker helped me no end. That the support was excellent and I always felt that I was in good hands. Since speaking to my caseworker I asked for my son to be assessed for a PA through Cornwall Social Care route and I told them that I was Deaf. That empowerment was gained from you and I expressed my need to be heard and that was brilliant. I am now being treated differently and better because I said that I have sensory needs.’

‘It was lovely to meet you today and a very interesting presentation. The team were shocked and saddened by the additional difficulties Deaf people face, especially in accessing support. An example from our team was probably not a surprise to you. You have inspired me to contact West Norfolk Deaf Association again to see if there's any way we can work more closely together.’

'Good morning, I just want to say massive thank you for your support and SignHealth for funding my new wardrobe. My children love it and happy to see no more clothes on floor and suitcases. I know I have struggled with my mental health and found it difficult to manage with money when I move to a new house from DV. I am glad I join SignHealth when I need them/you. Thank you so much again'

Children and Young People

Deaf children and young people are also part of our 'Healthy Deaf Community' and we started a brand new area of work in 2022/23 to scope out our new strategy for Children and Young People (CYP). The development of this strategy continued into 2023/24 and the draft strategy was approved by our board in December 2023 ready for launch in April 2024. The strategy contains our new long term aim;

SignHealth will be the 'go to' organisation for deaf children and young people, their parents and carers for support and information in relation to health and wellbeing.

Deaf children and young people have access to age appropriate preventative resources from the start that they want and need.

We will deliver this through four key strategic areas to address current gaps in the health offer for Deaf young people;

- Involving deaf children and young people
- Improving mental health and wellbeing
- Accessible health education
- Supporting the future

Although the majority of the new work will start in 2024/25 we did start to deliver services in 2023/24 and, for the first time, outside of London and the south east. Our YPVAs (Young Person Violence Advisors) delivered 43 workshop sessions reaching 423 young people. Feedback from teachers included;

"I did some follow up work with all of my pupils today, and their feedback has been incredible! In fact all of my year 10s have asked in SignHealth can come back every year! The ladies created a rapport and safe space for my pupils to contribute freely"

"Having Deaf staff deliver sessions was inspiring for our students. It is really important for us that we show the students that they can do anything and achieve anything and you were fantastic role models"

SignHealth and the National Deaf Children's Society (NDCS) also announced a new collaboration in 2023/24. Following months of work it was agreed that three programmes for Deaf young people from NDCS would be transferred to SignHealth. These are:

- the Healthy Minds training programme
- Peer to Peer Mentoring
- and the Youth Advisory Board

SignHealth will carry on these valuable services to support Deaf young people throughout the UK. We are honoured to be given this valuable opportunity to continue, develop and further strengthen this outstanding work with Deaf children and young people. These projects and resources will greatly support SignHealth's new strategic direction, which includes making sure Deaf children and young people can experience better mental health and wellbeing. Both charities are excited for this new chapter where together, Deaf children and young people will be supported throughout all stages in their lives. We are looking forward to involving Deaf children and young people in shaping these new services.

Forward Together – Working in Partnership

Working in partnership is critical to SignHealth's success – both internally and externally. We cannot achieve our purpose on our own. We have used our work in 2023/24 to continue to get to know the people and organisations who can help us achieve our goals, helping them to see us as a trusted partner and unparalleled expert when it comes to Deaf health. This work will enable us to build a network of partners to deliver activity that positively impacts and empowers the Deaf community. For example, improving access to NHS services. It also means we can mobilise a movement of people to take action and deliver equity for all Deaf people and establish ourselves as the go-to campaigning group for Deaf rights.

In October 2023 we launched deaf together. This is the first cross sector campaign which aims to achieve equity for all deaf people. This has been a team effort with support with New Economics Foundation, Manchester University, Breakthrough, Rally, and many other deaf charities and organisations.



deaf together is a campaign to end the inequalities deaf people face. We mean all deaf people including those who are deaf, hard of hearing, have hearing loss or tinnitus. Every day, life is a battle. It doesn't need to be this way. The only way to make change happen is to build a movement of deaf and hearing people to come together and take action. That means a future where we can do everyday stuff like go to the cinema, go to school, or go to work and have what we need to be able to fully participate.

To date over 550 people have signed up to deaf together's mailing list and over 10,000 people have viewed the deaf together website.

We also set up SignHealth's first ever participation group to support the development of the deaf together campaign. The campaign advisory group is made up of 18 deaf people who help plan and deliver the campaign strategy and activity. The diverse group represents the breadth of the deaf community through ethnicity, gender, sexuality and age. The advisory group have shared their lived experience, ideas and feedback on a lot of the campaign development - narrative, brand and creative identity, launch plans and have chosen the first campaign action which will launch in 2024.

Eighty percent of members of the participation group who responded when asked if they feel hopeful for the future said yes, they do feel hopeful about the future and that change is possible. Some quotes include;

'I feel seen and I feel empowered.'

'It's important to be the change to hopefully inspire and empower other deaf people out there'

'It's important for me to campaign for change to make the future accessible'

Throughout 2023/24 we have also continued to map our key stakeholders and create an engagement plan to build relationships with partners who are key to achieving our goals, for example - ICBs, campaign partners. We have also continued to identify and progress opportunities for partnership working that support our organisational goals.

We continued to support NHS England on their work to update the Accessible Information Standard (AIS). Our review of the AIS in 2021 revealed that 81% of Deaf people were unable to access health services. And many staff in the NHS did not know the AIS existed or how to implement it. This led to a commitment from NHS England to update the AIS to improve Deaf people's access to health services and information. We are still waiting for the revised AIS to be published.

We know Deaf people are twice as likely to experience mental health problems than their hearing peers. There is a mental health crisis amongst our community. So NHS England asked us what the future of Deaf mental health services should look like. We worked in partnership with Deaf people who access mental health services and NHS staff who deliver mental health services to map the issues and provide solutions. We published our findings and recommendations in the 'Shaping the future of deaf mental health' report'. We are working with NHS England on the implementation of the recommendations to improve Deaf mental health service provision across the NHS.

We worked hard to ensure Deaf people's views and experiences were part of conversations about how to improve Deaf people's access to health services and information. We gave over 21 presentations and participated in 22 workshops with a range of organisations including National Voices and Equally Ours.

An Accessible Future

This strategic objective is focussed on understanding how best to achieve alignment with the NHS – this is key if we are to achieve step change in Deaf people's access to health and wellbeing. We have continued to work with external partners to position SignHealth as the Deaf Health Charity that the NHS, public bodies and health organisations want to partner with.

We know there are unfair and avoidable differences between the mental health services available to Deaf and hearing people. This doesn't need to be the case. Firstly, there are not enough mental health related self-help resources available in British Sign Language (BSL). The specialist mental health services provided by NHS for Deaf people, across all ages are not consistent in England. We have seen cases where Deaf people are placed in inappropriate settings due to a lack of suitable specialist services. We are aware that many Deaf people face difficulties in accessing existing mainstream services. Clinicians do not understand the Deaf experience and Deaf culture, in many cases BSL interpreters or other communication professionals are not booked, or clinicians do not know how to work with BSL interpreters or other communication professionals.

As mentioned above we published our findings and recommendations in the 'Shaping the future of deaf mental health' report'. At an event on 3 July 2023, our colleagues at SignHealth and Dr Sophie Roberts, Clinical Lead for Deaf Mental Health presented the co-produced report with our recommendations about what needs to happen for there to be true equality to NHS England and other key professionals. Our report outlines the stark inequalities and gaps in mental health provision for Deaf people in England. It was created with input from Deaf service users, the wider Deaf community, families and carers and staff who work within the services. We are optimistic that NHS England will take action on these recommendations. We will continue to work closely with NHS England to improve the quality of mental health services for all Deaf people. The report was also presented to the Joining Forces, European Deaf Mental Health Conference in Haarlem, Netherlands in February 2024.

We have also continued to work with the whole of the Deaf community including people experiencing additional barriers to ensure SignHealth's activities are need led and inclusive. As part of this we have continued to develop our profile and engagement in 2023/24. In terms of figures;

- **4,070 new people followed us across our major platforms** (Facebook, Instagram, LinkedIn and X combined)
- **We reached 104,564 people on Instagram**
- **We had 338,813 page views our website**
- **We had 404,700 impressions on X**

We continued to embed SignHealth's positioning as the expert Deaf health charity and began to receive requests and approaches from health bodies and organisations including the NHS to work with us on producing accessible information and to involve Deaf people in their processes for service design and improvement. We also worked with other organisations to maintain visibility of the Accessible Information Standard.

We have also undertaken work to improve our digital resources including our BSL Health Library so that Deaf people can access information about health and wellbeing, as well as beginning work with NHS England, other health organisations and service providers on provision of BSL translated information including new videos on sepsis, menopause, strep A, sickle cell disease and eye health.

As part of this we have also worked to improve our website providing clearer navigation for those looking for health information and signposting people to local health and wellbeing events.

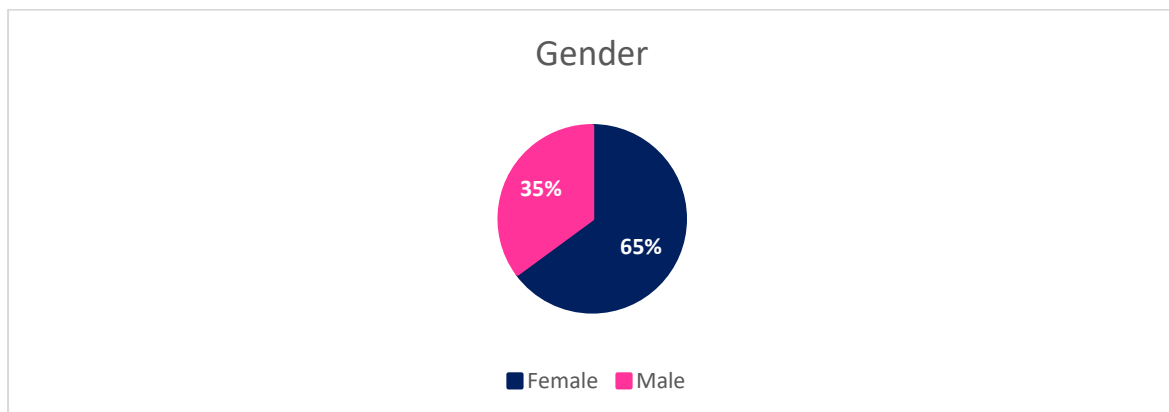
Pay Gap

SignHealth is on a journey to become a diverse, inclusive and equitable employer. The charity is proud to present its expanded pay gap analysis for the third year. Charities of SignHealth's size are not obliged to provide the data below – SignHealth's inclusion of this data demonstrates its commitment to becoming an employer where everyone feels they belong. This commitment is evidenced further by the commitment of our Chief Executive to the production of his blog – Sitting in the Mud which can be found on our website <https://signhealth.org.uk/about-us/news/>

Snapshot data was taken from 191 staff on 31 March 2024. Of the 191 staff surveyed, 185 responded to specific questions on gender, ethnicity and disability – 97% of the staff total. Staff are encouraged and able to identify themselves in any way that feels most authentic to them. The responses to the pay gaps for gender, ethnicity, disability and deafness represent staff's own personal responses – ie the data below does not exclude or omit established identity categories.

Gender pay gap

65% of staff at SignHealth are female which is a 3% increase on last year's percentage. No staff chose to identify as any gender other than male or female.



Mean gender pay gap

The mean gender pay gap is calculated by adding up the hourly pay of all female employees and dividing this by the number of female employees at SignHealth. The same calculation is carried out for male employees. The difference is the mean gender pay gap.

The mean gender pay gap for 2024 showed that women earned 6% more on average than men (2023: 6% more than men).

Median gender pay gap

The median gender pay gap is calculated by finding the exact middle point when everyone's wages are lined up from smallest to largest. This is more representative of colleague pay when there is a lot of variation in pay.

The median gender pay gap for 2024 showed that women earned 15 % more on average than men (2023: 13% more than men).

Gender split across the quartiles

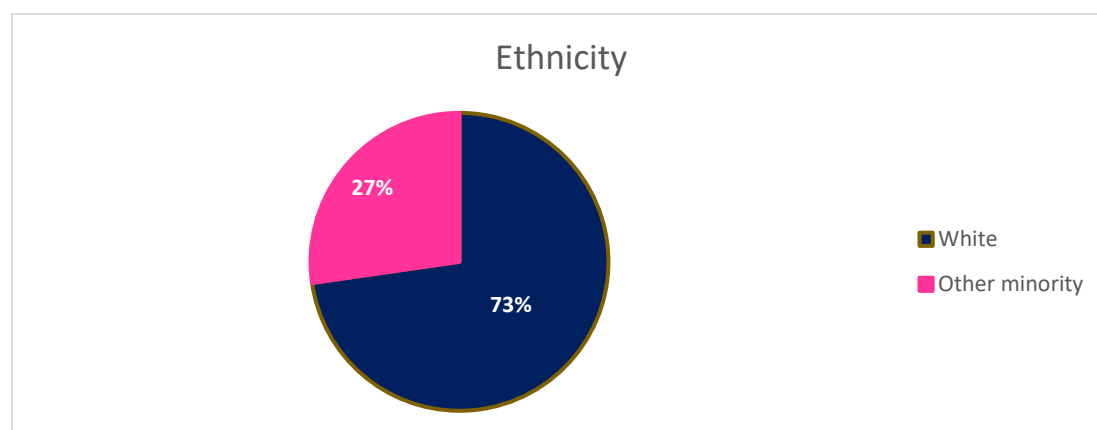
Pay quartiles show the proportion of male and female employees in each quartile from the lowest paid quartile to the highest paid quartile.

2024	Lower quartile	Lower Middle Quartile	Upper middle quartile	Upper quartile
Male	35%	48%	27%	30%
Female	65%	52%	73%	70%

The results of the analysis this year show that SignHealth has more women in high salary bands – explaining why the gender pay gap is in favour of women.

Ethnicity pay gap

27% of SignHealth staff are from a global majority* background. Last year this figure was 22%.

**Mean ethnicity pay gap**

The mean ethnicity pay gap is the difference in average pay between white staff and global majority staff.

The mean ethnicity pay gap for 2024 showed that global majority staff earned 11% less than white staff (who earned £1.70p) more on average.

Last year, global majority staff earned 1% more than white staff (10p) more on average.

Median ethnicity pay gap

The median ethnicity pay gap is calculated by finding the middle point when white staff members' wages are lined up from smallest to largest – this is compared to the middle point when global majority staff members' wages are lined up in the same way.

The median ethnicity pay gap for 2024 showed that global majority colleagues earned 7% less than white colleagues.

The median ethnicity pay gap for 2023 showed that global majority colleagues earned 10% more than white colleagues.

Deaf pay gap

SignHealth is proud to be a Deaf-led charity – with over 70% of staff identifying as Deaf.

Mean Deaf pay gap

The mean Deaf pay gap in 2024 showed that Deaf staff earned 15% less than non-Deaf staff.

The mean Deaf pay gap in 2023 showed that Deaf staff earned 5% less on average than non-Deaf staff.

Median Deaf pay gap

The median Deaf pay gap in 2024 showed that Deaf staff earned the same as non-Deaf staff.

The median Deaf pay gap in 2023 showed that Deaf staff earned 8% less than non-Deaf staff.

Disability pay gap

SignHealth subscribes to the social model of disability where Deaf staff are identified as disabled due to society's disabling effect on their lives. For the first time this year, SignHealth is expanding its reporting to include both Deaf and non-Deaf disabled staff members.

Mean disability pay gap

The mean disability pay gap in 2024 showed that disabled staff earned 16% less on average than non-disabled staff.

Median disability pay gap

The median disability pay gap in 2024 showed that disabled staff earned the same as non-disabled staff.

How do we plan to close the gap

In 2023 we committed to doing the following work to improve our equity, diversity and inclusion in relation to pay at SignHealth:

Commitment	How did we do?
Publish a Board approved People strategy – with a focus on ensuring that equity, diversity and inclusion is at the heart of SignHealth's commitment to be an employer of choice.	Not achieved This objective is to be achieved by 1 April 2025.
Work with our consultant EDI Lead to publish an EDI action plan with key objectives to	Ongoing At 31 March 2024, SignHealth had a draft EDI strategy and plan for further development.

improve representation of global majority people at all levels across the organisation.	
Continue the rollout of anti-racism training in BSL and English to our people	Achieved and ongoing Senior SignHealth staff and its EDI Steering Group have completed a 6 month anti-racism programme.
Improve our disability pay gap data and report on this in next year's pay gap report	Achieved Disability pay gap reporting now forms part of the report.

SignHealth's commitment for 2024 is as follows:

Commitment	How will we do it?
Continue the rollout of anti-racism training in BSL and English to our people	The programme will be rolled out to all SignHealth staff and Trustees from October 2024. This programme will be run in a collaborative and transparent way – with a focus on allowing staff to discuss with each other what a truly anti-racist organisation looks like.
Publish a Board approved People strategy – with a focus on ensuring that equity, diversity and inclusion is at the heart of SignHealth's commitment to be an employer of choice	Recruit Director of People to develop a People strategy that reflects SignHealth's ambition to ensure EDI is at the heart of how we work – both internally and externally.
Improve our disability pay gap data and report on this in next year's pay gap report	During Q3 and Q4, SignHealth will further commit to this work by recruiting a permanent Head of EDI who will provide further analysis and insight into SignHealth's EDI data. This work will also be supported by SignHealth's Internal Communication Officer – a new role for the charity.

Find out more from about the gender pay gap [here](#) and ethnicity pay gap [here](#).

*the term global majority is used to refer to all ethnic groups except white British and other white groups.

<https://hrmagazine.co.uk/content/news/who-are-the-global-majority/>

Beneficiaries of our services

We follow and refer to the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular, the trustees continue to consider how SignHealth's activities will contribute to the aims and objectives we set out to achieve.

SignHealth carries out a wide range of activities to deliver our charitable aims. The trustees believe these activities provide direct benefit to the Deaf people who use our services, to Deaf people in the wider community, and to the health professionals who provide healthcare to Deaf people and their families.

The trustees have concluded that there is no detriment or harm arising from its aims and objectives.

We would like to extend our sincere appreciation to everyone who has supported SignHealth during the year. The kind and generous contributions have significantly helped to improve the health and wellbeing of Deaf people and we are grateful to have your support.

We would especially like to thank all the organisations who have supported us, including the following:

Home Office

NHS England

London Councils

Kent Police

City Bridge Trust

Banham Foundation

City of London Solicitors' Company

Basil Samuel Charitable Trust

Eveson Charitable Trust

DHL Aviation

SignVideo

John Mactaggart Trust

Cambridge Pickleball Club

Banchory Stonehaven Athletic Club

Friends at Work

National Lottery Community Fund

Dennis Allan Yardy Charitable Trust

We would also like to say a huge thank you to everyone who supported SignHealth by taking part in our fundraising events. Together, we raised over £34,000 for our work with Deaf adults and children. We would also like to say thank you to SignVideo by Sorenson for our ongoing Charity of the Year partnership. SignVideo by Sorenson is the UK's first technology communication provider, offering British and Irish Sign Language interpreting on-demand 24/7 to the Deaf Community.

As in previous years, much of the support we have received over the year has been towards our award-winning Domestic Abuse Service, run by Deaf people for Deaf people affected by domestic abuse. Our service helps to improve awareness, resilience and independence and consistently achieves great results; 100% of survivors declared they were more aware of their rights, had better access to services, were better able to make safe choices, and felt more confident. The service relies entirely upon voluntary contributions and grants to operate, and the Trustees extend their thanks and appreciation to our donors for the support they have given throughout the year.

We were also delighted to begin working with the National Lottery Community Fund, who have agreed to support the expansion of our engagement workshops to support Deaf children and young people.

As always, we are grateful to each and every one of you, our work was made possible through and with your generous help.

Financial Review

SignHealth made an overall deficit of £114,136 (2023: £1,209,958 deficit) in the year to 31 March 2024, against a budgeted deficit of £550,488 (2023: £481,279 deficit). This includes an increase in the value of the investment portfolio of £154,005 (2023: £122,298 loss).

In the year to 31 March 2024, total income increased by £2,451,805 to £8,282,414 (2023: £5,830,609) due in large part to an increase in residential fee income and an increase in grant income received to deliver SignHealth's Domestic Abuse services.

Expenditure to 31 March 2024, before gains/losses on revaluation of investments, increased by £1,689,990 to £8,550,556 (2023: £6,860,567). The majority of this increase is as a result of an investment in SignHealth's staff costs and consultancy costs - and therefore SignHealth's ability to deliver its ambitions growth strategy. Following the closure of the South London Office and the easing of Covid restrictions, SignHealth continued to experience an increase in travel costs.

Principal risks and uncertainties

SignHealth's approach to Risk Management centres on identifying, measuring, monitoring and controlling the key risks relating to all its services and operations. Our approach has always been strongly informed by guidance provided by the Charity Commission, including its overarching definition of Risk:

"the uncertainty surrounding events and their outcomes that may have a significant impact, either enhancing or inhibiting any area of a charity's operations".

Overall Risk Profiles are calculated using the Commission's "xy+y" formula (x = likelihood and y = impact) giving additional weighting to the impact of risks being realised.

Overall responsibility and accountability for risk lies with the Board of Trustees. Since April 2018 this has been supported by a formally constituted sub-committee of the Board of Trustees, the Audit and Risk Committee.

The Audit and Risk Committee is responsible for ensuring a robust assurance framework is in place, along with appropriate and functioning processes and systems and processes to support it. The Committee Chair reports to the Board of Trustees on a regular basis through verbal reports at each Board Meeting and an Annual Report in the third quarter of each financial year. It should be noted that the Audit and Risk Committee does not have delegated responsibility to review the financial performance of the organisation – this remains with the Board.

Responsibility for identifying risk lies with the Executive Leadership Team (ELT), who consider existing risks and identify new ones. The ELT formally updates the organisational Risk Register and its associated Action log quarterly, in advance of Audit and Risk Committee and Board of Trustee Meetings.

Members of the Executive Leadership Team take specific responsibility for risk within each area of risk that has been identified. They play an important role in identifying and understanding risks that arise and are responsible for ensuring that appropriate controls are in place to ensure these risks are being managed and mitigated.

The Audit and Risk Committee held four meetings during the year to review our risk management framework, agreeing that our current process continues to be sound and fit for purpose. As part of this work the committee has also continued to develop and implement our approach to both Risk Appetite/Tolerance and Risk Assurance Mapping. All of our current risk areas have an assessment of risk appetite and tolerance, which have been reviewed and accepted by the Board. Each of our risk areas now also has a dedicated risk assurance map in place which sets out the controls for the risk area, linked to an action plan which addresses any gaps and areas for improvement. Reviews of this action plan and our overall approach to risk is linked to an annual Organisational Resilience Review (based on the Charity Governance Code) undertaken by the Audit and Risk Committee every autumn.

Our current risk register incorporating the risks associated with our Three-Year Plan was developed in 2019/20 and approved by the Board of Trustees in March 2020. As mentioned above this is updated on a quarterly basis by ELT, prior to going to the Audit and Risk Committee and Board meetings. It focuses on the following Risk Areas:

- Safeguarding
- Quality/Regulatory Breach
- Staff
- Financial Management
- Business Continuity
- The Deaf Community
- Policy

Of the current risk areas, we have identified our top three risks (based on risk profile scores), which remain the same as in the last financial year:

Staff

As a Deaf-led organisation, it is vital that SignHealth recruits a large proportion of staff that have lived experience of being Deaf people. We are therefore recruiting from a small pool of potential candidates. Our best candidates will also have different prior experiences and skills to those in a hearing-led organisation. This can also lead to risks around hearing and Deaf staff not understanding each other, leading to poor teamwork, low staff morale and increased incidents. Deaf staff may also not understand and follow organisational policies and procedures that are delivered via 'hearing' methods, leading to lack of career progression and increased incidents. We may not be able to find enough appropriately trained and experienced Deaf staff to meet our needs, in the right locations or at all, leading to understaffing and loss of quality.

This risk is managed in a number of ways. We ensure that all policies, procedures and training are as clear and accessible as possible to everyone, regardless of background or experience. We have also invested time in assessing the accessibility of our training and policies for our diverse workforce, including the development of a number of BSL videos for our policies and procedures. In 2023/24 our new Policy and Performance Manager has led on the redrafting all of our key policies in BSL and cascading these across the organisation. Whilst it will take some time for all of our policies to be updated, we have now developed a Policy Working Group, together with clear processes for the development and approval of new policies and started work on a number of fully accessible policies including Adult and Children Safeguarding policies, Medication policy and a new staff handbook.

The People and Pay Committee which was established in 2022/23 has continued to add value to our work. The committee is made up of both trustees and independent members who have extensive experience and knowledge in this area. The committee has clear Terms of Reference and has continued to provide guidance, support and advice to our People and Talent Team.

This risk area has also led SignHealth to adopt a different approach to learning and development than peer organisations. We have also used different methods and approaches to communication and training, that are shown to be more effective for a diverse staff group and particularly for Deaf staff. We have also started to investigate the impact of 'language deprivation' on the lived experience of Deaf staff. We are continually reviewing and improving the staff 'offer', particularly for Deaf staff, so that people value working at SignHealth because of its culture, its terms and conditions, and the opportunities for personal and professional development it provides.

Safeguarding

This risk covers both potential poor practice leading to a safeguarding incident which could result in the death of a client or significant harm to a client, reputational loss or financial loss to the organisation and/or individual clients and also an increased risk if we grow our services to include providing more services to children and/or young people.

We actively manage this risk in a variety of ways including having a comprehensive Safeguarding policy and procedure which is reviewed and approved by the Board each year. We have a separate Child Protection policy and procedure which is similarly reviewed and approved every year. We maintain an incident log which is regularly reviewed by the Executive Leadership Team, with all significant issues reported directly to the CEO and on to the Chair of the Board of Trustees. We undertake training for staff, including in relation to the handling/management of clients' finances

and undertake a full investigation of all incidents, with learning from every incident being captured and disseminated. Learning from any investigations relating to alleged safeguarding incidents continue to be incorporated in to updated policies, procedures and practice, particularly in terms of the safety of clients and staff when interacting with third parties. We also undertake Quality Assurance Audits.

Financial Management

For SignHealth, although the risk is low, the impact can be high if we do not mitigate this risk around financial management and understanding which can lead to diminished quality of service, inefficiencies, fraud, unnecessary reduction in cash reduction and/or free reserves and/or under investment in future development, investment and sustainability. There is a risk to our reputation with funders, as they may have less faith in our future bids and tenders if we have needed to give grant money back in the past due to poor management.

We have a performance management framework that aligns financial and non-financial data, which produces regular understandable and accurate reports for Managers and Trustees. We also have new procedures documented and ensuring all relevant people are aware of their responsibilities and ensuring a properly structured and competent Finance Team, together with a clear segregation of duties. During the year, we put in place a Finance Task and Finish Group made of trustees (including the Vice Chair and Treasurer) and staff to keep a focus on key elements of our financial management including cashflow and income/expenditure, enabling the group to increase the level of overview and scrutiny as well as providing assurance to the board.

New Risk Register

As part of our move to a new Three Year Plan for 2024/27 we have developed a new Risk Register which is linked to the new Strategic Objectives of the new plan, which will be implemented from April 2024 onwards. The new register focuses on the following risk areas (following Charity Commission guidance);

- Governance
- Operations
- Finance
- External
- Compliance

Reserves policy

The charity's reserves policy articulates the links between the policy and the charity's key risks and strategic objectives.

In doing so, SignHealth differentiates between short, medium and long-term risks as follows:

1. **Short term:** meeting working capital requirements and mitigating unbudgeted, in-year financial risks. In SignHealth's case, examples might be to manage the cash flow implications of seasonal variations in activity, managing the impact of an empty flat in a residential property, or paying for interim cover for key personnel.

Reserves held to mitigate these short-term risks must be held as cash or short-term deposits to allow immediate access as needed.

2. **Medium term:** mitigating the financial impact of changes foreseen over the next 1-3 year planning cycle, allowing sufficient time for the charity to develop to meet these challenges whilst minimising the impact of any required changes. Examples would include managing the foreseeable impact of changes in public sector funding or benefits policy.

Reserves held to mitigate these medium-term risks can be held as long-term cash deposits, or in investment funds, as their drawdown can be planned over a longer period of time.

3. **Long term:** ensuring the charity can invest in planned renewal of infrastructure and intellectual property, so that its assets do not become outdated over time. This would include investment in property, IT and digital assets, and in professional development of staff.

Reserves held to mitigate these long-term risks would be designated by the Board of Trustees, against an agreed investment plan. Trustees will expect the charity to build these reserves back up over time, in order to support ongoing investment.

4. **Supporting innovation:** having funds available to identify and act on opportunities to branch out into new activities that will achieve its charitable objectives, whilst minimising risk and impact on the charity's existing activities. This would include research and development of new services and policy areas.

Reserves held to support innovation will be designated by the Board of Trustees against a clear investment plan. These funds would be held to support explicitly high-risk activity, and as such there is less requirement of a financial return.

The Board of Trustees will review the level of reserves set against each risk category, regularly as part of the annual budgeting cycle, and immediately in the event of a significant change in the charity's activities, size or risk profile.

At 31 March 2024, SignHealth's total reserves were £2,560,626 (2023: £2,674,762). Unrestricted funds were £2,558,848 (2023: £2,672,984) which equates to 3.5 months' operating expenditure (2023: 4.5 months), and restricted reserves stood at £1,778 (2023: £1,778).

Based on SignHealth's current size and scope of activities, the Trustees consider that one month's operating expenditure is sufficient to cover short term risks (2024: £712,546) and a further five months' operating expenditure is sufficient to mitigate medium term risks (2024: £3,562,730). SignHealth therefore aims to hold a minimum of six months' operating expenditure (2024: £4,275,279).

At the Trustee Board meeting on 7 March 2024 – the Trustees reviewed SignHealth's forecast financial position at 31 March 2024 alongside the budget for 2024-25. Despite the year end reserves position of 3.3 months being less than the target value of 6 months, the Trustees approved a deficit budget which would, barring any exceptional occurrences, slightly reduce SignHealth's reserves position at 31 March 2025.

The approval to further worsen SignHealth's financial position was agreed because during 2024/25, SignHealth will continue to invest significant amounts into its services, especially into its fundraising and transformation team.

In 2024, SignHealth has committed to a total review of its reserves policy in line with best practice and to better reflect SignHealth as it implements its growth plan.

Investments

In April 2020, SignHealth invested £1,462,690 with Rathbones. In 2023-24 the charity reported £154,005 net gains and £38,341 income (2023: £112,298 net losses and £24,767 income).

Our investment managers Rathbones have not invested during the financial year to 31 March 2024. The equity holdings are held as share unit holdings. The trustees have adopted the ethical policy of the Rathbone Core Investment Fund for Charities (into which the Charity will invest) which is:

no direct investments in companies manufacturing tobacco or tobacco products, or companies that derive more than 10% of their revenues from the manufacture of alcoholic beverages, armaments, gambling, high interest rate lending or pornography.

There is no difference between fair value and market value as the investments are either fixed interest, equities or cash deposits. Market valuation shows the fair value for these assets.

Going Concern

The Trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern. This is despite the reduction in reserves during 2022/23 and 2023/24.

This going concern position is supported by:

- The security of SignHealth's income – over 95% of SignHealth's income is contractual – received for the delivery of vital residential and support services that the NHS and local authorities are not equipped to provide, and this risk is spread across numerous separate NHS organisations and different local authorities.
- A more secure cash position. The availability, from May 2023, of a loan facility with Rathbones against the value of our investments. In 2023, Rathbones approved a five year £500,000 loan facility against the value of investments - drawn down to support SignHealth with its cashflow. Having repaid a portion of this loan in March 2024, the facility was reduced to £450,000. The availability of this loan will help SignHealth invest in the expansion of its services before income, received in arrears for the majority of services, is realised.
- Improved and increased focus on budgetary controls and reviews of financial information. SignHealth has set up a specialist Finance Task and Finish Group comprising a mix of Trustees and senior staff members. This Group has been set up to ensure that SignHealth's finances are monitored closely and that any remedial action necessary is taken in a timely manner.

- Further investment in the Finance team – additional support has been procured to support SignHealth's debtor recovery efforts

Plans for the future

The strategic direction of SignHealth and plans for the forthcoming years are set out in the SignHealth Three Year Plan. A new Three Year Plan for 2024/27 was approved by the board in November 2023.

The new plan is structured around three new Strategic Objectives, namely;

- A Healthy Deaf Community
- Forward Together – Working in Partnership
- An Accessible system

These objectives are supported by an organisation-wide transformation programme.



Detailed milestones and actions under each of objective have been agreed for 2024/25.

A Healthy Deaf Community

- We will engage with stakeholders including Deaf Mental Health Services, Commissioners and Housing Associations to develop high level proposals for new services in three areas
- We will roll out our new Children and Young People (CYP) Engagement and Participation teams, as well as developing and launching our Youth Advisory Board (YAB) and developing new digital resources for Deaf CYP.
- We will continue to expand our Domestic Abuse services outside London and Kent, delivering year two of the Home Office contact awarded last year.
- We will work with education providers to develop NHS Therapies career pathways to attract more Deaf people to become therapists, as well as improving the customer experience and increasing the diversity of the workforce in our Therapies service.

Forward Together – Working in Partnership

- Working in partnership is critical to SignHealth's success – both internally and externally. We cannot achieve our purpose on our own.
- We will continue to build a movement around the deaf together campaign launched this year, attracting more partners and supporters through campaign actions and supporting other organisations running their own campaigns for change

- We will start the partnership toolkit roll out to all SignHealth services
- We will establish a project team and plan to develop 'Sick of It 2'

An Accessible System

- We will assess the feasibility for setting up Training and Consultancy as a way of growing capacity for working with the health system
- We will ensure that SignHealth's activities are need-led by involving Deaf people through reviewing our internal and external communications and systems to ensure these are accessible and working with the CYP team to implement a board of Young People and engagement/consultation processes to ensure Children and Young People can influence the direction of our work
- We will improve access to information and healthcare for Deaf people by delivering workshops (online and in person) on how to assert our health rights, promoting our Domestic Abuse and Sexual Violence service and improving/increasing direct engagement with Deaf people, especially those who are not online.

In terms of our transformation programme more work will be undertaken in early 2024/25 to develop detailed plans across the five focus areas of;

- People
- Finance
- Systems and Data
- Governance
- Climate

Structure, governance and management

The organisation is a private company limited by guarantee, incorporated on 14 May 1991 and registered as a charity on 13 May 1992.

Charitable objects

The relief of Deaf and hearing-impaired persons in particular by, but without limitation, the provision of residential services and of other such services, activities and facilities as the charity shall from time to time deem fit.

Governance

SignHealth is a company limited by guarantee, with registration number 02610559, and a registered charity with number 1011056. The company was established under a Memorandum of Association, which created the objects and powers of the charitable company and is governed by its Articles of Association. All Trustees give their time voluntarily and receive no benefits from the charity. Any expenses reclaimed from the charity are set out in note 8 to the accounts.

The Memorandum and Articles of Association were reviewed and updated in August 2023.

At the time of writing our Board consists of ten Trustees, which is in line with the maximum permitted by SignHealth's Memorandum and Articles of Association. In line with SignHealth's ambitions to be a Deaf-led organisation, the current Board of Trustees is made up of seven Deaf and three hearing Trustees.

