

INSTITUTE OF HEALTH VISITING

England & Wales · Charity number 1149745

Details

Other names COLLEGE OF HEALTH VISITING, IHV

Status Registered

Legal form Charitable company

Company number [08234405](#)

Registered 2012-11-13

Register [View on the Charity Commission register](#)

Contact

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C/o Royal Society For Public Health
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London
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Website www.ihv.org.uk

Activities

Objects: THE OBJECTS OF THE CHARITY ARE:1. THE RELIEF AND PREVENTION OF SICKNESS AND THE PROMOTION OF PUBLIC HEALTH;2. THE ADVANCEMENT OF EDUCATION;3. THE RELIEF OF THOSE IN NEED BY REASON OF THEIR YOUTH, AGE, INFIRMITY OR DISABLEMENT, FINANCIAL HARDSHIP OR SOCIAL AND ECONOMIC CIRCUMSTANCES IN THE INTERESTS OF SOCIAL WELFARE AND WITH THE OBJECT OF IMPROVING THE CONDITION OF LIFE OF SUCH INDIVIDUALS BY, WITHOUT LIMITATION, ACTING AS A CENTRE OF EXCELLENCE FOR HEALTH VISITING FOR THE BENEFIT OF CHILDREN AND FAMILIES AND THE COMMUNITIES IN WHICH THEY LIVE

Activities: The Institute operates across the UK and is building international connections with other countries seeking to strengthen their own public health nursing practice. The mission of the iHV is to be a Centre of Excellence,- supporting the development of high quality health visiting practice,- so that health visitors can respond to the health needs of all children, families and communities

Classification

- **How:** Makes Grants To Individuals, Makes Grants To Organisations, Provides Other Finance, Provides Human Resources
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives, Disability, The Prevention Or Relief Of Poverty
- **Who:** The General Public/mankind

Geography

- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£1,692,884	£1,651,027	£1,135,627	27
2024-03-31	£1,601,973	£1,654,870	£1,093,770	29
2023-03-31	£1,563,939	£1,399,744	£1,146,667	29
2022-03-31	£1,575,756	£1,389,747	£982,472	29
2021-03-31	£1,243,518	£1,213,758	£796,463	25

Trustees

Name	Role	Appointed
Alis Rasul		2021-10-13
Christina Liu		2022-04-20
Dave Roberts		2019-10-28
Dr Helen Bedford		2021-01-26
Dr Michael John Fanner		2023-10-11
Professor Dame Sarah Ann Cowley		2022-10-12
Professor Mitchel Eliot Blair		2023-10-11
Samantha Carlisle		2020-05-05
Susan Janet Tokley		2023-07-18
Theresa Bishop		2021-10-13

INSTITUTE OF HEALTH VISITING

England & Wales - Charity number 1149745

Accounts



INSTITUTE OF HEALTH VISITING

TRUSTEES' REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDING 31ST MARCH 2025

**Supporting excellence in health visiting practice to give
every child the best start in life**

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Institute of Health Visiting
Company Information
For the year ended 31 March 2025

Reference and Administrative Details of the Charity, its Trustees and Advisers

Company name	Institute of Health Visiting
Company number	08234405
Charity number	1149745
Working name	iHV
Chair of Board of Trustees	Sue Tokley* (from 18 July 2023)
Trustees	<p>Prof Dame Sarah Cowley DBE, BA, PhD, PGDE, RN, RHV, HVT (from 12 October 2022)</p> <p>Dave Roberts (from 28 October 2019)</p> <p>Sam Carlisle (from 5 May 2020)</p> <p>Prof Helen Bedford PhD, MSc. RGN, RHV, FFPH, FRCPC, FiHV (from 26 January 2021)</p> <p>Alis Rasul (from 13 October 2021)</p> <p>Theresa Bishop (from 13 October 2021)</p> <p>Christina Lui* (Treasurer – from 20 April 2022)</p> <p>Dr Michael Fanner PhD, BSc (hons), PGDip, RN (from 11 October 2023)</p> <p>Prof Mitch Blair MBBS, BSc, MSc, FRCPC, FRCP, FPH, FRSPH, FiHV, (from 30 January 2024).</p>
CEO	<p>Alison Morton*, MRes, BSc (Hons) RGN, RHV, DN cert. FiHV (from 26 April 2021; previously Acting Executive Director from 1 January 2021)</p> <p>* Members of the Finance & General Purposes Committee</p>
Principal address	<p>John Snow House</p> <p>59 Mansell Street</p> <p>London E1 8AN</p>
Auditor	<p>CT Audit Limited</p> <p>61 Dublin Street</p> <p>Edinburgh</p> <p>EH3 6NL</p>
Bankers	<p>The Co-operative Bank plc</p> <p>City Office</p> <p>80 Cornhill</p> <p>London</p> <p>EC3V 3NJ</p>
Investment Managers	<p>Evelyn Partners</p> <p>45 Gresham Street,</p> <p>London</p> <p>EC2V 7BG</p>
Legal Advisors	<p>Bates, Wells and Braithwaite</p> <p>2 - 6 Cannon Street</p> <p>London</p> <p>EC4M 6YH</p>

**Institute of Health Visiting
Trustee's Report
For the year ended 31 March 2025**

Report from the Chair and Chief Executive

The Board of Trustees presents its annual report together with the annual financial statements of the Institute of Health Visiting (iHV) for the year ended 31 March 2025. This report presents an overview of our key achievements and performance in the last year, during which we increased our reach and reputation as the leading professional organisation and voice for health visiting in the UK. To supplement this report, the iHV published its public-facing [Annual Report](#) in December 2024 with more detail of our activities across our broad portfolio of work. Together, they showcase the breadth of our activities achieved by the strong team of people that make up the iHV and in collaboration with a wide range of partner organisations, practitioners and parents.

Our core mission, to strengthen the quality and consistency of health visiting for the benefit of all babies, children, families and communities, remains at the heart of everything we do. The last year has been challenging for many across the UK, but our commitment to supporting our members and the communities we serve is stronger than ever. We believe that health visiting provides an important part of the solution to improving public health outcomes for babies, children and families - and we are proud of our work to raise the profile of health visiting and strengthen the workforce. We do this by advocating for the profession through our policy work and supporting excellence in practice to enable practitioners to deliver the highest standards of care.

As child health across our nation deteriorates and health inequalities widen, we believe in a better future and that change is possible. This year, we've continued to challenge the current disparities in healthcare and outcomes, and used our collective voice to influence government policies affecting babies, children and families. To ensure that our work remains influential and impactful, our approach includes listening, collating data and sharing practitioner intelligence on the current state of health visiting and child/ family health - our annual health visiting survey has become a powerful voice for our profession and the families we serve. We are also focused on providing solutions, shining a light on excellence, collaborating with others and bringing energy, ideas, leadership and 'hope' to our profession.

We cannot achieve our mission without our members and the wide range of partners that we have been privileged to work with this year. Together, we are making a difference. We have seen growing recognition of the vital role that health visitors play and the benefits that this brings to health, education and social care through their unique reach into every family home, their breadth of skills, and their upstream approach that is vital to stem the costs of late intervention for preventable problems that are spiralling out of control.

The iHV is in a strong position as an organisation. Despite falling workforce numbers, more people are choosing to be part of the iHV than ever before (with a 10% growth in membership this year and 92% increase over the last five years). It is wonderful to welcome new members into our growing health visiting community – bringing together passionate and like-minded practitioners as a powerful force to support each other and lead our wonderful profession into the future. We are extremely thankful for the support of every one of our members and are constantly reviewing and improving our member offer to ensure that it meets their needs. This year, our iHV networking events, Special Interest Groups, conferences, engagement opportunities, leadership development programmes, innovations and research portfolios have continued to expand, reaching more practitioners than ever, and creating a thriving community pushing for excellence through their work. We will continue to ensure that health visitors, and those working within health visiting, at all stages of their careers, can continue to rely on the iHV as the 'go to' place for resources, training and development opportunities for our profession.

We are extremely grateful to our supporters, members, partners and team members who make our work possible and translate our vision into reality. A special thanks to our Board of Trustees who generously give their time, expertise, energy and commitment for free, to ensure that the iHV is well governed and achieves year-on-year success and improvement. We thank them for their ongoing support now and in the year ahead as we continue to strive for excellence for the people and communities we support.

**Institute of Health Visiting
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For the year ended 31 March 2025**

Trustees report

Our Mission

The Institute of Health Visiting* was founded in 2012 as a registered charity under the Charities Act. It is also registered as a company limited by guarantee under the Companies Act 2006.

[*Working titles for the Institute of Health Visiting are 'The Institute' and 'iHV'].

The Institute is registered as a charity in England and Wales and operates as an independent charity, professional body and Centre of Excellence for health visiting – established to strengthen the quality and consistency of health visiting practice, so that health visitors can effectively respond to the health needs of all babies, children, families and communities enabling them to achieve their optimum level of health, thereby reducing health inequalities.

Our Values

We believe that:

- Improving public health outcomes for babies, children, families and communities is at the heart of health visiting practice
- When appropriately resourced, health visiting provides a vital infrastructure of support that is central to improving public health outcomes and to reducing inequalities in health
- Ensuring the highest standards of education, research and practice means that health visitors can deliver a world-class service
- Health visiting leaders flourish in an environment of academic and professional excellence.

We are fully committed to the active promotion of equality, diversity and inclusion in everything that we do. We want to enable an organisational culture that values diversity and we are committed to eliminating unlawful discrimination.

Our Vision and Objectives

Our Vision requires health visitors to play their fullest part within an integrated system to reduce health inequalities that arise in childhood and for the UK to achieve health outcomes on a par with the best in the world.

The iHV was established to:

- Work to improve quality and consistency in health visiting practice by:
 - acting as a Centre of Excellence for improving capacity, capability and professional development in health visiting, and
 - setting professional standards for continuing professional development
- Build leadership in health visiting
- Create a forum for developing excellence in health visiting practice, including co-production with parents and carers
- Influence policies affecting health, and promote the benefits and importance of health visiting
- Develop new effective ways to get key public health information to families, both directly, and through the health visiting infrastructure
- Strengthen research capability and capacity to develop the evidence base for health visiting.

