



IMPACT REPORT AND FINANCES 2022/23



APRIL 2022-
MARCH 2023

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Executive Summary

Bethel Health and Healing Network is an impactful well-being organisation that supports improved outcomes for vulnerable women and others in need within some of our most deprived and challenged communities. This includes responsive care and support for vulnerable pregnant women, 31% of whom are asylum seekers or refugees in the desperate circumstances they find themselves in. Both men and women use our Rapha Listening Service to help improve their mental health and wellbeing, with tangible results showing positive mental health developments. The fantastic staff and volunteers of Bethel Health and Healing Network are the foundation of the organisation, and without them, the fantastic outcomes in this impact report would not have been possible. I extend a prodigious thank you to them all.

Over 300 vulnerable women were supported through the Bethel Doula Service, with many more receiving telephone support and support packages for them and their babies. With over 250 home visits for those who needed it most, signposting, breastfeeding support and, where possible, birth attendance, the Doula team has significantly impacted those women and their families. This time last year, we saw a marked increase of over 8% in complex needs referrals, including women with safeguarding, mental health challenges, housing and broader socio-economic issues or combinations of all the above. Many of these women are from BAME/Global majority communities.

Our Rapha Listening Team of staff and volunteers provided over 480 support sessions to over 130 individuals to improve their well-being. A first for Bethel, and with funding through Sport England, Rapha and our community partners launched a project to support BAME men aged 40 plus in the community through its Walk Talk Move Heal project. So far, this project has supported 25 men to access physical activity and wellbeing 'talk and support' leading to improved health and mental wellbeing. At Bethel, we believe in building social value in everything we do; this is done by upskilling and investing in local men and women who are passionate about their communities. We see them as local community assets who want to give back as volunteers who are the backbone and foundation of the organisation. Using this approach, Bethel secured Core 20 funding to train 10 new local Doula Champion Volunteer Connectors. We have created opportunities for the programme to be accredited, to provide an opportunity for scalability, and for the women to learn how to set up their own business, this being done in partnership with a local education provider in Birmingham.

The current England rate of infant mortality is 3.9 deaths per 1,000 live births. The West Midlands has a much higher rate as a region at 5.6 deaths per 1,000 births, the highest in the country. England's top four local authorities with the highest infant mortality rates are all in the West Midlands. Stoke on Trent has the highest rate, then Sandwell and Birmingham are third highest nationally, at seven deaths per 1,000 live births. Infant Mortality Scrutiny Report Final, 2021

This impact document shows the stories behind the numbers, and also gives a dashboard of the organisation's impact throughout 2022 and 2023. We have taken a case study approach, which demonstrates the value and impact of the services we provide.

It concludes with a clear call to action about how you can get involved by becoming an ongoing supporter of Bethel Health and Healing Network by making regular donations, making Bethel Health and Healing Network your charity of choice when looking at fundraising team building activities for your organisation, becoming a volunteer for one of our services or partnering with increase access to our services for those who need it most.

We hope you get an essence of the amazing impact Bethel had over 2022 and 2023, improving the health and well-being across Birmingham Solihull and the Black Country.

Jennifer Jones-Rigby MBA, PGCE, CMgr, MCMI, FRSA
CEO
Bethel Health and Healing Network

Impact Report



Bethel Doula provides emotional, practical and birth partner support to vulnerable and isolated pregnant women and new mothers. We work with statutory and community partners across the health and social care sectors to ensure that vulnerable women and their children do not fall between the gaps in services. We supplement our face-to-face support with on-line activities, mother and baby group support, parenting skills courses and connect mothers and families to other support services.

321

REFERRALS RECEIVED

254

HOME VISITS

1116

SUPPORT SESSIONS
DELIVERED

282

WOMEN SUPPORTED

84%

WOULD RECOMMEND THE
SERVICE

89%

OVERALL LEVEL OF
SATISFACTION

31%

ASYLUM SEEKERS OR
REFUGEES

DOULA SERVICE

This year has been a rewarding, albeit challenging year for the Doula Service. The team supported more vulnerable women with more complex needs than ever, pushing the service beyond its normal capacity. Increased referrals were received from specialist midwives for women with mental health concerns. Over a fifth of women were referred with known safeguarding concerns and 18 women were supported at child protection/ multi-disciplinary meetings. While fewer volunteers supported service delivery, we maintained a high-quality service with an 89% satisfaction rate.

Perinatal mood and anxiety disorders are among the most common pregnancy and childbirth complications and are associated with adverse outcomes. The Better Births maternity review recommended a continuity of carer throughout pregnancy, birth, and postnatally as it built trust and a better understanding of the patient's medical and pregnancy history, leading to better outcomes. However, according to the 2022 NHS Maternity Survey, only 37% of respondents saw or spoke to the same midwife at their antenatal check-ups, falling to 27% during postnatal appointments. This represents a decline in midwifery continuity of care since 2021 although comparable with the findings from the 2019 survey.