In September 2023, three trustees completed their second term and stood down from the board. This included the Chair of the board, the Vice Chair of the board (who was also Chair of the Audit and Risk Committee) and one other trustee. Following a successful recruitment campaign four new trustees were recruited in 2023/24, one of which took up their position in July 2023. The other three successful candidates were officially appointed to the Board in September 2023 when the three previous trustees stood down. We also successfully recruited a new chair for the board in 2023/24. Due to issues with a previous recruitment campaign and not being able to recruit a suitable person we successfully applied to the Charity Commission in August 2023 to make the chair role a paid position. Consequently a new paid chair was appointed to the board in September 2023.

None of the Directors has any beneficial interest in the Company. All Directors agree to contribute £1 in the event of a winding up. Related party transactions are detailed in note 9 of the accounts.

The charity is governed by the Board of Trustees who meet with management regularly. Day to day management is delegated to the Chief Executive and the Executive Leadership Team. The Board of Trustees meet regularly and receive reports from the Chief Executive and Executive Leadership Team. The Chair, as representative of the Board, maintains regular contact with the Chief Executive. The Executive Leadership Team are invited to Board Meetings to provide reports on their areas of work. The Trustees provide advice and support to the Executive Leadership Team and other areas of the charity where their expertise is appropriate.

As part of our emerging Three Year Plan for 2024/27 we undertook a full governance review between January and May 2024. This review was comprised of three elements, namely an internal review, board self-review and an external review carried out by independent, external governance experts. The review is due to report to the board at their May 2024 awayday, with the recommendations due to be implemented from September 2024.

Leadership and management

In 2023/24, 50% of the SignHealth Executive Leadership Team (ELT) were deaf people.

We continued to further invest in Management and Leadership training with managers across SignHealth and this will continue across the new Three-Year Plan.

The Chief Executive continues to meet with all staff teams regularly throughout the year and has regular bi-monthly Leadership Team meetings with all senior managers across SignHealth.

We continue to take part in a cross-charity mentoring scheme, run in partnership with Sense, RNID, NDCS, Scope, Diabetes UK, Thomas Pocklington Trust and RNIB.

As part of our ongoing annual Organisational Resilience Review process, we have continued to review the organisation against the Charity Governance Code. This self-assessment continues to

highlight broad compliance and good practice against the principles whilst also identifying some areas where further work remains necessary. Actions under these areas is monitored throughout the year, with progress made against them reported as part of the next Organisational Resilience Review in Autumn 2023.

Fundraising Regulations

During the year, SignHealth engaged in public fundraising, but did not use professional fundraisers or commercial participators. The charity continued to observe and comply with the relevant fundraising regulations and codes and is a member of the Fundraising Regulator. The charity received no complaints (2022/23: no complaints) relating to its fundraising practice.

Appointment of Trustees

Vetting and checks of new Trustees was carried out in line with Charity Commission guidance. All new Trustees undertake a full induction process which includes induction meetings with the Chief Executive and each of the Directors on the Executive Leadership Team, external training on finance, the legal responsibilities of being trustee and safeguarding, as well as attendance at an all-day face to face staff induction event.

We set up a new Trustee Alumni scheme in 2023/24 in order to connect with previous SignHealth trustees. This enables us to stay in contact with trustees when they step down from the board, keeping them up to date with what SignHealth is doing and how it is growing, as well as continuing to benefit from their experience and networks. Although very beneficial in terms of relationship management the scheme is relatively light on resources and consists of one face to face event and one remote, online meeting each year, together with two e-mail newsletters.

Related parties and relationships with other organisations

Both Trustees and key management personnel complete annual declarations of interest. Trustees declare any conflicts of interest at the beginning of each meeting and discuss how the conflict should be managed with regards to agenda items.

Details of related party transactions can be found in note 9 of the financial statements.

Remuneration policy for key management personnel

The Chief Executive's salary is determined by the Board of Trustees, and their review takes account of the past year's achievements, environmental and market conditions, and of sector comparisons.

The pay of senior staff is reviewed annually and can be increased in accordance with average earnings and the level of responsibility required. In view of the charitable nature of the company, the remuneration benchmark is determined through comparative research into charities of a similar size and scope. The People and Pay committee was established in 2022/23 with the remit to advise and make recommendations to the Board on these and other matters.

Statement of responsibilities of the trustees

The trustees (who are also directors of SignHealth for the purposes of company law) are responsible for preparing the trustees' annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

In preparing these financial statements, 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
- State whether applicable UK Accounting Standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation

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

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware
- The trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The trustees are members of the charity, but this entitles them only to voting rights. The trustees have no beneficial interests in the charity.

The charity has taken out indemnity insurance on behalf of the Trustees.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The trustees' annual report has been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime.

The trustees' annual report has been approved by the trustees on 25 July 2024 and signed on their behalf by

Sabina Iqbal
Chair of Trustees

Opinion

We have audited the financial statements of SignHealth (the 'charitable company') for the year ended 31 March 2024 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 March 2024 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
- Have been prepared in accordance with the requirements of the Companies Act 2006

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other Information

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

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The trustees' annual report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report. We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management and the Board of Trustees, which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Independent auditor's report

To the members of SignHealth

For the year ended 31 March 2024

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

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

Jonathan Orchard (Senior statutory auditor)

1 August 2024

for and on behalf of Sayer Vincent LLP, Statutory Auditor

110 Golden Lane, LONDON, EC1Y 0TG

Statement of financial activities (incorporating an income and expenditure account)**For the year ended 31 March 2024**

	Note	Unrestricted £	Restricted £	2024 Total £	Unrestricted £	Restricted £	2023 Total £
Income from:							
Donations and legacies	2	225,325	–	225,325	61,438	–	61,438
Charitable activities							
Social care	3a	5,306,037	9,643	5,315,680	3,842,080	85,454	3,927,534
Therapies	3b	1,162,537	85,396	1,247,933	1,148,427	22,602	1,171,029
Domestic abuse	3c	–	1,409,364	1,409,364	–	615,513	615,513
Other charitable activities	3d	–	–	–	–	–	–
Fundraising events		4,842	–	4,842	3,940	–	3,940
Investments	4	79,270	–	79,270	51,155	–	51,155
Other income		–	–	–	–	–	–
Total income		6,778,011	1,504,403	8,282,414	5,107,040	723,569	5,830,609
Expenditure on:							
Raising funds		247,022	–	247,022	269,812	–	269,812
Charitable activities							
Social care		5,497,133	9,643	5,506,776	4,603,074	85,454	4,688,528
Therapies		904,269	85,396	989,665	941,566	22,602	964,168
Domestic abuse		157,077	1,409,364	1,566,442	225,506	629,348	854,854
Other charitable activities		80,347	–	80,347	83,205	–	83,205
CYP		160,304	–	160,304	–	–	–
Total expenditure	5	7,046,152	1,504,403	8,550,556	6,123,163	737,404	6,860,567
Net income/(expenditure) before gains/(losses)		(268,142)	–	(268,142)	(1,016,123)	(13,835)	(1,029,958)
(Loss)/Gain on revaluation of investments	12	154,005	–	154,005	(112,298)	–	(112,298)
Net income/(expenditure) for the year	6	(114,136)	–	(114,136)	(1,128,421)	(13,835)	(1,142,256)
Transfers between funds	17a	–	–	–	(2,456)	2,456	–
Net income / (expenditure) before other recognised gains and losses		(114,136)	–	(114,136)	(1,130,877)	(11,379)	(1,142,256)
Net movement in funds		(114,136)	–	(114,136)	(1,130,877)	(11,379)	(1,142,256)
Reconciliation of funds:							
Total funds brought forward		2,672,984	1,778	2,674,762	3,803,861	13,157	3,817,018
Total funds carried forward		2,558,848	1,778	2,560,626	2,672,984	1,778	2,674,762

All other activities are continuing. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 17 to the financial statements.

Balance sheet

Company no. 02610559

As at 31 March 2024

	Note	2024 £	2023 £
Fixed assets:			
Tangible assets	11	35,625	78,840
Investments	12	1,486,046	1,366,478
		<u>1,521,671</u>	<u>1,445,318</u>
Current assets:			
Debtors	13	1,627,044	1,371,423
Cash at bank and in hand		236,689	429,833
		<u>1,863,733</u>	<u>1,801,256</u>
Liabilities:			
Creditors: amounts falling due within one year	14a	(674,778)	(571,812)
Net current assets		1,188,955	1,229,444
Total assets less current liabilities		2,710,626	
Creditors: amounts falling due after more than one year	14b	(150,000)	
Total net assets	16	2,560,626	2,674,762
Funds:			
Restricted income funds		1,778	1,778
Unrestricted income funds:			
Designated funds		69,882	126,171
General funds		2,488,966	2,546,813
		<u>2,558,848</u>	<u>2,672,984</u>
Total unrestricted funds		2,558,848	2,672,984
Total funds	17	2,560,626	2,674,762

Approved by the trustees on 25 July 2024 and signed on their behalf by

S Iqbal
Chair of TrusteesT Hudson
Trustee

Statement of cash flows

For the year ended 31 March 2024

	Note	2024	2023
		£	£
Cash flows from operating activities			
Net income/(expenditure) for the reporting period (as per the statement of financial activities)		(114,136)	(1,142,256)
Depreciation charges		45,355	45,489
Losses disposal of fixed assets		–	–
Dividends, interest and rent from investments		(79,270)	(51,155)
Loss/(Gain) on revaluation of investments		(154,005)	112,298
(Increase) in debtors		(255,622)	(152,124)
Increase in creditors		102,966	140,869
Net cash used in operating activities		(454,712)	(1,046,878)
Cash flows from investing activities:			
Dividends, interest and income from investments		79,270	51,155
Purchase of fixed assets		(2,139)	(59,942)
Proceeds from sale of investments		32,475	35,971
Purchase of investments		–	–
Movement in cash held by investment managers pending reinvestment		1,963	(739)
Net cash provided by/(used in) investing activities		111,569	26,445
Cash flows from financing activities:			
Repayments of borrowing		(50,000)	–
Cash inflows from new borrowing		200,000	–
Receipt of endowment		–	–
Net cash (used in) financing activities		150,000	–
Change in cash and cash equivalents in the year		(193,144)	(1,020,433)
Cash and cash equivalents at the beginning of the year		429,833	1,450,266
Cash and cash equivalents at the end of the year		236,689	429,833

1 Accounting policies

a) Statutory information

SignHealth is a charitable company limited by guarantee and is incorporated in England and Wales.

The registered office address is: CAN Mezzanine, 7 – 14 Great Dover Street, Borough, London SE1 4YR

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) – (Charities SORP FRS 102), The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

In applying the financial reporting framework, the trustees have made a number of subjective judgements, for example in respect of significant accounting estimates. Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The nature of the estimation means the actual outcomes could differ from those estimates. Any significant estimates and judgements affecting these financial statements are detailed within the relevant accounting policy below.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern. The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

Further information on the charity's going concern conclusion can be found in the trustees' annual report.

e) Income

Income is recognised when the charity has entitlement to the funds, any requirements attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any conditions attached to the grants are expected to be met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

g) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

Notes to the financial statements

For the year ended 31 March 2024

1 Accounting policies (continued)**h) Expenditure and irrecoverable VAT**

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services undertaken to further the purposes of the charity and their associated support costs
- Other expenditure represents those items not falling into any other heading

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

i) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. The indirect costs of overall direction and administration, comprising the salary and overhead costs of the central function, is apportioned to activities as a proportion of headcount in each service area;

● Raising funds	2% (2023:1%)
● Social care	69% (2023:75%)
● Therapies	10% (2023:12%)
● Domestic abuse	15% (2023:11%)
● CYP	3% (2023:0%)
● Other charitable activities	1% (2023: 1%)

Governance costs are allocated to each of the activities on the following basis which is an estimate, based on staff headcount, of the amount attributable to each activity:

● Raising funds	2% (2023:1%)
● Social care	69% (2023:75%)
● Therapies	10% (2023:12%)
● Domestic abuse	15% (2023:11%)
● CYP	3% (2023:0%)
● Other charitable activities	1% (2023: 1%)

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

j) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

k) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £1,000. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use. Major components are treated as a separate asset where they have significantly different patterns of consumption of economic benefits and are depreciated separately over its useful life.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

● Freehold Land and Buildings	50 years
● Leasehold Land and Buildings	Over the period of the lease
● Fixtures, Fittings and Equipment	4 years
● IT Equipment	3 years

l) Listed investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Any change in fair value will be recognised in the statement of financial activities. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains/(losses) on investments" in the statement of financial activities. The charity does not acquire put options, derivatives or other complex financial instruments.

Notes to the financial statements

For the year ended 31 March 2024

1 Accounting policies (continued)

m) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

n) Short term deposits

Short term deposits includes cash balances that are invested in accounts with a maturity date of between 3 and 12 months.

o) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

p) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

q) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

r) Pensions

The charitable company operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the charitable company in an independently administered fund. The pension cost charge represents contributions payable under the scheme by the charitable company to the fund. The charitable company has no liability under the scheme other than for the payment of those contributions.

2 Income from donations and legacies

In the year to 31 March 2024, SignHealth paid the Voluntary Organisa

	Unrestricted £	Restricted £	2024 Total £	Unrestricted £	Restricted £	2023 Total £
Gifts	93,679	–	93,679	60,424	–	60,424
Legacies	131,646	–	131,646	1,014	–	1,014
CoronaVirus Retention Job Scheme	–	–	–	–	–	–
	<u>225,325</u>	<u>–</u>	<u>225,325</u>	<u>61,438</u>	<u>–</u>	<u>61,438</u>

Notes to the financial statements

For the year ended 31 March 2024

3 Income from charitable activities

	Unrestricted £	Restricted £	2024 Total £	Unrestricted £	Restricted £	2023 Total £
3a Social care						
Access to work	–	5,353	5,353	–	9,102	9,102
Fees	5,237,867	–	5,237,867	3,775,302	69,366	3,844,668
Client income	68,170	–	68,170	66,778	–	66,778
Grants receivable	–	4,290	4,290	–	6,985	6,985
Sub-total for Social Care	5,306,037	9,643	5,315,680	3,842,080	85,454	3,927,534
3b Therapies						
Fees	1,162,537	–	1,162,537	1,148,427	–	1,148,427
Grants receivable	–	85,396	85,396	–	22,602	22,602
Sub-total for Therapies	1,162,537	85,396	1,247,933	1,148,427	22,602	1,171,029
3c Domestic abuse						
Fees	–	–	–	–	–	–
Grants receivable	–	1,409,364	1,409,364	–	615,513	615,513
Sub-total for Domestic abuse	–	1,409,364	1,409,364	–	615,513	615,513
Total income from charitable activities	6,468,574	1,504,403	7,972,977	4,990,507	723,569	5,714,076

4 Income from investments

	2024 Total £	2023 Total £
Interest receivable	1,532	809
Other rental income	39,396	25,579
Income from investments	38,341	24,767
	79,270	51,155

All income from investments is unrestricted.

Notes to the financial statements

For the year ended 31 March 2024

5a Analysis of expenditure (current year)

	Charitable activities									
	Raising funds £	Social care £	Therapies £	Domestic abuse	Other charitable activities	CYP £	Governance costs £	Support costs £	2024 Total £	2023 Total £
Staff costs (Note 7)	158,978	2,656,395	585,902	780,290	41,570	61,640	280,286	1,331,005	5,896,066	4,368,903
Other staff costs	3,618	250,701	56,085	123,156	6,100	10,850	28,946	422,665	902,121	878,803
Travel and subsistence	4,423	70,407	10,788	59,548	4,949	4,258	31,271	43,759	229,405	233,158
Building costs	–	418,391	–	924	–	–	(28,231)	3,176	394,260	448,370
Running costs	969	95,826	63,300	90,476	–	216	111,185	316,596	678,568	521,440
Fundraising and marketing	23,283	497	196	83,733	–	160	8,375	68,883	185,127	158,256
Covid-19 costs	–	–	–	–	–	–	–	–	–	–
Beneficiary costs	–	89,813	–	8,449	–	–	261	(1,200)	97,323	118,639
Other trading costs	–	–	–	–	–	–	–	29,174	29,174	23,492
Accountancy and audit	–	–	–	–	–	–	17,914	–	17,914	18,621
Legal and professional	–	7,090	310	–	–	–	33,776	51,487	92,663	45,344
Depreciation and impairment	297	4,502	(4,184)	3,964	–	–	–	23,358	27,937	45,540
	191,568	3,593,622	712,397	1,150,540	52,619	77,124	483,783	2,288,903	8,550,556	6,860,568
Support costs	45,778	1,579,343	228,890	343,335	22,890	68,667	–	(2,288,903)	–	–
Governance costs	9,676	333,811	48,378	72,567	4,838	14,513	(483,783)	–	–	–
Total expenditure 2024	247,022	5,506,776	989,665	1,566,442	80,347	160,304		–	8,550,556	
Total expenditure 2023	269,812	4,688,528	964,168	854,854	83,205	–	–	–		6,860,568

Notes to the financial statements

For the year ended 31 March 2024

5b Analysis of expenditure (prior year)

	Charitable activities								
	Raising funds £	Social care £	Therapies £	Domestic abuse	Other charitable activities	BSLHA £	Governance costs £	Support costs £	2023 Total £
Staff costs (Note 7)	155,675	2,040,549	516,971	449,146	41,715	–	81,761	1,083,085	4,368,903
Other staff costs	45,987	51,612	54,325	24,157	8,897	–	–	693,825	878,803
Travel and subsistence	4,111	108,180	15,579	19,939	6,326	–	–	79,023	233,158
Building costs	965	360,528	4,857	–	–	–	–	82,019	448,370
Running costs	3,396	66,011	54,674	46,388	382	–	–	350,589	521,440
Fundraising and marketing	33,786	194	828	20,847	–	–	–	102,602	158,256
Covid-19 costs	–	–	–	–	–	–	–	–	–
Beneficiary costs	–	112,202	–	4,820	–	–	–	1,617	118,639
Other trading costs	–	–	–	–	–	–	–	23,492	23,492
Accountancy and audit	–	–	–	–	–	–	18,621	–	18,621
Legal and professional	7	4,067	–	–	–	–	–	41,270	45,344
Depreciation and impairment	–	3,836	6,318	4,826	–	–	–	30,561	45,540
	243,927	2,747,180	653,552	570,124	57,320	–	100,382	2,488,082	6,860,568
Support costs	24,881	1,866,061	298,570	273,689	24,881	–	–	(2,488,082)	–
Governance costs	1,004	75,287	12,046	11,041	1,004	–	(100,382)	–	–
Total expenditure 2023	269,812	4,688,528	964,168	854,854	83,205	–	–	–	6,860,568

Notes to the financial statements

For the year ended 31 March 2024

6 Net income / (expenditure) for the year

This is stated after charging / (crediting):

	2024 £	2023 £
Depreciation	27,937	45,540
Loss/(gain) on revaluation/disposal of fixed assets	–	–
Auditor's remuneration (excluding VAT):		
Audit	17,914	18,621
Other services	–	–
	<u>27,937</u>	<u>45,540</u>

7 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2024 £	2023 £
Salaries and wages	5,038,056	3,798,765
Redundancy and termination costs	103,767	–
Social security costs	501,882	379,196
Employer's contribution to defined contribution pension schemes	252,359	190,943
	<u>5,896,064</u>	<u>4,368,903</u>

The following number of employees received employee benefits (excluding employer pension costs and employer's national insurance) during the year between:

	2024 No.	2023 No.
£60,000 – £79,999	2	1
£80,000 – £99,999	2	1
£100,000 – £129,999	–	–
£130,000 – £159,999	2	1
	<u>6</u>	<u>3</u>

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were £633,545 (2023: £424,263). The Key Management Personnel includes the Trustees, the CEO, and all members of the Executive Leadership Team (Director of Operations, Director of People and Finance, Director of Campaigns, Director of Communications and Fundraising and Assistant Director of Governance).

A Chair is paid from employment with the charity in the year 2024 £14.6k (2023 £nil) with permission from Charity Commision. As for the rest of charity trustees, they were neither paid nor received any other benefits from employment with the charity in the year (2023: £nil). No charity trustee received payment for professional or other services supplied to the charity (2023: £nil).

£3,376 trustee expenses (2023: £771), for attendance at trustee meetings, was incurred or paid on behalf of 7 trustees (2023: 5) in the year.

Notes to the financial statements

For the year ended 31 March 2024

8 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 194 (2023: 172).

The FTE number of employees for the year was 123 (2023: 106)

Staff are split across the activities of the charitable company as follows (head count basis):

	2024 No.	2023 No.
Raising funds	3	2
Social care	113	101
Therapies	16	16
Domestic abuse	25	15
Other charitable activities	1	1
CYP	6	–
Administration	23	31
Governance	7	6
	194	172

9 Related party transactions

In the year to 31 March 2024, SignHealth paid the Voluntary Organisations Disability Group (VODG) membership and other fees of £1,515 (2022–23: £2,203). The CEO of SignHealth is also a board member of VODG.

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties.

The charity has taken out indemnity insurance on behalf of the Trustees.

10 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. Its charge to corporation tax in the year was:

	2024 £	2023 £
UK corporation tax at 19%	–	–

11 Tangible fixed assets**The charity**

	Fixtures and fittings £	Computer equipment £	Total £
Cost			
At the start of the year	91,296	307,693	398,989
Additions in year	–	2,139	2,139
Disposals	–	–	–
At the end of the year	91,296	309,832	401,128
Depreciation			
At the start of the year	71,482	248,667	320,149
Charge for the year	–	45,355	45,355
Disposals	–	–	–
At the end of the year	71,482	294,022	365,504
Net book value			
At the end of the year	19,814	15,811	35,625
At the start of the year	19,814	59,026	78,840

All of the above assets are used for charitable purposes.

12 Listed investments

	2024 £	2023 £
Fair value at the start of the year	1,366,478	1,514,009
Additions at cost	–	–
Proceeds from sale of investments	(32,475)	(35,971)
Net gain/(loss) on change in fair value	154,005	(112,298)
	1,488,009	1,365,740
Cash held by investment broker pending reinvestment	(1,963)	738
Fair value at the end of the year	1,486,046	1,366,478
Investments comprise:		
	2024 £	2023 £
Shares listed on the London Stock Exchange	1,488,009	1,365,740
Cash	(1,963)	738
Fair value at the end of the year	1,486,046	1,366,478

Financial investments are measured at fair value through income and expenditure.

Notes to the financial statements

For the year ended 31 March 2024

13 Debtors

	2024 £	2023 £
Trade debtors	975,175	1,090,995
Other debtors	–	133
Prepayments and accrued income	651,869	280,295
	1,627,044	1,371,423

All of the group's financial instruments, both assets and liabilities, are measured at amortised cost. The carrying values of these are shown above and also in note 14 below.

14a Creditors: amounts falling due within one year

	2024 £	2023 £
Trade creditors	186,334	107,819
Taxation and social security	141,576	129,072
Other creditors	42,466	38,693
Accruals	221,767	213,626
Deferred income (note 15)	82,635	82,603
	674,778	571,812

14b Creditors: amounts falling due after more than one year

	2024 £	2023 £
Bank loans	150,000	–
	150,000	–

15 Deferred income

Deferred income comprises income that has been billed in advance.

	2024 £	2023 £
Balance at the beginning of the year	82,603	26,661
Released to income in the year	(567,279)	(366,501)
Deferred in the year	567,311	422,443
Balance at the end of the year	82,635	82,603

16a Analysis of group net assets between funds (current year)

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Fixed assets	1,486,046	35,625	–	1,521,671
Net current assets	1,152,919	34,257	1,778	1,188,955
Long term liabilities	(150,000)	–	–	(150,000)
Net assets at 31 March 2024	2,488,966	69,882	1,778	2,560,626

16b Analysis of group net assets between funds (prior year)

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Fixed assets	1,366,478	78,840	–	1,445,318
Net current assets	1,180,335	47,331	1,778	1,229,444
Net assets at 1 April 2023	2,546,813	126,171	1,778	2,674,762

17a Movements in funds (current year)

	At 1 April 2023 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2024 £
Restricted funds:					
Domestic Abuse	–	1,409,364	(1,409,364)	–	–
Residential	–	4,290	(4,290)	–	–
Therapy	–	85,396	(85,396)	–	–
Brudenell Road	–	–	–	–	–
Deaf with Cancer	1,778	–	–	–	1,778
Access to Work	–	5,353	(5,353)	–	–
Total restricted funds	1,778	1,504,403	(1,504,403)	–	1,778
Unrestricted funds:					
Designated funds:					
Fixed asset fund	78,840	2,139	(45,355)	–	35,624
Innovation fund	13,073	–	–	(13,073)	–
Two Deaf Foot fund	34,258	–	–	–	34,258
Total designated funds	126,171	2,139	(45,355)	(13,073)	69,882
General funds	2,546,814	6,775,872	(6,846,792)	13,073	2,488,968
Total unrestricted funds	2,672,985	6,778,011	(6,892,147)	–	2,558,848
Total funds	2,674,763	8,282,414	(8,396,551)	–	2,560,626

The narrative to explain the purpose of each fund is given in note 17c.

17b Movements in funds (prior year)

	At 1 April 2022 £	Income & gains £	Expenditure & losses £	Transfers £	At 1 April 2023 £
Restricted funds:					
Domestic Abuse	11,379	615,513	(629,348)	2,456	–
Residential	–	6,985	(6,985)	–	–
Therapy	–	22,602	(22,602)	–	–
Brudenell Road	–	69,366	(69,366)	–	–
Deaf with Cancer	1,778	–	–	–	1,778
Corona Virus funds	–	–	–	–	–
Access to Work	–	9,102	(9,102)	–	–
Total restricted funds	13,157	723,569	(737,404)	2,456	1,778
Unrestricted funds:					
Designated funds:					
Fixed asset fund	64,388	59,941	(45,489)	–	78,840
Innovation fund	13,073	–	–	–	13,073
Two Deaf Foot fund	34,258	–	–	–	34,258
Total designated funds	111,719	59,941	(45,489)	–	126,171
General funds	3,692,142	5,047,100	(6,189,972)	(2,456)	2,546,814
Total unrestricted funds	3,803,861	5,107,040	(6,235,461)	(2,456)	2,672,984
Total funds	3,817,018	5,830,609	(6,972,865)	–	2,674,762

17c Purposes of restricted funds

Domestic Abuse (previously DeafHope)

SignHealth's domestic abuse service, previously called DeafHope, works with the Deaf survivors of domestic abuse and includes our work with Deaf children and young people. It is funded by our fantastic supporters, who in 2023–24 include London Councils, the Home Office, The Police and Crime Commissioners for Kent and Sussex, Solace Women's Aid, Safe Lives, National Lottery, Bristol Next Link, Pilgrims and the City Bridge Foundation.

The Home Office had provided a grant over 2 years to enable SignHealth to improve its capacity to respond to deaf victims of domestic abuse. An extra £824,984 was awarded during the financial year 2023–2024, and was expended for the purpose for which it was awarded. Of the grant, £321,319 was spent on direct project and beneficiary costs, £54,135 on project overheads and £452,045 on staff costs.

The London Council – As correction to the Section 37 for financial year 2021–22: A total amount of £145,212.92 was available in grant from the London Councils Grant Committee during the financial year 2021–22 for SignHealth's domestic abuse service. This consisted of £138,052.92 in grant payments and £7,160 in underspend, from financial year 2020–2021 (agreed by London Councils to be carried forward to financial year 2021–22). £150,604 was expended for the purpose for which it was awarded, with no amount of underspend brought forward to financial year 2022–23.

As correction to the Section 37 for financial year 2022–23: £269,304 was awarded from the London Councils Grant Committee during the financial year 2022–23 for SignHealth's domestic abuse service. £267,078 was expended for the purpose for which it was awarded. A balance of £2,226 was carried forward to the financial year 2023–24. The entirety of this balance was returned to London Councils in financial year 2023–24.

£253,231 was awarded from the London Councils Grant Committee during the financial year 2023–2024 for SignHealth's domestic abuse service. This was expended for the purpose for which it was awarded: for abused Deaf women and children in London. Of the grant, £33,862 was spent on direct project costs, £28,033 on project overheads and £192,879 on staff costs.

Residential

Support has kindly been received for specific work in our residential schemes, including support for training costs, and small refurbishment work at some of the homes and breaks with carers for those service users with the most complex mental health needs.

Therapy/Online Therapy

With support from the Rayne Foundation, we have been able to continue the development of an online resource for Deaf people needing cognitive behavioural therapy (CBT).

Brudenell Road

Funding received for 'Brudenell Road' refers to a new housing scheme we have developed in Leeds.

Deaf with Cancer

Funding provides therapy for deaf people diagnosed with or recovering from cancer.

Access to Work

SignHealth receives funds from the Department of Work and Pensions, to reimburse the cost of additional communications support workers employed on the SignHealth payroll, providing support to SignHealth staff in receipt of an Access to Work grant.

17c Purposes of restricted funds (continued)

Purposes of Designated Funds and General Funds

The fixed asset fund represents the net book value of all assets held by the charity, excluding the Restricted funds.

The Two Deaf Foot designated fund represents funds raised for SignHealth by the Two Deaf Foot fundraising walk from John O'Groats to Land's End in summer 2020. Expenditure of these funds is overseen by a committee comprising the Two Deaf Foot walkers and members of the SignHealth Board of Trustees.

The innovation designated fund represents funds set aside by the Board of Trustees, to put towards initiatives that will further SignHealth's charitable objects but that represent a high financial risk.

18 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

Accounts

Company number: 2610559

Charity number: 1011056

SignHealth

Report and financial statements
For the year ended 31 March 2023

**THE DEAF HEALTH
CHARITY
SIGNHEALTH**

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Reference and administrative information

Company number	2610559	
Charity number	1011056	
Registered office and operational address	CAN Mezzanine, 7-14 Great Dover Street, London SE1 4YR	
Country of registration	England and Wales	
Country of incorporation	United Kingdom	
Trustees	Trustees, who are also directors under company law, who served during the year and up to the date of this report were as follows:	
	Jackie Driver OBE, Chair	
	Sara Clare Mitchell	
	Andrew Sims, Vice Chair and Chair of Audit and Risk Committee	
	Christine McPherson	
	Mark Perry	
	Trudi Collier	Resigned 22 May 2022
	Tania Hudson, Treasurer	
	Vanessa Longley	
	Jaz Mann	Resigned 29 September 2022
	Amanprit Arnold, Chair of People and Pay Committee	
Executive Leadership Team	James Watson-O'Neill OBE	Chief Executive
	Thandi Mtetwa	Director of People and Finance
	Christopher Reid	Director of Operations
	Lucy Warnes	Director of Communications and Fundraising
	Stacey Witter	Director of Campaigns
	Paul Howes	Assistant Director (Governance, Planning and Evidence)
Bankers	Metro Bank 120 Cheapside London EC2V 7JB	
Solicitors	Trowers and Hamblins 3 Bunhill Road London EC1Y 8YZ	
Auditor	Sayer Vincent LLP Chartered Accountants and Statutory Auditor Invicta House 108-114 Golden Lane London EC1Y 0TL	

Message from the Chair of Trustees, Jackie Driver OBE

As I look back at SignHealth's performance over the past year, it's clear that 2022/23 has been a year of investment and growth. We achieved a number of major milestones during what has been an uncertain time as we tackle the aftermath of the pandemic and rising costs.

Thanks to our successful Home Office Violence Against Women and Girls funding bid, we are now expanding our Domestic Abuse service for Deaf people across England. Funding from the National Lottery Community Fund is enabling us to reach more Deaf children and young people outside of London to teach them about healthy relationships. We are also in the middle of opening our first supported living accommodation in Leeds for Deaf residents with complex mental health needs.

As we work to fulfil our British Sign Language (BSL) psychological therapy contract with NHS England, the challenge of managing our growing waiting list demonstrates the urgent need for this service. In response, as well as working to improve access to therapy for Deaf people, we have recruited three new trainee therapists who use BSL.

As part of our ongoing work to become an anti-racist organisation, we welcomed our first EDI consultant, and we are about to launch our anti-racist training videos in BSL for staff.

We are recruiting our first ever Advisory Board, made up of deaf people from all backgrounds who will shape and steer our new sector-wide campaign to end the health inequalities that all deaf people face.

Every hour of the day someone from SignHealth is working to improve the health and wellbeing of Deaf people. So, as I step down from the Board later this year, I want to express my gratitude and admiration for our specialist social care staff. They work in two languages and two cultures - BSL and English. Not only did they work tirelessly through Covid-19 lockdowns, keeping everyone safe, but also as we navigate the uncertainties of the post pandemic years, they are still ensuring that we continue to deliver high quality Deaf-led services. As a result the trustees felt it was important to increase their salaries to reflect their specialist skills and I am proud that we have prioritised this.

All this work requires strong partnerships. With the Deaf community, the NHS, commissioners, supporters, and other organisations. We are incredibly grateful for their support in improving Deaf people's health and wellbeing.

We know too well how attitudes towards communities who aren't 'mainstream' means inequalities in all aspects of life, including health. It places greater pressure on organisations like SignHealth and resources to support communities and reduce the ever-widening gap.

As the Deaf health charity, if we are to make great strides towards ending barriers to good health and wellbeing for Deaf people working in partnership with our supporters and partners is more important than ever. Together we can deliver even more life-changing impact. Thank you.

Jackie Driver OBE, Chair

Trustees' Annual Report

The trustees present their report and the audited financial statements for the year ended 31 March 2023.

Reference and administrative information set out on page 3 forms part of this report. The financial statements comply with current statutory requirements, the memorandum and articles of association and the Statement of Recommended Practice – Accounting and Reporting by Charities: SORP applicable to charities preparing their accounts in accordance with FRS 102.

Objectives and Activities

Vision

A world where there are no barriers to good health and wellbeing for Deaf people.

Purpose

To improve the health and wellbeing of Deaf people.

Values

Person-centred, involving, enabling, expert, respectful, and influential.

Our focus

SignHealth's work focuses on Deaf people who use British Sign Language (BSL): this is where our expertise lies and where we feel we are best able to help. The charity will ensure our work is fully costed and planned.

Objectives

- **Mental health:** SignHealth will consolidate its position and look to grow its existing services to meet the needs of more Deaf people.
- **Social change:** SignHealth will campaign and lobby for change to remove the barriers and obstacles Deaf people face in relation to health issues and access to services.
- **Children and young people:** SignHealth will extend its existing work with Deaf children and young people and look at developing new services for them and with them that prevent health problems from starting or address them before they become more serious.
- **Partnership:** SignHealth will work with established experts in the field of heart disease and continue to work effectively with a diverse range of other Deaf charities.

The trustees review the objectives and activities of the charity each year. This report looks at what the charity has achieved and the outcomes of its work in the reporting period. The trustees report the success of each key activity and the benefits the charity has brought to those groups of people that it is set up to support. The review also helps the trustees ensure the charity's objectives and activities remained focused on its stated purpose.

The trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's objectives and activities, and in planning its future activities. In particular, the trustees consider how planned activities will contribute to the objectives and activities that have been set.

Achievements and performance

This year (2022/23) has been a year of investment for SignHealth. The Board of Trustees have made a number of conscious decisions to proactively invest in growth for the organisation. This includes recruiting to a number of new roles both in services and central support functions to increase our capacity and resilience. They have also heavily invested in increased salaries for our front line staff to reflect their specialist nature and help them with the ongoing cost of living crisis. This wider crisis has also had an impact on our finances through the rising costs associated with running our services such as utilities, travel and other supplier costs.