Institute of Health Visiting
Trustee's Report
For the year ended 31 March 2025

2024-25 Business Plan: Objectives and activities

In 2024-25, we focused on four key priorities for our work (what we do):

1) Influence policy to improve health, reduce inequalities and strengthen health visiting:

- Increase decision makers' understanding of the value of health visiting across the health and care system to influence national and local government policy, encouraging long-term thinking and working with stakeholders to maximise impact.
- Influence policies affecting health as all parties set out their manifesto plans for child health ahead of the general election.
- Build the case for advanced practice in health visiting, working with stakeholders.

2) Support innovation and research in health visiting:

- Work in partnership with others to support service innovation and quality improvement.
- Lead and collaborate with others on project development, implementation and evaluation.
- Promote and support research development and contribute to the evidence base for health visiting.

3) Build professional skills and knowledge to enhance health visiting workforce capability and leadership development

- Offer a range of high-quality and sustainable development opportunities to enhance health visitor workforce capability (and those they work alongside), via training, resources, conferences & events.
- Promote and support leadership development in health visiting.
- Increase access to CPD opportunities and products via iHV platforms.

4) Grow, sustain and support our membership and meet their needs

- Promote and provide a membership offer that meets our members' needs; offering value, supporting evidence-based practice and building pride and confidence within the workforce.
- Build a personalised membership approach to support continuous professional development.
- Engage with our members to understand their needs and provide opportunities for professional networking, engagement in iHV workstreams and policy influencing.

We have a further four priorities to ensure robust governance within our organisation (how we do it):

5) Make the iHV a great place to work and develop

- Provide opportunities for employees to grow and develop.
- Promote effective leadership with mutual respect and trust of all staff to ensure everyone is supported to do their job, has a voice in the organisation, receives regular feedback and understands their vital contribution to the iHV's success.
- Continue to review, develop and embed our policies that address work/life balance to enable individuals to cope successfully with the demands and pressures of work.

6) Ensure governance, infrastructure, financial and quality management:

- Ensure robust governance and communication across teams.
- Scope and develop a new iHV website and Customer Relationship Management system (CRM) to meet our organisational and user needs.
- Ensure that the "iHV brand", and stakeholders' perceptions of it as high quality, continues to grow.

7) Promote Equity, diversity and inclusion

- All iHV staff understand their contribution and take steps to achieving our goals set out in our Equality and Diversity strategy.
- Ensure that we have accessible resources that support inclusion with a focus on improving health and reducing inequalities.
- Seek to broaden the diversity of our team and the people we work with, ensuring that our organisational culture is fair, values diversity and harnesses the abilities of all our people.

**Institute of Health Visiting
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For the year ended 31 March 2025**

- Developing how we engage and involve people through co-production, to realise the benefit of multiple and diverse perspectives and strengthen our work.

8) Enhance environmental and sustainability approach

- Leading by example: develop ambitious iHV plans for sustainability.
- Advocacy: To influence policies, by advocating for 'health equity', baby and children's rights, and the reduction of harms to health caused by environmental impacts now and in the future.
- Supporting and equipping iHV members: In their health advocacy role to improve sustainability in their workplaces and through their work with babies, children, families and communities.
- Supporting and equipping iHV staff: with the knowledge they need to make a positive impact, and support the iHV's ambitions, on environmental sustainability.

Institute's activities against planned objectives in 2024/25

Our activity is organised under four main work programmes, with matrix working across teams.

I. Policy influencing (including Education policy):

In our annual survey, our members told us that being part of an organisation that acts as a 'voice' for health visiting, to influence policy, was the most important reason for being a member of the iHV. Our approach includes:

- **Understanding** - Collating frontline practitioner intelligence on the current state of health visiting and child/ family health through our annual survey.
- **Collaborating** - Including representation on numerous national policy steering groups, roundtable events and stakeholder councils across health, education and social care.
- **Manifesto influencing** - As a non-partisan organisation, in the last 12 months we engaged with all main political parties to influence manifestoes prior to the General Election.
- **Evidence submissions/ providing solutions** - We supported the new government, consultations, inquiries and parliamentary debates including:
 - Witness statements for health visiting for the Covid Inquiry modules 3 and 8.
 - Written submissions to the Darzi Review, Autumn and Spring Spending Reviews, Change NHS Consultation, The Education Committee SEND Inquiry, The Department for Education Best Start in Life and Early Years Priorities, and the Health and Care Select Committee's First 1000 Days Inquiry.
 - Evidence presentations at All Party Parliamentary Groups.
 - Presentations at national and international conferences.
- **iHV publications** – Case studies, policy briefings (including a joint policy position on the role of 0-19 specialist community public health nurses in child safeguarding), survey reports and infographics.
- **Injecting our message into the news** – With national media coverage on health visiting.
- **Working with partner organisations**, Royal Colleges, The Royal Foundation Centre for Early Childhood and other charities to maximise impact. The iHV is a Steering Group member of the First 1001 Days Movement and Maternal Mental Health Alliance, and a member of numerous coalition groups including the Health Policy Influencing Group, One Voice Movement for maternity care, Obesity Health Alliance, and Breastfeeding Alliance.
- **Education and workforce policy:** Our work has focused on influencing health visitor regulatory reform including protecting the title 'nurse' and 'health visitor', improving practice learning and career progression (including advanced practice), leading our Practice Education Network for health visiting, and supporting government officials in the Office for Health Improvement and Disparities', the Department of Health and Social Care and the Department for Education on health visiting workforce and child and family health policy workstreams.

II. Learning and Development:

2024/25 has been a challenging year for our Learning and Development department, with income below our forecasted budget due to a number of factors including funding constraints across the NHS and health visiting provider organisations, and iHV staffing gaps in key training roles which impacted our ability to deliver new

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training resources in-year. Notwithstanding these challenges, we achieved significant successes this year, including:

- **Ongoing delivery of a wide breadth of iHV training programmes throughout the UK**, including our flagship perinatal and infant mental health training packages, 'This Mum Moves' Ambassadors in partnership with the Active Pregnancy Foundation and 'Leading Excellence in Practice' programmes. The iHV is now established as the training provider of choice for health visiting, offering high-quality learning and development both in-person and online.
- **Launch of new iHV Spotlight Learn short courses and Genomics Ambassador training** – with good uptake and evaluation in these new topic areas.
- **Recruitment of a new Director of Learning and Development (L&D)**.
- **Review and development of our iHV L&D strategy**, with a number of new training products in development and some exciting new programmes due to be launched in 2025/26.
- **Successful recruitment to iHV L&D team staff vacancies** – we attracted a high volume and exceptional calibre of applications, reflecting the reputation of our organisation.
- **Quality assurance, evaluation and dissemination**: Our robust quality assurance process underpins the development and regular updating of our training programmes, including co-production with service users. The programmes we offer are independently reviewed and CPD accredited by the CPD Standards Office.

III. Innovation and Research (including mental health):

This has been an exciting and productive year for our Innovations and Research (I&R) Department. We have seen growing interest from partner organisations who want to commission us to lead a project or partner with us on a range of important programmes of research related to health visiting and public health for babies, young children and families. Our proven track record of delivering high quality products within timescale and budget, and our focus on co-production are key elements of our success, alongside our ability to work flexibly and with others.

Despite a much more challenging financial landscape for research and grant funding this year, we have delivered several successful projects and programmes in partnership with academic, professional and third-sector organisations.

The following summary provides examples of our projects, research and partners during 2024/2025 – with further details in our [public facing Annual Report](#) and on our website:

- The Royal Foundation Centre for Early Childhood – Following the success of our [Alarm Distress Baby Scale \(ADBB\) implementation feasibility study](#), and thanks to further funding from The Royal Foundation, we have commenced an 18-month [ADBB Phase Two Study](#) in partnership with Oxford University.
- AIMS Foundation funded iHV Healthy Weight Healthy Nutrition, Oral Health and Physical Activity programme.
- NIHR – 0-19 Clinical Research Network. We were delighted to win the Nursing Times Award 2024 for public health nursing for this work.
- Genomics England Programme - To raise awareness and support health visitor practice in genomics.
- NHS England (London) – A programme of interventions and research on Specialist Community Public Health Nurse student recruitment and workforce development.
- The Burdett Trust for Nursing:
 - Fathers' Mental Health in the Perinatal Period Film – due to be launched in June 2025.
 - Chronic Respiratory Disease – resources and training development.
- iHV Perinatal and Infant Mental Health Champions Programme Evaluation – supported by AIM Foundation and the University of Kent.
- Voluntary, Community and Social Enterprises Fund, in partnership with Barnardo's – production of a short film to promote uptake of the MMR vaccine.
- Development of a Motor Development Toolkit - thanks to support from Novartis.
- Others: The iHV is also involved in a number of research partnerships and collaborations, participating in steering groups, providing consultancy and supporting recruitment to studies and dissemination of findings.

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Mental Health:

Mental health remains a key priority for us at the iHV, with our work focused on the following areas:

- **Influencing policy and engaging in research:** Contributing across the UK to support their respective mental health strategies and in response to national consultations, guidance and research (see research listed above).
- **In Focus PIMH conference** on 19 September 2024.
- **Specialist PIMH Health Visitors Special Interest Groups.**
- **Training:**
 - Our PIMH training remains popular and we have a growing portfolio of training options on a variety of mental health topics, including iHV PIMH Champions training, Fathers' mental health, working with LGBTQI+ families and new 'Spotlight Learn' training on supporting parents who are neurodiverse and those whose babies require additional help at birth.
 - The national and international iHV PIMH Champions 'family' now stands at 4,500 individuals and our regular PIMH Forums continue to attract good interest.