The Doula Service provided continuity of care for pregnant women and new mothers during the antenatal, birth and postnatal period, building trust in a supportive environment and promoting better outcomes for mother and baby. We visited women at home, sourced and provided essential items for mother and baby, and made those all-important calls to encourage, check-ups, supporting our service users with all aspects of their pregnancy and post-birth. We also provided access to our mother and baby group and parent education course, increasing opportunities for women to connect with others and their families to develop new skills.

The Doula Service provides a cost-effective approach to supporting the most vulnerable pregnant women and new mothers. In 2022/23 we spent on average £1,336 (without birth support) supporting service users with complex safeguarding and mental health needs. Critically, the team contributed to vulnerable women having better mental health during the perinatal period and reducing the need for specialist interventions and additional support from health professionals as demonstrated in the two case studies below.

DOULA CASE STUDY 1



F was referred to Bethel Doula Service by her midwife after she noticed that F had no support network in Birmingham, having recently moved from London. F had undergone a traumatic birth with her first child three years earlier, followed by a miscarriage. Not long after the miscarriage, she discovered she was pregnant with her second child. F was matched with a senior doula, who attended hospital appointments with her and helped her to arrange a debrief at the hospital regarding the birth of her first child, and the subsequent advice and management of the miscarriage.

F felt she needed a debrief to move on and prepare for the birth of her second child. The senior doula provided F with emotional support throughout the pregnancy and helped her make informed decisions regarding the birth plan and prepare for her election to have a scheduled C-section. F stated, *"Following my first child, I led a very isolated life, leading me to suffer from postnatal depression. I am certain that had I been referred to the Bethel during this time I would have had a better pre-and post-birth experience which I got after the birth of my second child."*

F again suffered from post-natal depression, and the senior doula attended several post-birth hospital appointments. She helped her understand that what she was experiencing was common and that she need not suffer in silence as she had the first time. With the help of the senior doula, medication and therapy, F fully recovered and was able to be the best mother to her children. F stated that the Doula Service enabled her to engage with an experienced person who helped her understand her issues, choices available, and better plan for the pending birth, thereby reducing anxiety. She was also better able to manage her mental health and therefore her toddler and new baby with less fear and anxiety. F commented, "I did not require the attendance of other health professionals such as the mental health team, or a longer stay in hospital - maternity or mental health. I was not separated from my toddler or baby to have my mental health managed." F is now volunteering and preparing to start her career as a midwife in 2024.

Economic Impact of Support

F previously had a nervous breakdown following her first pregnancy, and once again there were signs that due to her escalating anxiety and deteriorating mental health she might need more intensive mental health support, possibly an in-patient stay at a perinatal mental health unit. Perinatal mental illness affects up to 27% of new and expectant mums. The average stay in a mother and baby unit is 8 weeks. Admittance at a perinatal mental health unit cost £947 per bed day. Research indicates that the average cost to society of one case of perinatal depression is around £74,000, of which £23,000 relates to the mother and £51,000 relates to impacts on the child. With the senior doula's help, F addressed her anxieties and embraced her pregnancy, thereby avoiding intensive mental health interventions pre and post-birth. The doula support also meant that F needed fewer specialist midwife visits and GP appointments to discuss her mental health and a longer stay in the maternity unit following the caesarean was avoided.

Summary of Potential Costs Avoided

Costs Avoided	Costs	Total cost	Assumptions
In-patient stay in perinatal mental health unit	£947 x 28 days	£26,516	4-week stay at £947 per day
Outpatient perinatal mental health services	£357 x 6 contacts	£2,142	Care contact unit cost £357 – 6 contacts
In-hospital care during pregnancy	£53 x 6 hours	£318	Hospital-based nurses/ midwife support £53 per hr – 6 hours assumed
Additional post-birth visits by a specialist midwife	£55 x 12 hours	£660	6 visits @ £55 per hour – 2 hrs assumed per visit including travel
GP consultation	£42 x 6 appointments	£252	6 appointments at £42 per consultation
TOTAL £32,636			

Source: Unit Costs of Health and Social Care 2022. Personal Social Services Research Unit (University of Kent) & Centre for Health Economics (University of York)



DOULA CASE STUDY 2

T came to the UK as a postgraduate student with her husband and son, and soon after found that she was pregnant with triplets. T was referred to the Doula Service post-birth. Following heavy bleeding and the premature birth of the triplets one of the babies died soon after delivery. T stated that she did not have time to grieve. "That period was a difficult moment for us in my family, as we were settling in the country, and did not understand the system." The bereavement team supported her with the funeral arrangements as she did not have recourse to public funds.

T stated her mental health and that of her husband had been affected and there were times when she felt "emotionally numbed, suicidal, and generally tired." One weekend when at her lowest, she contemplated suicide as she'd had a tough week – the newborns had attended different hospitals on more than one occasion that week – treated for chest infections, including short inpatient stays.