Our Three-Year Plan

We continued to use our existing Three-Year Plan as the focus of our work in 2022/23, making good progress with the milestones and targets across all three of our priority areas. Our key achievements and successes in 2022/23 are highlighted below.

Growing our services

Social care

SignHealth residential services offer registered care for 30 Deaf people with enduring mental health concerns and complex needs in five locations around the country. We also have supported housing provision in London, which provides daily support for five Deaf people. Staff receive ongoing training and support, and continuous risk assessments are undertaken to support the people who live in our services. All our flats were full at the end of 2022/23, with no vacancies at all during the year, which was in line with our target of having no more than one vacancy, overall, in a year.

Residents in SignHealth care homes are supported by highly trained staff who are Deaf themselves or hearing colleagues who are fluent BSL users. Many of our clients face significant numbers of barriers including experience of poor mental health, language deprivation, cultural exclusion and other disadvantages. Our staff liaise closely with community mental health professionals. We have a person-centred approach to our work - all residents are encouraged to achieve their individual potential and the support we offer is tailored to the requirements of every person.

In 2022/23 the Board of Trustees agreed that it was time to recognise the specialist skills of our staff and increase pay accordingly for all front line social care staff. In addition to recognising the skills of our colleagues and repositioning their roles, there were two main drivers for this change:

- The ongoing cost of living crisis and the need to support our staff as best we can as times get increasingly hard. These staff are the lowest paid in the organisation however the services that they work in earn the majority of SignHealth's total income.
- The increasingly competitive recruitment market in which we are operating, illustrated by problems in recruiting staff to all our social care services. The increase puts us at a competitive advantage compared to other organisations and make us more attractive to potential staff.

The Board were clear in the financial implications for this change, with a full year budget increase of £398k, however the change has been well received by the staff boosting morale and helping with recruitment. The budget increase is being mitigated by a major piece of work started in 2022/23 to renegotiate our fees with local authorities to ensure that we are being properly paid for the services we provide and that the rising costs associated with the cost of living crisis and salary rises for our specialist support workers are taken into account. This piece of work is progressing well with a number of new fees already successfully negotiated.

We have continued to develop a new residential service in Leeds. Brudenell Road will provide supported living for four Deaf people who have previously lived in secure mental health hospitals. All tenants have been identified, the service has received its CQC registration, we have started to recruit staff and the service will now open in July 2023.

We continue to use our Quality Assurance Framework for our care homes and outreach services and incorporate improvements into specific action plans which are monitored on an ongoing basis.

Our Outreach schemes in London and Manchester support Deaf people in the community with their day-to-day activities. Outreach workers enable Deaf people to lead independent lives by giving support with tasks at home and elsewhere. We develop a personalised plan with each client, after carefully looking at their needs. We delivered an average of over 1,100 hours per month in 2022/23 (13,021 hours in total compared to 12,659 in 2021/22). The Outreach teams also work with our residential services when a resident is ready to move into community accommodation so that each person is well supported throughout their move.

Our Advocacy service works with Deaf people in health and social care settings to make sure they are treated fairly and can access healthcare services. Advocates work to help people understand complicated situations, explain their rights and make sure their views and opinions are properly heard. The team delivered advocacy sessions to over 100 people in 2022/23.

Therapies

SignHealth's therapy service is for Deaf people who are feeling stressed, low in mood, depressed, anxious or worried. Deaf people are referred to a BSL-fluent therapist, often Deaf themselves, who will listen and provide advice and support. Sessions take place face-to-face, either in person or online, and everything is confidential. Deaf clients can have a one-on-one conversation in their own language and culture, without the need for an interpreter. This therapy is highly effective and delivers excellent outcomes through treatment.

Research suggests that the best treatment for people suffering from mental health conditions such as depression and anxiety is 'talking therapy', which was highlighted in updates to NICE guidelines suggesting therapy, rather than antidepressant medications, should be prescribed to patients first. However, therapy relies on one-on-one communication and for Deaf people this is problematic. The moment a sign language interpreter is involved, the conversation becomes less intimate and has been shown to be less effective for the patient. SignHealth's therapists are either Deaf or hearing and fluent in BSL, and some can also support deaf people who do not sign. This NHS contract means Deaf people can access talking therapy (previously known as IAPT) directly, in their own language, the same way as their hearing peers.

A key achievement for us in the previous year (2021/22) was winning the NHS England Improving Access to Psychological Therapies (IAPT) contract. This was the first time NHS England had awarded a national contract to a Deaf specialist service and it was a ground-breaking step forward for the Deaf community. The contract started in November 2021 and a key achievement for 2022/23 has been to continue to embed and develop this work. We received 1,275 referrals through the contract in 2022/23 and achieved all our targets with a recovery rate, at March 2023, of 70.8% (against a target of 50%) and a reliable improvement rate of 80% (against a target of 65%). We have 97% of referrals receiving a first session within six weeks (target – 75%) and 100% within 18 weeks (target – 95%). In addition, feedback from our patients, received through regular Patient Experience Questionnaires, is consistently positive. Some examples include:

- 'Thank you for existing – I'd be lost without you!!'
- 'It has helped me to get it off my chest as the situation I was in was feeling trapped and had no one to talk to'
- 'Pleased that I had therapy in BSL. Very important for my wellbeing and no issues with expressing my feelings in BSL. I used to be frustrated in counselling with hearing therapist in communication with interpreter'

We have also continued to invest in the service. We recruited three new trainee therapists to increase our capacity, with plans for more in the coming months as well as continuing to develop new modules of CBT courses, working with creative professionals to enhance the accessibility of our course content that will be delivered online. We also have exciting plans in the future for increasing our use of digital approaches and platforms.

Despite the focus being on talking therapy nationally, we continue to help clients requiring non IAPT interventions such as counselling and clinical psychology.

Domestic abuse

SignHealth's Domestic Abuse Service is the UK's only BSL-based service to help Deaf women, children and people of all genders who experience domestic abuse. Deaf people are more at risk of domestic abuse than hearing people.

We provide practical and emotional support to Deaf people who are experiencing domestic abuse, and to those who have survived it. The team help people to make choices and to stay safe. One of the effects of the Covid-19 pandemic was an increased number of domestic abuse cases. As a result, this year we have seen a continuation of the demand for our domestic violence support and healthy relationship courses, with the service receiving over 100 new referrals in 2022/23. The team also continued to ensure that information on staying safe and awareness of domestic abuse was offered to people across all the areas we work in.

The COVID-19 pandemic caused us to move nearly all our support online. This has continued into 2022/23 to a certain extent and has proved to be successful, though there have been increased challenges in working with other professionals in this way, including the courts, police and housing agencies. We continue to gain valuable learning about providing online support, which had not been attempted on a large scale before.

We successfully expanded our team with one additional YPVA (Young Person Violence Advisor) joining our existing team, giving us a total of five YPVAs. In October 2022, two extra IDVAs (Independent Domestic Violence Advisors) joined the existing team, taking our total number of IDVAs up to seven. Our IDVAs supported over 125 people in 2022/23, as well as engaging with 425 professionals. We applied for Home Office Funding to expand our services nationwide and were told recently that we were successful. We are currently recruiting for 14 additional roles.

Since our Community Engagement Officer joined our team last October, we have been able to reach out more to raise awareness about our service, delivering workshops for mainstream services, professionals and deaf organisations within the boroughs of London. Between October 2022 and March 2023 we successfully delivered around 35 workshops.

We gained funding from NextLink to allow us to source a new IDVA to cover Bristol, South Gloucestershire, North Somerset and Bath & Northeast Somerset, with the new IDVA joining the team in October.

We obtained funding of £5,000 from NatWest Circle and successfully spent it all on our clients to support them to start a new life after escaping their abusers, either within a new home, refuge, or emergency accommodation. We were also able to give vouchers to support them to purchase essentials for their new homes, as well as purchasing safety equipment such as video doorbells and security cameras.

Our YPVAs engaged with 707 Children and Young People in 2022/23 and successfully created a new workshop, adding to their existing collection of topics for workshops delivered to youngsters either in schools or clubs. The new topic is 'Puberty and Periods' and is currently delivered to primary provision. We have received positive feedback to say that attendees felt it was informative and that the children have gained confidence in discussing the topic of periods with their peers. We also went through the various sanitary products that are available helping them to think about and understand the choices they have.

With Refuge's Ascent Pan London funding our team are now working with the London Outreach team. This means that when our Domestic Abuse team have reached the end of support for clients where risks are low, we now handover to our outreach team of five staff who continue to provide onward support in refuges or safe accommodations.

New services

We started a brand new area of work in 2022/23 to scope out our new strategy for Children and Young People (CYP). We delivered a presentation to teachers of the deaf about children's mental health during Q3 at the BATOD conference and have expanded our in-school counselling offer to a new school offering play therapy to deaf pupils. We also continued to raise our profile as an organisation supporting the younger deaf community by launching a new webpage for CYP during children's mental health week in quarter four of the year.

Developing our profile

2022/23 has been a very successful year in raising our profile. In terms of figures:

- **1,393** new people followed us across our major platforms (Facebook and Twitter combined)
- We reached **105,912** people on Instagram
- We had **262,405** page views our website
- We had **578,600** impressions on Twitter with over **191,000** page views on Facebook
- We received **2,140** service referrals

In 2022 we were a proud member of the coalition of nine organisations that delivered the BSL Act Now! campaign, supporting the rallies, engaging in the detail of the parliamentary process and in engaging the Deaf community. We are incredibly proud to have been part of the process which has now led to the creation of a new BSL Act.

We also undertook a range of activities across the year including:

- In April 2022 we ran workshops in partnership with the Royal Association for Deaf People (RAD) in London around Deaf wellbeing, with the aim of improving participants knowledge of mental health awareness and improve mental wellbeing.
- In June 2022 we supported the launch of the 999 BSL service, the UK's first emergency Video Relay Service. For the first time, Deaf people are able to contact emergency services in British Sign Language through [999 BSL](#). This service isn't just important for the Deaf community – it is a service that will benefit everyone. Deaf people can now contact emergency services directly and assist anyone in need of help. This is a huge breakthrough in terms of access and a moment worth celebrating. We supported Deaf organisations across the UK to throw parties in 21 locations to celebrate the launch and raised awareness of the new service through our new superhero, Deaf Thunder (chosen via a competition in schools) - [Deaf Thunder raises awareness of 999 BSL - SignHealth](#)
- In September 2022 we co-signed a joint statement on the cost of living crisis from NCVO, ACEVO and many other charities calling on the government to urgently deliver meaningful financial support to those in greatest need, directly to households and through the benefits systems that already exist to provide that support. It also called on government to provide targeted financial support for those charities and voluntary organisations that are on the frontline of supporting people through this crisis, and to ensure that charities, voluntary and community organisations are included in any plans to support businesses.
- Deaf Awareness Week 2022 saw record levels of engagement on social media as we highlighted Deaf organisations making a difference in the community. This included themes of opposing discrimination, encouraging healthy habits, fighting for access, and supporting with employment.

- As part of our fundraising events throughout the year, in October 2022 five people ran the London Marathon in support of SignHealth.
- Working in partnership with Deaf football clubs we ran a campaign in November 2022 to coincide with the FIFA Men's World Cup, highlighting that research shows that abuse towards women increases during the World Cup games.
- We reviewed all of our existing online health videos on our website to ensure they remain up to date and relevant.
- We entered into the final year of our three year Charity of the Year partnership with SignVideo, a communication organisation focussed on giving video relay services access to the Deaf community. The partnership continues to raise unrestricted income for SignHealth and increase the profile of both SignHealth and SignVideo within the Deaf community. SignVideo are also encouraging staff to sign up to the 'payroll giving scheme', where staff can make a monthly donation through their wages.
- At Christmas we partnered again with the well-respected brand Deaf Identity who donated a percentage of the profits from the sale of their Christmas cards to SignHealth.

Strengthening our organisation

As mentioned previously, 2022/23 has been a year of investment in SignHealth to proactively grow and strengthen the organisation. Much of this growth and recruitment has been focussed on central, corporate services such as finance, people and talent (HR), governance and communications. This investment has looked to build the departmental capacity and resilience needed to move the organisation forward.

As part of this we have created a new Interpreter Co-ordinator role which gives us a more efficient and effective way of managing interpreter relationships and costs, as well as maximising our use of Access to Work budgets across the organisation. We have also worked with the Charityworks programme to place a graduate trainee in our central team to give extra capacity and bring new, fresh ideas to the organisation.

We have continued to pursue our anti-racist ambition as a health charity to remove race inequalities and barriers that affect the health and wellbeing of Deaf communities of colour and have continued our work on our Equity, Diversity and Inclusion (EDI) ambitions and our journey towards being an anti-racist organisation. We continued to develop our EDI steering group with representation from staff across the organisation and developed an action plan to guide our next steps in this area. The steering group has moved to face to face meetings and some progress has been made although this has been slower than we would like. In order to increase the pace of this work and drive it forward, we recruited an external consultant at the end of 2022/23. It is hoped that this will enable us to fully deliver the action plan in 2023/24.

We introduced a new SignHealth People and Pay Committee in 2022/23. This is a formally constituted committee of the Board which considers and make recommendations to the Board on all aspects of People Management and Staff pay, as well as making recommendations to ensure that

the Board itself maintains an appropriate structure, size and balance of skills to support the strategic objectives of SignHealth. The committee is made up of trustees and independent members with a background in HR and employment law and is co-chaired by a trustee and an independent member. The main focus of the committee in 2022/23 has been around new trustee recruitment, including the recruitment of a new Chair, with the successful recruitment of four new trustees in late March 2023. Future priorities for the committee will include advising on the development of the new SignHealth People Strategy.

We published details of our gender and ethnicity pay gap statistics in our 2021/22 Annual Report and on our website, noting at the time that more work was needed on our disability pay gap report. We are pleased to say that all elements of pay gap reporting are included in this year's report.

Following a decision by the Board of Trustees we re-joined the Real Living Wage Foundation at the end of 2021/22. In 2022/23 we have remained a member of the foundation and continued to ensure that all of our salaries across the organisation are kept under review and consistent with the ethos of the foundation.

We continued to increase staff usage and familiarity with Office 365, following the successful migration of all shared documents in 2020/21. We continue to make use of Workplace as an internal communication channel which has been instrumental in keeping our staff connected, particularly as it enables us to share BSL video content quickly and easily with one another.

Following feedback from staff received in our staff survey, specifically in response to the closure of our Head Office in south London in March 2021, we reviewed the need and options for a permanent office space in 2022/23. As a result, we undertook a six-month pilot in October 2022, renting some office space in central London. This pilot ended at the end of March 2023 and following a full evaluation it was decided not to carry on with it, as usage data and other evidence showed that we could not justify both the amount of space we were renting and the cost, and there was limited take up from staff. However, we are still committed to looking at other alternatives such as sharing office space with other charities or NHS organisations and this work will continue into 2023/24.

We have continued to invest in new IT hardware and software to enable all staff who were previously office based to work efficiently from home, as well as carrying out regular workstation assessments and providing other equipment such as desks and chairs where necessary. This is all part of the wider implementation of cyclical upgrading and renewal of all software, hardware and office equipment across the whole of SignHealth. As last year, the renewal budget is now included in ongoing costs.

We have continued our work to review our organisational values, involving staff from across the organisation in their development. Once agreed, the revised values will be used to develop a new behavioural framework, as well as feeding into our new Three-Year Plan for 2024/27.

'Campaign' work

A key part of our work in 2022/23 has been the development of a new 'high level' campaign, working in partnership with the New Economics Foundation (NEF) and the University of Manchester's Social Research with Deaf People team (SORD). This work is based on the fact that in order to deliver our purpose of improving the health and wellbeing of deaf people we need to work in partnership with others across the sector. It is not something we can deliver on our own. Our

health and wellbeing, in line with the work of Sir Michael Marmot, is affected by the wider social determinants of health, the majority of which are not within our scope to affect as a provider of health and social care services (e.g. housing, education etc). The work with NEF/SORD has helped us to develop a new model of inequality to better understand the factors involved and help us develop a Theory of Change. All of this work will feed into the launch of our new campaign in September 2023 and will be shared with Deaf people and other organisations.

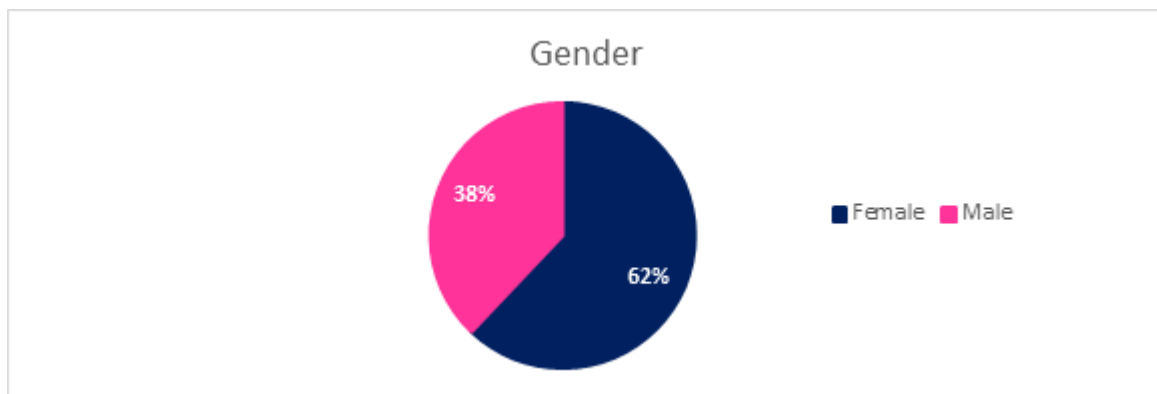
Pay Gap

SignHealth is on a journey to become a diverse, inclusive and equitable employer. Last year we shared details of our gender and ethnicity pay gaps for the first time and this year – we are reporting on disability for the first time. SignHealth is continuing the rollout of anti-racism training in BSL and English to our people.

Snapshot data was taken from 153 staff in March 2023.

Gender pay gap

62% of staff at SignHealth are female which is a 4% decrease on last year's percentage.



Mean gender pay gap

The mean gender pay gap is calculated by adding up the hourly pay of all female employees and dividing this by the number of female employees at SignHealth. The same calculation is carried out for male employees. The difference is the mean gender pay gap.

The mean gender pay gap for 2023 showed that women earned 6% more on average than men (2022: 7% more than men).

Median gender pay gap

The median gender pay gap is calculated by finding the exact middle point when everyone's wages are lined up from smallest to largest. This is more representative of colleague pay when there is a lot of variation in pay.

The median gender pay gap for 2023 showed that women earned 13 % more on average than men (2022: 13% more than men).

Gender split across the quartiles

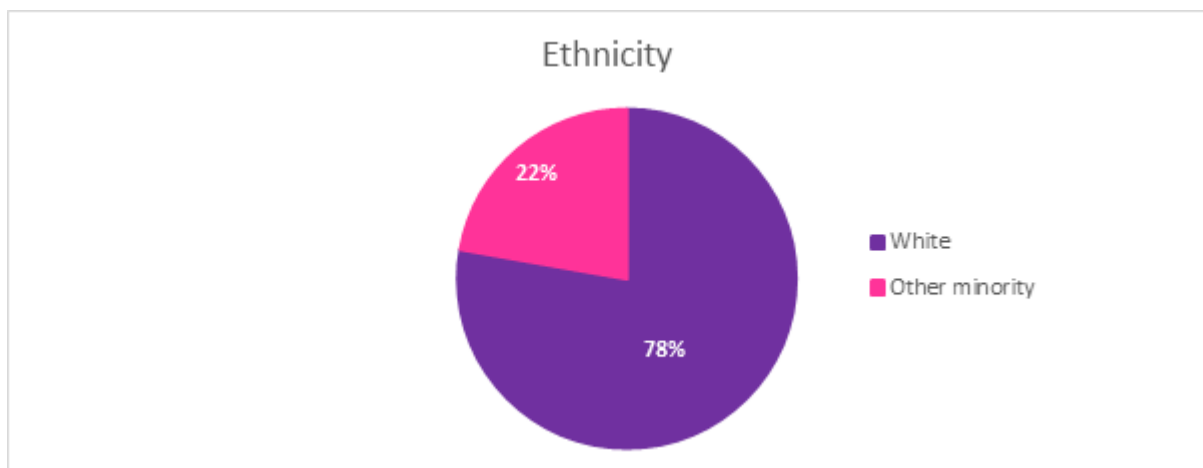
Pay quartiles show the proportion of male and female employees in each quartile from the lowest paid quartile to the highest paid quartile.

2023	Lower quartile	Lower Middle Quartile	Upper middle quartile	Upper quartile
Male	45%	45%	37%	26%
Female	55%	55%	63%	74%

The results of the analysis this year show that SignHealth has more women in high salary bands – explaining why the gender pay gap is in favour of women.

Ethnicity pay gap

22% of SignHealth staff are from a minority ethnic background – this figure remains unchanged from last year.



Mean ethnicity pay gap

The mean ethnicity pay gap is the difference in average pay between white staff and minority ethnic staff.

The mean ethnicity pay gap for 2023 showed that minority ethnic staff earned 1% more than white staff (10p) more on average.

Median ethnicity pay gap

The median ethnicity pay gap is calculated by finding the middle point when white staff members' wages are lined up from smallest to largest – this is compared to the middle point when minority ethnic staff members' wages are lined up in the same way.

The median ethnicity pay gap for 2023 showed that ethnic minority colleagues earned 10% more than white colleagues.

This difference in our median ethnicity pay gap is because a larger proportion of minority ethnic staff are employed in higher paid roles at SignHealth.

Deaf pay gap

SignHealth is proud to be a Deaf-led charity – with over 70% of staff identifying as Deaf.

Mean Deaf pay gap

The mean Deaf pay gap in 2023 showed that Deaf staff earned 5% less on average than non-Deaf staff.

Median Deaf pay gap

The median Deaf pay gap in 2023 showed that Deaf staff earned 8% less than non-Deaf staff.

How do we plan to close the gap

As part of our work to improve equity, diversity and inclusion (EDI) at SignHealth in the next year we will:

- Publish a Board approved People strategy – with a focus on ensuring that equity, diversity and inclusion is at the heart of all our processes.
- Work with our EDI Lead to publish an EDI action plan with key objectives to improve representation of minority ethnic people at all levels across the organisation.
- Continue the rollout of anti-racism training in BSL and English to our people
- Improve our disability pay gap data and report on this in next year's pay gap report

Find out more from about the gender pay gap [here](#) and ethnicity pay gap [here](#).

*The term minority ethnic is used as this is in line with the reporting from the Office for National Statistics (ONS).

Beneficiaries of our services

We follow and refer to the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular, the trustees continue to consider how SignHealth's activities will contribute to the aims and objectives we set out to achieve.

SignHealth carries out a wide range of activities to deliver our charitable aims. The trustees believe these activities provide direct benefit to the Deaf people who use our services, to Deaf people in the wider community, and to the health professionals who provide healthcare to Deaf people and their families.

The trustees have concluded that there is no detriment or harm arising from its aims and objectives.

We would like to extend our sincere appreciation to everyone who has supported SignHealth during the year. The kind and generous contributions have significantly helped to improve the health and wellbeing of Deaf people and we are grateful to have your support.

We would especially like to thank all the organisations who have supported us, including the following:

Home Office

NHS England

London Councils

Kent Police County Council

City Bridge Trust

DD McPhail Trust

City of London – London Relief Community Fund

Solace Women's Aid

Surrey Community Fund

The Pilgrim Trust

Ovingdean Hall Foundation

Sutton Coldfield Municipal Charities

Friends at Work

The Charles Hayward Foundation

National Lottery Community Fund

National Lottery Awards for All

We would also like to say a huge thank you to all who supported SignHealth by taking part in our fundraising events to raise money for our work with adults and children. We would also like to say thank you to SignVideo, a communication organisation focussed on giving video relay services access to the Deaf community, for our ongoing Charity of the Year partnership and to all the Deaf social media influencers we have worked with over the past year.

As in previous years, much of the support we have received over the year has been towards our award-winning Domestic Abuse Service, run by Deaf people for Deaf people affected by domestic

abuse. Our service helps to improve awareness, resilience and independence and consistently achieves great results; 100% of survivors declared they were more aware of their rights, had better access to services, were better able to make safe choices, and felt more confident. The service relies entirely upon voluntary contributions and grants to operate, and the Trustees extend their thanks and appreciation to these donors for the support they have given throughout the year.

We were also delighted to begin working with the National Lottery Community Fund, who have agreed to support the expansion of our young person's domestic abuse prevention service. They have awarded us a generous grant of £81,068 as we begin the first year of this partnership.

As always, we are grateful to each and every one of you, our work was made possible through and with your generous help.

Financial Review

SignHealth made an overall deficit of £1,142,256 (2022: £519,640 surplus) in the year to 31 March 2023, against a budgeted deficit of £481,279 (2022: break even). This includes a decrease in the value of the investment portfolio of £112,298 (2022: £77,477 gain).

In the year to 31 March 2023, total income increased by £442,961 to £5,830,609 (2022: £5,387,648) due in large part to an increase in residential fee income and an increase in grant income received to deliver SignHealth's Domestic Abuse services.

Expenditure to 31 March 2023, before gains/losses on revaluation of investments, increased by £1,915,082 to £6,860,567 (2022: £4,945,485). The majority of this increase is as a result of an investment in SignHealth's staff costs and consultancy costs - and therefore SignHealth's ability to deliver its ambitions growth strategy. Following the closure of the Balham Office and the easing of Covid restrictions, SignHealth also experienced an increase in travel costs.

Principal risks and uncertainties

SignHealth's approach to Risk Management centres on identifying, measuring, monitoring and controlling the key risks relating to all its services and operations. Our approach has always been strongly informed by guidance provided by the Charity Commission, including its overarching definition of Risk:

"the uncertainty surrounding events and their outcomes that may have a significant impact, either enhancing or inhibiting any area of a charity's operations".

Overall Risk Profiles are calculated using the Commission's "xy+y" formula (x = likelihood and y = impact) giving additional weighting to the impact of risks being realised.

Overall responsibility and accountability for risk lies with the Board of Trustees. Since April 2018 this has been supported by a formally constituted sub-committee of the Board of Trustees, the Audit and Risk Committee.

The Audit and Risk Committee is responsible for ensuring a robust assurance framework is in place, along with appropriate and functioning processes and systems and processes to support it. The Committee Chair reports to the Board of Trustees on a regular basis through verbal reports at each Board Meeting and an Annual Report in the third quarter of each financial year. It should be noted that the Audit and Risk Committee does not have delegated responsibility to review the financial performance of the organisation.

Responsibility for identifying risk lies with the Executive Leadership Team (ELT), who consider existing risks and identify new ones. The ELT formally updates the organisational Risk Register and its associated Action log quarterly, in advance of Audit and Risk Committee and Board of Trustee Meetings.

Members of the Executive Leadership Team take specific responsibility for risk within each area of risk that has been identified. They play an important role in identifying and understanding risks that arise and are responsible for ensuring that appropriate controls are in place to ensure these risks are being managed and mitigated.

The Audit and Risk Committee held four meetings and one awayday during the year to review our risk management framework, agreeing that our current process continues to be sound and fit for purpose. As part of this work the committee has also continued to develop implement our approach to both Risk Appetite/Tolerance and Risk Assurance Mapping. All of our current risk areas have an assessment of risk appetite and tolerance, which have been reviewed and accepted by the Board. Each of our risk areas now also has a dedicated risk assurance map in place which sets out the controls for the risk area, linked to an action plan which addresses any gaps and areas for improvement. Reviews of this action plan and our overall approach to risk is linked to an annual Organisational Resilience Review (based on the Charity Governance Code) undertaken by the Audit and Risk Committee every autumn.

Our current risk register incorporating the risks associated with our Three-Year Plan was developed in 2019/20 and approved by the Board of Trustees in March 2020. As mentioned earlier this is updated on a quarterly basis by ELT, prior to going to the Audit and Risk Committee and Board meetings. It focuses on the following Risk Areas:

- Safeguarding
- Quality/Regulatory Breach
- Staff
- Financial Management
- Business Continuity
- The Deaf Community
- Policy

As part of our move to a new Three Year Plan for 2024/27 (outlined in the Plans for the Future section – page 22) we will develop a new Risk Register in 2023/24 which will be linked to the new Strategic Objectives of the new plan.

Of the current risk areas, we have identified our top three risks (based on risk profile scores), which remain the same as in the last financial year:

Safeguarding

This risk covers both potential poor practice leading to a safeguarding incident which could result in the death of a client or significant harm to a client, reputational loss or financial loss to the organisation and/or individual clients and also an increased risk if we grow our services to include providing more services to children and/or young people. We actively manage this risk in a variety of ways including having a comprehensive Safeguarding policy and procedure which is reviewed and approved by the Board each year. We have a separate Child Protection policy and procedure which is similarly reviewed and approved every year. We maintain an incident log which is regularly reviewed by the Executive Leadership Team, with all significant issues reported directly to the CEO and on to the Chair of the Board of Trustees. We undertake training for staff, including in relation to the handling/management of clients' finances and undertake a full investigation of all incidents, with learning from every incident being captured and disseminated. Learning from any investigations relating to alleged safeguarding incidents continue to be incorporated in to updated policies, procedures and practice, particularly in terms of the safety of clients and staff when interacting with third parties. We also undertake Quality Assurance Audits.

Staff

As a Deaf-led organisation, it is vital that SignHealth recruits a large proportion of staff that have lived experience of being Deaf People. We are therefore recruiting from a small pool of potential candidates. Our best candidates will also have different prior experiences and skills to those in a non Deaf-led organisation. This can also lead to risks around hearing and Deaf staff not understanding each other, leading to poor teamwork, low staff morale and increased incidents. Deaf staff may also not understand and follow organisational policies and procedures that are delivered via 'hearing' methods, leading to lack of career progression and increased incidents. We may not be able to find enough appropriately trained and experienced Deaf staff to meet our needs, in the right locations or at all, leading to understaffing and loss of quality. This risk is managed in a number of ways. We ensure that all policies, procedures and training are as clear and accessible as possible to everyone, regardless of background or experience. We have also invested time in assessing the accessibility of our training and policies for our diverse workforce, including the development of a number of BSL videos for our policies and procedures. In 2022/23 we recruited a BSL Communications Officer and a new Policy and Performance Manager, who will be responsible for redrafting all of our key policies in BSL and cascading these across the organisation.

We also established a new People and Pay Committee in 2022/23 which is made up of both trustees and independent members who have extensive experience and knowledge in this area. The committee has clear Terms of Reference and has been providing guidance and advice to our People and Talent Team who have started to develop a new People Strategy which will be approved by the Board in September 2023.

This risk area has also led SignHealth to adopt a different approach to learning and development than peer organisations. We have also used different methods and approaches to communication and training, that are shown to be more effective for a diverse staff group and particularly for Deaf staff. We have also started to investigate the impact of 'language deprivation' on the lived experience of Deaf staff. We are continually reviewing and improving the staff 'offer', particularly for Deaf staff, so that people value working at SignHealth because of its culture, its terms and conditions, and the opportunities for personal and professional development it provides.

Financial Management

For SignHealth, although the risk is low, the impact can be high if we do not mitigate this risk around financial management and understanding which can lead to diminished quality of service, inefficiencies, fraud, unnecessary reduction in cash reduction and/or free reserves and/or under investment in future development, investment and sustainability. There is a small risk to our reputation with funders, as they will have less faith in our future bids and tenders if we have needed to give grant money back in the past due to poor management.

We have a performance management framework that aligns financial and non-financial data, which produces regular understandable and accurate reports for Managers and Trustees. We also have new procedures documented and ensuring all relevant people are aware of their responsibilities and ensuring a properly structured and competent Finance Team, together with a clear segregation of duties. During the year, we reviewed our Scheme of Delegation and we implemented a new structure including a Head of Finance and Head of Fundraising which will give us more capacity and resilience moving forward.

Reserves policy

The charity's reserves policy articulates the links between the policy and the charity's key risks and strategic objectives.

In doing so, SignHealth differentiates between short, medium and long-term risks as follows:

1. **Short term:** meeting working capital requirements and mitigating unbudgeted, in-year financial risks. In SignHealth's case, examples might be to manage the cash flow implications of seasonal variations in activity, managing the impact of an empty flat in a residential property, or paying for interim cover for key personnel.

Reserves held to mitigate these short-term risks must be held as cash or short-term deposits to allow immediate access as needed.

2. **Medium term:** mitigating the financial impact of changes foreseen over the next 1-3 year planning cycle, allowing sufficient time for the charity to develop to meet these challenges whilst minimising the impact of any required changes. Examples would include managing the foreseeable impact of changes in public sector funding or benefits policy.

Reserves held to mitigate these medium-term risks can be held as long-term cash deposits, or in investment funds, as their drawdown can be planned over a longer period of time.

3. **Long term:** ensuring the charity can invest in planned renewal of infrastructure and intellectual property, so that its assets do not become outdated over time. This would include investment in property, IT and digital assets, and in professional development of staff.

Reserves held to mitigate these long-term risks would be designated by the Board of Trustees, against an agreed investment plan. Trustees will expect the charity to build these reserves back up over time, in order to support ongoing investment.

4. **Supporting innovation:** having funds available to identify and act on opportunities to branch out into new activities that will achieve its charitable objectives, whilst minimising risk and impact on the charity's existing activities. This would include research and development of new services and policy areas.

Reserves held to support innovation will be designated by the Board of Trustees against a clear investment plan. These funds would be held to support explicitly high-risk activity, and as such there is less requirement of a financial return.

The Board of Trustees will review the level of reserves set against each risk category, regularly as part of the annual budgeting cycle, and immediately in the event of a significant change in the charity's activities, size or risk profile.

At 31 March 2023, SignHealth's total reserves were £2,674,762 (2022: £3,817,018). Unrestricted funds were £2,672,984 (2022: £ 3,803,861) which equates to 4.5 months' operating expenditure (2022: 9 months), and restricted reserves stood at £1,778 (2022: £13,157).

Based on SignHealth's current size and scope of activities, the Trustees consider that one month's operating expenditure is sufficient to cover short term risks (2023: £571,714) and a further five months' operating expenditure is sufficient to mitigate medium term risks (2023: £2,858,570). SignHealth therefore aims to hold a minimum of six months' operating expenditure (2023: £3,430,284).

At the Trustee Board meeting on 2 March 2023 – the Trustees reviewed SignHealth's forecast financial position at 31 March 2023 alongside the budget for 2023-24. Despite the year end reserves position of 4.5 months being less than the target value of 6 months, the Trustees approved a deficit budget of £550,000 which would, barring any exceptional occurrences, further reduce SignHealth's reserves position at 31 March 2024.

The approval to further worsen SignHealth's financial position was agreed because during 2023-24, SignHealth will continue to invest significant amounts into its services. A new supported living facility is due to open in the summer of 2023 – with the requirement to invest in a significant number of staff and related start-up costs coming before the income from residential fees can be realised.

SignHealth is also expanding its Domestic Abuse service from a service based in the South East of England to a national service following a successful bid to the Home Office. This two-year contract will provide allow SignHealth to reach and support more vulnerable individuals at a difficult time in their lives.