IV. Corporate team:

Membership: Despite the enormous challenges facing the health visiting profession and falling workforce numbers, our membership has increased by 10% this year, and our membership income accounts for 27% of iHV annual income. The iHV relies on its unrestricted income from member subscriptions to support the delivery of its charitable objectives, including our policy work which is unfunded.

Meeting the needs of our members remains a priority. We engage regularly with them through iHV Networking events and Special Interest Groups, Insights events, the monthly iHV Times newsletter, our Health Visitor Advisory Forum and annual survey. Our members value the 'national voice' that we provide for the profession through our policy influencing work, as well as our large suite of resources for members which is constantly being updated. These include our Good Practice Points, web-based resources, podcasts and publications, which members find invaluable for meeting the NMC requirements for continuous professional development and staying up to date with the latest evidence. We also provide additional support and networking opportunities for our Corporate member organisations with quarterly 'Corporate Member Service Leads meetings' which provide a forum for policy and practice updates and two-way communication between national and local health visiting leaders. We regularly promote the work of our members through blogs, news stories, case studies, media engagement, conference presentations and films to raise the profile of health visiting and share excellence in practice.

Conferences and events:

iHV conferences provide an important mechanism to disseminate the latest evidence, policy and research. Following the reduction in face-to-face opportunities for practitioners to meet together post-pandemic, we have seen a revival in interest for our conferences, with increased delegate numbers and excellent feedback. Practitioners value the opportunity to connect with colleagues from across the UK and share excellence in practice. We delivered three successful conferences this year:

- **Evidence-based practice conference: a healthier future** held in Manchester on 3 July 2024.
- **In Focus, online Perinatal and Infant Mental Health Conference: Dismantling the Barriers**, 19 September 2024.
- **Leadership conference: Change for the Better** in London, 4 December 2024.

Sector-led Improvement work:

This year we have worked with a number of local authorities to support their work to drive improvements in health visiting practice. Our Sector-Led Improvement work predominantly comprises of short, time-limited projects to support quality assurance and quality improvement in practice, as well as bespoke work on specific issues including supporting local innovations, workforce engagement and service reviews.

Communications and media: Our communications and design team are central to the success of the iHV, managing our external communications and providing bespoke imagery, quality assurance and proof reading of

Institute of Health Visiting Trustee's Report For the year ended 31 March 2025

all our publications, resources and communications. Our work continues to attract good media interest – in 2024/25 we had regular coverage, including television, radio, high-profile print media and social media.

Governance, management and trustees

Governing Document: The Institute of Health Visiting is governed by its charitable Articles of Association and the Board has ultimate authority and responsibility for directing and governing the charity. The constitution of the Board is reviewed annually, and the Trustees hold an annual awayday for organisational and strategic planning in October each year.

The Trustees meet formally as a Board on a quarterly basis. The Chair, Honorary Treasurer, CEO, Directors and independent accountants meet outside the Board meetings, as a Finance and General Purposes committee focused on the organisation's finance and business planning. The input of the Trustees supplements the direct management role of the CEO and Department Directors.

Change to Trustees: Trustees can serve up to two terms (with a third term by agreement), each of three years, in office before being required to step down. Our board of trustees has remained stable this year, following the recruitment of our Chair, Sue Tokley in July 2023. By Board approval, three trustees extended their tenure for a second term this year (Christina Lui, treasurer; Sam Carlisle and Theresa Bishop).

Staffing of the Institute: Our staff play a crucial role in delivering the iHV Mission. The Institute has 27 members of staff employed on a range of permanent and temporary contracts to meet our core business, training and project work. All staff have personal objectives aligned to the iHV annual Business Plan and these are reviewed regularly through an ongoing Personal Development Review process. In addition, the iHV employs individuals as independent consultants and trainers, as needed, to support programmes of work.

Governance: This year, we changed our organisation structure, with the introduction of two new Director posts to strengthen senior leadership within the iHV and support the CEO. The Directors and Business and Operations Manager (the Senior management Team – SMT) meet monthly to review organisational performance, governance and risks in the Governance meeting, with escalation of urgent matters to the Trustees between Board meetings. The SMT also meet annually for an awayday in quarter 4 each year to support business planning, building on the key priorities identified by the Board of Trustees at their awayday in October. The Business Plan is approved by the Board each year in April. In 2025, the Trustees and iHV team will meet together to review the iHV Strategy and business priorities for the next three years, to ensure that we remain aligned with our mission, adapt to changing circumstances and maximise our impact.

Policies and procedures: To support governance, the iHV has a range of policies that are reviewed on a regular basis, and/ or updated in response to changes to national policy. This year, following the retirement of our part-time Head of HR we have transitioned our HR support to an external contractor, Safe HR who have supported us to streamline our processes and update all our policies and contracts. This transition will provide many benefits including access to health and safety experts, time-saving software and a staff portal for HR matters and access to training, ensuring that the iHV remains compliant with the latest HR and employment law updates.

Remuneration: The remuneration of all iHV staff is reviewed by the Finance and General-Purpose Committee and agreed by the Board of Trustees to ensure that staff salaries and terms and conditions are competitive within both the charity and healthcare sectors and proportionate to the complexity of each role and the delivery of our objectives and values. An annual pay review is conducted at the July Board meeting although there is no obligation to award an increase. In deciding on whether to increase pay, the Board will first consider whether it has the funds to do so. If the decision is taken to increase pay, the Board will decide on the level of pay rise taking several factors into account, iHV financial performance, the Consumer Price Index and the level of pay settlements in similar organisations. The iHV strives to be a fair employer and will treat all staff equitably with regards to the terms and conditions of employment offered including pay.

Financial systems, GDPR and IT upgrade: We continue to use Xero online accounting software, which has brought numerous benefits, improved governance and supports better invoicing and debt management. Our accountancy support is provided by the independent accountants JS2, who have worked closely with our Business and Operations Manager to develop departmental budgets to improve the granularity of our financial reports and enable us to track the financial viability of different areas of our work.

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Every year, each team reviews and cleanses its databases and processes to ensure that we remain compliant with GDPR. We continue to review and rationalise our IT systems and software packages to reduce duplication and release efficiencies across the organisation.

This year, we have embarked on a large capital expenditure project to build a new website and Customer Relationship Management System. With support from an independent IT consultant, we completed a detailed scoping exercise of our organisation's requirements to develop our Invitation to Tender document. In October 2024, the Board approved the outline costs to complete this project. Following a competitive tender process, we contracted our supplier and the project commenced in January 2025 (with a 12-month project timeline).

Sustainability: We are committed to play our part in improving environmental sustainability. Our Sustainability Policy sets out our four key business objectives, with team and individual objectives set each year for:

- **Leading by example:** To reduce the carbon footprint associated with the iHV and developing an ambitious iHV plan for sustainability. We have made good progress in reducing our print costs, shifting many of our resources to digital versions and reducing our travel impact by meeting online and using public transport where possible.
- **Advocacy:** To influence policies affecting health, by advocating for 'health equity', children's rights, and the reduction of harms to health caused by environmental impacts faced by babies, children and young people now and in the future. We have focused on respiratory disease and the health visitors' role in reducing the harms of air pollution with numerous outputs through iHV projects, conferences, Insights webinars and resources for practitioners.
- **Supporting and equipping iHV members:** To support iHV members in their health advocacy role to improve sustainability in their workplaces and improve health equity linked to environmental sustainability through their work with babies, children, families and communities.
- **Supporting and equipping iHV staff:** To equip iHV staff with the knowledge they need to make a positive impact, and support the iHV's ambitions, on environmental sustainability.

Partnerships: The Institute is independent of, but has benefited from, close working relations with the Royal Society for Public Health (RSPH) which continues to provide us with support and use of their London meeting rooms when needed (we provide a small honorarium for this support and rental costs for rooms). Alongside our income from membership fees and training, the Institute has received income through grants, consultancy work and funding from partnerships with the following organisations:

- NHS England
- NHS England (London)
- National Institute for Health and Care Research (NIHR)
- The Royal Foundation Centre for Early Childhood
- Early Education Endowment Foundation
- The Tiny Lives Trust
- The AIM Foundation
- Kindred Squared
- The Burdett Trust for Nursing
- Barnardo's
- This Mum Moves/ Active Pregnancy Foundation
- Genomics England
- Hammersmith and Fulham Council
- Healthier Together
- Novartis
- Cattnach
- University College London
- Digital Health Transformation Service

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- UK Health Security Agency
- The Nursing and Midwifery Council
- The Lullaby Trust
- University of Oxford
- Child Accident Prevention Trust
- Harry's Hat
- First Steps Nutrition
- The KPMG Foundation
- BBC Tiny Happy People
- Happy Baby Community
- Western Sydney University

Quality assurance: Quality underpins all that the iHV does. All projects have a project governance group chaired by either the CEO, Director or Trustee. We have robust quality assurance processes; our Quality Assurance toolkit and the principles set out in our Ethical Collaborations Policy guide our work.

Risks: We have clear processes in place for risk management to ensure that risks are identified, managed and escalated to the iHV Board in a timely way to support business continuity and quality control. The trustees continue to review the assessment of the major risks to which the charity is exposed and consider that the three main areas of Board-level risks are:

Financial: There is an on-going risk that the iHV could fail to attract sufficient income to maintain its core functions and staff costs. In addition, due to uncertainties around inflation and reduced potential for income from training, research and grants, there is a risk that our expenditure might exceed our income.

Mitigation: The Chair and Treasurer meet regularly with the CEO, Directors and our independent accountants to monitor income and expenditure. Our income streams are as diversified as possible to spread the risk and the iHV has healthy reserves. Business and workforce planning is managed through our monthly governance group – we adapt our strategy in response to user-needs to ensure that our products remain attractive and fit-for-purpose, focusing our efforts where we can make the biggest difference. We have clear processes in place for financial governance/ sign off – and use Xero finance management system to track invoices, income and expenditure.