T's husband had sourced, organised, and paid the first month's rent for a flat they were promised. They had saved money from limited funds for the removal van and packed up their belongings including baby clothes and food and transferred them to what was to be their new accommodation. They were pleased to be moving away from the cold house and the dark creeping mould which repeatedly returned even after they cleaned it with bleach. Whilst preparing to finally leave the old accommodation, T and husband were informed that the property was no longer available. They were distraught as all their property had been removed from the flat and left outside in heavy rain. Most of their belongings including the food, could not be salvaged. Following the referral to the Doula Service, T and her family received emotional support, resources for the babies, food parcels, and a referral to Early Help services. She was signposted to an organisation where she received a debriefing for baby loss. The suicidal thoughts became less invasive, and her self-esteem and ability to cope with everyday challenges improved. T stated that she appreciated the Doula Service for being an 'amicable organisation when they needed help.'

Economic Impact of Support

Due to her mental state, T was prescribed a mild anti-depressant by her GP. However, receiving emotional support at a critical time meant that she did not have to be medicated further or need specialist perinatal mental health support. T and her husband had attempted to treat the mould on the wall with strong bleach. Unfortunately, the fumes impacted the babies' respiratory health, adding to their already compromised health. T had not been aware of the fumes generated by the bleach, but upon learning this the babies' hospital appointments soon reduced and further inpatient stays were avoided. T's husband was supported in getting a permanent post so he could support the family. They had relied on borrowing from friends, and this was causing tension and more emotional trauma.

Summary of Potential Costs Avoided

Costs Avoided	Costs	Total cost	Assumptions
Neo-natal in-patient care	£952 x 14 days	£13,328	7 days stay in a critical care ward (Normal care) for 2 babies
GP consultation	£42 x 6 appointments	£252	6 appointments at £42 per consultation
Community perinatal mental health support	£246 x 6 contacts	£1476	Care contact unit cost £246 – 6 contacts
TOTAL £15,056			

MOTHER & BABY GROUP

53

GROUP SESSIONS

76

WOMEN ENGAGED IN OPPORTUNITIES TO SOCIALISE, LEARN NEW SKILLS, AND TAKE PART IN PHYSICAL ACTIVITY LIKE SWIMMING FOR MOTHER AND BABY AND DANCE

PARENT EDUCATION

37

WOMEN PARTICIPATED

14

SESSIONS DELIVERED

Impact Report



**Rapha
Listening
Service**

Bethel Rapha provides a safe, non-judgmental listening service to adults experiencing anxiety, stress, isolation and depression often caused by the wider determinants of health such as social and economic conditions, difficult family and personal relationships, racism and sexism and other discrimination. In addition to telephone support, we work in partnership with statutory and community organisations to deliver face to face listening sessions in community settings across Birmingham and Solihull. People accessing the service receive up to 9 hours of listening support and signposting to additional mental health and wellbeing services.

131

PEOPLE SUPPORTED

484

SUPPORT SESSION
DELIVERED

383

HOURS OF SUPPORT
PROVIDED

94%

OVERALL LEVEL OF
SATISFACTION

64%

MENTAL HEALTH
IMPROVED

92%

WOULD RECOMMEND THE
SERVICE



**"I really appreciate the listening services and my listener, as I felt these sessions improved my self-confidence and motivation"-
White British male, 75, history of historical relationships issues**

RAPHA SERVICE

The Rapha Listening Service supported 131 people with mental health needs and delivered 484 support sessions. This was down from the previous year due to a significant reduction in the active volunteer team as a result of the challenging economic environment. However, as referrals to the service remained steady, we continued to maintain a waiting list. We allocated staff time to direct listening and ensured service users were kept informed throughout as they waited to be matched to a trained listener.

1 in 4 people will experience a mental health problem of some kind each year in England. 1 in 6 people report experiencing a common mental health problem (like anxiety and depression) in any given week. In Birmingham and Solihull 7.3% of the population is in contact with mental health services compared to 6% nationally.

The Rapha Listening Service delivered a value for money service through its team of volunteer and staff listeners. It typically costs £297 to deliver 9 listening sessions with the support of a trained volunteer listener, and £390 when support is delivered exclusively by employed staff. As demonstrated by the case studies in this report, the service reduced the need for more costly mental health support such as IAPT services or a stay in an in-patient unit and avoided other social and economic impacts resulting from poor mental health.

Using the WEMWBs well-being scale, Rapha service users were typically in the bottom 15% of the population with a low-wellbeing category. Following the support of a trained listener, nearly two-thirds of service users said their overall mental health had improved. We achieved a 94% satisfaction rate with 89% of service users stating they would recommend the service to others.



RAPHA LISTENER CASE STUDY

1

S, a middle-aged Pakistani female, self-referred to the Rapha Listening Service with a long history of anxiety and depression. At the initial assessment, she spoke of her ongoing challenges with her mental health, which was now being exacerbated by her concerns about finances and her ability to provide for her dependents.