Investments

In April 2020, SignHealth invested £1,462,690 with Rathbones. In 2022-23 the charity reported £112,298 net losses and £24,767 income (2022: £77,477 net gains and £31,357 income) as a result of difficult market conditions – the war in Ukraine, high inflation and poor projections for economic growth all contributing to the decrease shown in this year's financial statements.

The equity holdings are held as share unit holdings. The trustees have adopted the ethical policy of the Rathbone Core Investment Fund for Charities (into which the Charity will invest) which is:

- no direct investments in companies manufacturing tobacco or tobacco products, or companies that derive more than 10% of their revenues from the manufacture of alcoholic beverages, armaments, gambling, high interest rate lending or pornography.

There is no difference between fair value and market value as the investments are either fixed interest, equities or cash deposits. Market valuation shows the fair value for these assets.

Going Concern

The Trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern. This is despite the reduction in reserves during 2022-23 and planned for 2023-24.

This going concern position is supported by:

- The security of SignHealth's income – over 95% of SignHealth's income is contractual – received for the delivery of vital residential and support services that the NHS and local authorities are not equipped to provide, and this risk is spread across numerous separate NHS organisations and different local authorities.
- A more secure cash position. The availability, from May 2023, of a loan facility with Rathbones against the value of our investments. Rathbones approved a five year £500,000 loan facility against the value of investments - drawn down to support SignHealth with its cashflow. The availability of this loan will help SignHealth invest in the expansion of its services before income, received in arrears for the majority of services, is realised.
- Improved and increased focus on budgetary controls and reviews of financial information. SignHealth has set up a specialist Finance Task and Finish Group comprising a mix of Trustees and senior staff members. This Group has been set up to ensure that SignHealth's finances are monitored closely and that any remedial action necessary is taken in a timely manner.
- Further investment in the Finance team – additional support has been procured to support SignHealth's debtor recovery efforts.

Plans for the future

The strategic direction of SignHealth and plans for the forthcoming years are set out in the SignHealth Three Year Plan. As mentioned in the achievements and performance section, in 2022/23 our work continued to focus on the three key objectives in our existing Three-Year Plan in order to make progress towards achieving our purpose of improving Deaf people's health and wellbeing.

In 2022/23 have started to develop a new Three Year Plan, with huge progress being made over the past few months with a number of ideas for new services and projects being suggested and

investigated, leading to the development of four new Strategic Objectives around which the new Three Year Plan will be structured.

It became apparent at the end of 2022/23 that there are a number of mitigating factors that mean that it is more sensible and prudent to delay the finalisation of the new plan. These factors include the appointment of a new Chair in early 2023/24, the development and finalisation of a number of key supporting strategies in 2023/24 including the People Strategy, Fundraising Strategy and Children and Young People Strategy and the fact that we are still in a period of growth. With this shifting context the Board have agreed to delay the approval of the new plan until September 2023, which will give us time to build the factors outlined above and others into the finalisation of the plan. This new Three Year Plan would then start in April 2024 and run until March 2027.

Although we have not yet finalised the content of the new Three-Year Plan, as mentioned above a lot of the work to determine the new Strategic Objectives for SignHealth has been completed as part of the planning process. The Board therefore approved a 'Year Zero' Plan in March 2023 for 2023/24 which is structured around these four new Strategic Objectives and details the milestones/actions under each of these objectives for 2023/24. This is complemented by a 'Year Zero' budget for 2023/24.

The four new Strategic Objectives are:

A Healthy Deaf Community

- We will open our first supported living service to support four Deaf tenants in Leeds
- We will continue to expand our Domestic Abuse services outside London and Kent
- We will consolidate our national Deaf therapy contract and continue to deliver important wellbeing benefits for Deaf people
- We will deliver further improvements and efficiencies within our social care services
- Deaf children and young people are also part of our 'Healthy Deaf Community' and we will develop a new Children and Young Deaf People strategy, providing a new direction for SignHealth for partnerships and future services.

Forward Together – Working in Partnership

- Working in partnership is critical to SignHealth's success – both internally and externally. We cannot achieve our purpose on our own.
- We will get to know the people and organisations who can help us achieve our goals. They will see us as a trusted partner and unparalleled expert when it comes to deaf health.
- This will enable us to build a network of partners to deliver activity that positively impacts and empowers the deaf community. For example, improving access to NHS services.
- It also means we can mobilise a movement of people to take action when we launch a national campaign to deliver equity for all deaf people and establish ourselves as the go-to campaigning group for deaf rights.

A Sustainable Future

- We will develop a People Strategy to ensure SignHealth's staff are supported and developed to meet the future needs of the organisation

- We will investigate the opportunity for organisational efficiencies within SignHealth in a review of how we work together
- We will review critical systems to ensure they are fit for purpose and can provide the data and analysis we need. As a growing organisation, we will seek to increase automation wherever possible
- We will focus on providing a business partnering approach with all staff at SignHealth – to ensure that support and useful decision making information is provided where needed

An Accessible Future

- We will aim to understand how best to achieve alignment with the NHS – this is key if we are to achieve step change in Deaf people's access to health and wellbeing.
- We will position SignHealth as the Deaf Health Charity that the NHS, public bodies and health organisations will want to partner with
- We will work with the whole of the Deaf community including people experiencing additional barriers to ensure SignHealth's activities are need led and inclusive
- We will improve digital resources including our BSL Health Library so that Deaf people can access information about health and wellbeing

Structure, governance and management

The organisation is a private company limited by guarantee, incorporated on 14 May 1991 and registered as a charity on 13 May 1992.

Charitable objects

The relief of Deaf and hearing-impaired persons in particular by, but without limitation, the provision of residential services and of other such services, activities and facilities as the charity shall from time to time deem fit.

Governance

SignHealth is a company limited by guarantee, with registration number 02610559, and a registered charity with number 1011056. The company was established under a Memorandum of Association, which created the objects and powers of the charitable company and is governed by its Articles of Association. All Trustees give their time voluntarily and receive no benefits from the charity. Any expenses reclaimed from the charity are set out in note 8 to the accounts.

The Memorandum and Articles of Association were reviewed and updated in November 2017.

At the time of writing our Board now consists of eight Trustees, two below the maximum permitted by SignHealth's Memorandum and Articles of Association (10). In line with SignHealth's ambitions to be a Deaf-led organisation, the current Board of Trustees is made up of five Deaf and three hearing Trustees.

In October 2023, three trustees will complete their second term and stand down - this includes the Chair of the board, the Vice Chair of the board (who is also Chair of the Audit and Risk Committee) and one other trustee. This would leave the board with only five trustees. Therefore, the People and Pay Committee has been leading work to recruit both new trustees and a new Chair in early 2023. Following a successful recruitment campaign four new trustees have been recruited, one of which will take up their position in July 2023 together with the new Chair, meaning we will have a full Board of ten Trustees. The other three successful candidates will be officially appointed to the Board in October 2023 when three more vacancies arise. Following these appointments the Board will consist of seven Deaf and three hearing Trustees.

None of the Directors has any beneficial interest in the Company. All Directors agree to contribute £1 in the event of a winding up. Related party transactions are detailed in note 9 of the accounts.

The charity is governed by the Board of Trustees who meet with management regularly. Day to day management is delegated to the Chief Executive and the Executive Leadership Team. The Board of Trustees meet regularly and receive reports from the Chief Executive and Executive Leadership Team. The Chair, as representative of the Board, maintains regular contact with the Chief Executive. The Executive Leadership Team are invited to Board Meetings to provide reports on their areas of work. The Trustees provide advice and support to the Executive Leadership Team and other areas of the charity where their expertise is appropriate.

As part of our emerging Three Year Plan for 2024/27 it should be noted that a full governance review is planned for 2024/25.

Leadership and management

In 2022/23, 50% of the SignHealth Executive Leadership Team (ELT) were deaf people.

We continued to further invest in Management and Leadership training with managers across SignHealth and this will continue across the new Three-Year Plan.

The Chief Executive continues to meet with all staff teams regularly throughout the year and has regular bi-monthly Leadership Team meetings with all senior managers across SignHealth.

We continue to take part in a cross-charity mentoring scheme, run in partnership with Sense, RNID, NDCS, Scope, Diabetes UK, Thomas Pocklington Trust and RNIB.

As part of our ongoing annual Organisational Resilience Review process, we have continued to review the organisation against the Charity Governance Code. This self-assessment continues to highlight broad compliance and good practice against the principles whilst also identifying some areas where further work remains necessary. Actions under these areas is monitored throughout the year, with progress made against them reported as part of the next Organisational Resilience Review in Autumn 2023.

Fundraising Regulations

During the year, SignHealth engaged in public fundraising, but did not use professional fundraisers or commercial participators. The charity continued to observe and comply with the relevant fundraising regulations and codes and is a member of the Fundraising Regulator. The charity received no complaints (2021/22: no complaints) relating to its fundraising practice.

Appointment of Trustees

Vetting and checks of new Trustees was carried out in line with Charity Commission guidance. All new Trustees undertake a full induction process which includes induction meetings with the Chief Executive and each of the Directors on the Executive Leadership Team, external training on finance, the legal responsibilities of being trustee and safeguarding, as well as attendance at an all-day face to face staff induction event.

We continued to run a Shadow Trustee Scheme in 2022 with five participants and mixed success. The scheme includes the opportunity to attend all Board and subcommittee meetings, have regular conversations with a Trustee mentor, receive training and attend other events with their peers. We are looking to relaunch the scheme in 2023/24 and it is hoped that it will continue to run every year, building on the learning received from the first cohort.

Related parties and relationships with other organisations

Both Trustees and key management personnel complete annual declarations of interest. Trustees declare any conflicts of interest at the beginning of each meeting and discuss how the conflict should be managed with regards to agenda items.

Details of related party transactions can be found in note 9 of the financial statements.

Remuneration policy for key management personnel

The Chief Executive's salary is determined by the Board of Trustees, and their review will take account of the past year's achievements, environmental and market conditions, and of sector comparisons.

The pay of senior staff is reviewed annually and can be increased in accordance with average earnings and the level of responsibility required. In view of the charitable nature of the company, the remuneration benchmark is determined through comparative research into charities of a similar size and scope. As mentioned earlier in this report a new People and Pay committee has recently been established with the remit to advise and make recommendations to the Board on these and other matters.

Statement of responsibilities of the trustees

The trustees (who are also directors of SignHealth for the purposes of company law) are responsible for preparing the trustees' annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

In preparing these financial statements, 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
- State whether applicable UK Accounting Standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation

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

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware
- The trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The trustees are members of the charity, but this entitles them only to voting rights. The trustees have no beneficial interests in the charity.

The charity has taken out indemnity insurance on behalf of the Trustees.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The trustees' annual report has been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime.

The trustees' annual report has been approved by the trustees on 20 July 2023 and signed on their behalf by

Jackie Driver OBE
Chair of Trustees

Opinion

We have audited the financial statements of SignHealth (the 'charitable company') for the year ended 31 March 2023 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 March 2023 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
- Have been prepared in accordance with the requirements of the Companies Act 2006

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other Information

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

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The trustees' annual report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report. We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management and the Board of Trustees, which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Independent auditor's report

To the members of SignHealth

For the year ended 31 March 2023

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

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

Jonathan Orchard (Senior statutory auditor)

23 November 2023

for and on behalf of Sayer Vincent LLP, Statutory Auditor

Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Statement of financial activities (incorporating an income and expenditure account)**For the year ended 31 March 2023**

	Note	Unrestricted £	Restricted £	2023 Total £	Unrestricted £	Restricted £	2022 Total £
Income from:							
Donations and legacies	2	61,438	–	61,438	103,794	–	103,794
Charitable activities							
Social care	3a	3,842,080	85,454	3,927,534	3,348,156	24,994	3,373,150
Therapies	3b	1,148,427	22,602	1,171,029	1,215,529	53,966	1,269,495
Domestic abuse	3c	–	615,513	615,513	1,278	473,792	475,070
Other charitable activities	3d	–	–	–	45,914	47,819	93,733
Fundraising events		3,940	–	3,940	12,142	–	12,142
Investments	4	51,155	–	51,155	60,264	–	60,264
Other income		–	–	–	–	–	–
Total income		5,107,040	723,569	5,830,609	4,787,077	600,571	5,387,648
Expenditure on:							
Raising funds		269,812	–	269,812	172,203	–	172,203
Charitable activities							
Social care		4,603,074	85,454	4,688,528	3,319,696	96,850	3,416,546
Therapies		941,566	22,602	964,168	640,712	58,173	698,885
Domestic abuse		225,506	629,348	854,854	116,920	479,272	596,192
Other charitable activities		83,205	–	83,205	61,659	–	61,659
BSL Health Access (BSLHA)		–	–	–	–	–	–
Total expenditure	5	6,123,163	737,404	6,860,567	4,311,190	634,295	4,945,485
Net income/(expenditure) before gains/(losses)		(1,016,123)	(13,835)	(1,029,958)	475,887	(33,724)	442,163
(Loss)/Gain on revaluation of investments	12	(112,298)	–	(112,298)	77,477	–	77,477
Net losses on disposal of assets		–	–	–	–	–	–
Net income/(expenditure) for the year	6	(1,128,421)	(13,835)	(1,142,256)	553,364	(33,724)	519,640
Transfers between funds	17a	(2,456)	2,456	–	–	–	–
Net income / (expenditure) before other recognised gains and losses		(1,130,877)	(11,379)	(1,142,256)	553,364	(33,724)	519,640
Net movement in funds		(1,130,877)	(11,379)	(1,142,256)	553,364	(33,724)	519,640
Reconciliation of funds:							
Total funds brought forward		3,803,861	13,157	3,817,018	3,250,497	46,881	3,297,378
Total funds carried forward		2,672,984	1,778	2,674,762	3,803,861	13,157	3,817,018

All other activities are continuing. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 17 to the financial statements.

Balance sheet

Company no. 02610559

As at 31 March 2023

	Note	2023 £	2022 £
Fixed assets:			
Tangible assets	11	78,840	64,387
Investments	12	1,366,478	1,514,009
		<u>1,445,318</u>	<u>1,578,396</u>
Current assets:			
Debtors	13	1,371,423	1,219,299
Cash at bank and in hand		429,833	1,450,266
		<u>1,801,256</u>	<u>2,669,565</u>
Liabilities:			
Creditors: amounts falling due within one year	14	(571,812)	(430,943)
Net current assets		<u>1,229,444</u>	<u>2,238,622</u>
Total net assets	16	<u>2,674,762</u>	<u>3,817,018</u>
Funds:			
Restricted income funds		1,778	13,157
Unrestricted income funds:			
Designated funds		126,171	111,719
General funds		2,546,813	3,692,142
		<u>2,672,984</u>	<u>3,803,861</u>
Total unrestricted funds		<u>2,672,984</u>	<u>3,803,861</u>
Total funds	17	<u>2,674,762</u>	<u>3,817,018</u>

Approved by the trustees on 20 July 2023 and signed on their behalf by

J Driver
TrusteeT Hudson
Trustee

Statement of cash flows

For the year ended 31 March 2023

	Note	2023 £	£	2022 £	£
Cash flows from operating activities					
Net income/(expenditure) for the reporting period (as per the statement of financial activities)		(1,142,256)		519,640	
Depreciation charges		45,489		47,056	
Losses disposal of fixed assets		–		–	
Dividends, interest and rent from investments		(51,155)		(60,264)	
Loss/(Gain) on revaluation of investments		112,298		(77,477)	
(Increase) in debtors		(152,124)		(546,220)	
Increase in creditors		140,869		20,868	
Net cash used in operating activities			(1,046,878)		(96,397)
Cash flows from investing activities:					
Dividends, interest and income from investments		51,155		60,264	
Purchase of fixed assets		(59,942)		(41,785)	
Proceeds from sale of investments		35,971		234,912	
Purchase of investments		–		–	
Movement in cash held by investment managers pending reinvestment		(739)		590	
Net cash provided by/(used in) investing activities			26,445		253,981
Change in cash and cash equivalents in the year			(1,020,433)		157,584
Cash and cash equivalents at the beginning of the year			1,450,266		1,292,682
Cash and cash equivalents at the end of the year			429,833		1,450,266

1 Accounting policies

a) Statutory information

SignHealth is a charitable company limited by guarantee and is incorporated in England and Wales.

The registered office address is: CAN Mezzanine, 7 – 14 Great Dover Street, Borough, London SE1 4YR

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) – (Charities SORP FRS 102), The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

In applying the financial reporting framework, the trustees have made a number of subjective judgements, for example in respect of significant accounting estimates. Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The nature of the estimation means the actual outcomes could differ from those estimates. Any significant estimates and judgements affecting these financial statements are detailed within the relevant accounting policy below.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern. The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

Further information on the charity's going concern conclusion can be found in the trustees' annual report.

e) Income

Income is recognised when the charity has entitlement to the funds, any requirements attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any conditions attached to the grants are expected to be met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

g) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

Notes to the financial statements

For the year ended 31 March 2023

1 Accounting policies (continued)**h) Expenditure and irrecoverable VAT**

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services undertaken to further the purposes of the charity and their associated support costs
- Other expenditure represents those items not falling into any other heading

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

i) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. The indirect costs of overall direction and administration, comprising the salary and overhead costs of the central function, is apportioned to activities as a proportion of headcount in each service area;

- | | |
|-------------------------------|----------------|
| ● Raising funds | 1% (2022:4%) |
| ● Social care | 75% (2022:77%) |
| ● Therapies | 12% (2022:8%) |
| ● Domestic abuse | 11% (2022:10%) |
| ● Other charitable activities | 1% (2022: 1%) |

Governance costs are allocated to each of the activities on the following basis which is an estimate, based on staff headcount, of the amount attributable to each activity:

- | | |
|-------------------------------|----------------|
| ● Raising funds | 1% (2022:4%) |
| ● Social care | 75% (2022:77%) |
| ● Therapies | 12% (2022:8%) |
| ● Domestic abuse | 11% (2022:10%) |
| ● Other charitable activities | 1% (2022: 1%) |

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

j) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

k) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £1,000. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use. Major components are treated as a separate asset where they have significantly different patterns of consumption of economic benefits and are depreciated separately over its useful life.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

- | | |
|------------------------------------|------------------------------|
| ● Freehold Land and Buildings | 50 years |
| ● Leasehold Land and Buildings | Over the period of the lease |
| ● Fixtures, Fittings and Equipment | 4 years |
| ● IT Equipment | 3 years |

l) Listed investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Any change in fair value will be recognised in the statement of financial activities. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains/(losses) on investments" in the statement of financial activities. The charity does not acquire put options, derivatives or other complex financial instruments.

Notes to the financial statements

For the year ended 31 March 2023

1 Accounting policies (continued)

m) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

n) Short term deposits

Short term deposits includes cash balances that are invested in accounts with a maturity date of between 3 and 12 months.

o) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

p) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

q) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

r) Pensions

The charitable company operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the charitable company in an independently administered fund. The pension cost charge represents contributions payable under the scheme by the charitable company to the fund. The charitable company has no liability under the scheme other than for the payment of those contributions.

2 Income from donations and legacies

	Unrestricted £	Restricted £	2023 Total £	Unrestricted £	Restricted £	2022 Total £
Gifts	60,424	–	60,424	74,713	–	74,713
Legacies	1,014	–	1,014	23,059	–	23,059
CoronaVirus Retention Job Scheme	–	–	–	6,022	–	6,022
	61,438	–	61,438	103,794	–	103,794

Notes to the financial statements

For the year ended 31 March 2023

3 Income from charitable activities

	Unrestricted £	Restricted £	2023 Total £	Unrestricted £	Restricted £	2022 Total £
3a Social care						
Access to work	-	9,102	9,102	-	6,210	6,210
Fees	3,775,302	69,366	3,844,668	3,260,859	-	3,260,859
Client income	66,778	-	66,778	87,297	-	87,297
Grants receivable	-	6,985	6,985	-	18,784	18,784
Sub-total for Social Care	3,842,080	85,454	3,927,534	3,348,156	24,994	3,373,150
3b Therapies						
Fees	1,148,427	-	1,148,427	1,215,529	-	1,215,529
Grants receivable	-	22,602	22,602	-	53,966	53,966
Sub-total for Therapies	1,148,427	22,602	1,171,029	1,215,529	53,966	1,269,495
3c Domestic abuse						
Fees	-	-	-	1,278	-	1,278
Grants receivable	-	615,513	615,513	-	473,792	473,792
Sub-total for Domestic abuse	-	615,513	615,513	1,278	473,792	475,070
3d Other charitable activities						
Fees	-	-	-	45,914	47,819	93,733
Grants receivable	-	-	-	-	-	-
Sub-total for other charitable activities	-	-	-	45,914	47,819	93,733
Total income from charitable activities	4,990,507	723,569	5,714,076	4,610,877	600,571	5,211,448

4 Income from investments

	2023 Total £	2022 Total £
Interest receivable	809	471
Other rental income	25,579	28,436
Income from investments	24,767	31,357
	51,155	60,264

All income from investments is unrestricted.

Notes to the financial statements

For the year ended 31 March 2023

5a Analysis of expenditure (current year)

	Charitable activities						Governance costs £	Support costs £	2023 Total £	2022 Total £
	Raising funds £	Social care £	Therapies £	Domestic abuse	Other charitable activities	BSLHA £				
Staff costs (Note 7)	155,675	2,040,549	516,971	449,146	41,715	–	81,761	1,083,085	4,368,903	3,555,302
Other staff costs	45,987	51,612	54,325	24,157	8,897	–	–	693,825	878,803	358,192
Travel and subsistence	4,111	108,180	15,579	19,939	6,326	–	–	79,023	233,158	60,207
Building costs	965	360,528	4,857	–	–	–	–	82,019	448,370	361,640
Running costs	3,396	66,011	54,674	46,388	382	–	–	350,589	521,440	339,891
Fundraising and marketing	33,786	194	828	20,847	–	–	–	102,602	158,256	83,631
Covid-19 costs	–	–	–	–	–	–	–	–	–	22,810
Beneficiary costs	–	112,202	–	4,820	–	–	–	1,617	118,639	41,257
Other trading costs	–	–	–	–	–	–	–	23,492	23,492	24,498
Accountancy and audit	–	–	–	–	–	–	18,621	–	18,621	14,915
Legal and professional	7	4,067	–	–	–	–	–	41,270	45,344	36,086
Depreciation and impairment	–	3,836	6,318	4,826	–	–	–	30,561	45,540	47,056
	243,927	2,747,180	653,552	570,124	57,320	–	100,382	2,488,082	6,860,568	4,945,485
Support costs	24,881	1,866,061	298,570	273,689	24,881	–	–	(2,488,082)	–	–
Governance costs	1,004	75,287	12,046	11,041	1,004	–	(100,382)	–	–	–
Total expenditure 2023	269,812	4,688,528	964,168	854,854	83,205	–	–	–	6,860,568	
Total expenditure 2022	172,203	3,416,546	698,885	596,192	61,659	–	–	–		4,945,485

5b Analysis of expenditure (prior year)

	Charitable activities								
	Raising funds £	Social care £	Therapies £	Domestic abuse	Other charitable activities	BSLHA £	Governance costs £	Support costs £	2022 Total £
Staff costs (Note 7)	75,023	1,725,693	406,467	330,205	37,997	–	73,510	906,407	3,555,302
Other staff costs	14,130	53,724	80,586	41,615	4,664	–	–	163,473	358,192
Travel and subsistence	185	25,595	13,180	6,506	2,615	–	–	12,126	60,207
Building costs	–	347,778	5,413	2,048	–	–	–	6,401	361,640
Running costs	9,594	46,902	64,362	27,942	1,262	–	18,363	171,466	339,891
Fundraising and marketing	12,788	98	2,552	28,152	–	–	–	40,041	83,631
Covid-19 costs	–	317	137	654	–	–	–	21,702	22,810
Beneficiary costs	–	38,504	18	2,344	–	–	–	391	41,257
Other trading costs	–	184	–	–	–	–	–	24,314	24,498
Accountancy and audit	–	5,898	–	–	–	–	9,017	–	14,915
Legal and professional	–	4,322	1,920	–	–	–	1,236	28,608	36,086
Depreciation and impairment	–	3,229	3,284	5,518	–	–	–	35,025	47,056
	111,720	2,252,244	577,919	444,984	46,538	–	102,126	1,409,954	4,945,485
Support costs	56,398	1,085,665	112,796	140,995	14,100	–	–	(1,409,954)	–
Governance costs	4,085	78,637	8,170	10,213	1,021	–	(102,126)	–	–
Total expenditure 2022	172,203	3,416,546	698,885	596,192	61,659	–	–	–	4,945,485

Notes to the financial statements

For the year ended 31 March 2023

6 Net income / (expenditure) for the year

This is stated after charging / (crediting):

	2023 £	2022 £
Depreciation	45,540	47,056
Loss/(gain) on revaluation/disposal of fixed assets	–	–
Auditor's remuneration (excluding VAT):		
Audit	18,621	11,400
Other services	–	1,000
	<u>45,540</u>	<u>48,056</u>

7 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2023 £	2022 £
Salaries and wages	3,798,765	3,045,834
Redundancy and termination costs	–	56,602
Social security costs	379,196	290,426
Employer's contribution to defined contribution pension schemes	190,943	162,440
	<u>4,368,903</u>	<u>3,555,302</u>

The following number of employees received employee benefits (excluding employer pension costs and employer's national insurance) during the year between:

	2023 No.	2022 No.
£60,000 – £69,000	1	–
£70,000 – £79,999	1	3
£100,000 – £109,999		1
£110,000 – £119,999	1	
	<u>1</u>	<u>4</u>

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were £424,263 (2022: £392,376). The Key Management Personnel includes the Trustees, the CEO, and all members of the Executive Leadership Team (Director of Operations, Director of People and Finance, Director of Campaigns and Director of Communications and Fundraising).

The charity trustees were neither paid nor received any other benefits from employment with the charity in the year (2022: £nil). No charity trustee received payment for professional or other services supplied to the charity (2022: £nil).

£770.41 trustee expenses (2022: £422), for attendance at trustee meetings, was incurred or paid on behalf of 5 trustees (2022: 3) in the year.

8 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 172 (2022: 150).

The FTE number of employees for the year was 106 (2022: 99)

Staff are split across the activities of the charitable company as follows (head count basis):

	2023 No.	2022 No.
Raising funds	2	4
Social care	101	97
Therapies	16	14
Domestic abuse	15	14
Other charitable activities	1	1
Administration	31	19
Governance	6	1
	<u>172</u>	<u>150</u>

9 Related party transactions

In the year to 31 March 2023, SignHealth paid the Voluntary Organisations Disability Group (VODG) and the UK Council on Deafness (UKCOD) combined membership and other fees of £2,203 (2021-22: £5,181). The CEO of SignHealth is also a board member of VODG.

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties.

The charity has taken out indemnity insurance on behalf of the Trustees.

10 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. Its charge to corporation tax in the year was:

	2023 £	2022 £
UK corporation tax at 19%	<u>-</u>	<u>-</u>

11 Tangible fixed assets**The charity**

	Fixtures and fittings £	Computer equipment £	Total £
Cost			
At the start of the year	91,296	247,751	339,047
Additions in year	–	59,942	59,942
Disposals	–	–	–
At the end of the year	91,296	307,693	398,989
Depreciation			
At the start of the year	71,482	203,178	274,660
Charge for the year	–	45,489	45,489
Disposals	–	–	–
At the end of the year	71,482	248,667	320,149
Net book value			
At the end of the year	19,814	59,026	78,840
At the start of the year	19,814	44,573	64,387

All of the above assets are used for charitable purposes.

12 Listed investments

	2023 £	2022 £
Fair value at the start of the year	1,514,009	1,679,736
Additions at cost	–	–
Proceeds from sale of investments	(35,971)	(234,912)
Net gain/(loss) on change in fair value	(112,298)	77,477
	1,365,740	1,522,301
Cash held by investment broker pending reinvestment	738	(8,292)
Fair value at the end of the year	1,366,478	1,514,009
Investments comprise:		
	2023 £	2022 £
Shares listed on the London Stock Exchange	1,365,740	1,522,301
Cash	738	(8,292)
Fair value at the end of the year	1,366,478	1,514,009

Financial investments are measured at fair value through income and expenditure.

Notes to the financial statements

For the year ended 31 March 2023

13 Debtors

	2023 £	2022 £
Trade debtors	1,090,995	997,955
Other debtors	133	133
Prepayments and accrued income	280,295	221,211
	1,371,423	1,219,299

All of the group's financial instruments, both assets and liabilities, are measured at amortised cost. The carrying values of these are shown above and also in note 14 below.

14 Creditors: amounts falling due within one year

	2023 £	2022 £
Trade creditors	107,819	101,787
Taxation and social security	129,072	88,773
Other creditors	38,693	35,198
Accruals	213,626	178,524
Deferred income (note 15)	82,603	26,661
	571,812	430,943

15 Deferred income

Deferred income comprises income that has been billed in advance.

	2023 £	2022 £
Balance at the beginning of the year	26,661	25,403
Released to income in the year	(366,501)	(348,786)
Deferred in the year	422,443	350,044
Balance at the end of the year	82,603	26,661

16a Analysis of group net assets between funds (current year)

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Fixed assets	1,366,478	78,840	–	1,445,318
Net current assets	1,180,335	47,331	1,778	1,229,444
Net assets at 31 March 2023	2,546,813	126,171	1,778	2,674,762

16b Analysis of group net assets between funds (prior year)

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Fixed assets	1,514,009	64,387	–	1,578,396
Net current assets	2,178,133	47,332	13,157	2,238,622
Net assets at 31 March 2022	3,692,142	111,719	13,157	3,817,018

17a Movements in funds (current year)

	At 1 April 2022 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2023 £
Restricted funds:					
Domestic Abuse	11,379	615,513	(629,348)	2,456	
Residential	–	6,985	(6,985)	–	–
Therapy	–	22,602	(22,602)	–	–
Brudenell Road	–	69,366	(69,366)	–	–
Deaf with Cancer	1,778	–	–	–	1,778
Corona Virus funds	–	–	–	–	–
Access to Work	–	9,102	(9,102)	–	–
Total restricted funds	13,157	723,569	(737,404)	2,456	1,778
Unrestricted funds:					
Designated funds:					
Fixed asset fund	64,388	59,941	(45,489)	–	78,840
Innovation fund	13,073	–	–	–	13,073
Two Deaf Foot fund	34,258	–	–	–	34,258
Total designated funds	111,719	59,941	(45,489)	–	126,171
General funds	3,692,142	5,047,100	(6,189,972)	(2,456)	2,546,814
Total unrestricted funds	3,803,861	5,107,040	(6,235,461)	(2,456)	2,672,984
Total funds	3,817,018	5,830,609	(6,972,865)	–	2,674,762

The narrative to explain the purpose of each fund is given in note 17c.

17b Movements in funds (prior year)

	At 1 April 2021 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2022 £
Restricted funds:					
Domestic Abuse	16,859	473,792	(479,272)	–	11,379
Residential	8,289	18,784	(27,073)	–	–
Therapy	4,207	53,966	(58,173)	–	–
Brudenell Road	15,748	–	(15,748)	–	–
Deaf with Cancer	1,778	–	–	–	1,778
Corona Virus funds	–	47,819	(47,819)	–	–
Access to Work	–	6,210	(6,210)	–	–
Total restricted funds	46,881	600,571	(634,295)	–	13,157
Unrestricted funds:					
Designated funds:					
Fixed asset fund	69,659	41,785	(47,056)	–	64,388
Innovation fund	13,073	–	–	–	13,073
Two Deaf Foot fund	34,258	–	–	–	34,258
Total designated funds	116,990	41,785	(47,056)	–	111,719
General funds	3,133,507	4,745,292	(4,186,657)	–	3,692,142
Total unrestricted funds	3,250,497	4,787,077	(4,233,713)	–	3,803,861
Total funds	3,297,378	5,387,648	(4,868,008)	–	3,817,018

17c Purposes of restricted funds

Domestic Abuse (previously DeafHope)

SignHealth's domestic abuse service, previously called DeafHope, works with the Deaf survivors of domestic abuse and includes our work with with Deaf children and young people. It is funded by our fantastic supporters, who in 2022–23 include London Councils, the Home Office, The Police and Crime Commissioners for Kent and Sussex, Charles Hayward Foundation, Solace Women's Aid, Manchester City Council, Safe Lives, National Lottery, Ovingdean Hall Foundation, Bristol Next Link, Pilgrims and the City Bridge Foundation.

The Home Office had provided a grant over 3 years to enable SignHealth to improve its capacity to respond to deaf victims of domestic abuse. An extra £125,000 was awarded during the financial year 2022–2023, and was expended for the purpose for which it was awarded. Of the grant, £20,309 was spent on direct project and beneficiary costs, £20,898 on project overheads and £85,421 on staff costs.

£148,444 was awarded from the London Councils Committee during the financial year 2021–2022. The London Councils Committee had agreed to bring forward £7,161 from financial year 2020–2021.

As a result, £155,375 was expended for the purpose for which it was awarded, on SignHealth's domestic abuse project, Domestic Abuse (formerly DeafHope), for Deaf women and children in London. Of the grant, £32,793 was spent on direct project and beneficiary costs, £6,137 on project overheads and £116,445 on staff costs. A small balance of £230 was carried forward to financial year 2022–23.

£269,304 was awarded from the London Councils Grant Committee during the financial year 2022–2023 for SignHealth's domestic abuse service. £230 was brought forward from financial year 2021–22. As a result, £267,078 was expended for the purpose for which it was awarded: for abused Deaf women and children in London. Of the grant, £50,498 was spent on direct project costs, £27,484 on project overheads and £189,096 on staff costs. A balance of £2,456 is carried forward to the financial year 2023–24.

17c Purposes of restricted funds (continued)

Residential

Support has kindly been received for specific work in our residential schemes, including support for training costs, and small refurbishment work at some of the homes and breaks with carers for those service users with the most complex mental health needs.

Therapy/Online Therapy

With support from the Rayne Foundation, we have been able to continue the development of an online resource for Deaf people needing cognitive behavioural therapy (CBT).

Brudenell Road

Funding received for 'Brudenell Road' refers to a new housing scheme we are developing in Leeds.

Deaf with Cancer

Funding provides therapy for deaf people diagnosed with or recovering from cancer.

Access to Work

SignHealth receives funds from the Department of Work and Pensions, to reimburse the cost of additional communications support workers employed on the SignHealth payroll, providing support to SignHealth staff in receipt of an Access to Work grant.

Purposes of Designated Funds and General Funds

The fixed asset fund represents the net book value of all assets held by the charity, excluding the Restricted funds.

The Two Deaf Foot designated fund represents funds raised for SignHealth by the Two Deaf Foot fundraising walk from John O'Groats to Land's End in summer 2020. Expenditure of these funds is overseen by a committee comprising the Two Deaf Foot walkers and members of the SignHealth Board of Trustees.

The innovation designated fund represents funds set aside by the Board of Trustees, to put towards initiatives that will further SignHealth's charitable objects but that represent a high financial risk.