People: There is a risk that staffing levels may not be sufficient to meet operational demands, leading to decreased productivity, increased employee workload and potential service delivery issues. In particular, due to increased requests for iHV involvement in national policy work (which is pro bono), there is a risk that this diverts staff time away from other iHV business critical work/ or creates excessive unmanageable workloads that impact on staff wellbeing and retention.

Mitigation: Close monitoring of iHV workforce capacity, workforce planning, forecasting and succession planning. Rapid recruitment to additional posts as needed and ongoing review of our objective to 'make the iHV a great place to work', to support retention and career progression. Business continuity planning is in place and staff are trained to ensure that there is adequate cover for all roles to manage unexpected staff losses. The CEO and Directors provide quarterly updates to the Board of Trustees in their reports which cover staffing requirements. Staff wellbeing is reviewed at individual 1:1s with line managers and we support team wellbeing through our annual 2-day 'Awayday', flexible working policy and signposting to additional support where needed.

IT infrastructure: There is a risk that the implementation of a new website and Customer Relationship Management System may encounter unforeseen technical, financial and operational challenges, potentially impacting service delivery, stakeholder engagement and/ or costs that exceed the indicative budget.

Mitigation: Clear project initiation document, with external IT consultancy support for project management, mapping personnel to ensure availability to support key deliverables across the project timeline, close monitoring of budgets and prioritisation of features to manage potential scope creep.

Institute of Health Visiting
Trustee's Report
For the year ended 31 March 2025

Objectives for the year ahead 2025/2026:

Our work spans the breadth of health visiting policy, practice, education, training and research, giving us a unique understanding of the strategic context for health visiting now and in the future. Within this, we focus our resources where we think we can make the biggest impact. Our 3-year Strategy and Business Plan are due to be reviewed this year. In the meantime, we continue to work to our current Business Plan with the following key objectives for 2025/26:

1) Influence policy to improve health, reduce inequalities and strengthen health visiting:

- **Understand needs** by listening to, collating and sharing practitioner intelligence and evidence on the current state of health visiting and child/ family health.
- **Collaborate** to form and maintain strong alliances with partners and key stakeholders to build support for health visiting and raise awareness on the importance of investing in the earliest years of life.
- **Provide solutions** in the face of challenge to aid decision makers' understanding of the value of health visiting, as a vital workforce and infrastructure of support for babies, children, families and communities, encouraging long-term thinking and influencing policies across health, education and social care.
- **Provide system leadership and evidence** to influence health visiting workforce and education policy: Focusing on improvement, develop, identify and support the implementation of successful practices.

2) Support innovation, research and quality improvement in health visiting:

- **Seek further opportunities to collaborate** with others to support service innovation, research and quality improvement.
- **Lead and collaborate with others on projects** that support the aims and objectives of the iHV.
- **Build research capacity and capability in health visiting** via engagement within specific research activity, with the aim of embedding research across career trajectory.

3) Build professional skills and knowledge to enhance health visiting workforce capability and leadership development

- **Offer a range of high-quality and sustainable learning and development opportunities** to enhance health visitor workforce capability (and those they work alongside), via resources, conferences and events.
- **Develop, promote and support leadership development in health visiting** that meets the needs of practitioners and the system.
- **Increase access to CPD opportunities** and products via iHV platforms.

4) Grow, sustain and support our membership and meet their needs

- **Promote and provide a membership offer that meets our members' needs** offering value, supporting evidence-based practice and building pride and confidence within the workforce.
- **Build a personalised membership approach** to support our members' continuous professional development requirements.
- **Engage with our members to understand their needs** and provide opportunities for professional networking, engagement in iHV workstreams and policy influencing.

How we work in a changing world:

5) Make the iHV a great place to work and develop

- **Provide opportunities for employees to connect, develop and thrive.**
- **Effective leadership** with mutual respect to ensure everyone is supported to do their job, receives regular feedback and understands their vital contribution to the iHV's success.
- **Ensure fair employment practices, fostering a supportive work environment.**

6) Good governance, infrastructure, financial and quality management:

**Institute of Health Visiting
Trustee's Report
For the year ended 31 March 2025**

- **Review and update iHV 3-year Strategy and business plan**
- **Ensure good governance, financial management and business development.**
- **Develop and launch a new iHV website and Customer Relationship Management system (CRM)** to meet our organisational and user needs.
- **Ensure that the iHV brand, design, and products are high quality – with good media and social media presence.**

7) Equity, diversity and inclusion

- **All iHV staff understand their contribution** and take steps to achieving our goals set out in our Equality and Diversity strategy.
- **Ensure that we have accessible resources** that support inclusion with a focus on improving health and reducing inequalities
- **Seek to broaden the diversity of our team and the people we work with**, becoming a more inclusive employer by ensuring that our organisational culture is fair, values diversity and harnesses the abilities of all our people.
- **Develop ways to involve people through co-production**, to realise the benefit of multiple and diverse perspectives and strengthen our work.

8) Environmental and sustainability

- **Leading by example:** To reduce the carbon footprint associated with the iHV, benchmarking our performance and developing an ambitious iHV plan for sustainability for the next two years in line with our recently updated Sustainability Policy.
- **Advocacy:** To influence policies affecting health, by advocating for 'health equity', children's rights, and the reduction of harms to health caused by environmental impacts faced by babies, children and young people now and in the future.
- **Supporting and equipping iHV members:** To support iHV members in their health advocacy role to improve sustainability in their workplaces and improve health equity linked to environmental sustainability through their work with babies, children, families and communities.
- **Supporting and equipping iHV staff:** To equip iHV staff with the knowledge they need to make a positive impact, and support the iHV's ambitions, on environmental sustainability.

Financial Review

In line with many other charities, this has been a challenging year financially for the iHV as we faced increased inflationary pressures and a much more competitive environment for attracting training, grant and research income as public sector budgets experienced significant cuts. Fortunately, the iHV has demonstrated resilience and adaptability and remains in a strong financial position with sufficient reserves to weather the storms.

Having set a deficit budget of -£67,751 at the start of the year, our end of year position is better than expected. The Institute has finished the year with a surplus of £41,857. Our total income has increased from £1,601,973 in 2023/24 to £1,692,884 in 2024/25. This variation on prior year is due to an increase in income from membership, grants, projects and investments, offset in part by a decrease in income from training.

Expenditure in the year has remained reasonably static at £1,651,027 in 2024/25, compared to £1,654,870 in 2023/24 as we sought to achieve efficiencies by reducing activity costs.

Reserves policy and going concern

In assessing the overall level of reserves, the Board aims at all times to maintain sufficient unrestricted funds to ensure it remains solvent going forward. The Institute currently holds total reserves of £1,135,627 (2024: 1,093,770) of which £977,551 (2024: 1,039,181) are free reserves (unrestricted funds). The iHV has £800,000 in investments managed by Evelyn Partners and the income from this investment was £36,657 last year. The trustees have set aside a designated fund for our new website and CRM project of £343,000 (approved by the

Institute of Health Visiting
Trustee's Report
For the year ended 31 March 2025

Board in October 2024, following the scoping of our requirements), with £119,315 capitalised to date. The iHV closed the year with unrestricted reserves that equate to approximately 7 months standard running costs. The Board remain vigilant to financial and operational risks and has reviewed the current situation when setting the 2025/26 budget. The Board takes a long-term view on iHV finances and remains committed to investing in the organisation's growth.

The Trustees have reviewed the charity's financial position, taking into account current performance, secured future income, the ongoing inflationary pressures, the satisfactory levels of reserves, cash at year end and projections. They have considered future plans, along with internal processes and systems for managing financial and operational risks. The trustees are confident that the charity has adequate resources and infrastructure to continue operating for the foreseeable future.

Statement of Trustees' Responsibilities

The Trustees (who are also directors for the purposes of company law) are responsible for preparing the Trustees' 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 charitable company 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 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 presume that the charity will continue in business.

The Trustees are responsible for keeping proper 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;
- and The Trustees have taken all steps that they ought to have taken to make sure they are aware of any relevant audit information and to establish that the auditor is aware of that information.

Public Benefit

The Trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the aims and objectives and in planning the future activities. In particular, the Trustees consider how planned activities and grant making will contribute to the aims and objectives they have set. The Trustees consider the current policy for grant making and the current activities deliver public benefit. Details of the objects which form the basis of this are given in this report.

Auditors

Our auditors CT Audit Limited have now completed their third audit on behalf of the charity. This report of the Board of Trustees has been prepared taking advantage of the small companies exemption of section 415A of the Companies Act 2006.

Susan Tokley
Chair

Susan Tokley

22 August 2025

**Institute of Health Visiting
Independent Auditor's Report
For the year ended 31 March 2025**

Independent auditor's report to the members of Institute of Health Visiting

Opinion

We have audited the financial statements of Institute of Health Visiting for the year ended 31 March 2025 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

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

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity 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 basis for our opinion.

Conclusions relating to going concern

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

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

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

Other information

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

In connection with our audit of the financial statements, our responsibility to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. 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.

**Institute of Health Visiting
Independent Auditor's Report
For the year ended 31 March 2025**

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' report (which includes the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' 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 (which incorporates the directors' 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 trustees 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' report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 15, the trustees (who are also the directors of the charitable company for the purpose of company law) are responsible for the preparation of financial statements which 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 financial statements, the trustees are responsible for assessing the charitable company's ability to continue as 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, is detailed below:

We gained an understanding of the legal and regulatory framework applicable to the charitable company and the sector in which it operates and considered the risk of acts by the charitable company which were contrary to applicable laws and regulations, including fraud. This included but was not limited to the Companies Act 2006 and the Charities Act 2011.

**Institute of Health Visiting
Independent Auditor's Report
For the year ended 31 March 2025**

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion.