S attended nine listening sessions with her trained listener and used the time to discuss her fears of having 'another nervous breakdown', panic attacks, the needs of her family, and the rising cost of living. She was also supported to contact her Community Mental Health Team and her pending appointment was brought forward, resulting in an increase in her medication which helped stabilise her mental health, preventing further deterioration. She also accepted a referral for an assessment of her social needs and was offered and accepted help from family support services. While S was often tearful during her listening sessions, she always expressed gratitude that someone had listened to her whilst she tried to deal with the complexities of her personal issues. At the final evaluation, S was positive about the support she had received and commented that her listener had really helped with appropriate signposting. S was also able to 'get things off her chest' and was now more hopeful that 'things might change'.

Economic Impact of Support

86% of respondents to a Money and Mental Health survey of nearly 5,500 people with experience of mental health problems said that their financial situation had worsened their mental health problems. Acute episodes of mental health problems can also disrupt incomes. People can struggle to attend work, maintain their benefit claims, or keep on top of managing their money. 11 S felt she was heading towards a mental health crisis due primarily due to financial pressures. This would almost certainly have required more acute mental health interventions from the community mental health team, possibly in-patient support, and additional appointments with her GP. The average length of stay in an adult acute inpatient unit is 35 days.¹² However, the opportunity to talk through her concerns and fears with her listener and being supported to access other services more promptly meant a mental health crisis was avoided.

Summary of Potential Costs Avoided

Costs Avoided	Costs	Total cost	Assumptions
In-patient mental health	£341 per bed day x 28 days	£9,548	Mean cost of mental health care clusters per bed day - 28 days stay assumed
Mental health initial assessment	£294	£294	Mean cost of mental health care clusters – Initial assessment

Additional GP appointments	£42 x 3 appointments	£126	3 appointments assumed
Additional IAPT contact	£140 x 6 sessions	£840	6 sessions assumed
TOTAL £10,808			

SOURCE: UNIT COSTS OF HEALTH AND SOCIAL CARE 2022. PERSONAL SOCIAL SERVICES RESEARCH UNIT (UNIVERSITY OF KENT) & CENTRE FOR HEALTH ECONOMICS (UNIVERSITY OF YORK)

RAPHA LISTENER CASE STUDY

2



A, an Indian female in her mid-30s, was referred to the Listening Service by her GP with a history of anxiety, depression, and insomnia due to poor physical health. On initial assessment, she spoke of a history of suicidal ideation and what triggered these thoughts. A was matched with a listener, and she used the 9 weekly sessions to discuss relationship issues, negotiation skills, adopting a positive mindset and managing anxiety and worries. During the sessions, a new work issue arose whereby A felt she was being unfairly treated by others.

The focus now changed to building strength, resilience and self-advocacy. A identified that although things were difficult, she was 'keeping on going and staying positively minded'. As the sessions progressed, she became more confident about her plans to address the work issues. While suicide ideation had been an important disclosure for A during her initial assessment, she no longer raised this issue during the listening sessions as A became more confident. At the end of the support evaluation, A said that the listener's kindness and support had boosted her mood and that she had looked forward to the sessions. Overall, she felt that the sessions helped her cope with her difficulties and that she was now in a 'much better place.'

Economic Impact of Support

Around 1 in 5 people have suicidal thoughts at some point in their lives. In 2021, in England and Wales, the suicide rate was 10.7 deaths per 100,000 people; while this was statistically significantly higher than the 2020 rate of 10.0 deaths per 100,000 people, it was consistent with the pre-COVID 19 pandemic rates in 2019 and 2018.¹⁴ Each suicide costs an estimated £1.7m. Around 70% of this cost is the emotional impact on families and society.¹⁵ Due to A's suicidal ideation, she was classed as a safeguarding risk with a potential for referral to social services and/or A&E. Having the opportunity to talk to her listener enabled A to build resilience and develop strategies that helped her manage her thoughts and take positive action. The safeguarding alert was therefore reduced, and further escalation to social services was not required, or an emergency attendance at A&E for a mental health assessment. A remained in work and avoided potentially having to sign on for Job Seeker's Allowance.

Summary of Potential Costs Avoided

Costs Avoided	Costs	Total cost	Assumptions
Social services - Safeguarding escalation	£42 x 6 hours	£252	Social worker (adult services) £42 per hour – 6 hours
Avoided A & E visit	£312	£312	A&E mental health liaison services

GP appointments	£42 x 3 appointments	£126	3 appointments
JSA	£84.80 x 24 weeks	£2,035.20	JSA claim for 24 weeks - £84.80 single-person allowance
TOTAL £2,725.20			

SOURCE: UNIT COSTS OF HEALTH AND SOCIAL CARE 2022. PERSONAL SOCIAL SERVICES RESEARCH UNIT (UNIVERSITY OF KENT) & CENTRE FOR HEALTH ECONOMICS (UNIVERSITY OF YORK)

Volunteer Impact Report



"It keeps me in touch with the human reality. There can be good times and difficult times. Through Rapha Listening Service I'm able to offer something to those in need." (Rapha Listener 2+ years)

Being able to help others makes me feel like I have done something good and positive, mentally it is a very rewarding process