18 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

Accounts

Charity number: 1011056

Report and financial statements
For the year ended 31 March 2022

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Reference and administrative information

Company number	2610559	
Charity number	1011056	
Registered office and operational address	CAN Mezzanine, 7-14 Great Dover Street, London SE1 4YR	
Country of registration	England and Wales	
Country of incorporation	United Kingdom	
Trustees	Trustees, who are also directors under company law, who served during the year and up to the date of this report were as follows:	
	Jackie Driver, Chair	
	Sara Clare Mitchell	
	Andrew Sims	
	Christine McPherson	
	Mark Perry	
	Trudi Collier	Resigned 22 May 2022
	Tania Hudson	
	Vanessa Longley	
	Jaz Mann	Appointed 22 July 2021
	Amanprit Arnold	Appointed 22 July 2021
Executive Leadership Team	James Watson-O'Neill	Chief Executive
	Joyce Materego	Director of Finance and Resources
	Christopher Reid	Director of Operations
	Stacey Witter	Director of Communications and Fundraising
Bankers	Metro Bank 120 Cheapside London EC2V 7JB	
Solicitors	Trowers and Hamlins 3 Bunhill Road London EC1Y 8YZ	
Auditor	Sayer Vincent LLP Chartered Accountants and Statutory Auditor Invicta House 108-114 Golden Lane London EC1Y 0TL	

Message from the Chair of Trustees, Jackie Driver

Wow. What a year. SignHealth achieved a phenomenal amount in 2021/22 to improve Deaf people's health and wellbeing.

We saw the power of stories as the Deaf community came together to share their experiences of accessing health services, information and support. The review of the Accessible Information Standard (AIS) revealed that the healthcare system is still failing our community - only 7% of Deaf people can access health services equitably. This is simply not good enough, especially after the evidence the pandemic has brought to light. Deaf people are being treated as second class citizens - and this needs to change - we pay our taxes the same as everyone else. Thanks to your stories we can work with the NHS and others to improve access through simple changes that will make a big difference.

We worked with others to call for a video relay service to enable Deaf people to call 999 in an emergency. We asked you to share your experience of accessing 999 in an emergency and presented it to Ofcom as evidence. In June 2021 they agreed there should be a service and 999 BSL has just launched.

Deaf survivors of domestic abuse shared their experiences of domestic abuse and how they were empowered to lead safe lives with MPs at a Home Affairs Committee. The MPs understood the importance of our domestic abuse service and the Home Office continues to fund its delivery. Quite simply, these successes would not have been possible without our community speaking up. Our stories made change happen.

More power came from us working in partnership with our community, other Deaf organisations, and partners. The BDA led an impressive campaign to deliver the BSL Act and we were incredibly proud to be a part of it. The review of the AIS in partnership with RNIB and many other organisations was an enormous team effort. NHS England awarded its first contract to a specialist service to deliver therapy in BSL. The contract removed a significant funding barrier and record numbers of Deaf people are now being referred for support. This is a momentous step forward for the Deaf community who can now access therapy in the same way as their hearing peers.

And we continue to deliver high quality, Deaf-led services, support more Deaf people to lead independent lives through our care services and empower young people, women and men to lead safe, healthy lives.

I also seem to have started a trend as our chief executive, James was awarded an OBE for his services to our community. Huge congratulations to James, this award is very well deserved indeed.

The year also saw us continue to adjust to living with Covid-19 as part of our everyday life. For those of us who work from home we've seen the boundaries between work and home life blur whilst our staff in services worked tirelessly to keep everyone safe throughout the pandemic. It has been exhausting and isolating.

This was clear in our staff survey so a big focus for us is on making sure our people stay well and feel valued. We've introduced Wellbeing days for everyone, joined the Real Living Wage foundation and are doing everything we can to make Sign Health a great place to work.

We know that to challenge structural discrimination, racism and audism it's not just about what we do, it's also about who we are. We're working hard to develop more diverse decision making. We're making good progress; welcoming two new trustees this year, Amanprit Arnold and Jaz Mann, reporting on our gender and ethnicity pay gap and supporting Deaf and underrepresented staff to progress within SignHealth. The results so far are encouraging but we know we need to do more.

Everyone is talking about the Deaf community; from Rose Ayling-Ellis winning Strictly Come Dancing to the BSL Act. We must seize the opportunity to drive real social change and demand better.

As we look to the future and the development of our new three-year plan, our purpose has never felt more important as we continue to see the growing health inequalities our community faces. There is a lot to do - and we are 'sleeves rolled up' ready to do it.

But for now, let's take a moment to celebrate our successes. I'd like to say a BIG thank you to everyone who made it happen, each and every one of you. Thank you.

Jackie Driver, Chair

Trustees' Annual Report

The trustees present their report and the audited financial statements for the year ended 31 March 2022.

Reference and administrative information set out on page 3 forms part of this report. The financial statements comply with current statutory requirements, the memorandum and articles of association and the Statement of Recommended Practice – Accounting and Reporting by Charities: SORP applicable to charities preparing their accounts in accordance with FRS 102.

Objectives and Activities

Vision

A world where there are no barriers to good health and wellbeing for Deaf people.

Purpose

To improve the health and wellbeing of Deaf¹ people.

Values

Person-centred, involving, enabling, expert, respectful, and influential.

Our focus

SignHealth's work focuses on Deaf people who use British Sign Language (BSL): this is where our expertise lies and where we feel we are best able to help. The charity will ensure our work is fully costed and planned.

Objectives

- **Mental health:** SignHealth will consolidate its position and look to grow its existing services to meet the needs of more Deaf people.
- **Social change:** SignHealth will campaign and lobby for change to remove the barriers and obstacles Deaf people face in relation to health issues and access to services.
- **Children and young people:** SignHealth will extend its existing work with Deaf children and young people and look at developing new services for them and with them that prevent health problems from starting or address them before they become more serious.
- **Partnership:** SignHealth will work with established experts in the field of heart disease and continue to work effectively with a diverse range of other Deaf charities.

The trustees review the objectives and activities of the charity each year. This report looks at what the charity has achieved and the outcomes of its work in the reporting period. The trustees report the success of each key activity and the benefits the charity has brought to those groups of people that it is set up to support. The review also helps the trustees ensure the charity's objectives and activities remained focused on its stated purpose.

¹ "Deaf" with an uppercase "D" is used to indicate that SignHealth's focus will continue to be to work with Deaf people who use British Sign Language, and it signals our respect for Deaf people and Deaf culture

The trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's objectives and activities, and in planning its future activities. In particular, the trustees consider how planned activities will contribute to the objectives and activities that have been set.

Achievements and performance

This was an exceptional year as SignHealth spent much of the year continuing to respond to the ongoing COVID-19 pandemic alongside delivering the final year of our three-year plan.

Our three-year plan

This year, 2021/22 was the third year of our Three-year plan. We have made good progress with the milestones and targets across all three of our priority areas despite the continuing disruptive effects of the Covid-19 pandemic. We continued to deliver our services, however, the focus remained on ensuring that our colleagues' wellbeing and sense of connectedness was not affected. We also worked hard to minimise the number of infections amongst our staff as well as the people we work with in our services. Due to the ongoing effects of the pandemic, some of the milestones or timings related to the third year were delayed. Our key achievements and successes in 2021/22 are highlighted below.

Growing our services

Social care

SignHealth residential services offer registered care for 30 Deaf people with enduring mental health concerns and complex needs in five locations around the country. We also have supported housing provision in London, which provides daily support for five Deaf people. Staff receive ongoing training and support, and continuous risk assessments are undertaken to support the people who live in our services. All our flats were full at the end of 2021/22, with two vacancies being held between May and August during the year, which was in line with our target of having no more than one vacancy, overall, in a year.

Residents in SignHealth care homes are supported by highly trained staff who are Deaf themselves or hearing colleagues who are fluent BSL users. Our staff liaise closely with community mental health professionals. We have a person-centred approach to our work - all residents are encouraged to achieve their individual potential and the support we offer is tailored to the requirements of every person.

During the year we continued to work with Leeds CCG and NHSE to develop a new residential service in Leeds. Brudenell Road will provide supported living for four Deaf people who have previously lived in secure mental health hospitals. Three tenants have been identified, the service has received its CQC registration, and the service will now open in 2022/23. The delay is mainly due to the ongoing impact of the COVID-19 pandemic resulting in staff shortages and protracted negotiations with professionals.

We continue to use our Quality Assurance Framework for our care homes and outreach services and incorporate improvements into specific action plans which are monitored on an ongoing basis. We

also continued to renegotiate our fees with local authorities to ensure that we are being properly paid for the services we provide.

Our Outreach schemes in London, Manchester and Birmingham support Deaf people in the community with their day-to-day activities. Outreach workers enable Deaf people to lead independent lives by giving support with tasks at home and elsewhere. We develop a personalised plan with each client, after carefully looking at their needs. We delivered an average of over 1,000 hours per month in 2021/22 (12,659 hours in total compared to 11,511 in 2020/21). The Outreach teams also work with our residential services when a resident is ready to move into community accommodation so that each person is well supported throughout their move.

Our Advocacy service works with Deaf people in health and social care settings to make sure they are treated fairly and can access healthcare services. Advocates work to help people understand complicated situations, explain their rights and make sure their views and opinions are properly heard. The team delivered advocacy sessions to 108 people in 2021/22.

Therapies

SignHealth's therapy service is for Deaf people who are feeling stressed, low in mood, depressed, anxious or worried. Deaf people are referred to a BSL-fluent therapist, often Deaf themselves, who will listen and provide advice and support. Sessions take place face-to-face, either in person or online, and everything is confidential. Deaf clients can have a one-on-one conversation in their own language and culture, without the need for an interpreter. This therapy is highly effective and delivers excellent outcomes through treatment.

The team received 813 referrals across the year (up from 471 in 2020/21) and carried out 5,067 sessions (compared to 4,159 in 2020/21), ensuring that Deaf people received therapy directly in BSL. We have also continued to increase the take up of online therapy throughout 2021/22 with 97.9% of our sessions being online. We continued to develop new modules of CBT courses on Sleep, Wellbeing and Trauma working with creative professionals to enhance the accessibility of our course content that will be delivered online.

A key achievement for us in 2020/21 was winning the NHS England Improving Access to Psychological Therapies (IAPT) contract. This is the first time NHS England has awarded a national contract to a Deaf specialist service and it is a ground-breaking step forward for the Deaf community. The contract started in November 2021 and removes a significant barrier for Deaf people to access therapy. Previously, Deaf people relied on funding being approved by Clinical Commissioning Groups (CCGs) to access IAPT compliant therapy on an individual basis. This regional approach was a complicated and costly process. It often resulted in a postcode lottery, with some CCGs not approving therapy in BSL for their Deaf patients whilst others had long waiting periods before funding would be approved, delaying the start of therapy sessions considerably.

Research suggests that the best treatment for people suffering from mental health conditions such as depression and anxiety is 'talking therapy', which was recently highlighted in proposed updates to NICE guidelines suggesting therapy, rather than antidepressant medications, should be prescribed to patients first. However, therapy relies on 1-1 communication and for Deaf people this is problematic. The moment a sign language interpreter is involved, the conversation becomes less intimate and has been shown to be less effective for the patient. SignHealth's therapists are either Deaf or hearing and fluent in BSL, and some can also support deaf people who do not sign. This NHS contract means

Deaf people can access IAPT talking therapy directly, in their own language, the same way as their hearing peers.

In the first five months of the NHS contract, we achieved all our targets with a recovery rate of 58.3% (against a target of 50%) and a reliable improvement rate of 78% (against a target of 65%).

Despite the focus being on IAPT nationally, we continue to help clients requiring non IAPT interventions such as counselling and clinical psychology. In the first 5 months of the IAPT contract (November 2021 – March 2022) we carried out 1,049 non-IAPT sessions.

Domestic abuse

SignHealth's Domestic Abuse service is the UK's only BSL-based service to help Deaf women, children and people of all genders who experience domestic abuse. Deaf people are more at risk of domestic abuse than hearing people.

We provide practical and emotional support to Deaf people who are experiencing domestic abuse, and to those who have survived it. The team help people to make choices and to stay safe. One of the effects of the Covid-19 pandemic was an increased number of domestic abuse cases. As a result, this year we have seen a continuation of the demand for our domestic violence support and healthy relationship courses, with the service receiving 138 new referrals in 2021/22. The team also continued to ensure that information on staying safe and awareness of domestic abuse was offered to people across all the areas we work in.

Across the year we provided educational workshops about domestic abuse and various topics to 205 students and provided 1-1 support to 9 young Deaf people, as well as providing IDVA (Independent Domestic Violence Advisor) support to 150 Deaf people living in England. Seven Deaf families also received support from our Children and Family Worker. We delivered "Domestic Abuse in the Deaf Community" to 252 professionals and delivered information awareness sessions about what is a healthy relationship to 122 Deaf people.

We worked in partnership with Refuge, who run the National Domestic Abuse Helpline 24/7, to set up a BSL Helpline. This was launched in May 2021 and allows Deaf people to contact the helpline via an online BSL interpreter on Monday – Friday, between the hours of 10am – 6pm. Whilst still limited this is a big breakthrough for the Deaf community and allows them to contact a helpline in their first language, BSL.

Twelve survivors accessed our Freedom Programme course, and we are proud of four survivors who shared their experiences and challenges of accessing the systems to the Home Affairs Committee at the Houses of Parliament. We have also been working with Manchester Metropolitan University to work on a research paper about Deaf survivors' experiences.

The COVID-19 pandemic caused us to move nearly all our support online in 2020/21. This continued in 2021/22 and has proved to be successful, though there have been increased challenges in working with other professionals in this way, including the Courts, Police and housing agencies. We continue to gain valuable learning about providing online support, which had not been attempted on a large scale before.

We are continuing to work with the Ministry of Justice and the Home Office, with support from the Domestic Abuse Commissioner, to ensure that domestic abuse services are accessible to Deaf people across the country. We have not yet succeeded in gaining funding for a national service, but we will continue to lobby for change.

SHOUTcrisis text service

We continue to work in partnership with SHOUT to deliver a crisis text line service to Deaf people who need support in a mental health crisis. By texting the word DEAF to 85258 a Deaf person can be connected with a trained volunteer 24 hours a day who can support them to access emergency services or connect with someone nearby to get the help they need. During this third year of the service being operational we have continued to see the conversations growing every quarter. We are really proud of our partnership with SHOUT and continue to look for ways to promote this service more widely over the year ahead.

New services

We continue to work with partners NDCS, Kooth, Sense, Heathlands School and NHS Deaf CAMHS to improve the mental health and wellbeing offer for Deaf children and young people. We are continuing to engage with NHS England on this gap in provision and are hopeful to influence transformation plans in the year ahead.

We received funding for another year to support Heathlands School in-school counselling facilitated by a Deaf qualified Play Therapist. This has seen huge success with improvement rates evidenced among students who attend therapy. We hope to expand this further to other schools in the future.

We will continue to focus on improving mental health provision for Deaf young people. We will soon complete a mapping exercise with schools and education professionals to understand the current provision. The findings will inform our next steps and feed into the development of our new Three-Year Plan for 2023/26.

Developing our profile

A key achievement in 2021/22 was our review of the NHS Accessible Information Standard, five years on from the standard first being published. Our report highlighted urgent priorities for change, informed by patients' lived experience and NHS professionals. This was a major undertaking by a coalition of charities from across the sector including RNIB, Sense, RNID, HealthWatch to survey disabled people and learn more about their experiences of accessing the NHS. Our survey also included input from NHS professionals who shared valuable insights into the lack of training and guidance around how to provide access to communication support and accessible information. More details on this important piece of work can be found at

<https://signhealth.org.uk/resources/research/review-of-the-nhs-accessible-information-standard/>.

Deaf Awareness Week 2021 saw record levels of engagement on social media as we highlighted Deaf organisations making a difference in the community. This included themes of opposing discrimination, encouraging healthy habits, fighting for access, and supporting with employment.

We celebrated the announcement of the new national IAPT contract mentioned earlier in the report by working with Deaf social media influencers to highlight that anyone can experience mental health challenges and that SignHealth is here to support you, wherever you live. With the barrier to funding removed, NHS therapy for depression and anxiety is now available anywhere in England in BSL from SignHealth.

In early 2022 we were a proud member of the coalition of nine organisations that delivered the BSL Act Now! campaign, supporting the rallies, and engaging in the detail of the parliamentary process and in engaging the Deaf community. We are incredibly proud to have been part of the process which has now led to the creation of a new BSL Act.

We entered into the second year of our three-year Charity of the Year partnership with SignVideo, a communication organisation focussed on giving video relay services access to the d/Deaf community. The partnership continues to raise unrestricted income for SignHealth and raise the profile of both SignHealth and SignVideo within the Deaf community. SignVideo are also encouraging staff to sign up to the 'payroll giving scheme', where staff can make a monthly donation through their wages.

We celebrated the news of our chair, Jackie Driver, being awarded an OBE in 2021 in recognition of her work for Deaf people, equality, diversity and inclusion, as well as our Chief Executive, James Watson O'Neill, being awarded an OBE for services to Deaf people in the 2022 New Year's Honours list.

We also undertook a range of activities across the year including:

- 16 Days of Activism in November/December 2021 - our team partnered with the White Ribbon Campaign and Deaf dancer Chris Fonseca to share the all men can message - <https://signhealth.org.uk/campaign/16-days-of-activism-check-out-signhealths-2021-programme/>. Our Domestic Abuse Team also promoted a number of events during the week including a YPVA Instagram takeover.
- In June 2021 we highlighted the Ofcom announcement that a 999 BSL service would be set up within the next year, with exciting plans in the pipeline for the launch of the service in June 2022.
- In May 2021 we worked with Refuge to announce that the national domestic abuse helpline would now be available through sign language interpreters.

As part of the ongoing COVID-19 pandemic we continued to translate and summarise Coronavirus briefings in BSL as well as share important NHS health information in BSL about the vaccine and government guidance for the general population. We continued to see sustained increases in our KPIs across communications. On Facebook we have reached over half a million people in 2021/22 with over 1,200 new followers on Twitter with over 1.2 million impressions.

We raised awareness about Deaf people's access to health and the impacts of Covid-19 through interviews on ITV News and BBC News, and our activities continue to feature in the well-read deaf blog Limping Chicken. At Christmas we partnered again with the well-respected brand Deaf Identity who donated a percentage of their profits to SignHealth.

Strengthening our organisation

The focus of our anti-racist ambition as a health charity our is to remove race inequalities and barriers that affect the health and wellbeing of Deaf communities of colour. We are particularly interested in solving the challenges of the intersection of racism and audism.

We continued our work on our Equity, Diversity and Inclusion (EDI) ambitions and our journey towards being an anti-racist organisation. We set up an EDI steering group with representation from staff across the organisation and developed an action plan to guide our next steps in this area. The EDI steering group members attended a dedicated Board meeting in November 2021 to discuss progress on EDI directly with the trustees and agree next steps. We have invested in anti-racism training for both the Executive Leadership Team and our Board of Trustees and are now developing bespoke training for the wider leadership team and staff during the next financial year.

We are committed to publishing our gender, ethnicity and disability pay gap statistics. There are details of our gender and ethnicity pay gap statistics in this report and on our website. More work is needed on our disability pay gap report, which we will share from next year.

Following a decision by the Board of Trustees in March 2021 we joined the Real Living Wage Foundation in 2021/22. As part of this work, we reviewed all salaries across the organisation, raising all rates to the Living Wage levels with the rates backdated to 1 April 2021.

We implemented a new CRM (Customer Relationship Management) system in our Domestic Abuse service called OASIS and are continuing to with the work on our Social Care services beginning to use Person Centred Software. Handheld devices have been piloted in our Claridge Road service, with feedback showing that further work is necessary to develop to a better solution. Work on this, together with associated training will continue into 2022/23.

We continued to increase staff usage and familiarity with Office 365, following the successful migration of all shared documents in 2020/21. We continue to make use of Workplace as an internal communication channel which has been instrumental in keeping our staff connected, particularly as it enables us to share BSL video content quickly and easily with one another.

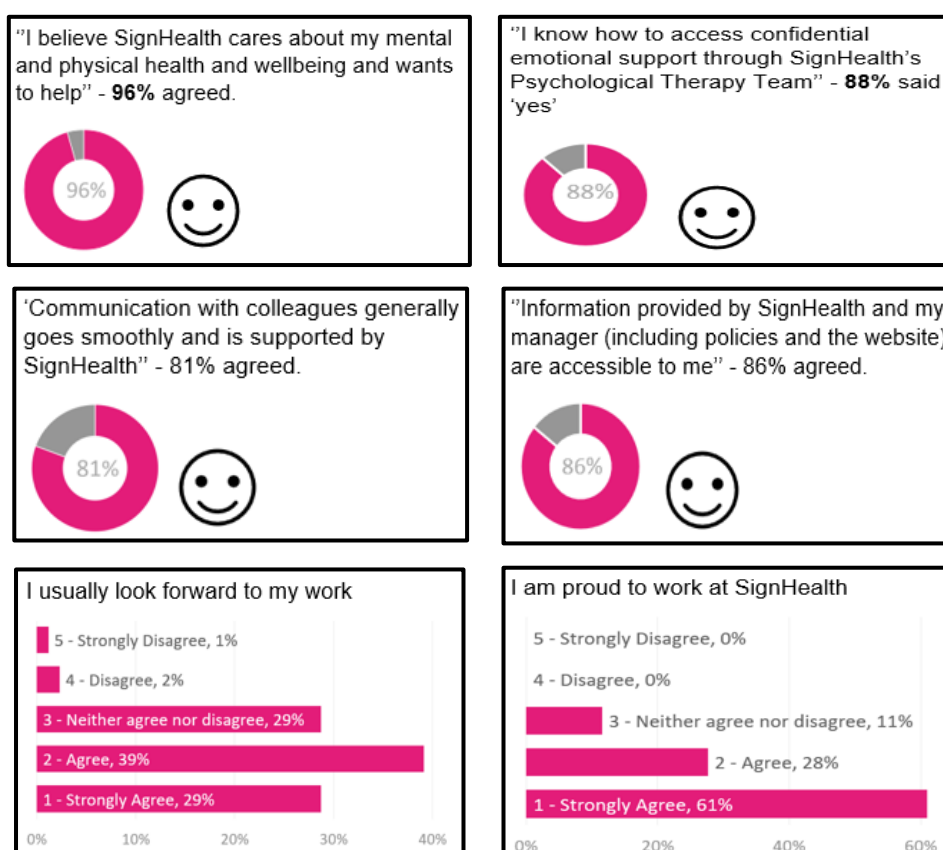
Following the closure of our Head Office at Falcon Mews in March 2021 we have invested in new IT hardware and software to enable all staff who were previously office based to work efficiently from home, as well as carrying out regular workstation assessments and providing other equipment such as desks and chairs where necessary. This is all part of the wider implementation of cyclical upgrading and renewal of all software, hardware and office equipment across the whole of SignHealth. As last year, the renewal budget is now included in ongoing costs.

In the later part of 2021/22, we started the process to review our organisational values, with sessions being held with the trustees, ELT and the wider leadership team. This work is now being rolled out to all staff across the organisation. Once agreed the revised values will be used to develop

a new behavioural framework, as well as feeding in the development of the new Three-Year Plan for 2023/26.

We continued to invest in our staff with a particular focus on staff wellbeing in the context of the ongoing COVID-19 pandemic and the closure of our Falcon Mews office which have both led to more remote working. We have established a staff social committee in order to establish and help deliver a wellbeing programme for the transition period following the closure of Falcon Mews and beyond. We have also allocated some of the money saved by closing Falcon Mews to a budget that can be used by teams to hire meeting space to allow face to face team meetings and collaborative working, as well as putting on wellbeing activities for all staff such as Deaf yoga.

We are constantly working to make SignHealth the best workplace for all our staff. In order to understand what more can be done to ensure everyone is having the best experience, we ran a Staff Survey in November 2021. This covered five areas including wellbeing, communication and information and satisfaction. The results we received were very encouraging with some key findings including;



Although the results of the survey were overwhelmingly positive, they did highlight some key themes which we are now focussing on, and we have developed specific actions to bring about the necessary change.

In 2021/22 we reviewed the current staff structures in the Finance, HR and Communications teams to ensure that they remain fit for purpose. This has led to amendments to the current structure with

the introduction of new roles to ensure that we have capacity and resilience in these important 'back office' functions

We have also continued work to increase our fees across social care, which provides a clear and confirmed pricing policy, with new fee agreements in place for 28 out of 30 residents in place and regular fee reviews scheduled. This has resulted in an increase in income in this area, with all but two placements having been renegotiated by the end of 2021/22.

Although it will be implemented later in 2022, we have also developed plans for a new SignHealth People and Pay Committee. This is a formally constituted committee of the Board which will consider and make recommendations to the Board on all aspects of People Management and Staff pay, as well as making recommendations to ensure that the Board itself maintains an appropriate structure, size and balance of skills to support the strategic objectives of SignHealth. The committee will be made up of trustees and independent members with a background in HR, employment law and finance and will be co-chaired by a trustee and an independent member.

SignHealth's gender and ethnicity pay gap report

SignHealth is on a journey to become a diverse, inclusive and equitable employer. We know that transparency on pay data and a commitment to closing the gaps is essential to help us achieve this. We're sharing details of our pay gaps for the first time this year. We will share information on the Deaf and disability pay gap from March 2023.

Snapshot data was taken in March 2022 based on 130 staff for the report below.

We used the methodology outlined in [government guidelines](#) to calculate SignHealth's gender and ethnicity pay gap.

The mean is calculated by adding up all of the wages of employees in a company and dividing that figure by the number of employees. This means the final figure can be skewed by a small number of highly paid individuals.

The median is the number that falls in the middle of a range when everyone's wages are lined up from smallest to largest and is more representative when there is a lot of variation in pay.

Gender pay gap data

When looking at mean pay in SignHealth men earn 9% more on average than women. When you look at the median pay in SignHealth women earn 13% more than men.

There is a difference between our mean and median pay gap as the data is skewed by the presence of more women in the higher salary bands. SignHealth has a predominantly female workforce so small changes in our staff profile can have a significant impact.

Ethnicity pay gap data

SignHealth's mean ethnicity pay shows that white British staff earn 10.9% more than other minoritised groups. Our median ethnicity pay gap is 28.2% in favour of white British staff.

Based on the data we have, 22% of SignHealth's people are Black, Asian or from a minoritised ethnic background. People of colour make up 50% of our executive leadership team, which significantly reduces our mean ethnicity pay gap to 10.9%.

How do we plan to close the gaps?

As part of our work to improve equity, diversity and inclusion (EDI) at SignHealth in the next year we will:

- Publish an EDI action plan with key objectives to improve representation of minoritised people at all levels across the organisation, increase the number of men in the top three quartiles and reduce our ethnicity and gender pay gaps
- Offer anti-racism training in BSL and English to our people
- Review our recruitment process to reduce bias and attract a broad spectrum of candidates who are interviewed by diverse panels

We want to create a workplace where everyone belongs. We are just at the start of our journey and know we have a lot to do. We are committed to acting with integrity, being transparent and accountable in all our work.

You can find more information on the gender and ethnicity pay gaps on our website

www.signhealth.org.uk/paygap

Beneficiaries of our services

We follow and refer to the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular, the trustees continue to consider how SignHealth's activities will contribute to the aims and objectives we set out to achieve.

SignHealth carries out a wide range of activities to deliver our charitable aims. The trustees believe these activities provide direct benefit to the Deaf people who use our services, to Deaf people in the wider community, and to the health professionals who provide healthcare to Deaf people and their families.

The trustees have concluded that there is no detriment or harm arising from its aims and objectives.

We would like to extend our sincere appreciation to everyone who has supported SignHealth during the year. The kind and generous contributions have significantly helped to improve the health and wellbeing of Deaf people and we are grateful to have your support.

We would especially like to thank all the organisations who have supported us, including the following:

Home Office

NHS England

London Councils

Kent Police County Council

City Bridge Trust

DD McPhail Foundation

City of London – London Relief Community Fund

Solace Women's Aid

Surrey Community Fund

The Pilgrim Trust

Ovingdean Hall Foundation

Sutton Coldfield Municipal Charities

Friends at Work

The Charles Hayward Foundation

We would also like to say a huge thank you to all who supported SignHealth by taking part in our fundraising events. You raised over £14,000 for our work with Deaf adults and children. We would also like to say thank you to SignVideo, a communication organisation focussed on giving video relay services access to the d/Deaf community, for our ongoing Charity of the Year partnership and to all the Deaf social media influencers we have worked with over the past year.

As in previous years, much of the support we have received over the year has been towards our award-winning Domestic Abuse Service, run by Deaf people for Deaf people affected by domestic abuse. Our service helps to improve awareness, resilience and independence and consistently achieves great results; 100% of survivors declared they were more aware of their rights, had better access to services, were better able to make safe choices, and felt more confident. The service relies entirely upon voluntary contributions and grants to operate and the Trustees extend their thanks and appreciation to these donors for the support they have given throughout the year. The service particularly benefited in the year from a grant of £148,444 from the London Councils Grant Committee to support our work in London and £154,822 from the Home Office.

As always, we are grateful to each and every one of you, our work was made possible through and with your generous help.

Financial Review

SignHealth made an overall surplus of £519,640 (2021: £210,391 deficit) in the year to 31 March 2022, against a budgeted break-even budget (2020: £13,391 surplus).

The ongoing Covid-19 pandemic has continued to put a spotlight on the instability of the charity sector with many charities witnessing a decrease in cash and income, and an increase in expenditure. A January 2021 article published by DEMOS and NPC reported that only a third of the charities had six months or more in reserves going into 2021. SignHealth continues to be one of these charities. SignHealth's income and expenditure profile changed in comparison with the prior

year. Income increased by £92,232, in comparison with the year ended 31 March 2021. Expenditure fell by £764,753. These differences were mainly due to the expenditure on the BSL Health Access initiative in 2021/21 to which £1,206,927 of cost was attributed, as well as £420,000 of income.

SignHealth has set a deficit budget for 2022-23. Following a period of stabilisation and consolidation we are now entering a time when we are looking to invest in and grow the organisation. This includes the introduction of a high-level budget for a new campaign and investment in newly restructured Communications, People and Finance teams to introduce new roles to make a significant difference to our capability to deliver on our ambitious plans for the future. We are also investing in increased staff training including the recruitment of a trainer and investing in our online Learning Management System by developing new course content, accessible in BSL, on a variety of topics. We have also budgeted an increased amount for staff welfare costs, continuing to address the ongoing challenges presented by the impact of the COVID-19 pandemic, the increased number of home-based staff we have and the closure of our Falcon Mews office.

In April 2020, following the Board of Trustees approval of the new investment policy for the charity and appointed investment managers; the charity invested £1,462,690 over four months with Rathbones as the charity's investment managers. In 2021/22 the charity reported £77,477 net gains and £31,357 income.

Principal risks and uncertainties

SignHealth's approach to Risk Management centres on identifying, measuring, monitoring and controlling the key risks relating to all its services and operations. Our approach has always been strongly informed by guidance provided by the Charity Commission, including its overarching definition of Risk:

"the uncertainty surrounding events and their outcomes that may have a significant impact, either enhancing or inhibiting any area of a charity's operations".

Overall Risk Profiles are calculated using the Commission's "xy+y" formula (x = likelihood and y = impact) giving additional weighting to the impact of risks being realised.

Overall responsibility and accountability for risk lies with the Board of Trustees. Since April 2018 this has been supported by a formally constituted sub-committee of the Board of Trustees, the Audit and Risk Committee.

The Audit and Risk Committee is responsible for ensuring a robust assurance framework is in place, along with appropriate and functioning processes and systems and processes to support it. The Committee Chair reports to the Board of Trustees on a regular basis through verbal reports at each Board Meeting and an Annual Report in the third quarter of each financial year. It should be noted that the Audit and Risk Committee does not have delegated responsibility to review the financial performance of the organisation.

Responsibility for identifying risk lies with the Executive Leadership Team (ELT), who consider existing risks and identify new ones. The ELT formally updates the organisational Risk Register and its associated Action log quarterly, in advance of Audit and Risk Committee and Board of Trustee Meetings.

Members of the Executive Leadership Team take specific responsibility for risk within each area of risk that has been identified. They play an important role in identifying and understanding risks that arise and are responsible for ensuring that appropriate controls are in place to ensure these risks are being managed and mitigated.

The Audit and Risk Committee held four meetings during the year to review our risk management framework, agreeing that our current process continues to be sound and fit for purpose. As part of this work the committee also developed and implemented a new approach to both Risk Appetite/Tolerance and Risk Assurance Mapping during 2021/22. All of our current risk areas now have an assessment of risk appetite and tolerance, which have been reviewed and accepted by the Board. Each of our risk areas now also has a dedicated risk assurance map in place which sets out the controls for the risk area, linked to an action plan which addresses any gaps and areas for improvement. This action plan is linked to an annual Organisational Resilience Review (based on the Charity Governance Code) undertaken by the Audit and Risk Committee every autumn.

Our current risk register incorporating the risks associated with our Three-Year Plan was developed in 2019/20 and approved by the Board of Trustees in March 2020. As mentioned earlier this is updated on a quarterly basis by ELT, prior to going to the Audit and Risk Committee and Board meetings. It focuses on the following Risk Areas:

- Safeguarding
- Quality/Regulatory Breach
- Staff
- Financial Management
- Business Continuity
- The Deaf Community
- Policy

Of these risk areas, we have identified our top three risks (based on risk profile scores), which remain the same as in the last financial year:

Safeguarding

This risk covers both potential poor practice leading to a safeguarding incident which could result in the death of a client or significant harm to a client, reputational loss or financial loss to the organisation and/or individual clients and also an increased risk if we grow our services to include providing more services to children and/or young people. We actively manage this risk in a variety of ways including having a comprehensive Safeguarding policy and procedure which is reviewed and approved by the Board each year. We have a separate Child Protection policy and procedure which is similarly reviewed and approved every year. We maintain an incident log which is regularly reviewed by the Executive Leadership Team, with all significant issues reported directly to the CEO and on to the Chair of the Board of Trustees. We undertake training for staff, including in relation to the handling/management of clients' finances and undertake a full investigation of all incidents, with learning from every incident being captured and disseminated. Learning from any investigations relating to alleged safeguarding incidents continue to be incorporated in to updated policies, procedures and practice, particularly in terms of the safety of clients and staff when interacting with third parties. We also undertake Quality Assurance Audits. In 2021/22 we also worked with the Ann Craft Trust to deliver refresher Safeguarding training to all trustees and shadow trustees

Staff

As a Deaf-led organisation, it is vital that SignHealth recruits a large proportion of staff that have lived experience of being Deaf People. We are therefore recruiting from a small pool of potential candidates. Our best candidates will also have different prior experiences and skills to those in a non Deaf-led organisation. This can also lead to risks around Hearing and Deaf staff not understanding each other, leading to poor teamwork, low staff morale and increased incidents. Deaf staff may also not understand and follow organisational policies and procedures that are delivered via 'hearing' methods, leading to lack of career progression and increased incidents. We may not be able to find enough appropriately trained and experienced Deaf staff to meet our needs, in the right locations or at all, leading to understaffing and loss of quality. This risk is managed in a number of ways. We ensure that all policies, procedures and training are as clear and accessible as possible to everyone, regardless of background or experience. We have also invested time in assessing the accessibility of our training and policies for our diverse workforce, including the development of a number of BSL videos for our policies and procedures. In 2021/22 we recruited a Learning and Development Trainer who is Deaf, and we have plans to recruit a BSL Communications Officer and a new Policy and Performance Manager in 2022/23, who will be responsible for redrafting all of our key policies in BSL and cascading these across the organisation.