We focused on laws and regulations that could give rise to a material misstatement in the charitable company's financial statements. Our tests included, but were not limited to:

- enquiry of management and those charged with governance around actual and potential litigation and claims as well as actual, suspected and alleged fraud;
- reviewing minutes of meetings of those charged with governance;
- assessing the extent of compliance with the laws and regulations considered to have a direct material effect on the financial statements or the operations of the organisation through enquiry and inspection;
- reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations;
- performing audit work over the risk of management bias and override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for indicators of potential bias;
- performing analytical procedures to identify any unexpected movements which may indicate irregularities and substantiated the explanations given for these movements; and
- reviewing the accounting policies and the application of these policies to ensure compliance with the standard and consistency of application.

There are inherent limitations in an audit of financial statements and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we would become aware of it. We also addressed the risk of management override of internal controls, including testing journals and evaluating whether there was evidence of bias by the trustees that represented a risk of material misstatement due to fraud.

A further description of our responsibilities for the audit of the financial statements is located 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.



Jeremy Chittleburgh CA (Senior Statutory Auditor)

For and on behalf of
CT Audit Limited
Chartered Accountants and Statutory Auditor
61 Dublin Street
Edinburgh
EH3 6NL

Date: 25 August 2025

Institute of Health Visiting

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

For the year ended 31 March 2025

		2025			2024		
	Note	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £	Total £
Income from:							
Donations	2	42,901		42,901	34,656		34,656
Charitable activities:	3						
Grant		2,272	633,101	635,373	78,818	257,200	336,018
Education & Training		514,871		514,871	821,338		821,338
Membership		450,139		450,139	402,861		402,861
Other		1,744		1,744	2,575		2,575
Interest		47,856		47,856	4,525		4,525
Total income		1,059,783	633,101	1,692,884	1,344,773	257,200	1,601,973
Expenditure on:							
Charitable activities	4	1,121,413	529,614	1,651,027	1,277,068	377,802	1,654,870
Total expenditure		1,121,413	529,614	1,651,027	1,277,068	377,802	1,654,870
Transfer between funds							
Net movement in funds		(61,630)	103,487	41,857	67,705	(120,602)	(52,897)
Reconciliation of funds:							
Total funds brought forward		1,039,181	54,589	1,093,770	971,476	175,191	1,146,667
Total funds carried forward		977,551	158,076	1,135,627	1,039,181	54,589	1,093,770

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 16 to the financial statements.

Institute of Health Visiting**Balance Sheet**

Company no. 08234405

As at 31 March 2025

	Note	£	2025 £	2024 £
Fixed assets:				
Tangible assets	10		2,107	6,102
Intangible assets	11		119,315	
			<u>121,422</u>	<u>6,102</u>
Current assets:				
Debtors	12	212,343		308,317
Cash at bank and in hand		1,143,123		1,336,662
		<u>1,355,466</u>		<u>1,644,979</u>
Liabilities:				
Creditors: amounts falling due within one year	13	(341,261)		(557,311)
			<u>1,014,205</u>	<u>1,087,668</u>
Net current assets			<u>1,014,205</u>	<u>1,087,668</u>
Total net assets			<u><u>1,135,627</u></u>	<u><u>1,093,770</u></u>
The funds of the charity:				
Restricted income funds	16		158,076	54,589
Unrestricted income funds:				
Designated funds			342,875	150,000
General funds			634,676	889,181
			<u>1,135,627</u>	<u>1,093,770</u>
Total charity funds			<u><u>1,135,627</u></u>	<u><u>1,093,770</u></u>

22 August 2025

Approved by the trustees on and signed on their behalf by:

*Susan Tokley*Sue Tokley
Chair*Christina Liu*Christina Liu
Treasurer

Institute of Health Visiting**Statement of cash flows****For the year ended 31 March 2025**

	Note	2025 £	2024 £
Cash flows from operating activities			
Net cash provided by/ (used in) operating activities	a	(122,080)	20,314
Cash flows from investing activities:			
Interest from investments		47,856	4,525
Purchase of fixed assets		(119,315)	(3,399)
Change in cash and cash equivalents in the year		<u>(193,539)</u>	<u>21,440</u>
Cash and cash equivalents at the beginning of the year		<u>1,336,662</u>	<u>1,315,222</u>
Cash and cash equivalents at the end of the year	b	<u><u>1,143,123</u></u>	<u><u>1,336,662</u></u>

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

	2025 £	2024 £
Net income/ (expenditure) for the reporting period (as per the statement of financial activities)	41,857	(52,897)
Depreciation charges	3,995	7,706
Dividends, interest and rent from investments	(47,856)	(4,525)
(Increase) in debtors	95,974	27,743
Increase/(decrease) in creditors	(216,050)	42,287
Net cash provided by/ (used in) operating activities	<u>(122,080)</u>	<u>20,314</u>

b) Analysis of changes in net debt

	At 1 April 2024 £	Cash flows £	At 31 March 2025 £
Cash in hand and at bank	<u>1,336,662</u>	(193,539)	<u>1,143,123</u>
Total cash and cash equivalents	<u>1,336,662</u>	(193,539)	<u><u>1,143,123</u></u>

Institute of Health Visiting
Notes to the financial statements
For the year ended 31 March 2025

1 Accounting policies

a) 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) (effective 1 January 2015) - (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The financial statements are prepared in sterling (£), which is the functional currency of the company, and rounded to the nearest £.

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

The trustees consider that there are no significant areas of estimation or judgement.

b) Public benefit entity

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

c) 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.

The Trustees have reviewed the charity's financial position, taking into account current performance, the satisfactory levels of reserves and cash at year end and projections. They have considered future plans, along with internal processes and systems for managing financial and operational risks. As a result, the Trustees have a reasonable expectation that the charity has adequate resources and infrastructure to continue operating for the foreseeable future.

d) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions 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 performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

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

e) 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.

f) 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 income received or generated for the charitable purposes.

g) 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 on charitable activities includes the costs of undertaken to further the purposes of the charity and their associated support costs.

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

Institute of Health Visiting
Notes to the financial statements
For the year ended 31 March 2025

h) Allocation of support costs

Expenditure is allocated to the particular activity where the cost relates directly to that activity. However the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

i) Tangible fixed assets

Fixed assets are stated at original historical cost less aggregate depreciation are only capitalised at a threshold exceeding £1,000. Depreciation is provided at rates calculated to write off the cost less estimated residual value of each asset on a reducing balance basis over its estimated useful life as follows:

Computer equipment: 3 years straight line

j) Intangible fixed assets

Fixed assets are stated at original historical cost less aggregate depreciation are only capitalised at a threshold exceeding £1,000. Amortisation is provided at rates calculated to write off the cost less estimated residual value of each asset on a reducing balance basis over its estimated useful life as follows:

Website Database 3 years straight line

k) 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.

l) 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. Cash balances exclude any funds held on behalf of service users.

m) 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.

The charity 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.

2 Income from donations and legacies

	2025	2024
	Total	Total
	£	£
Donations	6,746	2,478
Gift Aid	36,155	32,178
	42,901	34,656

All donations and gift aid are unrestricted in both the current and prior year.

Institute of Health Visiting
Notes to the financial statements
For the year ended 31 March 2025

3 Income from charitable activities

Current year

	Unrestricted £	Restricted £	2025 Total £
Grants:			
Innovation & Research Core	2,272		2,272
AIM HWHN 3 years from June 23		40,000	40,000
Welsh Evaluation		2,212	2,212
Baby Breathe		32,595	32,595
Genomics		25,756	25,756
Surviving Crying		6,803	6,803
0-19 Research Network		1,300	1,300
Royal Foundation ADBB		124,603	124,603
Novartis Toolkit		25,062	25,062
Burdett Fathers Film		93,256	93,256
Healthier Together		15,000	15,000
H&F MOU		25,500	25,500
Burdett CRD		80,482	80,482
Kent Project		17,978	17,978
BBC Tiny Happy People		16,028	16,028
Kindred Squared		40,384	40,384
JLA		50,000	50,000
PIMH Evaluation		30,000	30,000
Contracts:			
WSU-SB		6,142	6,142
	2,272	633,101	635,373
Education & Training	514,871		514,871
Membership	450,139		450,139
Other	1,744		1,744
	966,754		966,754
Total income from charitable activities 2025	969,026	633,101	1,602,127

Prior year

	Unrestricted £	Restricted £	2024 Total £
Grants:			
Core	18,772		18,772
Consultancy, Innovation & Enterprise	9,382		9,382
AIM Healthy Weight Healthy Nutrition		40,000	40,000
Baby Breathe		43,373	43,373
Genomics	24,907		24,907
Surviving Crying		6,800	6,800
0-19 Research Network	25,757		25,757
Burdett - CVD Project		69,511	69,511
Royal Foundation/ADBB		46,511	46,511
Pan London		42,955	42,955
NHS England Public Health Campaign		8,050	8,050
	78,818	257,200	336,018
Education & Training	821,338		821,338
Membership	402,861		402,861
Other	2,575		2,575
	1,226,774		1,226,774
Total income from charitable activities 2025	1,305,592	257,200	1,562,792

Institute of Health Visiting
Notes to the financial statements
For the year ended 31 March 2025

4 Analysis of expenditure

Current year	Charitable activities £	Governance costs £	Support costs £	2025 Total £
Staff costs (Note 6)	1,110,986	24,332	87,984	1,223,302
Direct Costs	96,560			96,560
Publicity			35	35
Travel & Subsistence			23,152	23,152
Premises costs			13,742	13,742
Office costs			190,836	190,836
Legal & Consultancy			4,458	4,458
Accountancy & Bookkeeping Fees			30,191	30,191
Audit fees		7,140		7,140
Sundry Expenses			24,356	24,356
Depreciation			3,995	3,995
Irrecoverable VAT			33,260	33,260
	1,207,546	31,472	412,009	1,651,027
Support costs	412,009		(412,009)	
Governance costs	31,472	(31,472)		
Total expenditure 2025	1,651,027			1,651,027
	Charitable activities £	Governance costs £	Support costs £	2024 Total £
Staff costs (Note 6)	1,161,446	9,564	75,577	1,246,587
Direct Costs	154,903			154,903
Publicity			2,782	2,782
Travel & Subsistence			29,967	29,967
Premises costs			17,124	17,124
Office costs			131,127	131,127
Legal & Consultancy			1,325	1,325
Accountancy & Bookkeeping Fees			28,580	28,580
Audit fees		7,127		7,127
Sundry Expenses			10,610	10,610
Depreciation			7,706	7,706
Irrecoverable VAT			17,032	17,032
	1,316,349	16,691	321,830	1,654,870
Support costs	321,830		(321,830)	
Governance costs	16,691	(16,691)		
Total expenditure 2024	1,654,870			1,654,870

Institute of Health Visiting
Notes to the financial statements
For the year ended 31 March 2025

5 Net income for the year

This is stated after charging / crediting:

	2025	2024
	£	£
Depreciation	3,995	7,706
Audit fee	7,140	7,000
		<u>7,000</u>

6 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	900,435	903,221
Social security costs	87,850	87,609
Employer's contribution to defined contribution pension schemes	175,616	174,042
Seconded staff	59,401	81,715
	1,223,302	<u>1,246,587</u>

One employee earned (excluding employer pension) between £60,000 and £70,000 during the year (2024: 2). One employee earned (excluding employer pension) between £70,000 and £80,000 during the year (2024: 1).