40

ACTIVE
VOLUNTEERS

407

SUPPORT SESSION
DELIVERED BY
VOLUNTEERS

93%

HAD A POSITIVE
EXPERIENCE

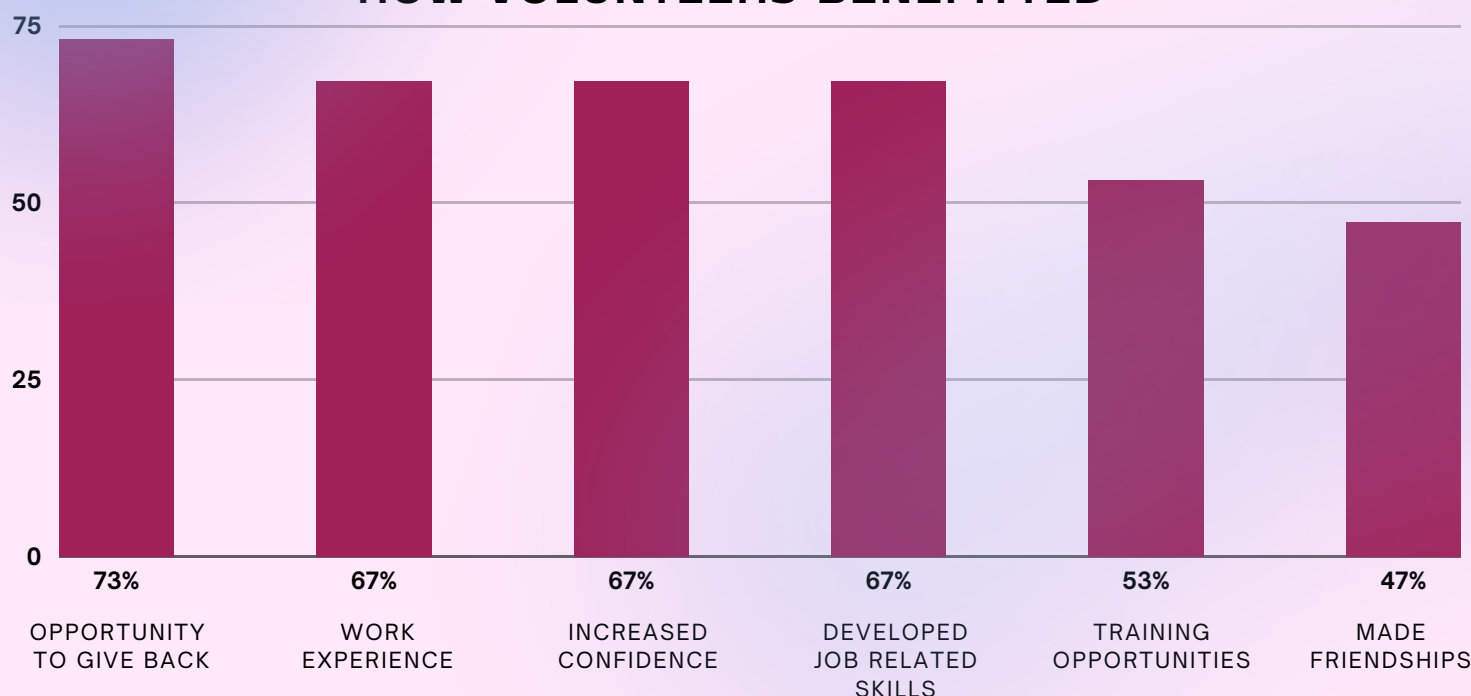
50%

BEEN WITH BETHEL FOR
A YEAR OR MORE

100%

FELT APPRECIATED

HOW VOLUNTEERS BENEFITTED



Rapha Volunteer Listener Case Study



K, a Criminology and Psychology student, who was in full-time employment and a mother of two, sought to obtain experience in supporting people with mental health needs. K applied to volunteer with the Rapha Listening service in January 2023 and began client support in March following her training in reflective listening skills, safeguarding and confidentiality.

K has supported three service users from diverse ethnic backgrounds with anxiety and depression due to work stress, family and relationship issues, and health concerns. She has now delivered almost twenty telephone listening sessions and grown in confidence in engaging with people with mental health needs and responding appropriately to safeguarding concerns.

K feels she has benefitted both mentally and physically through volunteering with Bethel. Having listened to other people's stories and being there for those who need it, she said *"I very much appreciate what I have got and what I have achieved in my life so far. Volunteering makes me feel humble and I am very happy to help others whenever I can."* Through her volunteer listening role, K has been able to learn and practice how to support people in an empathetic and non-judgemental way. She has also become better at being organised and scheduling meetings that fit within her busy life schedule, family, work and study time. She stated, *"Being able to provide a good service makes me feel good. It is ever so rewarding to hear back from the service users and my management that the service I provided was useful."*

Volunteer Doula Case Study



C, a mother of two young children from Romania is a placement student from an international institution providing vocational programmes. C began her Doula Service placement in early 2023 and participated in Bethel's doula training course which equipped her with the skills to support vulnerable pregnant women. Since the training C has provided telephone and face-to-face emotional support to several vulnerable and isolated pregnant women and supported the delivery of Moses baskets full of essentials to women in need of basic supplies for their babies. She also had the opportunity to provide administrative support to the team and collect feedback from service users.