This risk area has also led SignHealth to adopt a different approach to learning and development than peer organisations. We have also used different methods and approaches to communication and training, that are shown to be more effective for a diverse staff group and particularly for Deaf staff. We have also started to investigate the impact of 'language deprivation' on the lived experience of Deaf staff. We are continually reviewing and improving the staff 'offer', particularly for Deaf staff, so that people value working at SignHealth because of its culture, its terms and conditions, and the opportunities for personal and professional development it provides.

Financial Management

For SignHealth, although the risk is low, the impact can be high if we do not mitigate this risk around financial management and understanding which can lead to diminished quality of service, inefficiencies, fraud, unnecessary reduction in cash reduction and/or free reserves and/or under investment in future development, investment and sustainability. There is a small risk to our reputation with funders, as they will have less faith in our future bids/tenders if we have needed to give grant money back in the past due to poor management.

We have a performance management framework that aligns financial and non-financial data, which produces regular understandable and accurate reports for Managers and Trustees. We also have new procedures documented and ensuring all relevant people are aware of their responsibilities and ensuring a properly structured and competent Finance Team, together with a clear segregation of duties. During the year, we reviewed the role of the finance team and are now implementing a new structure which will give us more capacity and resilience moving forward.

Reserves policy

The charity's reserves policy articulates the links between the policy and the charity's key risks and strategic objectives.

In doing so, SignHealth differentiates between short, medium and long-term risks as follows:

1. **Short term:** meeting working capital requirements and mitigating unbudgeted, in-year financial risks. In SignHealth's case, examples might be to manage the cash flow implications of seasonal variations in activity, managing the impact of an empty flat in a residential property, or paying for interim cover for key personnel.

Reserves held to mitigate these short-term risks must be held as cash or short-term deposits to allow immediate access as needed.

2. **Medium term:** mitigating the financial impact of changes foreseen over the next 1-3 year planning cycle, allowing sufficient time for the charity to develop to meet these challenges whilst minimising the impact of any required changes. Examples would include managing the foreseeable impact of changes in public sector funding or benefits policy.

Reserves held to mitigate these medium-term risks can be held as long-term cash deposits, or in investment funds, as their drawdown can be planned over a longer period of time.

3. **Long term:** ensuring the charity can invest in planned renewal of infrastructure and intellectual property, so that its assets do not become outdated over time. This would include investment in property, IT and digital assets, and in professional development of staff.

Reserves held to mitigate these long-term risks would be designated by the board of trustees, against an agreed investment plan. Trustees will expect the charity to build these reserves back up over time, in order to support ongoing investment.

4. **Supporting innovation:** having funds available to identify and act on opportunities to branch out into new activities that will achieve its charitable objectives, whilst minimising risk and impact on the charity's existing activities. This would include research and development of new services and policy areas.

Reserves held to support innovation will be designated by the Board of Trustees against a clear investment plan. These funds would be held to support explicitly high-risk activity, and as such there is less requirement of a financial return.

The Board of Trustees will review the level of reserves set against each risk category, regularly as part of the annual budgeting cycle, and immediately in the event of a significant change in the charity's activities, size or risk profile.

Based on SignHealth's current size and scope of activities, the Trustees consider that one month's operating expenditure is sufficient to cover short-term risks (2022-23: £568,520), and a further five months' operating expenditure is sufficient to mitigate medium term risks (2022-23: £2,842,600). SignHealth therefore aims to hold a minimum of six months' operating expenditure (2022-23: £3,411,140).

At 31 March 2022, SignHealth's total unrestricted funds were £3,250,499 which equates to seven months' operating expenditure. SignHealth's general funds, excluding designated funds, were £3,133,511. We therefore are holding £551,351 more than our 6 months' operating expenditure. In

the year 2022/23, we will invest in our new campaign work, the development of our new Three Year Plan and in our 'back office' functions to enable us to grow the organisation in a sustainable way to increase capacity and resilience.

Investments

Our investment managers Rathbones have not invested during the financial year to 31 March 2022. The income received during the year (£31,357) based on the initial investment from FY2021-21.

The equity holdings are held as share unit holdings. The trustees have adopted the ethical policy of the Rathbone Core Investment Fund for Charities (into which the Charity will invest) which is:

- no direct investments in companies manufacturing tobacco or tobacco products, or companies that derive more than 10% of their revenues from the manufacture of alcoholic beverages, armaments, gambling, high interest rate lending or pornography.

There is no difference between fair value and market value as the investments are either fixed interest, equities or cash deposits. Market valuation shows the fair value for these assets.

Going Concern

The Trustees have approved a deficit budget for 2022 -23 (for the reasons outlined in our financial review on page 15) and have reviewed the projected cash flow to December 2023. Our reserves cover just over seven months' worth of expenditure. We also have budgeted £1,128,258 of fundraised income for FY2023, of which 59% is secured. Overall, our secured earned income constitutes 82% of our total income.

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern. They are confident that, with appropriate budgetary controls and even in the current difficult economic climate, SignHealth will continue in operation and that it is appropriate to prepare these financial statements on a going concern basis.

Plans for the future

As mentioned in the achievements and performance section, 2021/22 was the third and final year of our Three-Year Plan, which was primarily focussed on the delivery of proposals and launching of new services, partnerships or areas of work.

Ordinarily this would mean that we would have developed a new Three Year Plan in the last year and started to deliver this in 2022/23. However, as reported in our last Trustees Report, following discussions in 2021/22 the Board agreed that they want to be more ambitious than just developing a new Three Year Plan and recognise that, without working with others, we are unlikely to achieve our charitable purpose. In the last year we have therefore started developing a new high-level campaign with a number of other organisations, based on the Marmot Wider Determinants of Health, with this work also feeding into the development of our new Three Year Plan. Due to the complexity of this the timescales for development of this campaign have now been extended, with the Board now due to agree a new High-Level Campaign later in 2022, with a new Three Year Plan for SignHealth (covering the period 2023/2026) being approved in March 2023.

This has meant extending the existing Three Year Plan for an additional, fourth year into 2022/23. This has not presented a problem as there are still things to do on a number of the new services that have started in Year Three (2021/22), such as Brudenell Road and the new national IAPT contract. Stretching milestones have been developed across all of our existing objectives including further work on making SignHealth a BSL Proud and user-led organisation.

Therefore in 2022/23 our work will continue to focus on the three key objectives in our existing Three-Year Plan (copied below) in order to make progress towards achieving our purpose of improving Deaf people's health and wellbeing. In addition, we have added two other, very specific objectives for 2022/23 with one covering the development of our new high-level campaign and the other planning for the future (which includes milestones around developing a new Three Year Plan and reviewing Board effectiveness, as well as growing our policy work and shadow trustee scheme).

Growth – we will grow SignHealth's services to reach more Deaf people

- There will be more care home places in SignHealth services, supporting more Deaf people to get support in BSL for their mental health
- More Deaf people, including young people, will have access to psychological therapy in BSL
- Deaf people across the UK will be able to access domestic abuse services in BSL

Profile – we will increase SignHealth's profile with key audiences

- We will have developed our profile with three key groups: Sources of income and referrals; People with power or influence; and Deaf people.
- The views of Deaf people who have used health services, including our own, will drive the future of SignHealth.
- More research into Deaf people's health will be underway, and its results used to inform SignHealth's future.

Strength – we will continue to strengthen our organisation

- SignHealth will be a BSL Proud organisation.
- Staff will be employed within a clear salary structure.
- SignHealth staff will be supported to become even better leaders.
- IT and buildings at SignHealth will be regularly invested in and updated.

Structure, governance and management

The organisation is a private company limited by guarantee, incorporated on 14 May 1991 and registered as a charity on 13 May 1992.

Charitable objects

The relief of Deaf and hearing-impaired persons in particular by, but without limitation, the provision of residential services and of other such services, activities and facilities as the charity shall from time to time deem fit.

Governance

SignHealth is a company limited by guarantee, with registration number 02610559, and a registered charity with number 1011056. The company was established under a Memorandum of Association, which created the objects and powers of the charitable company and is governed by its Articles of Association. All Trustees give their time voluntarily and receive no benefits from the charity. Any expenses reclaimed from the charity are set out in note 8 to the accounts.

The Memorandum and Articles of Association were reviewed and updated in November 2017.

At the time of writing our Board now consists of nine Trustees, one below the maximum permitted by SignHealth's Memorandum and Articles of Association (10). In line with SignHealth's ambitions to be a Deaf-led organisation, the current Board of Trustees is made up of six Deaf and three hearing Trustees.

None of the Directors has any beneficial interest in the Company. All Directors agree to contribute £1 in the event of a winding up. Related party transactions are detailed in note 9 of the accounts.

The charity is governed by the Board of Trustees who meet with management regularly. Day to day management is delegated to the Chief Executive and the Executive Leadership Team. The Board of Trustees meet regularly and receive reports from the Chief Executive and Executive Leadership Team. The Chair, as representative of the Board, maintains regular contact with the Chief Executive. The Executive Leadership Team are invited to Board Meetings to provide reports on their areas of work. The Trustees provide advice and support to the Executive Leadership Team and other areas of the charity where their expertise is appropriate.

Leadership and management

In 2021/22, 50% of the SignHealth Executive Leadership Team (ELT) were Deaf.

We continued to further invest in Management and Leadership training with managers across SignHealth and this will continue across the new Three-Year Plan.

The Chief Executive continues to meet with all staff teams regularly throughout the year and has regular bi-monthly Leadership Team meetings with all senior managers across SignHealth.

We continue to take part in a cross-charity mentoring scheme, run in partnership with Sense, RNID, NDCS, Scope, Diabetes UK, Thomas Pocklington Trust and RNIB.

As part of our new annual Organisational Resilience Review, we have reviewed the newly updated Charity Governance Code. This self-assessment highlighted broad compliance and good practice against the principles whilst also identifying some areas where further work is necessary. Actions under these areas will be monitored throughout the year, with progress made against them reported as part of the next Organisational Resilience Review in Autumn 2022.

Fundraising Regulations

During the year, SignHealth engaged in public fundraising, but did not use professional fundraisers or commercial participators. The charity continued to observe and comply with the relevant fundraising regulations and codes and is a member of the Fundraising Regulator. The charity received no complaints (2021: no complaints) relating to its fundraising practice.

Appointment of Trustees

Vetting and checks of new Trustees was carried out in line with Charity Commission guidance and all new Trustees had induction meetings with the Chief Executive and each of the Directors on the Executive Leadership Team.

SignHealth launched a Shadow Trustee Scheme in early 2020, with the intention that the scheme members would then be able to make an informed decision to apply to become Trustees, either at SignHealth or at other organisations. As reported last year, unfortunately the 2020 scheme was a victim of COVID-19 and was not able to continue in the way that we originally envisaged. The scheme has now been refreshed and relaunched for the calendar year of 2022, with five participants. The scheme includes the opportunity to attend all Board and subcommittee meetings, have regular conversations with a Trustee mentor, receive training and attend other events with their peers. It is hoped that the scheme will run every year, building on the learning received from this first cohort.

Related parties and relationships with other organisations

Both Trustees and key management personnel complete annual declarations of interest. Trustees declare any conflicts of interest at the beginning of each meeting and discuss how the conflict should be managed with regards to agenda items.

Details of related party transactions can be found in note 9 of the financial statements.

Remuneration policy for key management personnel

The Chief Executive's salary is determined by the Board of Trustees, and their review will take account of the past year's achievements, environmental and market conditions, and of sector comparisons.

The pay of senior staff is reviewed annually and can be increased in accordance with average earnings and the level of responsibility required. In view of the charitable nature of the company, the remuneration benchmark is determined through comparative research into charities of a similar size and scope. As mentioned earlier in this report a new People and Pay committee has recently been established with the remit to advise and make recommendations to the Board on these and other matters.

Statement of responsibilities of the trustees

The trustees (who are also directors of SignHealth for the purposes of company law) are responsible for preparing the trustees' annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

In preparing these financial statements, 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
- State whether applicable UK Accounting Standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

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

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware
- The trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The trustees are members of the charity, but this entitles them only to voting rights. The trustees have no beneficial interests in the charity.

The charity has taken out indemnity insurance on behalf of the Trustees.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The trustees' annual report has been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime.

The trustees' annual report has been approved by the trustees 21 July 2022 signed on their behalf by

Jackie Driver
Chair of Trustees

Opinion

We have audited the financial statements of SignHealth (the 'charitable company') for the year ended 31 March 2022 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 March 2021 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
- Have been prepared in accordance with the requirements of the Companies Act 2006

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other Information

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

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The trustees' annual report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report. We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management and the board of trustees, which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Independent auditor's report

To the members of SignHealth

For the year ended 31 March 2022

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

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

Jonathan Orchard (Senior statutory auditor)

17 August 2022

for and on behalf of Sayer Vincent LLP, Statutory Auditor

Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2022

	Note	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
Income from:							
Donations and legacies	2	103,794	–	103,794	149,612	–	149,612
Charitable activities							
Social care	3a	3,348,156	24,994	3,373,150	3,187,968	35,812	3,223,780
Therapies	3b	1,215,529	53,966	1,269,495	727,876	75,500	803,376
Domestic abuse	3c	1,278	473,792	475,070	2,238	465,720	467,958
Other charitable activities	3e	45,914	47,819	93,733	73,277	101,181	174,458
BSL Health Access (BSLHA)	3e	–	–	–	–	420,000	420,000
Fundraising events		12,142	–	12,142	9,604	–	9,604
Investments	4	60,264	–	60,264	42,597	–	42,597
Other income		–	–	–	4,031	–	4,031
Total income		4,787,077	600,571	5,387,648	4,197,203	1,098,213	5,295,416
Expenditure on:							
Raising funds		172,203	–	172,203	290,461	–	290,461
Charitable activities							
Social care		3,319,696	96,850	3,416,546	2,947,908	117,469	3,065,377
Therapies		640,712	58,173	698,885	524,483	85,500	609,983
Domestic abuse		116,920	479,272	596,192	15,685	460,846	476,531
Other charitable activities		61,659	–	61,659	55,841	5,118	60,959
BSL Health Access (BSLHA)		–	–	–	786,927	420,000	1,206,927
Total expenditure	5	4,311,190	634,295	4,945,485	4,621,305	1,088,933	5,710,238
Net income/(expenditure) before gains/(losses)		475,887	(33,724)	442,163	(424,102)	9,280	(414,822)
Gain on revaluation of investments	12	77,477	–	77,477	223,082	–	223,082
Net losses on disposal of assets		–	–	–	(18,651)	–	(18,651)
Net income/(expenditure) for the year	6	553,364	(33,724)	519,640	(219,671)	9,280	(210,391)
Net movement in funds		553,364	(33,724)	519,640	(219,671)	9,280	(210,391)
Reconciliation of funds:							
Total funds brought forward		3,250,497	46,881	3,297,378	3,470,168	37,601	3,507,769
Total funds carried forward		3,803,861	13,157	3,817,018	3,250,497	46,881	3,297,378

All other activities are continuing. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 17 to the financial statements.

Balance sheet

Company no. 02610559

As at 31 March 2022

	Note	2022 £	2021 £
Fixed assets:			
Tangible assets	11	64,387	69,658
Investments	12	1,514,009	1,672,034
		<u>1,578,396</u>	<u>1,741,692</u>
Current assets:			
Debtors	13	1,219,299	673,079
Cash at bank and in hand		1,450,266	1,292,682
		<u>2,669,565</u>	<u>1,965,761</u>
Liabilities:			
Creditors: amounts falling due within one year	14	(430,943)	(410,075)
Net current assets		<u>2,238,622</u>	<u>1,555,686</u>
Total net assets	16	<u><u>3,817,018</u></u>	<u><u>3,297,378</u></u>
Funds:			
Restricted income funds		13,157	46,881
Unrestricted income funds:			
Designated funds		111,719	116,990
General funds		3,692,142	3,133,507
		<u>3,803,861</u>	<u>3,250,497</u>
Total funds	17	<u><u>3,817,018</u></u>	<u><u>3,297,378</u></u>

Approved by the trustees on 21 July 2022 and signed on their behalf by

J Driver
TrusteeT Hudson
Trustee

Statement of cash flows

For the year ended 31 March 2022

	Note	2022 £	£	2021 £	£
Cash flows from operating activities					
Net income/(expenditure) for the reporting period (as per the statement of financial activities)		519,640		(210,391)	
Depreciation charges		47,056		109,164	
Losses disposal of fixed assets		–		18,651	
Dividends, interest and rent from investments		(60,264)		(42,597)	
(Increase) in debtors		(546,220)		(323,039)	
Increase in creditors		20,868		130,446	
Net cash used in operating activities			(18,920)		(317,766)
Cash flows from investing activities:					
Dividends, interest and income from investments		60,264		42,597	
Purchase of fixed assets		(41,785)		(48,043)	
Proceeds from sale of investments		234,912		6,136	
Purchase of investments		–		(1,462,690)	
Net gains on revaluation of investments		(77,477)		(223,082)	
Movement in cash held by investment managers pending reinvestment		590		7,802	
Net cash provided by/(used in) investing activities			176,504		(1,677,280)
Change in cash and cash equivalents in the year			157,584		(1,995,046)
Cash and cash equivalents at the beginning of the year			1,292,682		3,287,728
Cash and cash equivalents at the end of the year			1,450,266		1,292,682

1 Accounting policies

a) Statutory information

SignHealth is a charitable company limited by guarantee and is incorporated in England and Wales.

The registered office address is: CAN Mezzanine, 7 – 14 Great Dover Street, Borough, London SE1 4YR

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) – (Charities SORP FRS 102), The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

In applying the financial reporting framework, the trustees have made a number of subjective judgements, for example in respect of significant accounting estimates. Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The nature of the estimation means the actual outcomes could differ from those estimates. Any significant estimates and judgements affecting these financial statements are detailed within the relevant accounting policy below.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern. In respect of the aftermath of COVID-19 pandemic ongoing during 2021, the charity expects its fundraising activities to continue to be negatively impacted but has sufficient reserves to meet liabilities as they fall due.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Income

Income is recognised when the charity has entitlement to the funds, any requirements attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any conditions attached to the grants are expected to be met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

g) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

Notes to the financial statements

For the year ended 31 March 2022

1 Accounting policies (continued)

h) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services undertaken to further the purposes of the charity and their associated support costs
- Other expenditure represents those items not falling into any other heading

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

i) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. The indirect costs of overall direction and administration, comprising the salary and overhead costs of the central function, is apportioned to activities as a proportion of headcount in each service area;

- | | |
|-------------------------------|----------------|
| ● Raising funds | 4% (2021:4%) |
| ● Social care | 77% (2021:77%) |
| ● Therapies | 8% (2021:8%) |
| ● Domestic abuse | 10% (2021:10%) |
| ● Other charitable activities | 1% (2021: 1%) |

Governance costs are allocated to each of the activities on the following basis which is an estimate, based on staff headcount, of the amount attributable to each activity:

- | | |
|-------------------------------|----------------|
| ● Raising funds | 4% (2021:4%) |
| ● Social care | 77% (2021:77%) |
| ● Therapies | 8% (2021:8%) |
| ● Domestic abuse | 10% (2021:10%) |
| ● Other charitable activities | 1% (2021: 1%) |

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

j) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

k) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £2,000. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use. Major components are treated as a separate asset where they have significantly different patterns of consumption of economic benefits and are depreciated separately over its useful life.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

- | | |
|------------------------------------|------------------------------|
| ● Freehold Land and Buildings | 50 years |
| ● Leasehold Land and Buildings | Over the period of the lease |
| ● Fixtures, Fittings and Equipment | 4 years |
| ● IT Equipment | 3 years |

l) Listed investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Any change in fair value will be recognised in the statement of financial activities. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains/(losses) on investments" in the statement of financial activities. The charity does not acquire put options, derivatives or other complex financial instruments.

Notes to the financial statements

For the year ended 31 March 2022

1 Accounting policies (continued)

m) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

n) Short term deposits

Short term deposits includes cash balances that are invested in accounts with a maturity date of between 3 and 12 months.

o) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

p) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

q) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

r) Pensions

The charitable company operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the charitable company in an independently administered fund. The pension cost charge represents contributions payable under the scheme by the charitable company to the fund. The charitable company has no liability under the scheme other than for the payment of those contributions.

2 Income from donations and legacies

	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
Gifts	74,713	–	74,713	122,030	–	122,030
Legacies	23,059	–	23,059	–	–	–
CoronaVirus Retention Job Scheme	6,022	–	6,022	27,582	–	27,582
	<u>103,794</u>	<u>–</u>	<u>103,794</u>	<u>149,612</u>	<u>–</u>	<u>149,612</u>

Notes to the financial statements

For the year ended 31 March 2022

3 Income from charitable activities

	Unrestricted £	Restricted £	2022 Total £	Unrestricted £	Restricted £	2021 Total £
3a Social care						
Access to work	–	6,210	6,210	–	5,118	5,118
Fees	3,260,859	–	3,260,859	3,112,635	–	3,112,635
Client income	87,297	–	87,297	75,333	–	75,333
Grants receivable	–	18,784	18,784	–	30,694	30,694
Sub-total for Social Care	3,348,156	24,994	3,373,150	3,187,968	35,812	3,223,780
3b Therapies						
Fees	1,215,529	–	1,215,529	727,876	–	727,876
Grants receivable	–	53,966	53,966	–	75,500	75,500
Sub-total for Therapies	1,215,529	53,966	1,269,495	727,876	75,500	803,376
3c Domestic abuse						
Fees	1,278	–	1,278	2,238	–	2,238
Grants receivable	–	473,792	473,792	–	465,720	465,720
Sub-total for Domestic abuse	1,278	473,792	475,070	2,238	465,720	467,958
3d Grant income						
BSL Health Access (BSLHA) grant	–	–	–	–	420,000	420,000
	–	–	–	–	420,000	420,000
3e Other charitable activities						
Fees	45,914	47,819	93,733	73,277	–	73,277
Grants receivable	–	–	–	–	101,181	101,181
Sub-total for other charitable activities	45,914	47,819	93,733	73,277	101,181	174,458
Total income from charitable activities	4,610,877	600,571	5,211,448	3,991,359	1,098,213	5,089,572

4 Income from investments

	2022 Total £	2021 Total £
Interest receivable	471	16,362
Other rental income	28,436	14,670
Income from investments	31,357	11,565
	60,264	42,597

All income from investments is unrestricted.

Notes to the financial statements

For the year ended 31 March 2022

5a Analysis of expenditure (current year)

	Charitable activities									
	Raising funds £	Social care £	Therapies £	Domestic abuse	Other charitable activities	BSLHA £	Governance costs £	Support costs £	2022 Total £	2021 Total £
Staff costs (Note 7)	75,023	1,725,693	406,467	330,205	37,997	–	73,510	906,407	3,555,302	3,199,280
Other staff costs	14,130	53,724	80,586	41,615	4,664	–	–	163,473	358,192	304,299
Travel and subsistence	185	25,595	13,180	6,506	2,615	–	–	12,126	60,207	31,629
Building costs	–	347,778	5,413	2,048	–	–	–	6,401	361,640	318,278
Running costs	9,594	46,902	64,362	27,942	1,262	–	18,363	171,466	339,891	1,558,367
Fundraising and marketing	12,788	98	2,552	28,152	–	–	–	40,041	83,631	56,902
Covid-19 costs	–	317	137	654	–	–	–	21,702	22,810	38,021
Beneficiary costs	–	38,504	18	2,344	–	–	–	391	41,257	39,963
Other trading costs	–	184	–	–	–	–	–	24,314	24,498	25,360
Accountancy and audit	–	5,898	–	–	–	–	9,017	–	14,915	12,300
Legal and professional	–	4,322	1,920	–	–	–	1,236	28,608	36,086	16,675
Depreciation and impairment	–	3,229	3,284	5,518	–	–	–	35,025	47,056	109,164
	111,720	2,252,244	577,919	444,984	46,538	–	102,126	1,409,954	4,945,485	5,710,238
Support costs	56,398	1,085,665	112,796	140,995	14,100	–	–	(1,409,954)	–	–
Governance costs	4,085	78,637	8,170	10,213	1,021	–	(102,126)	–	–	–
Total expenditure 2022	172,203	3,416,546	698,885	596,192	61,659	–	–	–	4,945,485	
Total expenditure 2021	290,461	3,065,377	609,983	476,531	60,959	1,206,927	–	–		5,710,238

5b Analysis of expenditure (prior year)

	Charitable activities								
	Raising funds £	Social care £	Therapies £	Domestic abuse	Other charitable activities	BSLHA £	Governance costs £	Support costs £	2021 Total £
Staff costs (Note 7)	194,840	1,629,937	344,306	271,986	41,344	–	53,776	663,091	3,199,280
Other staff costs	11,206	60,825	61,092	24,439	4,664	–	–	142,073	304,299
Travel and subsistence	145	16,668	10,104	697	365	–	–	3,650	31,629
Building costs	–	261,156	7,685	8,516	1,386	–	–	39,535	318,278
Running costs	7,957	42,632	67,147	31,331	116	1,206,927	18,363	183,894	1,558,367
Fundraising and marketing	17,472	144	2,000	5,656	–	–	–	31,630	56,902
Covid-19 costs	2,687	655	–	–	–	–	–	34,679	38,021
Beneficiary costs	–	38,816	–	1,147	–	–	–	–	39,963
Other trading costs	5	4,030	385	–	–	–	–	20,940	25,360
Accountancy and audit	–	–	–	–	–	–	12,300	–	12,300
Legal and professional	3,816	2,451	–	–	–	–	3,312	7,096	16,675
Depreciation and impairment	–	647	12,598	1,926	–	–	–	93,993	109,164
	238,128	2,057,961	505,317	345,698	47,875	1,206,927	87,751	1,220,581	5,710,238
Support costs	48,823	939,848	97,646	122,058	12,206	–	–	(1,220,581)	–
Governance costs	3,510	67,568	7,020	8,775	878	–	(87,751)	–	–
Total expenditure 2021	290,461	3,065,377	609,983	476,531	60,959	1,206,927	–	–	5,710,238

Notes to the financial statements

For the year ended 31 March 2022

6 Net income / (expenditure) for the year

This is stated after charging / (crediting):

	2022 £	2021 £
Depreciation	47,056	109,164
Loss/(gain) on revaluation/disposal of fixed assets	–	18,650
Auditor's remuneration (excluding VAT):		
Audit	11,400	10,400
(Over)/under-accrual for prior year audit	–	150
Other services	1,000	–
	<u>1,000</u>	<u>–</u>

7 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2022 £	2021 £
Salaries and wages	3,045,834	2,802,924
Redundancy and termination costs	56,602	1,778
Social security costs	290,426	252,366
Employer's contribution to defined contribution pension schemes	162,440	142,212
	<u>3,555,302</u>	<u>3,199,280</u>

The following number of employees received employee benefits (excluding employer pension costs and employer's national insurance) during the year between:

	2022 No.	2021 No.
£70,000 – £79,999	3	2
£100,000 – £109,999	1	1
	<u>1</u>	<u>1</u>

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were £392,376 (2021: £379,817). The Key Management Personnel includes the Trustees, the CEO, and all members of the Executive Leadership Team (Director of Operations, Director of Finance, People and Facilities and Director of Communications and Fundraising).

The charity trustees were neither paid nor received any other benefits from employment with the charity in the year (2021: £nil). No charity trustee received payment for professional or other services supplied to the charity (2021: £nil).

£422 trustee expenses (2021: £nil), for attendance at trustee meetings, was incurred or paid on behalf of 3 trustees (2021: nil) in the year.

Notes to the financial statements

For the year ended 31 March 2022

8 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 150 (2021: 142).

The FTE number of employees for the year was 99 (2021: 97)

Staff are split across the activities of the charitable company as follows (head count basis):

	2022 No.	2021 No.
Raising funds	4	5
Social care	97	95
Therapies	14	10
Domestic abuse	14	13
Other charitable activities	1	1
Administration	19	17
Governance	1	1
	150	142

9 Related party transactions

In the year to 31 March 2022, SignHealth paid the Voluntary Organisations Disability Group (VODG) and the UK Council on Deafness (UKCOD) combined membership and other fees of £5,181 (2020-21: £5,240). The CEO of SignHealth is also a board member of both VODG and UKCOD.

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties.

The charity has taken out indemnity insurance on behalf of the Trustees.

10 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. Its charge to corporation tax in the year was:

	2022 £	2021 £
UK corporation tax at 19%	–	–

11 Tangible fixed assets**The charity**

	Fixtures and fittings £	Computer equipment £	Total £
Cost			
At the start of the year	91,296	205,966	297,262
Additions in year	–	41,785	41,785
Disposals	–	–	–
At the end of the year	91,296	247,751	339,047
Depreciation			
At the start of the year	71,482	156,122	227,604
Charge for the year	–	47,056	47,056
Disposals	–	–	–
At the end of the year	71,482	203,178	274,660
Net book value			
At the end of the year	19,814	44,573	64,387
At the start of the year	19,814	49,844	69,658

All of the above assets are used for charitable purposes.

12 Listed investments

	2022 £	2021 £
Fair value at the start of the year	1,679,736	100
Additions at cost	–	1,462,690
Proceeds from sale of investments	(234,912)	(6,136)
Net gain/(loss) on change in fair value	77,477	223,082
	1,522,301	1,679,736
Cash held by investment broker pending reinvestment	(8,292)	(7,702)
Fair value at the end of the year	1,514,009	1,672,034
Investments comprise		
	2022 £	2021 £
Shares listed on the London Stock Exchange	1,522,301	1,679,736
Cash	(8,292)	(7,702)
Fair value at the end of the year	1,514,009	1,672,034

Financial investments are measured at fair value through income and expenditure.

Notes to the financial statements

For the year ended 31 March 2022

13 Debtors

	2022 £	2021 £
Trade debtors	997,955	474,652
Other debtors	133	133
Prepayments and accrued income	221,211	198,294
	<u>1,219,299</u>	<u>673,079</u>

All of the group's financial instruments, both assets and liabilities, are measured at amortised cost. The carrying values of these are shown above and also in note 14 below.

14 Creditors: amounts falling due within one year

	2022 £	2021 £
Trade creditors	101,787	155,266
Taxation and social security	88,773	68,139
Other creditors	35,198	28,510
Accruals	178,524	132,757
Deferred income (note 15)	26,661	25,403
	<u>430,943</u>	<u>410,075</u>

15 Deferred income

Deferred income comprises income that has been billed in advance.

	2022 £	2021 £
Balance at the beginning of the year	25,403	8,693
Released to income in the year	(348,786)	(374,774)
Deferred in the year	350,044	391,484
Balance at the end of the year	<u>26,661</u>	<u>25,403</u>

16a Analysis of group net assets between funds (current year)

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Fixed assets	1,514,009	64,387	–	1,578,396
Net current assets	2,178,133	47,332	13,157	2,238,622
Net assets at 31 March 2022	<u>3,692,142</u>	<u>111,719</u>	<u>13,157</u>	<u>3,817,018</u>

16b Analysis of group net assets between funds (prior year)

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Fixed assets	1,672,034	69,658	–	1,741,692
Net current assets	1,461,473	47,332	46,881	1,555,686
Net assets at 31 March 2021	3,133,507	116,990	46,881	3,297,378

17a Movements in funds (current year)

	At 1 April 2021 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2022 £
Restricted funds:					
Domestic Abuse	16,859	473,792	(479,272)	–	11,379
Residential	8,289	18,784	(27,073)	–	–
Therapy	4,207	53,966	(58,173)	–	–
Brudenell Road	15,748	–	(15,748)	–	–
Deaf with Cancer	1,778	–	–	–	1,778
Corona Virus funds	–	47,819	(47,819)	–	–
Access to Work	–	6,210	(6,210)	–	–
Total restricted funds	46,881	600,571	(634,295)	–	13,157
Unrestricted funds:					
Designated funds:					
Fixed asset fund	69,659	41,785	(47,056)	–	64,388
Innovation fund	13,073	–	–	–	13,073
Two Deaf Foot fund	34,258	–	–	–	34,258
Total designated funds	116,990	41,785	(47,056)	–	111,719
General funds	3,133,507	4,745,292	(4,186,657)	–	3,692,142
Total unrestricted funds	3,250,497	4,787,077	(4,233,713)	–	3,803,861
Total funds	3,297,378	5,387,648	(4,868,008)	–	3,817,018

The narrative to explain the purpose of each fund is given in note 17c.

Notes to the financial statements

For the year ended 31 March 2022

17b Movements in funds (prior year)

	At 1 April 2020 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2021 £
Restricted funds:					
Domestic Abuse	11,836	465,720	(460,697)	–	16,859
Residential	4,032	30,694	(26,437)	–	8,289
Therapy	4,207	75,500	(75,500)	–	4,207
Brudenell Road	15,748	–	–	–	15,748
Deaf with Cancer	1,778	–	–	–	1,778
Corona Virus funds	–	91,181	(91,181)	–	–
Peter Sowerby	–	10,000	(10,000)	–	–
BSLHA	–	420,000	(420,000)	–	–
Access to Work	–	5,118	(5,118)	–	–
Total restricted funds	37,601	1,098,213	(1,088,933)	–	46,881
Unrestricted funds:					
Designated funds:					
Fixed asset fund	149,430	48,043	(127,814)	–	69,659
Innovation fund	800,000	–	(786,927)	–	13,073
Two Deaf Foot fund	30,227	–	–	4,031	34,258
Total designated funds	979,657	48,043	(914,741)	4,031	116,990
General funds	2,490,511	4,149,160	(3,502,133)	(4,031)	3,133,507
Total unrestricted funds	3,470,168	4,197,203	(4,416,874)	–	3,250,497
Total funds	3,507,769	5,295,416	(5,505,807)	–	3,297,378

17c Purposes of restricted funds

Domestic Abuse (previously DeafHope)

SignHealth's domestic abuse service, previously called DeafHope, works with the Deaf survivors of domestic abuse and includes our work with Deaf children and young people. It is funded by our fantastic supporters, who in 2021–22 include London Councils, the Home Office, The Police and Crime Commissioners for Kent and Sussex, Charles Hayward Foundation, Solace Women's Aid, Children in Need, Ovingdean Hall Foundation and the City Bridge Foundation.

The Home Office had provided a grant over 2 years to enable SignHealth to improve its capacity to respond to deaf victims of domestic abuse. An extra £145,840 was awarded during the financial year 2021–2022, and was expended for the purpose for which it was awarded. Of the grant, £20,309 was spent on direct project and beneficiary costs, £32,127 on project overheads and £93,404 on staff costs.

£148,444 was awarded from the London Councils Grant Committee during the financial year 2021–2022 for SignHealth's domestic abuse service, in addition SignHealth brought forward £7,160 from 2020–2021. As a result, £155,375 was expended for the purpose for which it was awarded: for abused Deaf women and children in London. Of the grant, £33,022 was spent on direct project costs, £6,137 on project overheads and £116,445 on staff costs.

Residential

Support has kindly been received for specific work in our residential schemes, including support for training costs, and small refurbishment work at some of the homes and breaks with carers for those service users with the most complex mental health needs.

17c Purposes of restricted funds (continued)

Therapy/Online Therapy

With support from the Rayne Foundation, we have been able to continue the development of an online resource for Deaf people needing cognitive behavioural therapy (CBT).

Brudenell Road

Funding received for 'Brudenell Road' refers to a new housing scheme we are developing in Leeds which is now set to open during year ending 31 March 2022.