The total employee benefits including employers pension contributions of the key management personnel was £231,000 (2023: £94,997). The key management personnel were made up of the Executive Director, Head of Operations, Head of Innovation & Research and Head of Learning & Development

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2024: £nil). During the year, trustees were reimbursed at total of £695.49 for travel and subsistence costs (2024: 0 trustees £Nil) relating to attendance at meetings of the trustees.

7 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

	2025	2024
	No.	No.
Charitable activity	24.0	26.0
Support	3.0	3.0
	<u>27.0</u>	<u>29.0</u>

8 Related party transactions

There were no related party transactions including donations from related parties which are outside the normal course of business in the current or preceding year.

9 Taxation

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

10 Tangible fixed assets

	Computer equipment
	£
Cost	
At the start of the year	43,144
Additions in year	
At the end of the year	<u>43,144</u>
Depreciation	
At the start of the year	37,042
Charge for the year	3,995
At the end of the year	<u>41,037</u>
Net book value	
At the end of the year	<u><u>2,107</u></u>
At the start of the year	<u>6,102</u>

All of the above assets are used for charitable purposes.

Institute of Health Visiting
Notes to the financial statements
For the year ended 31 March 2025

11 Intangible fixed assets

**Website
Database**
£

Cost

At the start of the year

Additions in year

119,315

At the end of the year

119,315

Amortisation

At the start of the year

Charge for the year

At the end of the year

Net book value

At the end of the year

119,315

At the start of the year

All the above assets are used for charitable purposes.

12 Debtors

2025 2024

£ £

Trade debtors

85,270 190,435

Other debtors

127,073 117,882

212,343 308,317

13 Creditors: amounts falling due within one year

2025 2024

£ £

Trade creditors

12,777 37,634

Taxation and social security

29,126 42,517

Other creditors and accruals

28,695 35,839

Deferred income

270,663 441,321

341,261 557,311

14 Deferred income

Deferred income comprises membership fees paid in advance.

2025 2024

£ £

Balance at the beginning of the year

441,321 389,221

Amount released to income in the year

(441,321) (389,221)

Amount deferred in the year

270,663 441,321

Balance at the end of the year

270,663 441,321

15 Analysis of net assets between funds

As at 31 March 2025

General
unrestricted Restricted **Total funds**
£ £ £

Tangible fixed assets

2,107 **2,107**

Net current assets

856,129 158,076 **1,014,205**

Net assets at the end of the year

858,236 **158,076** **1,016,312**

As at 31 March 2024

General
unrestricted Restricted **Total funds**
£ £ £

Tangible fixed assets

10,409 **10,409**

Net current assets

961,067 175,191 **1,136,258**

Net assets at the end of the year

971,476 **175,191** **1,146,667**

Institute of Health Visiting
Notes to the financial statements
For the year ended 31 March 2025

16 Movements in funds

<i>Current year</i>	At the start of the year £	Income £	Expenditure £	Transfers £	At the end of the year £
Restricted funds:					
AIM HWHN 3 years from June 23	10,000	40,000	(40,000)		10,000
Welsh Evaluation		2,212	(2,212)		
Baby Breathe		32,595	(32,595)		
Genomics		25,756	(25,756)		
Surviving Crying		6,803	(6,803)		
0-19 Research Network		1,300	(1,300)		
Royal Foundation ADBB		124,603	(91,874)		32,729
Pan London	4,348		(4,348)		
Novartis Toolkit		25,062	(25,062)		
Burdett Fathers Film		93,256	(93,256)		
Healthier Together		15,000	(15,000)		
Burdett CRD		80,482	(54,696)		25,786
Burdett CVD Project	40,241		(40,241)		
H&F MOU		25,500	(25,500)		
Kent Project		17,978	(17,978)		
BBC Tiny Happy People		16,028	(16,028)		
Kindred Squared		40,384	(6,731)		33,653
JLA		50,000	(5,556)		44,444
PIMH Evaluation		30,000	(18,536)		11,464
WSU-SB		6,142	(6,142)		
Total restricted funds	54,589	633,101	(529,614)		158,076
Unrestricted funds:					
Designated funds	150,000		(125)	193,000	342,875
General funds	889,181	1,059,783	(1,121,288)	(193,000)	634,676
Total funds	1,093,770	1,692,884	(1,651,027)		1,135,627
Prior year	At the start of the year £	Income £	Expenditure £	Transfers £	At the end of the year £
Restricted funds:					
AIM HWHN Apr 20 to Apr 23	34,660		(34,660)		
AIM HWHN 3 years from June 23		40,000	(30,000)		10,000
AIM Mental Health	45,000		(45,000)		
PATH					
Baby Breathe	31,196	43,373	(74,569)		
Domestic Abuse	22,651		(22,651)		
Surviving Crying		6,800	(6,800)		
Burdett CVD Project	3,648	69,511	(32,918)		40,241
Strep A	18,036		(18,036)		
Royal Foundation ADBB		46,511	(46,511)		
Pan London		42,955	(38,607)		4,348
Burdett - Chronic Respiratory Disease					
NHS England Public Health Campaign		8,050	(8,050)		
Sylvia Adams Trust	20,000		(20,000)		
Total restricted funds	175,191	257,200	(377,802)		54,589
Unrestricted funds:					
Designated funds	150,000				150,000
General funds	821,476	1,344,773	(1,277,068)		889,181
Total funds	1,146,667	1,601,973	(1,654,870)		1,093,770

Institute of Health Visiting

Notes to the financial statements

For the year ended 31 March 2025

16 Movements in funds (continued)

Purposes of funds

AIM (Healthy Weight Healthy Nutrition) (3yr from June23)

This funding will support the updating of Healthy Weight Healthy Nutrition training and the provision of four regional training events for Health Visitors. This is a 3-year grant programme commencing in April 2023

AIM (Healthy Weight Healthy Nutrition)

This two-year project seeks to upskill all health visitors in nutrition information and best practice in encouraging healthy diets. The training is in the form of a cascade with the trained champions cascading the training to their workplace colleagues.

AIM (Mental Health)

This funding will support the sustainability of the iHV perinatal mental health champions project. It provides a regional and a national forum for the champions to stay connected with the iHV and their colleagues.

Baby Breathe

Funding successful for this RCT of a postpartum smoking intervention to support new mums stay smoke free. Ethics agreed and recruitment due to commence July 2021

Domestic Abuse

The For Baby's Sake Trust funded the iHV to develop an online Domestic Abuse digital training toolkit for health visitors.

De Montfort (Surviving Crying)

4-year funded project from Sept 2021 - Sept 2025: Cluster Randomised Controlled Trial of a Service to Support the Mental Health & Coping of Parents with Excessively Crying Infants.

Burdett CVD Project

Strengthening health visitor's role in prevention and early intervention for cardiovascular disease, through application of the family partnership framework to help families adopt healthier behaviours.

Strep A

This funding is for the iHV to support the unforeseen pressures on paediatric services.

Royal Foundation ADBB

This funding is to fund an Alarm Distress Baby Scale (ADBB) training programme and field trial from March 23 to March 24.

Pan London

HEE (London) funded Specialist Community Public Health Nurses (SCPHN) improving Education Infrastructure Project to upskill Health Visitors and School Nurses to deliver the Nursing and Midwifery Council (NMC) Standard for Student Supervision and Assessment (SSSA) (2019) role supporting high quality post registered Student placements across an ICB Footprint x 5 in London.

Burdett CVD Project

Strengthening health visitor's role in prevention and early intervention for cardiovascular disease, through application of the family partnership framework to help families adopt healthier behaviours.

PHE Sexual Reproductive Health

Project funder to design and develop resources aimed at advice to expectant and new parents on sexual and reproductive health. All resources are now complete e-learning and parent leaflet due for launch. The final report has been submitted for this project.

Strep A

This funding is for the iHV to support the unforeseen pressures on paediatric services.

Sylvia Adams Trust

Open funding grant to the iHV to help them achieve their mission of strengthening health initiatives for babies and infants in England

Institute of Health Visiting Notes to the financial statements For the year ended 31 March 2025

16 Movements in funds (continued) Anonymous

Family Foundation

This funding will support the sustainability of the iHV perinatal mental health champions project. It provides a regional and a national forum for the champions to stay connected with the iHV and their colleagues.

PATH

This European partner project involves 13 partners from the UK, France, the Netherlands and Belgium. It is focused on raising the profile of perinatal mental health in mothers and fathers and will produce a host of new resources for partner countries to use over its 3.5-year life span.