C has valued her experience of being part of a dedicated team who works to improve the lives of women. She commented, *"The Doula team's unwavering commitment has been inspirational and has provided me with invaluable insights."*

C has learned about Bethel's structured process for ensuring women's well-being, both physically and emotionally. Having witnessed the transformational impact of the support on women and their families, C suggested outreach initiatives so that even more women can benefit from the support available and has grown in her desire to continue to make a difference in the lives of the most vulnerable people. She stated, *"The time spent volunteering with Bethel Doula will forever be etched in my memory as a significant period of learning, growth, and service."*

Financial Review & Statements

Income for the year amounted to £301,352 (2022: £305,725), whilst expenditure was £374,002 (2022: £378,998). This resulted in a deficit of (£72,650) (2022: deficit of (£73,273) and a decrease in funds for the year to £2,098 (2022: £74,749).

Bethel continued to deliver its long-term plan of providing enhanced services through the increased staffing structure. Unfortunately, income generation did not meet the target and so more reserves were used than anticipated. This low level of reserves does leave Bethel vulnerable, but the Trustees are confident that the improved income levels and significant surplus budgeted in 23/24 are achievable and will place the Charity on a firm footing for the future.

Reserves Policy

Reserves are required to:

- Smooth out surpluses and deficits year on year;
- Replace capital expenditure or restructure the organisation;
- Deal with the effects of any risks that materialise e.g., significant losses of income and delays in payments;
- Allow the organisation to take on opportunities that may arise in a timely manner;
- Deal with the unexpected.

Trustees are required to set an appropriate minimum level of reserves and in doing so, consider these reasons for holding reserves, as well as current and future financial needs. The trustees have decided to set minimum reserves at 4 months of unrestricted expenditure, as indicative of the operating reserves required by the nature and size of the charity. As of 31 March 2023, that will require minimum free reserves of approximately £95,752 to be held (2022: £98,270). Both the policy and its implementation are under regular scrutiny.

Trustee Responsibilities for the Financial Statements

Charity and Company Law require 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 at the balance sheet date and of its incoming resources and application of resources, including income and expenditure for that period. In preparing those financial statements, the Trustees are required to:

Select suitable accounting policies and apply them consistently to:

- Make judgements and estimates that are reasonable and prudent
- State whether applicable accounting standards 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 assume that the Charity will continue in business

The Trustees are responsible for keeping financial records which disclose with reasonable accuracy at any time the financial position of the Charity and that enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the Charity and hence must take reasonable steps for the prevention and detection of fraud and other irregularities.

Bethel Health and Healing Network

Independent Examiners Report to the Trustees of the Bethel Health and Healing Network

I report on the financial statements of the Charity for the year ended 31st March 2023

Respective responsibilities of trustees and examiner

The charity's trustees are responsible for the preparation of accounts. The trustees consider that an audit is not required for this year under section 43(2) of the Charities Act 1993 ('the 1993 Act') and that an independent examination is needed. The charity has prepared accrued accounts and I am qualified to undertake the examination.

It is my responsibility to:

- examine the accounts under Section 43 (3) (a) of the 1993 Act
- follow the procedures laid down in the General Directions given by the Charity Commissioners made under section 43 (7) (b) of the 1993 Act.
- state whether particular matters have come to my attention

Basis of Independent Examiner's Statement

My examination was carried out in accordance with the General Directions given by the Charity Commissioners and with Regulation 11 of the 2006 Regulations. An examination includes a review of the accounting records kept by the organisation, and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently I do not express an audit opinion on the view given by the accounts.

Independent Examiner's Statement

In connection with my examination, no matter has come to my attention :-

1. which gives me reasonable cause to believe that in any material respect, the requirements: to keep accounting records in accordance with section 41 of the 1993 Act and Regulation 4 of the 2006 Regulations; and to prepare accounts which accord with the accounting records and comply with the accounting requirements of the 1993 Act and Regulation 8 of the 2006 Regulations; and which are consistent with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities have not been met, or
2. to which, in my opinion, attention should be drawn to enable a proper understanding of the accounts to be reached.