Deaf with Cancer

Funding provides therapy for deaf people diagnosed with or recovering from cancer. This fund remains unutilised which means we will carry it forward into financial year ending 31 March 2022.

Access to Work

SignHealth receives funds from the Department of Work and Pensions, to reimburse the cost of additional communications support workers employed on the SignHealth payroll, providing support to SignHealth staff in receipt of an Access to Work grant.

Purposes of Designated Funds and General Funds

The fixed asset fund represents the net book value of all assets held by the charity, excluding the Restricted funds.

The Two Deaf Foot designated fund represents funds raised for SignHealth by the Two Deaf Foot fundraising walk from John O'Groats to Land's End in summer 2020. Expenditure of these funds is overseen by a committee comprising the Two Deaf Foot walkers and members of the SignHealth Board of Trustees.

The innovation designated fund represents funds set aside by the Board of Trustees, to put towards initiatives that will further SignHealth's charitable objects but that represent a high financial risk. During the year, we received a further £4,030 to the fund. In the year 2020–21, the Board did not need use these funds to support BSL Health Access, since we were able to secure top-up funding from NHSE.

18 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.

Accounts

Company number: 2610559
Charity number: 1011056

SignHealth

Report and financial statements
For the year ended 31 March 2021

**THE DEAF HEALTH
CHARITY
SIGNHEALTH**

S A Y E R | V I N C E N T


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Reference and administrative information

Company number	2610559	
Charity number	1011056	
Registered office and operational address	CAN Mezzanine, 49 – 51 East Road, London N1 6AH	
Country of registration	England & Wales	
Country of incorporation	United Kingdom	
Trustees	Trustees, who are also directors under company law, who served during the year and up to the date of this report were as follows:	
	Jackie Driver, Chair	
	Emma Ferguson-Coleman, Vice Chair	Resigned 12 November 2020
	Sara Clare Mitchell	
	Andrew Sims	
	Favaad Iqbal	Resigned 12 January 2021
	Christine McPherson	
	Mark Perry	
	Trudi Collier	
	Tania Hudson	
	Vanessa Longley	
	Jaz Mann	Appointed 22 July 2021
	Amanprit Arnold	Appointed 22 July 2021
Executive Leadership Team	James Watson-O'Neill	Chief Executive
	Joyce Materego	Director of Finance & Resources
	Christopher Reid	Director of Operations
	Stacey Witter	Director of Communications & Fundraising
Bankers	Metro Bank, 120 Cheapside, London, EC2V 7JB	
Solicitors	Trowers and Hamblins, 3 Bunhill Road, London, EC1Y 8YZ	
Auditor	Sayer Vincent LLP Chartered Accountants and Statutory Auditor Invicta House 108-114, Golden Lane, London EC1Y 0TL	

Message from the Chair of Trustees, Jackie Driver

Looking back to April 2020, we had just entered our first lockdown and many of us were trying to make sense of what was happening in the world around us. It's strange to think we first learned of masks, social distancing and lockdowns just over 18 months ago because as I write this now it feels quite normal. We have adapted to living with Coronavirus.

We started the year in a way nobody could have predicted – facing a major health crisis. A phenomenal amount of public health information was being shared to keep us all safe, yet it was inaccessible for so many of us. So we stepped up to support the health and wellbeing of Deaf people in a global pandemic. Like so many people, we did things we hadn't done before; produced daily Coronavirus briefings in British Sign Language (BSL) to fill the gap left by the government, invested in our staff and equipment to keep Coronavirus out of our services and continued to do all we could to improve the health and wellbeing of Deaf people. I'm immensely proud of the work SignHealth did to support our community. You can read more about our response to the COVID-19 pandemic in this report.

And we weren't the only people taking action to ensure essential Coronavirus information was accessible. We supported Lynn Stewart Taylor's #WhereIsTheInterpreter campaign against the absence of an in-person BSL interpreter at the government's daily Coronavirus press briefings. The campaign recently won a breakthrough decision at court - the government was found to be in breach of the Equality Act 2010 by failing to provide a BSL interpreter for a number of briefings.

We also made great progress with our BSL 999 campaign. Thousands of British Sign Language (BSL) users can't get the support they need during emergencies because services are not accessible. Currently the only way to contact 999 is through SMS and text relay services which we know doesn't work for many BSL users. I'm so grateful to you for sharing your experience of 999 services with us so that we, alongside RNID and UK Council on Deafness, could present it to Ofcom as evidence that the system wasn't working. I'm thrilled to say that Ofcom recently made a life-saving decision which means that 999 will have to be accessible in BSL via a Video Relay Service (VRS). Your stories made change happen. Yet another example of why our work at SignHealth is so vital.

In other recent news, I should say how honoured I was to receive an OBE in recognition of my work in equality, diversity and inclusion. This OBE isn't just for me though, it's for all of us who make the world a fairer place and continue the good fight as SignHealth does. Thank you to all of you.

It doesn't end here though. We have continued throughout the pandemic to address the everyday, ongoing, enduring health inequalities that existed pre-pandemic. We have also embarked on a significant journey for Sign Health to become a pro-active anti-racist organisation – you can find more information on page 13 of this report and we will shortly be sharing more detail in BSL and English on our website. There is still a lot to be done to address the health inequalities Deaf people face. And it isn't something we can do alone. We have big ambitions for the future to tackle those challenges, to partner with you and others to collectively bring about real change so there is equity for everyone. Because together we are stronger.

Jackie Driver, Chair

Trustees' Annual Report

The trustees present their report and the audited financial statements for the year ended 31 March 2021.

Reference and administrative information set out on page 3 forms part of this report. The financial statements comply with current statutory requirements, the memorandum and articles of association and the Statement of Recommended Practice – Accounting and Reporting by Charities: SORP applicable to charities preparing their accounts in accordance with FRS 102.

Objectives and Activities

Vision

A world where there are no barriers to good health and wellbeing for Deaf people.

Purpose

To improve the health and wellbeing of Deaf¹ people.

Values

Person-centred, involving, enabling, expert, respectful, and influential.

Our focus

SignHealth's work focuses on Deaf people who use sign language: this is where our expertise lies and where we feel we are best able to help. The charity will ensure our work is fully costed and planned.

Objectives

- **Mental Health:** SignHealth will consolidate its position and look to grow its existing services to meet the needs of more Deaf people.
- **Social Change:** SignHealth will campaign and lobby on a variety of fronts to remove the barriers and obstacles Deaf people face in relation to health issues and access to services.
- **Children and Young People:** SignHealth will extend its existing work with Deaf children and young people and look at developing new services for them and with them that prevent health problems from starting or address them before they become more serious.
- **Partnership:** SignHealth will work with established experts in the field of heart disease and continue to work effectively with a diverse range of other Deaf charities.

¹ "Deaf" with an uppercase "D" is used to indicate that SignHealth's focus will continue to be to work with Deaf people who use British Sign Language and it signals our respect for Deaf people and Deaf culture

The trustees review the objectives and activities of the charity each year. This report looks at what the charity has achieved and the outcomes of its work in the reporting period. The trustees report the success of each key activity and the benefits the charity has brought to those groups of people that it is set up to support. The review also helps the trustees ensure the charity's objectives and activities remained focused on its stated purpose.

The trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's objectives and activities, and in planning its future activities. In particular, the trustees consider how planned activities will contribute to the objectives and activities that have been set.

Achievements and performance

This was an exceptional year as SignHealth spent much of the year responding to the Covid-19 pandemic alongside delivering our three year plan. The pandemic significantly impacted lives and businesses in the UK as we all learned how to adapt to life with Coronavirus.

Covid-19 pandemic

SignHealth adjusted to working remotely and flexibly in response to Coronavirus. We invested heavily in our staff through a well-being programme and IT infrastructure. During the year, we received £101,181 of Covid-19 related grants to deliver essential work in response to the pandemic. We also continued to pay our staff when they contracted the virus or had to self-isolate and were unable to work. During the year, we lost 960.50 days to illness of which 346 days (36%) were attributable to Covid-19 and totalled £95,265 in payroll costs. In addition, we spent £38,021 on PPE and other Covid-19 related costs. We also made a decision to end our lease for the London office, saving £100,000 which will be used to further enable our people to continue working sustainably by investing in their well-being and IT capabilities.

In the absence of accessible information from the government, SignHealth took action to provide essential information in British Sign Language (BSL). We produced a wealth of resources on Covid-19 including a translation of government guidance before any other BSL resources were available. Since the start of the pandemic in the UK, SignHealth has produced 164 summaries in BSL of the government's Coronavirus briefings which are professionally filmed, subtitled, and uploaded to social media, providing vital access to health information for deaf people. In a survey conducted in August 2020, 96% of deaf respondents found these Coronavirus briefing summaries helpful. We felt it was an essential service to the Deaf community during this crisis.

Early on there were concerning signs that the pandemic and measures taken to limit the spread of the virus might disproportionately impact the Deaf community. We were concerned much of that impact would go unnoticed. In response SignHealth conducted two surveys to understand how the pandemic had affected access to healthcare and medication, as well as the impact on Deaf people's mental health. More than 1 in 3 Deaf people reported the pandemic had had a major negative impact on their mental health. The results are the only insights available in the UK into the impact of the pandemic on Deaf adults.

SignHealth played a significant role in ensuring trustworthy, official and accessible information about the Covid-19 vaccine was available to the Deaf community. Videos included an interview with an NHS doctor to find out more, a first-hand account of getting the vaccine from one of our outreach staff, and a video produced in partnership with a range of other charities to encourage Deaf people of colour to register for the vaccine.

Raising concerns and campaigning for accessible information

SignHealth continued to support Lynn Stewart-Taylor's #WhereIsTheInterpreter campaign which highlighted the absence of an in-person BSL interpreter at the government's daily Coronavirus press briefings. As part of the campaign a Deaf woman, Katie Rowley, took the government to Court over BSL access to the Covid-19 briefings and recently won a breakthrough decision from the courts - it was confirmed that the government was in breach of the Equality Act 2010 when it failed to provide a BSL interpreter for a number of briefings that took place. The government will have to evaluate its provisions for Deaf people in order to ensure they have equal access to information as the rest of the population.

We raised concerns about the Home Office's Violence Against Women and Girls survey which was inaccessible for Deaf people, and lobbied them in conjunction with Stay Safe East and Centre for Women's Justice. We also worked with the End Violence Against Women coalition on their Anti-Racism strategy to make sure it was accessible for deaf people.

Delivering BSL Health Access

SignHealth acted swiftly to set up BSL Health Access with InterpreterNow in April 2020 to provide on-demand access to qualified BSL Interpreters online 24 hours a day, for use in any health setting free of charge. We knew this service was essential as shown by the thousands of calls the service received in its first few weeks of operation. Following the Board's decision to spend £800,000 of the charity's reserves on the service, we continued to work with colleagues at NHS England and NHS Improvement to see how this service could be publicly funded. SignHealth secured £420,000 from NHS England in December 2020 which was used to extend the service for 4 months to March 2021. During the year we provided 246,138 minutes of interpreter time to people accessing the BSL Health Access line. We are incredibly proud of what BSL Health Access achieved and hope that we can work together with the NHS to find a long-term sustainable solution.

Our Three-Year Plan

This year (2020/21) was the second year of our new Three-Year Plan and we have made good progress with the milestones and targets that were agreed across all three of our priority areas despite the disruptive effects of the Covid-19 pandemic. We continued to deliver our services, however, the focus was on ensuring that our staff's well-being and a sense of connectedness was not affected. We also worked hard to minimise the number of infections amongst our staff as well as our residents. Due to the effects of the pandemic, some of the milestones or timings related to the second year were delayed. Our key achievements and successes in 2020/21 are highlighted below.

Growing Our Services

Social care

SignHealth residential services offer registered care for 30 Deaf people with enduring mental health concerns and complex needs in five locations around the country. We also have supported housing provision in London, which provides daily support for five Deaf people. Staff receive ongoing training and support, and continuous risk assessments are undertaken to support tenants. 34 of our flats were full at the end of 2020/21, with three vacancies being held between August and September during the year, which was in line with our target of having no more than one vacancy, overall, in a year.

Residents in SignHealth care homes are supported by highly trained staff who are Deaf themselves or fluent BSL users and our staff liaise closely with community mental health professionals. We have a person-centred approach to our work - all residents are encouraged to achieve their individual potential and the support we offer is tailored to the requirements of each and every person.

During the year we continued working with Leeds CCG and NHSE to develop a new residential service in Leeds, which will provide supported living for four Deaf people who have previously lived in secure mental health hospitals. Due to the challenges presented by Covid-19, the opening of this new service has been carried forward into 2021/22.

We continued to use our new a Quality Assurance Framework for our care homes and outreach services and incorporate improvements identified into specific action plans which are monitored on ongoing basis. We also began to renegotiate our fees with local authorities to ensure that we are being properly paid for the services we provide.

We offer additional support to Deaf people through our Outreach schemes in London, Manchester and Birmingham. These services support Deaf people in the community with their day-to-day activities. Outreach workers help Deaf people who need additional support to lead independent lives by giving support with difficult tasks at home and elsewhere. We develop a personalised plan with each client, after carefully looking at their needs.

The Outreach teams also work with the residential services when a tenant is ready to move into community accommodation so that each tenant is well supported throughout their move. Outreach services supported Deaf people across the year to lead independent lives by giving support in difficult tasks at home and elsewhere.

Our Advocacy service works with Deaf people in health and social care settings to make sure they are treated fairly and receive what they are entitled to. Advocates work to help people understand complicated situations, explain their rights and make sure their views and opinions are properly heard. The team delivered 1,153 advocacy sessions (down from 1,245 in 2019/20), which is a 7% decrease over the year before. The decrease is attributable to the challenges presented by Covid-19. This service is delivered by trained advocates who offer a specialist service in British Sign Language.

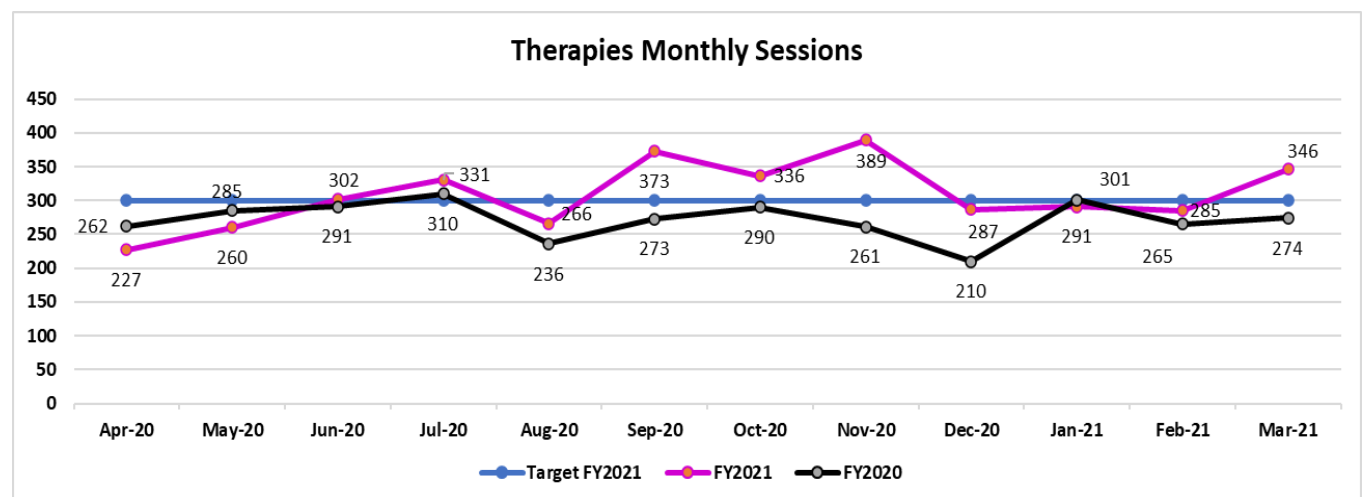
Therapies

SignHealth's Therapy Service is for Deaf people who are feeling stressed, low in mood, depressed, anxious or worried. Deaf people are referred to a BSL-fluent therapist, often Deaf themselves, who will listen and provide support. Sessions take place face-to-face, either in person or online, and everything is confidential. Deaf clients can have a one-on-one conversation in their own language and culture, without the need for an interpreter, and this therapy is highly effective, producing excellent results.

The team received 471 referrals across the year (up from 441 in 2019/20) and carried out 4,159 sessions (compared to 3,845 in 2019/20), ensuring that Deaf people received therapy directly in BSL. In 2020/21 the service achieved outstanding recovery results with 52% of Deaf patients achieving recovery, compared to a national NHS target of 50%

We have continued to increase the take up of online therapy throughout 2020/21 and have continued development of new modules of cCBT courses on Depression and Anxiety working with creative professionals to enhance the accessibility of our course content.

Our therapists reached more people and conducted a higher number of sessions due to moving all sessions online following Covid-19 restrictions. This has been a valuable learning experience, demonstrating that it is possible to offer high quality therapy online as an alternative to in person sessions and is therefore a choice we will be continuing to offer in the future.



Domestic Abuse

SignHealth's Domestic Abuse service is the UK's only BSL-based service to help Deaf women, children and men who experience domestic abuse. Deaf people are more at risk of domestic abuse than hearing people.

We provide practical and emotional support to Deaf people who are experiencing domestic abuse, and to those who have survived it. The team help people to make choices and to stay safe. One of

the effects of the Covid-19 pandemic was an increased number of domestic abuse cases. As a result, this year we have seen an increase in demand for our domestic violence support and healthy relationship courses. In 2020/21, the service received 146 new referrals in the year and supported 155 adult cases and numerous young people in workshops. The team also ensured information on staying safe and awareness of domestic abuse was offered to people across all the areas we work in.

Due to the pandemic we have had to move nearly all of our support online, which has proved to be largely successful, though there have been increased challenges in working with other professionals through this way, e.g. the Courts, Police and Housing agencies. We have gained valuable learning about providing online support, which had not been attempted on a large scale before.

We are working with the Ministry of Justice and the Home Office, with support from the Domestic Abuse Commissioner, to ensure that domestic abuse services are accessible to Deaf people across the country. We have not yet succeeded in gaining funding for a national service but we will continue to lobby for change.

SHOUT Crisis Text Service

We work in partnership with SHOUT to deliver a crisis text line service to Deaf people who need support in a mental health crisis. By texting the word DEAF to 85258 a Deaf person can be connected with a trained volunteer 24 hours a day who can support them to access emergency services or connect with someone nearby to get the help they need. During this second year of the service being/ operational we had 433 conversations (2020: 158) with Deaf people, the conversations growing every quarter. We are really proud of our partnership with SHOUT and we are looking for ways to promote this service even more widely over the year ahead.

New Services

Our Children and Young People (CYP) partnership programme with National Deaf Children's Society (NDCS), KOOTH and Sense involving new products for young BSL users as well as peer to peer schools support has been postponed into 2021/22 due to the pandemic.

Developing Our Profile

During the pandemic local authorities, community groups and NHS trusts across England linked to SignHealth's website as the source of Covid-19 information in BSL and that webpage was visited by over 30,700 people during the year. A major achievement in 2020/21 has been increasing our profile by 69% on social media – Facebook, Instagram and Twitter; for every 10 social media engagement in 2019/20, there were 17 in 2020/21. In March 2021, the closure of BSL Health Access service dominated engagement. This was also as a result of us providing essential Coronavirus information across our channels, particularly the BSL translations of the government Coronavirus press briefings. Covid-19 has had a positive impact on our ability to raise unrestricted funds through events, community giving, payroll and individual giving.

We launched a Charity of the Year partnership with SignVideo, a communication organisation focussed on giving video relay services access to the d/Deaf community. The three-year partnership runs from 2020 until 2023.

The partnership will raise unrestricted income for SignHealth, raise the profile of both SignHealth and SignVideo within the Deaf community and SignVideo will also support our fundraising via match fundraising. SignVideo are also encouraging staff to sign up to the 'payroll giving scheme', where staff can make a monthly donation through their wages.

It's a great opportunity for both SignVideo staff and interpreters to be a part of our working group, where they can build on their professional development by learning about mental health and domestic abuse issues.

We have also seen large increases in our KPIs across communications, especially during the early months of the first national lockdown. On Facebook we were reaching over 230,000 people every month during the first three months of the pandemic (up our average of 43,000/month in 2019/20). On Twitter we reached an average of 3x more people every month than the year before.

SignHealth also featured on the monthly popular BBC See Hear programme four times during the year, highlighting Deaf mental health advice and services, vaccine information and anti-racism efforts. We were also interviewed on ITV News and BBC News about Deaf people's access to health and the impacts of Covid-19. Our activities were featured in Civil Society News, highlighted by ACEVO and featured regularly in the well-read deaf blog Limping Chicken. Over the holidays we partnered with the well-respected brand Deaf Identity who donated a percentage of their profits to SignHealth.

Strengthening Our Organisation

We have started work on our EDI (Equality, Diversity and Inclusion) ambitions and our journey towards being an anti-racist organisation. With support from New Ways we have co-produced a statement on our anti-racism ambition and will be publishing this in full on our website in BSL and English very soon.

SignHealth's Anti-racism Ambition

We have a vision for a world where there are no barriers to good health and wellbeing for all Deaf people of all races and cultural backgrounds.

As a health charity, our anti-racism ambition is to remove race inequalities and barriers that affect the health and wellbeing of our deaf communities of colour. In particular, we focus on solving the challenges of the intersection of racism and audism

This work starts with us. We champion inclusivity and want to play our part providing leadership and knowledge to empower our community to work with us to make the change needed.

We are committed to publishing our gender, ethnicity and race pay gap statistics on our website and in our Annual Report from next year. We invested in anti-racism training for both the Executive Leadership Team and our Board of Trustees. This training will be rolled out to the rest of the organisation during the next financial year.

We have also made plans to re-join the Living Wage Foundation with an amount set aside for this in our budget for 2021/22. We carried out a review of all salaries across the organisation, with a plan to

raise all rates to the Living Wage levels. This was approved by the Board of Trustees in March 2021. The new rates will be implemented during 2021/22 and backdated to 1 April 2021.

We worked with Adapta, our IT consultants, to migrate our fundraising data successfully from Donorflex to Donorfy. Following this work, it was agreed to focus training our fundraising and communications staff to use the new CRM and get the best out of our new tool. We also continued with the work on Social Care services beginning to use Person Centred Software. Training and rollout of the Person Centred Software is underway and continues into 2021/22.

We have increased staff usage and familiarity with Office 365. We completed the migration of all shared documents to Office 365 in 2020/21 including our care home documents. We continue to make use of Workplace (internal Facebook) as an internal communication channel which has been instrumental in keeping our staff connected, particularly as it enables us to quickly and easily share BSL video content with one another.

We have started the implementation of cyclical upgrading and renewal of all software, hardware and office equipment across the whole of SignHealth. As last year, the renewal budget is now included in ongoing costs.

A consistent internal process to developing, authorising and managing projects which enables better decision-making and longer-term pipeline planning and is in line with the existing scheme of delegation has been agreed by the Executive Leadership Team.

We have continued to invest in our staff and have adapted the short term Covid-19 working group into a wider and permanent Leadership Team which supports progress through the organisation and succession planning.

We have piloted various leadership programmes over the last two years and are now developing an in-house programme, based on use of the Insights Discovery profile. We started rolling out specific leadership programme as part of the L&D strategy, including our successful mentoring scheme which is now reported to the Board.

We have also undertaken work to increase our fees across social care, which provides a clear and confirmed pricing policy, with contracts in place for all clients and regular fee reviews scheduled. This has resulted in an increase in income for this and future financial periods which will ensure that SignHealth continues to be here for the d/Deaf community.

Beneficiaries of our services

We have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular, the trustees continue to consider how planned activities will contribute to the aims and objectives they have set.

The charity carries out a wide range of activities in pursuance of its charitable aims. The trustees consider that these activities provide direct benefit to the Deaf people who use our support services, to Deaf people in the wider community as a whole, and to the health professionals who provide care to Deaf people and their families.

The trustees have concluded that there is no detriment or harm arising from its aims and objectives.

We would like to extend our sincere appreciation to everyone who has supported SignHealth during the year. The extremely kind and generous contributions have significantly helped to improve the lives of the people we serve, for which we are incredibly grateful.

We would especially like to thank all the organisations who have supported us, including the following:

Home Office

NHS England

London Councils

Kent Police County Council

City Bridge

Prudential Intl – John Skidmore Foundation

DD McPhail Foundation

City of London – London Relief Community Fund

Solace Women's Aid

Children In Need

Community Foundation for Surrey

Postcode Lottery Herts

Neighbourly

A K Lumsden Discretionary Trust

Surrey Community Fund

People's Postcode Trust

The Rayne Foundation

Ovingdean Hall Foundation

Sutton Coldfield Municipal Charities

BBC Children in Need

Friends at Work

The Charles Hayward Foundation

We would also like to say a huge thank you to all who supported SignHealth by taking part in our annual fundraising events. The events raised over £14,000 for our work with Deaf adults and children, despite many schools being closed for much of the year.

As in previous years, much of the support we have received over the year has been towards our award-winning Domestic Abuse Service, previously called DeafHope, run by Deaf people for Deaf people affected by domestic abuse. Our service helps to improve awareness, resilience and independence and consistently achieves great results; 100% of survivors declared they were more aware of their rights, had better access to services, were better able to make safe choices, and felt more confident. The service relies entirely upon voluntary contributions and grants to operate and the Trustees extend their thanks and appreciation to these donors for the support they have given throughout the year. The service particularly benefited in the year from a grant of £148,444 from the London Councils Grant Committee to support our work in London and £154,822 from the Home Office.

As always, we are grateful to each and every one of you, our work was made possible through and with your generous help.

Financial Review

SignHealth made an overall deficit of £210,391 (2020: £23,407 surplus) in the year to 31 March 2021, against a budgeted surplus of £13,391 (2020: £13,825). The Board of Trustees authorised £800,000 of reserves to be spent on the BSL Health Access initiative; and the deficit includes adjustments for the grant of £420,000 received from NHS England plus unrealised gains from our investments of £223,082 less the £1,206,927 cost of providing access to the health services to the Deaf community during the Covid-19 pandemic. The underlying surplus is therefore higher at £353,354 than the value on the face of the accounts; highlighting that SignHealth has continued to make an operational surplus following the previous turnaround periods. The table below reconciles the deficit to the underlying surplus on our business as usual activities.

Deficit per SOFA	-£210,391
Less: NHSE Grant for BSLHA	-£420,000
Add: BSLHA Expenditure	£1,206,927
Less: Investments Net Gains	-£223,082
Underlying surplus	£353,454

The Covid-19 pandemic has put a spotlight on the instability of the charity sector with many charities witnessing a decrease in cash and income, and an increase in expenditure. A January 2021 article published by DEMOS and NPC reported that only a third of the charities had six months or more in reserves going into 2021. SignHealth is one of these charities. SignHealth's income and expenditure profile changed in comparison with the prior year. Income increased by £888,712 or 20%, in comparison with the year ended 31 March 2020. The difference was in part due to the BSLHA grant from NHS England and in part due to income generated from our residential care services fees uplift work which generated some extra income in the current year. Expenditure rose too by £1,334,096 or 30%. The difference was mainly due to the expenditure on the BSLHA initiative to which £1,206,927 of cost is attributed to.

SignHealth set another break-even budget for the 2021-22 year. However, the ongoing coronavirus pandemic and the effects of Brexit means that we proceed with caution as it can potentially cause financial stress to the charity, as it continues to do to many. SignHealth's services are all considered essential and the charity therefore continues to operate. The charity has also made a conscious decision to close our office in London on 31 March 2021 and reinvest the savings into staff well-being and a sense of connectedness which is critical for our sustainability. We continue to experience additional cost pressures on staff costs in managing sickness absence over budgeted levels, and in expenditure on PPE and supporting social distancing measures. The charity enters this period with a strong balance sheet with cash in bank and at hand £1,292,682 and accessible investments totalling £1,672,034, which put it in a very strong position to manage through the continuing pandemic restrictions. At the date of this annual report, the charity is forecasting a small surplus for the year ending 31 March 2022.

During the year, the charity gratefully received funds from NHSE ringfenced for our BSL Health Access initiative. These funds which totalled £420,000 enabled the charity to extend the time over which the service could be accessible to our beneficiaries to the end of the year. In addition, the charity received further funds towards the SignHealth Two Deaf Foot Fund. These funds have continued to be ringfenced in a designated fund in the accounts, and they total £34,258.

In April 2020, following the Board of Trustees approval of the new investment policy for the charity and appointed investment managers; the charity invested £1,462,690 over four months with Rathbones as the charity's investment managers. The charity reported £223,082 net gains and £11,565 income for the year.

Principal risks and uncertainties

SignHealth's approach to Risk Management centres on identifying, measuring, monitoring and controlling the key risks relating to all its services and operations. Our approach has always been strongly informed by guidance provided by the Charity Commission, including its overarching definition of Risk:

"the uncertainty surrounding events and their outcomes that may have a significant impact, either enhancing or inhibiting any area of a charity's operations".

Overall Risk Profiles are calculated using the Commission's "xy+y" formula (x = likelihood and y = impact) giving additional weighting to the impact of risks being realised.

Overall responsibility and accountability for risk lies with the Board of Trustees. Since April 2018 this has been supported by a formally constituted sub-committee of the Board of Trustees, the Audit & Risk Committee.

The Audit & Risk Committee is responsible for ensuring a robust assurance framework is in place, along with appropriate and functioning processes and systems and processes to support it. The Committee Chair reports to the Board of Trustees on a regular basis through verbal reports at each Board Meeting and an Annual Report in the third quarter of each financial year. It should be noted that the Audit & Risk Committee does not have delegated responsibility to review the financial performance of the organisation.

Responsibility for identifying risk lies with the Executive Leadership Team (ELT), who consider existing risks and identify new ones. The ELT formally updates the organisational Risk Register and its associated Action log quarterly, in advance of Audit & Risk Committee and Board of Trustee Meetings.

Members of the Executive Leadership Team take specific responsibility for risk within each area of risk that has been identified. They play an important role in identifying and understanding risks that arise and are responsible for ensuring that appropriate controls are in place to ensure these risks are being managed and mitigated.

The Audit and Risk Committee held 4 meetings during the year to review our risk management framework, agreeing that our current process continues to be sound and fit for purpose. Our risk areas were not updated; however, covid-19 considerations were constantly reviewed throughout the year. These included BSL Health Access, health and well-being of staff and residents and PPE (in particular, the availability of clear face masks to enable both protection and communication through BSL).

Our current risk register incorporating the risks associated with our Three-Year Plan was developed in 2019/20 and approved by the Board of Trustees in March 2020. As mentioned earlier this is

updated on a quarterly basis by ELT, prior to going to the Audit and Risk Committee and Board meetings. It focuses on the following Risk Areas – all underpinned by Covid-19 considerations:

- Safeguarding
- Quality/Regulatory Breach
- Staff
- Financial Management
- Business Continuity
- The Deaf Community
- Policy

Of these risk areas, we have identified our top three risks (based on risk profile scores), which remain the same as in the last financial year, and underpinned by Covid-19 considerations:

Safeguarding

This risk covers both potential poor practice leading to a safeguarding incident which could result in the death of a client or significant harm to a client, reputational loss or financial loss to the organisation and/or individual clients and also an increased risk if we grow our services to include providing more services to children and/or young people. We actively manage this risk in a variety of ways including having a comprehensive Safeguarding policy and procedure which is reviewed and approved by the Board each year. We have a separate Child Protection policy and procedure which is similarly reviewed and approved every year. We maintain an incident log which is regularly reviewed by the Executive Leadership Team, with all significant issues reported directly to the CEO and on to the Chair of the Board of Trustees. We undertake training for staff and trustees, including in relation to the handling/management of clients' finances and undertake a full investigation of all incidents, with learning from every incident being captured and disseminated. Learning from any investigations relating to alleged safeguarding incidents continue to be incorporated in to updated policies, procedures and practice, particularly in terms of the safety of clients and staff when interacting with third parties. We also undertake Quality Assurance Audits.

Staff

As a Deaf-led organisation, it is vital that SignHealth recruits a large proportion of staff that have lived experience of being Deaf People. We are therefore recruiting from a small pool of potential candidates. Our best candidates will also have different prior experiences and skills to those in a non Deaf-led organisation. This can also lead to risks around Hearing and Deaf staff not understanding each other, leading to poor teamwork, low staff morale and increased incidents. Deaf staff may also not understand and follow organisational policies and procedures that are delivered via 'hearing' methods, leading to lack of career progression and increased incidents. We may not be able to find enough appropriately trained and experienced Deaf staff to meet our needs, in the right locations or at all, leading to understaffing and loss of quality. This risk is managed in a number of ways. We ensure that all policies, procedures and training are as clear and accessible as possible to everyone, regardless of background or experience. We have also invested time in assessing the accessibility of our training and policies for our diverse workforce, including the development of a number of BSL videos for our policies and procedures. This has also led SignHealth to adopt a different approach to learning and development than peer organisations. We have also used different methods and approaches to communication and training, that are shown to be more effective for a diverse staff

group and particularly for Deaf staff. We have also started to investigate the impact of 'language deprivation' on the lived experience of Deaf staff. We are continually reviewing and improving the staff 'offer', particularly for Deaf staff, so that people value working at SignHealth because of its culture, its terms & conditions, and the opportunities for personal and professional development it provides.

During the year, we also invested heavily in the well-being of our staff through extra supervision sessions and the launch of our health and well-being strategy.

Financial Management

For SignHealth, although the risk is low, the impact can be high if we do not mitigate this risk around financial management and understanding which can lead to diminished quality of service, inefficiencies, fraud, unnecessary reduction in cash reduction and/or free reserves and/or under investment in future development, investment and sustainability. There is a small risk to our reputation with funders, as they will have less faith in our future bids/tenders if we have needed to give grant money back in the past due to poor management. We also have a performance management framework that aligns financial and non-financial data, which produces regular understandable and accurate reports for Managers and Trustees. We now have new procedures documented and ensuring all relevant people are aware of their responsibilities and ensuring a properly structured and competent Finance Team, together with a clear segregation of duties. During the year, we worked on our payroll processes to implement the improvements recommended by the auditors in the 2020 audit. We are proud to report that we have seen significant improvements during the year in this area and others.

Reserves policy

The charity's reserves policy articulates the links between the policy and the charity's key risks and strategic objectives.

In doing so, SignHealth differentiates between short, medium and long-term risks as follows:

1. **Short term:** meeting working capital requirements and mitigating unbudgeted, in-year financial risks. In SignHealth's case, examples might be to manage the cash flow implications of seasonal variations in activity, managing the impact of an empty flat in a residential property, or paying for interim cover for key personnel.

Reserves held to mitigate these short-term risks must be held as cash or short-term deposits to allow immediate access as needed.

2. **Medium term:** mitigating the financial impact of changes foreseen over the next 1-3 year planning cycle, allowing sufficient time for the charity to develop to meet these challenges whilst minimising the impact of any required changes. Examples would include managing the foreseeable impact of changes in public sector funding or benefits policy.

Reserves held to mitigate these medium-term risks can be held as long-term cash deposits, or in investment funds, as their drawdown can be planned over a longer period of time.

3. **Long term:** ensuring the charity can invest in planned renewal of infrastructure and intellectual property, so that its assets do not become outdated over time. This would include investment in property, IT and digital assets, and in professional development of staff.