NSPCC LSSP

Look, Say, Sing, Play is an NSPCC national and local campaign which aims to educate parents about the importance of interacting with and understanding their babies, and provides them with gives them tips and resources to demonstrate show them how to do this, and. The NSPCC developed Look, Say, Sing, Play based on a campaign in the USA, which encouraged parents to be more sensitive and responsive to their child's thinking, feeling and behaviour. aims to The NSPCC developed a similar campaign for the UK to encourage responsive parenting with the aim of reducing the risk of abuse and neglect. The NSPCC carried out an evaluation of Look, Say, Sing, Play research to inform future implementation and delivery how the campaign should be delivered.

CHSA

This is a time-limited grant funded programme to support the development of Emotional Wellbeing at Work Champions across the UK.

VCSE

Providing support to respond to a potential surge in respiratory infections in children

Designated Funds

Following two years of surpluses, the Trustees have decided to invest the funds into a new website and membership platform for the benefit of members.

Transfers

Transfers were made in the year against funds which had an allocation against overheads spent and against a few funds which were fully spent at the prior year end and costs weren't fully allocated in the prior year so had shown in unrestricted costs instead.

17 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.

18 Capital commitments in relation to the CRM website

At 31 March 2025, the Institute of Health Visiting has a committed spend of £343,000 in relation to the development of a CRM website. This amount has been designated by the trustees from unrestricted funds to reflect the planned investment in the project. The expenditure is expected to be incurred in the forthcoming years, and the designated fund will be released as the costs are incurred.

INSTITUTE OF HEALTH VISITING

England & Wales - Charity number 1149745

Accounts



INSTITUTE OF HEALTH VISITING

TRUSTEES' REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDING 31ST MARCH 2024

**Supporting excellence in health visiting practice to give
every child the best start in life**

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**Institute of Health Visiting
Company Information
For the year ended 31 March 2024**

Reference and Administrative Details of the Charity, its Trustees and Advisers

Company name	Institute of Health Visiting
Company number	08234405
Charity number	1149745
Working name	iHV
Trustees	<p>Pamela Goldberg*, OBE, FRSA, Chair (from 28 July 2016 to 18 July 2023) Sue Tokley*, Chair (from 18 July 2023) Prof Dame Sarah Cowley DBE, BA, PhD, PGDE, RN, RHV, HVT (from 12 October 2022) Dave Roberts (from 28 October 2019) Sam Carlisle (from 5 May 2020) Prof Helen Bedford PhD, MSc. RGN, RHV, FFPH, FRCPCH, FiHV (from 26 January 2021) Dr Sharin Baldwin PhD, MSc, PG Dip, BSc (Hons), HV, RM, RN, QN, FiHV (from 13 October 2021 to 19 April 2023) Alis Rasul (from 13 October 2021) Theresa Bishop (from 13 October 2021) Christina Lui* (Treasurer – from 20 April 2022) Dr Michael Fanner PhD, BSc (hons), PGDip, RN (from 11 October 2023) Prof Mitch Blair MBBS, BSc, MSc, FRCPCH, FRCP, FPH, FRSPH, FiHV, (from 30 January 2024)</p>
CEO	<p>Alison Morton*, MRes, BSc (Hons) RGN, RHV, DN cert. FiHV (from 26 April 2021; previously Acting Executive Director from 1 January 2021) * Members of the Finance & General Purposes Committee</p>
Principal address	<p>John Snow House 59 Mansell Street London E1 8AN</p>
Auditor	<p>CT 61 Dublin Street Edinburgh EH3 6NL</p>
Bankers	<p>The Co-operative Bank plc City Office 80 Cornhill London EC3V 3NJ</p> <p>Lloyds Bank plc (account closed 28 November 2023) PO Box 1000 BX1 1LT</p>
Legal Advisors	<p>Bates, Wells and Braithwaite 2 - 6 Cannon Street London EC4M 6YH</p>

**Institute of Health Visiting
Trustee's Report
For the year ended 31 March 2024**

1. Report from the Chair and Chief Executive

The Board presents its annual report together with the financial statements of the Institute of Health Visiting (iHV) for the year ended 31 March 2024. This report looks back at our organisation's performance and the progress that we have made in the last year. In addition to this report, the iHV published its public-facing Annual Report in December 2023 with more detail of our activities across our broad portfolio of work. Together, they showcase the breadth of iHV activities achieved by the talented people that make up the iHV team and in collaboration with so many partner organisations, practitioners and parents.

Every year, health visitors and their teams support millions of families across the UK, making an incredible difference to so many. When sufficiently resourced, health visitors play a crucial role in ensuring that families get good, joined up support - preventing, identifying and treating problems before they reach crisis point. This is not just good news for families! The benefits of an effective health visiting service accrue to numerous government departments, contributing to a multitude of policy priorities for babies, children and families across health, education and social care – taking pressure off other parts of the system and avoiding costly late intervention. However, the sector also faces significant challenges that cannot be ignored, with funding and workforce shortages in many areas impacting on the quality of support that health visitors are able to provide.

We are indebted to all our supporters and partners who have worked with us to raise the profile of health visiting this year. In particular, it has been our privilege and pleasure to continue our work with The Royal Foundation Centre for Early Childhood and HRH The Princess of Wales who shone a spotlight on our wonderful profession. The Princess spent time shadowing health visitors and the Centre launched a short film on health visiting which provided a boost to the profession and attracted global media interest. We have also been delighted with the growing support for health visiting from across the sector.

The Institute remains in a strong position, we have a seat at the table in multiple national stakeholder forums, and we have grown our partnerships this year. With thanks to our members' and supporters, we continue to extend our reach and have been delighted to welcome more individual and corporate members to our growing community over the last year. We have also been able to increase our policy influence and deliver more education, training, research, sector-led improvement and projects than ever before! The achievements are testament to the hard work, clear vision and contributions of so many who have played their part in our organisation's success.

Our work remains focused on meeting the needs of our growing membership, with numerous opportunities for engagement with our members and other stakeholders throughout the year. Their frontline practitioner intelligence informs our work as we provide a much-needed "voice" for our profession. This has helped to shape national policies and contributed to numerous major pieces of work this year – these include our witness evidence submitted to the Module 3 of the COVID-19 Inquiry and our evidence submission for the Working Together to Safeguard Children 2023 consultation. There is clear evidence that our work is contributing to an increased recognition of the importance of prevention, public health and investment in the earliest years of life across governments, political parties and wider society – we are optimistic for the future and there is much to celebrate.

We are extremely grateful to our supporters, members, funders and friends. This coupled with the energy and expertise of the iHV team and Board of trustees have all helped to shape the iHV into the effective organisation that it is today. We thank them for their ongoing support.

**Institute of Health Visiting
Trustee's Report
For the year ended 31 March 2024**

2. Trustees report

Our Mission

The Institute of Health Visiting* was founded in 2012 as a registered charity under the Charities Act. It is also registered as a company limited by guarantee under the Companies Act 2006.

[*Working titles for the Institute of Health Visiting are 'The Institute' and 'iHV'].

The Institute is registered as a charity in England and Wales and operates as an independent charity, professional body and Centre of Excellence for health visiting – established to strengthen the quality and consistency of health visiting practice, so that health visitors can effectively respond to the health needs of all babies, children, families and communities enabling them to achieve their optimum level of health, thereby reducing health inequalities.

Our Values

We believe that:

- Improving public health outcomes for babies, children, families and communities is at the heart of health visiting practice
- When appropriately resourced, health visiting provides a vital infrastructure of support that is central to improving public health outcomes and to reducing inequalities in health
- Ensuring the highest standards of education, research and practice means that health visitors can deliver a world-class service
- Health visiting leaders flourish in an environment of academic and professional excellence.

We are fully committed to the active promotion of equality, diversity and inclusion in everything that we do. We want to enable an organisational culture that values diversity and we are committed to eliminating unlawful discrimination.

Our Vision and Objectives

Our Vision requires health visitors to play their fullest part within an integrated system to reduce health inequalities that arise in childhood and for the UK to achieve health outcomes on a par with the best in the world.

The iHV was established to:

- Work to improve quality and consistency in health visiting practice by:
 - acting as a Centre of Excellence for improving capacity, capability and professional development in health visiting, and
 - setting professional standards for continuing professional development
- Build leadership in health visiting
- Create a forum for developing excellence in health visiting practice, including co-production with parents and carers
- Influence policies affecting health, and promote the benefits and importance of health visiting
- Develop new effective ways to get key public health information to families, both directly, and through the health visiting infrastructure
- Strengthen research capability and capacity to develop the evidence base for health visiting.

**Institute of Health Visiting
Trustee's Report
For the year ended 31 March 2024**

2023-24 Business Plan: Objectives and activities

The iHV Business Plan and objectives were developed collaboratively by the Board, Senior Management Team and staff to support our organisation's mission and charitable objectives.

Our key objectives for 2023/24:

1) Influence policy to improve health, reduce inequalities and strengthen health visiting:

- Increase decision-makers' understanding of the value of health visiting across the health and care system to influence national and local government policy, encouraging long-term thinking and working with stakeholders to maximise impact.
- As an independent professional body, we push for political change and aim to influence the election manifesto commitments of the main parties to improve child health and reduce inequalities by investing in health visiting.

2) Support quality improvement in health visiting:

- Work in partnership with local areas to equip them with the evidence, insight and sector-led improvement tools to support them to spend their money well by investing in health visiting to improve health and reduce inequalities.
- Lead, and partner with others, on projects and research focused on achieving the aims and objectives of the iHV.
- Continue our skill-mix work to expand the availability of resources for workforce planning. The iHV position on advanced practice roles and career progression in health visiting will be developed, alongside the professional regulation of health visitor education and practice.

3) Build professional skills and knowledge to enhance health visiting workforce capability and leadership development

- Offer a range of high quality and sustainable training programmes to enhance workforce capability, focused on recognised priority topics.
- Develop, promote and support leadership development in health visiting.
- Scope user needs and further develop the iHV Learning platform to support excellence in health visiting through accessible resources for continuous professional development.
- Build skills, knowledge and capability by supporting and collaborating with people and organisations through our networking, conferences, partnerships and events.