Signed:



Date:

12/9/2023

David Chittenden
18 Cunningham Road
Peterborough
PE2 9RG

Statement of Financial Activities
Year Ended 31st March 2023

	Note	Restricted	Unrestricted	Total Funds 2023	Total Funds 2022
Income and Endowments from:					
Donations and legacies	2	45,621	6,072	51,692	66,613
Charitable activities	3	0	249,558	249,558	236,074
Interest			0	0	4
Other income			101	101	3,034
		<u>45,621</u>	<u>255,731</u>	<u>301,352</u>	<u>305,725</u>
Expenditure on:					
Raising funds	4		16,232	16,232	11,817
Charitable activities	5/6/7	45,621	312,150	357,770	367,181
Total expenditure		<u>45,621</u>	<u>328,381</u>	<u>374,002</u>	<u>378,998</u>
Net income		0	(72,650)	(72,650)	(73,273)
Reconciliation of Funds					
Total Funds brought forward		0	74,749	74,749	148,022
Total Funds carried forward		0	2,098	2,098	74,749
Balance Sheet as at 31st March 2023					
Current Assets					
Debtors	11			72,149	29,533
Cash at bank and in hand	12			<u>57,726</u>	<u>61,488</u>
				<u>129,875</u>	<u>91,021</u>
Current Liabilities					
Liabilities falling due within one year	13			127,777	16,272
				<u>2,098</u>	<u>74,749</u>
Net Assets					
Represented by:-					
Unrestricted Funds	15			2,098	74,749
Restricted Funds	15			0	0
Total Funds				<u>2,098</u>	<u>74,749</u>

The trustees (who are also the directors of the company for the purposes of company law) confirm that for the period ended 31 March 2023:-

- the company was entitled to exemption from audit under section 477 of the Companies Act 2006 ("the Act"), and
- members have not required the company to obtain an audit of its accounts for the period in question in accordance with section 476 of the Act. However, in accordance with section 145 of the Charities Act 2011 and section 44 of the Charities and Trustee Investment (Scotland) Act 2005, the accounts have been examined by an independent examiner.

The trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of accounts.

The notes form an integral part of these accounts. They have been reviewed in the preparation of these accounts with changes to the classification and presentation.

These accounts, which have been prepared in accordance with the provisions in the Companies Act 2006 relating to small companies, were approved by the trustees on 15/09/2023 and signed on their behalf by:



Jeanette Burrows
Trustee

Date: 15/09/23

Notes:

1. Accounting Policies

(a) Basis of Preparation

These accounts have been prepared on the basis of historic cost in accordance with the Accounting Regulations set out under the Charities Act 1993 and with the Charities Statement of Recommended Practice (SORP) 2005 - Second Edition

(b) Form of Financial Statements

- (i) Unrestricted funds are those that may be used at the discretion of the trustees in furtherance of the objects of the charity
- (ii) Restricted funds may only be used by specific purposes. Restrictions arise when specified by the donor or when funds are raised for specific purposes.

(c) Incoming Resources

- (i) Incoming Resources are recognised and included in the Statement of Financial Activities (SOFA) when the Charity becomes entitled to the resources; the trustees are virtually certain they will receive the resources; and the monetary value can be measured with sufficient reliability.
- (ii) Where incoming resources have related expenditure (as with fundraising), the incoming resources and related expenditure are reported gross in the SOFA.
- (iii) Donations are accounted for gross when received.
- (iv) Bank interest is recognised when it is credited to the account.

(d) Expenditure and Liabilities

- (i) Expenditure is accounted for on an accruals basis.
- (ii) Liabilities are recognised as soon as there is a legal or constructive obligation to pay out resources.

(e) Assets

Tangible fixed assets are capitalised if they cost more than £1,000 and can be used for more than one year. They are valued at cost or, if gifted, at value on receipt. The charity does not currently have any capitalised fixed assets.

(f) Taxation

The charity is not liable for income or capital gains tax on its charitable activities. Irrecoverable VAT is included in the asset cost or expense to which it relates.

2. Income from donations and legacies

	Restricted	Unrestricted	2023	2022
Donations received	0	3,322	3,322	2,898
Grants received:				
Baron Davenport's Charity			0	750
Birmingham Voluntary Service Council	3,000		3,000	0
Eveson Trust	12,500		12,500	0
GB Partnerships			0	2,000
Health Exchange	13,131		13,131	0
Heart of England Community Foundation	4,000		4,000	1,972
Legacy West Midlands	2,990		2,990	0
Lloyds Bank Foundation		2,250	2,250	25,000
Movement for Good (Benefact Group)			0	1,000
Pears Foundation			0	10,000
Richard Kilcuppe Charity		500	500	500
The 29th May 1961 Charitable Trust	5,000		5,000	5,000
The Arnold Clark Community Fund			0	3,500
The ASDA Foundation			0	900
The Big Give Trust Ltd			0	700
The Cole Charitable Trust			0	1,000
The Goodenough Charitable Trust			0	1,000
The Edward Gostlin Foundation	5,000		5,000	0
The National Lottery Community Fund			0	9,893
The W.E.D. Charitable Trust			0	500
Other			0	0
	45,621	6,072	51,692	66,613

3. Income from charitable activities

Birmingham & Solihull Mental Health NHS Foundation Trust	24,991	24,991	19,975
Living Well Consortium	35,000	35,000	32,998
Murray Hall Community Trust Ltd	7,380	7,380	7,380
NHS Birmingham and Solihull ICB	80,643	80,643	
NHS Birmingham and Solihull CCG	23,847	23,847	104,320
NHS Black Country ICB	54,835	54,835	
NHS Black Country and West Bham CCG	18,278	18,278	71,400
Sandwell & West Birmingham Hospital NHS Trust	4,583	4,583	
	0	249,558	249,558
			236,074