Reserves held to mitigate these long-term risks would be designated by the board of trustees, against an agreed investment plan. Trustees will expect the charity to build these reserves back up over time, in order to support ongoing investment.

4. **Supporting innovation:** having funds available to identify and act on opportunities to branch out into new activities that will achieve its charitable objectives, whilst minimising risk and impact on the charity's existing activities. This would include research and development of new services and policy areas.

Reserves held to support innovation will be designated by the Board of Trustees against a clear investment plan. These funds would be held to support explicitly high-risk activity, and as such there is less requirement of a financial return.

The Board of Trustees will review the level of reserves set against each risk category, regularly as part of the annual budgeting cycle, and immediately in the event of a significant change in the charity's activities, size or risk profile.

Based on SignHealth's current size and scope of activities, the Trustees consider that one month's operating expenditure is sufficient to cover short-term risks (2021-22: £430,360), and a further five months' operating expenditure is sufficient to mitigate medium term risks (2021-22: £2,515,800). SignHealth therefore aims to hold a minimum of six months' operating expenditure (2021-22: £2,582,160).

At 31 March 2021, SignHealth's total unrestricted funds were £3,250,499 which equates to seven months' operating expenditure. SignHealth's general funds, excluding designated funds, were £3,133,511. We therefore are holding £551,351 more than our 6 months' operating expenditure. In the year 2021/22, we will invest in preparations for the high strategy work which will start after our current three year plan and in absorbing any financial turbulence which we may experience as a result of Covid-19 and Brexit after effects.

Investments

Rathbones our investment managers started investing in quarter 2 of the financial year, this affected the income received during the year (£11,565).

The equity holdings are held as share unit holdings. The trustees have adopted the ethical policy of the Rathbone Core Investment Fund for Charities (into which the Charity will invest) which is: no direct investments in companies manufacturing tobacco or tobacco products, or companies that derive more than 10% of their revenues from the manufacture of alcoholic beverages, armaments, gambling, high interest rate lending or pornography.

There is no difference between fair value and market value as the investments are either fixed interest, equities or cash deposits. Market valuation shows the fair value for these assets.

Going Concern

The Trustees have approved a break-even budget for 2021 -22 and have reviewed the projected cash flow to September 2022. Our reserves cover just over seven months' worth of expenditure. We also have budgeted £748,000 of fundraised income for FY2022, of which 71% is secured. Overall, our secured earned income constitutes 79% of our total income.

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern. They are confident that, with appropriate budgetary controls and even in the current difficult economic climate, SignHealth will continue in operation and that it is appropriate to prepare these financial statements on a going concern basis.

Plans for the future

As mentioned in the achievements and performance section, 2020/21 was the second year of our Three-Year Plan, which was primarily focussed around the delivery of proposals and launching of new services, partnerships or areas of work. Next year (2021/22) is the third year of this plan and represents an extension of the year of consolidation and implementation due to the slowing effects of the pandemic.

At the September 2020 Board meeting, Trustees agreed that a full strategic planning process should be undertaken to develop a new Three Year Plan, being carried out by March 2022. It was agreed that the process which led to the development of a new High-Level Strategy was approved by the Board in July 2021 and a new Three-Year Plan (based on this new Strategy) to be approved by the Board in March 2022. Following further discussions by the Board, they have recently agreed that they want to be more ambitious than this and recognise that, without working with others, we are unlikely to achieve our charitable purposes. We have therefore started work on developing a new high level strategy with a number of other organisations, based on the Marmot Wider Determinants of Health. Due to the complexity of this the timescales for development of this strategy have been extended. The Board now plan to agree a new High Level Strategy in September 2022, with a new Three Year Plan for SignHealth (covering the period 2023/2026) being approved in March 2023. This will necessitate extending the existing Three Year Plan for an additional, fourth year into 2022/23. This does not present a problem as there will still be things to do on a number of the new services that are due to start in quarters 2 and 3 of Year Three (2021/22), such as Brudenell Road. Stretching milestones will also be developed across the other objectives, linked to the implementation of the new Thinking Caps fundraising initiative (which will be developed in Year Three) and further work on making SignHealth a BSL Proud and user led organisation.

In year 2021/22 our work will continue to focus on the three key objectives in our Three-Year Plan (copied below) in order to make progress towards achieving our purpose of improving Deaf people's health and wellbeing.

Growth – we will grow SignHealth's services to reach more Deaf people

- There will be more care home places in SignHealth services, supporting more Deaf people to get support in BSL for their mental health
- More Deaf people, including young people, will have access to psychological therapy in BSL
- Deaf people across the UK will be able to access domestic abuse services in BSL

Profile – we will increase SignHealth's profile with key audiences

- We will have developed our profile with three key groups: Sources of income and referrals; People with power or influence; and Deaf people.
- The views of Deaf people who have used health services, including our own, will drive the future of SignHealth.
- More research into Deaf people's health will be underway, and its results used to inform SignHealth's future.

Strength – we will continue to strengthen our organisation

- SignHealth will be a BSL Proud organisation.
- Staff will be employed within a clear salary structure.
- SignHealth staff will be supported to become even better leaders.
- IT and buildings at SignHealth will be regularly invested in and updated.

Structure, governance and management

The organisation is a private company limited by guarantee, incorporated on 14 May 1991 and registered as a charity on 13 May 1992.

Charitable objects

The relief of Deaf and hearing-impaired persons in particular by, but without limitation, the provision of residential services and of other such services, activities and facilities as the charity shall from time to time deem fit.

Governance

SignHealth is a company limited by guarantee, with registration number 02610559, and a registered charity with number 1011056. The company was established under a Memorandum of Association, which created the objects and powers of the charitable company and is governed by its Articles of Association. All Trustees give their time voluntarily and receive no benefits from the charity. Any expenses reclaimed from the charity are set out in note 8 to the accounts.

The Memorandum and Articles of Association were reviewed and updated in November 2017.

Our Board now consists of 10 Trustees, the maximum permitted by SignHealth's Memorandum and Articles of Association. In line with SignHealth's ambitions to be a Deaf-led organisation, the current Board of Trustees is made up of seven Deaf and three hearing Trustees.

None of the Directors has any beneficial interest in the Company. All Directors agree to contribute £1 in the event of a winding up. Related party transactions are detailed in note 9 of the accounts.

The charity is governed by the Board of Trustees who meet with management regularly. Day to day management is delegated to the Chief Executive and the Executive Leadership Team. The Board of Trustees meet regularly and receive reports from the Chief Executive and Executive Leadership Team. The Chair, as representative of the Board, maintains regular contact with the Chief Executive. The Executive Leadership Team are invited to Board Meetings to provide reports on their areas of work. The Trustees provide advice and support to the Executive Leadership Team and other areas of the charity where their expertise is appropriate.

Leadership and management

During the year, SignHealth had an Executive Leadership Team (ELT) with a majority of Deaf staff as its members.

We continued to further invest in Management and Leadership training with managers across SignHealth and this will continue across the new Three-Year Plan.

The Chief Executive continues to meet with all staff teams regularly throughout the year and has regular monthly Leadership Team meetings with all senior managers across SignHealth.

We continue to take part in a cross-charity mentoring scheme, run in partnership with Sense, RNID, NDCS, Scope, Diabetes UK, Thomas Pocklington Trust and RNIB.

We have reviewed the newly updated Charity Governance Code, which highlighted broad compliance and good practice against the principles whilst also identifying some areas where further work is necessary. Following the approval by the Board with the areas of development being formulated into an action plan. We have started to use the Charity Governance Code in our high level strategy work which use the Marmot's Review of the Social Determinants of Health model. The plans will be developed and presented to be approved in 2022/23 and will start in 2023/24.

Fundraising Regulations

During the year, SignHealth engaged in public fundraising, but did not use professional fundraisers or commercial participators. The charity continued to observe and comply with the relevant fundraising regulations and codes and is a member of the Fundraising Regulator. The charity received no complaints (2020: no complaints) relating to its fundraising practice.

Appointment of Trustees

Vetting and checks of new Trustees was carried out in line with Charity Commission guidance and all new Trustees had induction meetings with the Chief Executive and each of the Directors on the Executive Leadership Team.

SignHealth launched a Shadow Trustee Scheme in early 2020. Unfortunately, the 2020 scheme was a victim of COVID-19 and was not able to continue in the way that we originally envisaged. The intention was that the scheme members would then be able to make an informed decision to apply to become Trustees, either at SignHealth or at other organisations. The scheme has been refreshed and relaunched for 2021/22, with five participants, and will include the opportunity to attend all Board meetings, have regular conversations with a Trustee mentor, receive training and attend other events with their peers. It is hoped that the scheme will run every year, building on the learning received from this first cohort.

Related parties and relationships with other organisations

Both Trustees and key management personnel complete annual declarations of interest. Trustees declare any conflicts of interest at the beginning of each meeting and discuss how the conflict should be managed with regards to agenda items.

Details of related party transactions can be found in note 9 of the financial statements.

Remuneration policy for key management personnel

The Chief Executive's salary is determined by the Board of Trustees, and their review will take account of the past year's achievements, environmental and market conditions, and of sector comparisons.

The pay of senior staff is reviewed annually and can be increased in accordance with average earnings and the level of responsibility required. In view of the charitable nature of the company, the remuneration benchmark is determined through comparative research into charities of a similar size and scope.

Statement of responsibilities of the trustees

The trustees (who are also directors of SignHealth for the purposes of company law) are responsible for preparing the trustees' annual report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

In preparing these financial statements, 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
- State whether applicable UK Accounting Standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

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

In so far as the trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware
- The trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The trustees are members of the charity but this entitles them only to voting rights. The trustees have no beneficial interests in the charity.

The charity has taken out indemnity insurance on behalf of the Trustees.

Auditor

Sayer Vincent LLP was re-appointed as the charitable company's auditor during the year and has expressed its willingness to continue in that capacity.

The trustees' annual report has been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime.

The trustees' annual report has been approved by the trustees 18 October 2021 signed on their behalf by

Jackie Driver
Chair of Trustees

Opinion

We have audited the financial statements of SignHealth (the 'charitable company') for the year ended 31 March 2021 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 March 2021 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
- Have been prepared in accordance with the requirements of the Companies Act 2006

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other Information

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

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

- The information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The trustees' annual report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report. We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The directors were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' annual report and from the requirement to prepare a strategic report.

Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management and the board of trustees, which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures relating to:
 - Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
 - The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

Independent auditor's report

To the members of SignHealth

For the year ended 31 March 2021

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

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

Jonathan Orchard (Senior statutory auditor)

17 November 2021

for and on behalf of Sayer Vincent LLP, Statutory Auditor
Invicta House, 108-114 Golden Lane, LONDON, EC1Y 0TL

Statement of financial activities (incorporating an income and expenditure account)

For the year ended 31 March 2021

	Note	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
Income from:							
Donations and legacies	2	149,612	–	149,612	134,402	4,032	138,434
Charitable activities							
Social care	3a	3,187,968	35,812	3,223,780	2,946,082	53,428	2,999,510
Therapies	3b	727,876	75,500	803,376	654,936	64,107	719,043
Domestic abuse	3c	2,238	465,720	467,958	20,017	413,410	433,427
Other charitable activities	3e	73,277	101,181	174,458	62,341	–	62,341
BSL Health Access (BSLHA)	3e	–	420,000	420,000	–	–	–
Fundraising events		9,604	–	9,604	25,764	–	25,764
Investments	4	42,597	–	42,597	28,185	–	28,185
Other income		4,031	–	4,031	–	–	–
Total income		4,197,203	1,098,213	5,295,416	3,871,727	534,977	4,406,704
Expenditure on:							
Raising funds	5a	290,461	–	290,461	288,839	–	288,839
Charitable activities							
Social care		2,947,908	117,469	3,065,377	2,791,199	60,179	2,851,378
Therapies		524,483	85,500	609,983	649,989	64,107	714,096
Domestic abuse		15,685	460,846	476,531	28,234	430,324	458,558
Other charitable activities		55,841	5,118	60,959	63,271	–	63,271
BSL Health Access (BSLHA)		786,927	420,000	1,206,927	–	–	–
Total expenditure		4,621,305	1,088,933	5,710,238	3,821,532	554,610	4,376,142
Net income/(expenditure) before gains/(losses)		(424,102)	9,280	(414,822)	50,195	(19,633)	30,562
Gain on revaluation of investments		223,082	–	223,082	–	–	–
Net losses on disposal of assets		(18,651)	–	(18,651)	(7,155)	–	(7,155)
Net income/(expenditure) for the year	6	(219,671)	9,280	(210,391)	43,040	(19,633)	23,407
Net movement in funds		(219,671)	9,280	(210,391)	43,040	(19,633)	23,407
Reconciliation of funds:							
Total funds brought forward		3,470,168	37,601	3,507,769	3,427,128	57,234	3,484,362
Total funds carried forward		3,250,497	46,881	3,297,378	3,470,168	37,601	3,507,769

All other activities are continuing. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 17 to the financial statements.

Balance sheet

Company no. 02610559

As at 31 March 2021

	Note	2021 £	2020 £
Fixed assets:			
Tangible assets	11	69,658	149,430
Investments	12	1,672,034	200
		<u>1,741,692</u>	<u>149,630</u>
Current assets:			
Debtors	13	673,079	350,040
Short term deposits		–	1,006,443
Cash at bank and in hand		1,292,682	2,281,285
		<u>1,965,761</u>	<u>3,637,768</u>
Liabilities:			
Creditors: amounts falling due within one year	14	(410,075)	(279,629)
Net current assets		<u>1,555,686</u>	<u>3,358,139</u>
Total net assets		<u><u>3,297,378</u></u>	<u><u>3,507,769</u></u>
Funds:	17		
Restricted income funds		46,881	37,601
Unrestricted income funds:			
Designated funds		116,990	979,657
General funds		3,133,507	2,490,511
Total unrestricted funds		<u>3,250,497</u>	<u>3,470,168</u>
Total funds		<u><u>3,297,378</u></u>	<u><u>3,507,769</u></u>

Approved by the trustees on 18 October 2021 and signed on their behalf by

J Driver
TrusteeT Hudson
Trustee

Statement of cash flows

For the year ended 31 March 2021

	Note	2021 £	£	2020 £	£
Cash flows from operating activities					
Net income/(expenditure) for the reporting period (as per the statement of financial activities)		(210,391)		23,407	
Depreciation charges		109,164		120,838	
Losses disposal of fixed assets		18,651		7,155	
Dividends, interest and rent from investments		(42,597)		(28,185)	
(Profit)/loss on the disposal of fixed assets		–		–	
(Increase)/decrease in stocks		–		–	
(Increase) in debtors		(323,039)		146,368	
Increase/(decrease) in creditors		130,446		(80,977)	
Net cash (used in)/provided by operating activities			(317,766)		188,606
Cash flows from investing activities:					
Dividends, interest and income from investments		42,597		28,185	
Proceeds from the sale of fixed assets		–		260	
Purchase of fixed assets		(48,043)		(14,207)	
Proceeds from sale of investments		6,136		–	
Purchase of investments		(1,462,690)		(100)	
Net (gains) on revaluation of investments		(223,082)		–	
Movement in cash held by investment managers pending reinvestment		7,802		–	
Net cash (used in)/provided by investing activities			(1,677,280)		14,138
Change in cash and cash equivalents in the year			(1,995,046)		202,744
Cash and cash equivalents at the beginning of the year			3,287,728		3,084,984
Cash and cash equivalents at the end of the year			1,292,682		3,287,728

1 Accounting policies

a) Statutory information

SignHealth is a charitable company limited by guarantee and is incorporated in England and Wales.

The registered office address is Falcon Mews, 46 Oakmead Road, London, SW12 9SJ. (From 1 April 2021: CAN Mezzanine, 49 – 51 East Road, Old Street, London N1 6AH)

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) – (Charities SORP FRS 102), The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

In applying the financial reporting framework, the trustees have made a number of subjective judgements, for example in respect of significant accounting estimates. Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The nature of the estimation means the actual outcomes could differ from those estimates. Any significant estimates and judgements affecting these financial statements are detailed within the relevant accounting policy below.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern. In respect of the aftermath of COVID-19 pandemic ongoing during 2021, the charity expects its fundraising activities to continue to be negatively impacted but has sufficient reserves to meet liabilities as they fall due.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

e) Income

Income is recognised when the charity has entitlement to the funds, any requirements attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any conditions attached to the grants are expected to be met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

g) Fund accounting

Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.

Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.

Designated funds are unrestricted funds earmarked by the trustees for particular purposes.

Notes to the financial statements

For the year ended 31 March 2021

1 Accounting policies (continued)**h) Expenditure and irrecoverable VAT**

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose
- Expenditure on charitable activities includes the costs of delivering services undertaken to further the purposes of the charity and their associated support costs
- Other expenditure represents those items not falling into any other heading

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

i) Allocation of support costs

Resources expended are allocated to the particular activity where the cost relates directly to that activity. The indirect costs of overall direction and administration, comprising the salary and overhead costs of the central function, is apportioned to activities as a proportion of headcount in each service area;

- | | |
|-------------------------------|----------------|
| ● Raising funds | 4% (2020:4%) |
| ● Social care | 77% (2020:76%) |
| ● Therapies | 8% (2019:9%) |
| ● Domestic abuse | 10% (2020:10%) |
| ● Other charitable activities | 1% (2020: 1%) |

Governance costs are allocated to each of the activities on the following basis which is an estimate, based on staff headcount, of the amount attributable to each activity:

- | | |
|-------------------------------|----------------|
| ● Raising funds | 4% (2020:4%) |
| ● Social care | 77% (2020:76%) |
| ● Therapies | 8% (2019:9%) |
| ● Domestic abuse | 10% (2020:10%) |
| ● Other charitable activities | 1% (2020: 1%) |

Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.

j) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

k) Tangible fixed assets

Items of equipment are capitalised where the purchase price exceeds £2,000. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use. Major components are treated as a separate asset where they have significantly different patterns of consumption of economic benefits and are depreciated separately over its useful life.

Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:

- | | |
|------------------------------------|------------------------------|
| ● Freehold Land and Buildings | 50 years |
| ● Leasehold Land and Buildings | Over the period of the lease |
| ● Fixtures, Fittings and Equipment | 4 years |
| ● IT Equipment | 3 years |

l) Listed investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Any change in fair value will be recognised in the statement of financial activities. Investment gains and losses, whether realised or unrealised, are combined and shown in the heading "Net gains/(losses) on investments" in the statement of financial activities. The charity does not acquire put options, derivatives or other complex financial instruments.

Notes to the financial statements

For the year ended 31 March 2021

1 Accounting policies (continued)

m) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

n) Short term deposits

Short term deposits includes cash balances that are invested in accounts with a maturity date of between 3 and 12 months.

o) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

p) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

q) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

r) Pensions

The charitable company operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the charitable company in an independently administered fund. The pension cost charge represents contributions payable under the scheme by the charitable company to the fund. The charitable company has no liability under the scheme other than for the payment of those contributions.

2 Income from donations and legacies

	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
Gifts	122,030	–	122,030	134,402	1,400	135,802
Legacies	–	–	–	–	2,632	2,632
CoronaVirus Retention Job Scheme	27,582	–	27,582	–	–	–
	<u>149,612</u>	<u>–</u>	<u>149,612</u>	<u>134,402</u>	<u>4,032</u>	<u>138,434</u>

Notes to the financial statements

For the year ended 31 March 2021

3 Income from charitable activities

	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
3a Social care						
Access to work	–	5,118	5,118	–	13,428	13,428
Fees	3,112,635	–	3,112,635	2,870,857	–	2,870,857
Client income	75,333	–	75,333	75,225	–	75,225
Grants receivable	–	30,694	30,694	–	40,000	40,000
Sub-total for Social Care	3,187,968	35,812	3,223,780	2,946,083	53,428	2,999,510
3b Therapies						
Fees	727,876	–	727,876	654,936	–	654,936
Grants receivable	–	75,500	75,500	–	64,107	64,107
Sub-total for Therapies	727,876	75,500	803,376	654,936	64,107	719,043
3c Domestic abuse						
Fees	2,238	–	2,238	20,017	–	20,017
Grants receivable	–	465,720	465,720	–	413,410	413,410
Sub-total for Domestic abuse	2,238	465,720	467,958	20,017	413,410	433,427
3d Grant income						
BSL Health Access (BSLHA) grant	–	420,000	420,000	–	–	–
	–	420,000	420,000	–	–	–
3e Other charitable activities						
Fees	73,277	–	73,277	62,341	–	62,341
Grants receivable	–	101,181	101,181	–	–	–
Sub-total for other charitable activities	73,277	101,181	174,458	62,341	–	62,341
Total income from charitable activities	3,991,359	1,098,213	5,089,572	3,683,378	530,945	4,214,321

4 Income from investments

	2021 Total £	2020 Total £
Interest receivable	16,362	17,680
Other rental income	14,670	10,505
Income from investments	11,565	–
	42,597	28,185

All income from investments is unrestricted.

Notes to the financial statements

For the year ended 31 March 2021

5a Analysis of expenditure (current year)

	Charitable activities						Governance costs £	Support costs £	2021 Total £	2020 Total £
	Raising funds £	Social care £	Therapies £	Domestic abuse	Other charitable activities	BSLHA £				
Staff costs (Note 7)	194,840	1,629,937	344,306	271,986	41,344	–	53,776	663,091	3,199,280	2,939,785
Other staff costs	11,206	60,825	61,092	24,439	4,664	–	–	142,073	304,299	278,264
Travel and subsistence	145	16,668	10,104	697	365	–	–	3,650	31,629	216,079
Building costs	–	261,156	7,685	8,516	1,386	–	–	39,535	318,278	355,086
Running costs	7,957	42,632	67,147	31,331	116	1,206,927	18,363	183,894	1,558,367	255,173
Fundraising and marketing	17,472	144	2,000	5,656	–	–	–	31,630	56,902	98,202
Covid-19 costs	2,687	655	–	–	–	–	–	34,679	38,021	–
Beneficiary costs	–	38,816	–	1,147	–	–	–	–	39,963	39,267
Other trading costs	5	4,030	385	–	–	–	–	20,940	25,360	23,488
Accountancy and audit	–	–	–	–	–	–	12,300	–	12,300	15,060
Legal and professional	3,816	2,451	–	–	–	–	3,312	7,096	16,675	24,630
Depreciation and impairment	–	647	12,598	1,926	–	–	–	93,993	109,164	131,108
	238,128	2,057,961	505,317	345,698	47,875	1,206,927	87,751	1,220,581	5,710,238	4,376,142
Support costs	48,823	939,848	97,646	122,058	12,206	–	–	(1,220,581)	–	–
Governance costs	3,510	67,568	7,020	8,775	878	–	(87,751)	–	–	–
Total expenditure 2021	290,461	3,065,377	609,983	476,531	60,959	1,206,927	–	–	5,710,238	
Total expenditure 2020	288,839	2,851,378	714,096	458,558	63,271	–	–	–		4,376,142

5a Analysis of expenditure (prior year)

	Charitable activities								
	Raising funds £	Social care £	Therapies £	Domestic abuse	Other charitable activities	Interpreter Now – discontinued £	Governance costs £	Support costs £	2020 Total £
Staff costs (Note 7)	119,953	1,529,175	325,207	264,433	36,171	–	37,712	627,134	2,939,785
Other staff costs	55,612	26,814	72,218	19,687	8,835	–	9,218	85,880	278,264
Travel and subsistence	4,214	36,023	131,793	9,413	5,172	–	2,676	26,788	216,079
Building costs	–	288,179	7,500	8,539	–	–	–	50,868	355,086
Running costs	5,182	40,385	51,560	12,964	1,395	–	15,368	128,319	255,173
Fundraising and marketing	57,084	–	1,673	18,785	–	–	–	20,660	98,202
Beneficiary costs	–	37,541	–	1,682	–	–	–	44	39,267
Other trading costs	–	4,179	25	–	–	–	610	18,674	23,488
Accountancy and audit	–	–	–	4,920	–	–	10,140	–	15,060
Legal and professional	–	–	–	–	–	–	2,952	21,678	24,630
Depreciation and impairment	–	–	18,834	1,150	–	–	–	111,124	131,108
	242,045	1,962,296	608,810	341,573	51,573	–	78,676	1,091,169	4,376,142
Support costs	43,647	829,288	98,205	109,117	10,912	–	–	(1,091,169)	–
Governance costs	3,147	59,794	7,081	7,868	786	–	(78,676)	–	–
Total expenditure 2020	288,839	2,851,378	714,096	458,558	63,271	–	–	–	4,376,142

Notes to the financial statements

For the year ended 31 March 2021

6 Net income / (expenditure) for the year

This is stated after charging / (crediting):

	2021 £	2020 £
Depreciation	109,164	120,838
Loss/(gain) on revaluation/disposal of fixed assets	18,650	7,155
Operating lease rentals:	–	253,764
Auditor's remuneration (excluding VAT):		
Audit	10,400	10,250
(Over)/under-accrual for prior year audit	150	(2,400)
Other services	–	4,700
	<u>138,364</u>	<u>284,947</u>

7 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2021 £	2020 £
Salaries and wages	2,802,924	2,588,745
Redundancy and termination costs	1,778	2,000
Social security costs	252,366	223,955
Employer's contribution to defined contribution pension schemes	142,212	125,085
	<u>3,199,280</u>	<u>2,939,785</u>

The following number of employees received employee benefits (excluding employer pension costs and employer's national insurance) during the year between:

	2021 No.	2020 No.
£70,000 – £79,999	2	2
£100,000 – £109,999	1	1

The total employee benefits (including pension contributions and employer's national insurance) of the key management personnel were £379,817 (2020: £367,310). The Key Management Personnel includes the Trustees, the CEO, and all members of the Executive Leadership Team (Director of Operations, Director of Finance and Resources and Director of Communications and Fundraising).

The charity trustees were neither paid nor received any other benefits from employment with the charity in the year (2020: £nil). No charity trustee received payment for professional or other services supplied to the charity (2020: £nil).

7 Analysis of staff costs, trustee remuneration and expenses, and the cost of key management personnel (continued)

Nil trustee expenses (2020: £2,676), for attendance at trustee meetings, was incurred or paid on behalf of 0 trustees (2020: 4) in the year.

8 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was 142 (2020: 123).

The FTE number of employees for the year was 97 (2020: 87)

Staff are split across the activities of the charitable company as follows (head count basis):

	2021 No.	2020 No.
Raising funds	5	4
Social care	95	86
Therapies	10	10
Domestic abuse	13	11
Other charitable activities	1	1
Administration	17	10
Governance	1	1
	142	123

9 Related party transactions

In the year to 31 March 2021, SignHealth paid the Voluntary Organisations Disability Group (VODG) and the UK Council on Deafness (UKCOD) combined membership and other fees of £5,240 (2019-20: £4,650). The CEO of SignHealth is also a board member of both VODG and UKCOD.

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties.

The charity has taken out indemnity insurance on behalf of the Trustees.

10 Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. Its charge to corporation tax in the year was:

	2021 £	2020 £
UK corporation tax at 19%	–	–

11 Tangible fixed assets**The charity**

	Leasehold land and buildings £	Fixtures and fittings £	Computer equipment £	Total £
Cost				
At the start of the year	187,495	101,475	187,616	476,586
Additions in year	–	–	48,043	48,043
Disposals	(187,495)	(10,179)	(29,693)	(227,367)
At the end of the year	–	91,296	205,966	297,262
Depreciation				
At the start of the year	122,377	69,464	135,315	327,156
Charge for the year	46,874	11,790	50,500	109,164
Disposals	(169,251)	(9,772)	(29,693)	(208,716)
At the end of the year	–	71,482	156,122	227,604
Net book value				
At the end of the year	–	19,814	49,844	69,658
At the start of the year	65,118	32,011	52,301	149,430

All of the above assets are used for charitable purposes.

12 Listed investments

	2021 £	2020 £
Fair value at the start of the year	100	100
Additions at cost	1,462,690	–
Proceeds from sale of investments	(6,136)	–
Net gain/(loss) on change in fair value	223,082	–
	1,679,736	100
Cash held by investment broker pending reinvestment	(7,702)	100
Fair value at the end of the year	1,672,034	200
Investments comprise		
	2021 £	2020 £
Shares listed on the London Stock Exchange	1,679,736	100
Cash	(7,702)	100
Fair value at the end of the year	1,672,034	200

Financial investments are measured at fair value through income and expenditure.

Notes to the financial statements

For the year ended 31 March 2021

13 Debtors

	2021 £	2020 £
Trade debtors	474,652	270,816
Other debtors	133	778
Prepayments and accrued income	198,294	78,446
	673,079	350,040

All of the group's financial instruments, both assets and liabilities, are measured at amortised cost. The carrying values of these are shown above and also in note 14 below.

14 Creditors: amounts falling due within one year

	2021 £	2020 £
Trade creditors	155,266	27,805
Taxation and social security	68,139	56,852
Other creditors	28,510	40,874
Accruals	132,757	145,405
Deferred income (note 15)	25,403	8,693
	410,075	279,629

15 Deferred income

Deferred income comprises income that has been billed in advance.

	2021 £	2020 £
Balance at the beginning of the year	8,693	9,683
Released to income in the year	(374,774)	(197,797)
Deferred in the year	391,484	196,807
Balance at the end of the year	25,403	8,693

16a Analysis of group net assets between funds (current year)

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Fixed assets	1,672,034	69,658	–	1,741,692
Net current assets	1,461,473	47,332	46,881	1,555,686
Net assets at 31 March 2021	3,133,507	116,990	46,881	3,297,378

16b Analysis of group net assets between funds (prior year)

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Fixed assets	200	149,430	–	149,630
Net current assets	2,490,311	830,227	37,601	3,358,139
Net assets at 31 March 2020	2,490,511	979,657	37,601	3,507,769

17a Movements in funds (current year)

	At 1 April 2020 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2021 £
Restricted funds:					
Domestic Abuse	11,836	465,720	(460,697)	–	16,859
Residential	4,032	30,694	(26,437)	–	8,289
Therapy	4,207	75,500	(75,500)	–	4,207
Brudenell Road	15,748	–	–	–	15,748
Deaf with Cancer	1,778	–	–	–	1,778
Corona Virus funds	–	91,181	(91,181)	–	–
Peter Sowerby	–	10,000	(10,000)	–	–
BSLHA	–	420,000	(420,000)	–	–
Access to Work	–	5,118	(5,118)	–	–
Total restricted funds	37,601	1,098,213	(1,088,933)	–	46,881
Unrestricted funds:					
Designated funds:					
Fixed asset fund	149,430	48,043	(127,814)	–	69,659
Innovation fund	800,000	–	(786,927)	–	13,073
Two Deaf Foot fund	30,227	–	–	4,031	34,258
Total designated funds	979,657	48,043	(914,741)	4,031	116,990
General funds	2,490,511	4,149,160	(3,502,133)	(4,031)	3,133,507
Total unrestricted funds	3,470,168	4,197,203	(4,416,874)	–	3,250,497
Total funds	3,507,769	5,295,416	(5,505,807)	–	3,297,378

The narrative to explain the purpose of each fund is given in note 17c.

17b Movements in funds (prior year)

	At 1 April 2019 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2020 £
Restricted funds:					
Domestic Abuse	28,750	408,743	(425,657)	–	11,836
Residential	6,751	44,032	(46,751)	–	4,032
Therapy	4,207	20,000	(20,000)	–	4,207
Brudenell Road	15,748	–	–	–	15,748
Deaf with Cancer	1,778	–	–	–	1,778
DCMS	–	48,774	(48,774)	–	–
Access to Work	–	13,428	(13,428)	–	–
Total restricted funds	57,234	534,977	(554,610)	–	37,601
Unrestricted funds:					
Designated funds:					
Fixed asset fund	263,476	–	(114,046)	–	149,430
Innovation fund	–	–	–	800,000	800,000
Two Deaf Foot fund	–	30,227	–	–	30,227
Total designated funds	263,476	30,227	(114,046)	800,000	979,657
General funds	3,163,652	3,841,500	(3,714,641)	(800,000)	2,490,511
Total unrestricted funds	3,427,128	3,871,727	(3,828,687)	–	3,470,168
Total funds	3,484,362	4,406,704	(4,383,297)	–	3,507,769

17c Purposes of restricted funds

Domestic Abuse (previously DeafHope)

SignHealth's domestic abuse service, previously called DeafHope, works with the Deaf survivors of domestic abuse and includes our work with Deaf children and young people. It is funded by our fantastic supporters, who in 2020 –21 include London Councils, the Home Office, The Police and Crime Commissioners for Kent and Sussex, Charles Hayward Foundation, London Community Response Fund, Solace Women's Aid, Children in Need, the Community Foundation for Surrey, Postcode Lottery Hertfordshire, Ovingdean Hall Foundation and the City Bridge Foundation.

The Home Office had provided a grant over 2 years to enable SignHealth to improve its capacity to respond to deaf victims of domestic abuse. An extra £154,822 was awarded during the financial year 2020–2021, and was expended for the purpose for which it was awarded. Of the grant, £27,865 was spent on direct project and beneficiary costs, £36,148 on project overheads, 5,400 was spent on a CRM system and £84,818 on staff costs.

£148,444 was awarded from the London Councils Grant Committee during the financial year 2020–2021 for SignHealth's domestic abuse service and was expended for the purpose for which it was awarded: for abused Deaf women and children in London. Of the grant, £20,406 was spent on direct project costs, £9,161 on project overheads and £118,877 on staff costs.

Residential

Support has kindly been received for specific work in our residential schemes, including support for training costs, and small refurbishment work at some of the homes and breaks with carers for those service users with the most complex mental health needs.

17c Purposes of restricted funds (continued)**Therapy/Online Therapy**

With support from the Rayne Foundation, we have been able to continue the development of an online resource for Deaf people needing cognitive behavioural therapy (CBT).

Brudenell Road

Funding received for 'Brudenell Road' refers to a new housing scheme we are developing in Leeds which is now set to open in August 2021.

Deaf with Cancer

Funding provides therapy for deaf people diagnosed with or recovering from cancer. This fund remains unutilised which means we will carry it forward into financial year ending 31 March 2022

Access to Work

SignHealth receives funds from the Department of Work and Pensions, to reimburse the cost of additional communications support workers employed on the SignHealth payroll, providing support to SignHealth staff in receipt of an Access to Work grant.

Purposes of Designated Funds and General Funds

The fixed asset fund represents the net book value of all assets held by the charity, excluding the Restricted funds.

The Two Deaf Foot designated fund represents funds raised for SignHealth by the Two Deaf Foot fundraising walk from John O'Groats to Land's End in summer 2020. Expenditure of these funds is overseen by a committee comprising the Two Deaf Foot walkers and members of the SignHealth Board of Trustees.

The innovation designated fund represents funds set aside by the Board of Trustees, to put towards initiatives that will further SignHealth's charitable objects but that represent a high financial risk. During the year, we received a further £4,030 to the fund. In the year 2020–21, the Board did not need use these funds to support BSL Health Access, since we were able to secure top-up funding from NHSE.

18 Operating lease commitments

The charity's total future minimum lease payments under non-cancellable operating leases is as follows for each of the following periods:

	Property		Equipment	
	2021	2020	2021	2020
	£	£	£	£
Less than one year	–	259,421	–	5,784
One to five years	–	–	–	8,703
	<u>–</u>	<u>259,421</u>	<u>–</u>	<u>14,488</u>

19 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.