4. Expenditure on generating donations and legacies

Unrestricted funds		16,232	11,817
<i>Raising funds</i>			

5. Costs of charitable activities by fund type

Doula	17,122	163,273	180,395	231,544
Rapha listening service	28,499	98,223.42	126,722	76,066
Trusted Charity (PQASSO)			0	0
Support costs		50,654	50,654	59,571
	45,621	312,150	357,770	367,181

6. Costs of charitable activities by activity type

	Activities undertaken directly	Support costs	Total	Total
Doula	180,395	29,753	210,148	276,384
Rapha listening service	126,722	20,901	147,623	90,797
Trusted Charity (PQASSO)			0	0
	307,117	50,654	357,770	367,181

7. Analysis of support costs

	2023	2022
Communication costs	10,038	12,809
Office costs	12,393	13,435
Premises costs	15,555	12,452
Legal and professional	30,716	39,833
Other operating costs	16,339	13,793
	85,040	92,322

8. Independent examiner's remuneration

The Independent examiner provided services on a voluntary basis so no fee was charged (2022: Nil)

9. Trustees' remuneration and expenses

During the year, no Trustees received any remuneration or other benefits and no expenses were claimed (2022: Nil)

10. Staff costs and emoluments

Salaries and wages	263,913	260,418
Social security costs	20,372	17,482
Employers contribution to defined contribution pension scheme	5,751	4,607
	290,035	282,507

There were no employees whose emoluments (salaries, wages, benefits in kind) fell in a band in excess of £60,000 (2022: Nil)

The average number of persons employed by the Charity, including part time staff, calculated on a full time equivalent basis was:

Core staff	8.20	8.86
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11. Debtors

Accounts Receivable	70,213	26,814
Accrued Revenue	0	1,153
Prepaid Expenses	1,936	1,567
Other		
	72,149	29,533

12. Bank and Cash Balances

TSB current account	55,014	45,785
Triodos deposit account	2,677	15,677
Petty Cash	35	26
	57,726	61,488

13. Current Liabilities (payable within one year)

Accounts Payable	3,883	3,531
Accruals and deferred income	453	2,183
Payroll Liabilities	11,072	10,558
Prepaid Income	<u>112,368</u>	<u>0</u>
	127,777	16,272

14. Related party transactions

Donations without condition of £360 were received from one trustee (2022: £360 from 1 trustee)
These amounts do not include the gift aid associated with these donations.

15. Statement of Funds	At 1st April 2022	Income	Expenditure	Transfers	At 1st April 2023
Unrestricted Funds					
General	141,578	6,173	16,232		131,520
Doula designated	(66,829)	249,558	312,150		(129,421)
	<u>74,749</u>	<u>255,731</u>	<u>328,381</u>	<u>0</u>	<u>2,098</u>
Restricted Funds					
Doula		17,122	17,122		0
Rapha		28,499	28,499		0
	<u>0</u>	<u>45,621</u>	<u>45,621</u>	<u>0</u>	<u>0</u>
Total Funds	<u>74,749</u>	<u>301,352</u>	<u>374,002</u>	<u>0</u>	<u>2,098</u>

Prior year

Unrestricted Funds					
General	106,259	47,136	11,817		141,578
Doula designated	41,763	236,074	344,666		(66,829)
	<u>148,022</u>	<u>283,210</u>	<u>356,483</u>	<u>0</u>	<u>74,749</u>
Restricted Funds					
Doula		18,043	18,043		0
Rapha		4,472	4,472		0
	<u>0</u>	<u>22,515</u>	<u>22,515</u>	<u>0</u>	<u>0</u>
Total Funds	<u>148,022</u>	<u>305,725</u>	<u>378,998</u>	<u>0</u>	<u>74,749</u>

HOW CAN YOU HELP?

- Volunteer with the Doula or Rapha services to deliver vital support to those in need
- Partner with us to develop joint mental health and wellbeing services
- Create opportunities to reach vulnerable pregnant women in the Black Country and surrounding areas
- Access to practical resources, storage facilities and funding opportunities

ABOUT BETHEL HEALTH AND HEALING NETWORK

Our Vision: To enable and empower people to become physically, emotionally, and spiritually healthy

Our Mission: Offer a range of holistic services that promote health and wellbeing to people in need

Our Values: Compassion, Integrity, Empowerment, Fairness, Partnership

Our Strategic Aims:

- Diverse communities have access to quality mental health and wellbeing services
- Bethel Health and Healing Network continues to be a place of welcome for those in need
- Deliver and develop effective services for existing and new beneficiaries
- Increase our impact through strategic partnerships
- Bethel Health and Healing Network is an effective and sustainable organisation

CONTACT US



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Registered Charity No: 1116225 Company number: 05813084

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