4) Support our members and meet their needs

- Ensure that our products and services offer value, meeting the needs of our current members and attracting new members.
- Embed a continuous cycle of learning and quality improvement, engaging regularly with our members to understand and respond to their needs.

How we work in a changing world:

5) Make the iHV a great place to work and develop

- Provide opportunities for employees to grow and develop.
- Effective leadership with mutual respect and trust of all staff to ensure everyone is supported to do their job, has a voice in the organisation, receives regular feedback and understands their vital contribution to the iHV's success.
- Continue to review, develop and embed our policies that address work/life balance to enable individuals to cope successfully with the demands and pressures of work.

**Institute of Health Visiting
Trustee's Report
For the year ended 31 March 2024**

6) Good governance, infrastructure, financial and quality management:

- Ensure good governance and communication across teams.
- Scope and develop a new iHV website to meet our user needs.
- Ensure our IT capability is 'fit for purpose' reduce duplication where possible to release efficiencies.
- Ensuring that the 'iHV brand', and stakeholders' perceptions of it as high quality, continues to grow.

7) Equity, diversity and inclusion

- All iHV staff understand their contribution and take steps to achieving our goals set out in our Equality and Diversity strategy.
- Ensure that we have accessible resources that support inclusion with a focus on improving health and reducing inequalities
- Seek to broaden the diversity of our team and the people we work with, becoming a more inclusive employer by ensuring that our organisational culture is fair, values diversity and harnesses the abilities of all our people.
- Developing how we engage and involve people through co-production, to realise the benefit of multiple and diverse perspectives and support our health advocacy work.

8) Environmental and sustainability

- **Leading by example:** To reduce the carbon footprint associated with the iHV, benchmarking our performance and developing an ambitious iHV plan for sustainability for the next two years in line with our recently updated Sustainability Policy.
- **Advocacy:** To influence policies affecting health, by advocating for 'health equity', children's rights, and the reduction of harms to health caused by environmental impacts faced by babies, children and young people now and in the future.
- **Supporting and equipping iHV members:** To support iHV members in their health advocacy role to improve sustainability in their workplaces and improve health equity linked to environmental sustainability through their work with babies, children, families and communities.
- **Supporting and equipping iHV staff:** To equip iHV staff with the knowledge they need to make a positive impact, and support the iHV's ambitions, on environmental sustainability.

Institute's activities against planned objectives in 2023/24

The Institute has built on its success as the most rapidly growing professional body and voice for health visiting. Our day-to-day activity is organised under four main work programmes, with matrix working across teams and delivered by 28 members of staff.

I. Policy influencing (including Education policy):

Influencing policies affecting health remains at the heart of health visiting and the work of the iHV. We have achieved this using a variety of methods (see full details in our public facing Annual Report), including:

- **Engagement in numerous strategic national meetings with policymakers and key stakeholders** - including the Maternity Disparities Taskforce; National Children and Young People's Transformation Stakeholder Group; Start for Life Roundtables; National Safeguarding Steering Group; CNO England Professional Strategy Stakeholder forum and working groups; Genomics England Newborn Programme Steering Group; Northern Ireland's Healthy Child Healthy Future Programme Board; and Children's Commissioner Roundtables – amongst many others.
- **Manifesto influencing:** Alongside our work with the government, we also engaged with the UK Labour Party policy team through our non-partisan role to influence manifestoes in advance of the General Election. We provided evidence to its policy team, attended a series of roundtable events focused on maternity, neonatal and mental health policy, and the launch of the Labour Party Health manifesto.
- **iHV keynote speaker presentations** at All Party Parliamentary Groups, national and international conferences.

**Institute of Health Visiting
Trustee's Report
For the year ended 31 March 2024**

- **iHV publications** – case studies, policy briefings, survey reports and infographics.
- **iHV film production**, growing our library of films on health visiting, this year:
 - We developed an iHV film in partnership with leading paediatricians to highlight increasing rates of A&E attendance in children aged 0-4 years, titled [“Can you see my baby? Health visitors prevent emergencies”](#) launched in December 2023.
 - We were also delighted to support The Royal Foundation Centre for Early Childhood and HRH The Princess of Wales in their “Shaping Us” campaign and organise a series of health visiting shadowing visits for the Princess – in June 2023, Kensington Palace released a fabulous new [film](#) to improve public understanding of the role of health visitors.
- **Partnerships:** Working with partner organisations, supporting their campaigns to maximise impact – the iHV is a Steering Group member of the First 1001 Days Movement and Maternal Mental Health Alliance, and a member of numerous coalition groups including the Health Policy Influencing Group, One Voice Movement for maternity care, Obesity Health Alliance, and Breastfeeding Alliance.
- **Collating and presenting the evidence:**
 - Evidence submissions for numerous government consultations, inquiries and parliamentary debates – high-profile requests for evidence included the health visiting witness statement for Module 3 of the COVID-19 Inquiry; and Working Together to Safeguard Children 2023 consultation.
 - Published our [annual State of health visiting in the UK survey report](#), January 2024: this provided important frontline practitioner intelligence on widening health inequalities and workforce challenges, attracting excellent media coverage and widespread support.
- **Education and workforce policy:** Our work has focused on influencing health visitor regulatory reform, workforce planning, career progression (including advanced practice) and support for the Office for Health Improvement and Disparities “Conditions for Success” for health visiting in England. We published the [iHV Career Pathway](#) and pan-London report [“Recruiting SCPHN Students in London: a roadmap to success”](#). Our work to develop a “Maturity Matrix” and audit of education tool is ongoing.

II. **Learning and Development:**

2023/24 has been an extremely successful year for our Learning and Development team, delivering more training events than ever before. This year's highlights include:

- **A growing training offer:** Alongside our well-established and award-winning training programmes which are delivered as private training commissions and hosted training events, we have continued to grow our portfolio with a number of new topics. Our perinatal and infant mental health training remains popular; and we have experienced growing interest in our Changing Conversations around Autism, Leadership, Neonatal Families, and This Mum Moves Ambassador programmes, as well as Healthy Weight Healthy Nutrition, and Postnatal Contraception training courses.
- **Quality assurance, evaluation and dissemination:** Our robust quality assurance process underpins the development and regular updating of our training programmes, including co-production with service users. The programmes we offer are independently reviewed and CPD accredited by the CPD Standards Office.

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III. Innovation and Research (including mental health):

We continue to receive regular requests to partner with others on innovations, practice development projects and research related to health visiting and public health for babies, young children and families. Our proven track record of delivering high quality products within timescale and budget are key elements of our success, alongside our ability to work flexibly and with others.

Despite a much more challenging financial landscape for research and funded projects this year, we have delivered a number of successful projects and grant-funded work in partnership with academic, professional and third sector organisations.

The following summary provides examples of our projects, research and partners during 2023/2024 – with further details in our Annual Report and on our website:

- The Royal Foundation Centre for Parent and Child Support – [Alarm Distress Baby Scale \(ADBB\) implementation feasibility study](#) (March 23- March 2024).
- AIMS Foundation funded iHV Healthy Weight Healthy Nutrition, Oral Health and Physical Activity programme (Ongoing since May 2020 - and with a further 3 years funding secured).
- Burdett Trust for Nursing – cardiovascular disease (CVD) prevention (September 2022 – March 2024). Development of training using the Family Partnership Model to reduce CVD risk.
- NIHR – Baby Breathe (October 20 - December 24). A national multi-centred randomised control study offering a brief intervention to support smoking relapse prevention postnatally.
- NIHR – 0-19 Clinical Research Network (April 2022- April 24).
- Genomics England Programme (March 21 - ongoing). To raise awareness and support health visitor practice in genomics.
- NHS England (London) – A programme of interventions and research on Specialist Community Public Health Nurse student recruitment and workforce development (Dec 22– June 24).
- Supported by Kindred Squared - [Urgent Care Project for children 0-4 years](#); a rapid review of the changing trend of Emergency Department presentations for children aged 0-4 years and the role of health visiting services in the management of minor illnesses.
- Other research collaborations and partnerships: The iHV is also involved in a number of research partnerships and collaborations, participating in steering groups, providing consultancy and supporting recruitment to studies and dissemination of findings. Thanks to generous partner funding from Western Sydney University, we were able to recruit a Senior iHV Research Lead, with a split post leading iHV research, alongside a programme of research for the Maternal Early Childhood Sustained Home-visiting (MECSH) team in England.

Mental Health:

Our work in mental health remains a key priority for us at the iHV. We have raised the importance of mental health and supported practice in the following ways:

- **Influencing policy and engaging in research:** Contributing across all four nations to support their respective mental health strategies and in response to national consultations, guidance and research. The mental health team worked with our Senior Research Lead to successfully deliver the ADBB study (listed above) to support health visitors' work in infant mental health.
- **Publication** of iHV Report [“Specialist Health Visitors in Perinatal and Infant Mental Health: where they are and what they're doing”](#) in May 2023.
- **Training:**
 - Our PIMH training remains our most sought-after training and we have a growing portfolio of training options on a variety of mental health topics. This includes our popular iHV PIMH Champions training, as well as specialist training in Fathers' mental health and working with LGBTQI+ families. The national and international iHV PIMH Champions 'family' now stands at 4,500 individuals and our regular PIMH Forums continue to attract good interest.
 - Our 5th Annual iHV PIMH Conference was held in June, with 180 people joining us in person in Manchester and a further 150 delegates joining online.

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IV. Corporate team:

Membership: The iHV relies on its unrestricted income from member donations to support the delivery of its charitable objectives. Despite the enormous challenges facing the health visiting profession and falling workforce numbers, our membership remains steady this year, maintaining a 24% increase since March 2022.

Meeting the needs of our members remains a priority. We engage regularly with them through iHV Networking events, iHV Insights events, monthly iHV Times newsletter, our Health Visitor Advisory Forum and annual survey. They value the 'national voice' that we provide for the profession through our policy influencing work, as well as our growing suite of resources for members. These include our Good Practice Points, Parent Tips, web-based resources, podcasts and publications, which remain popular. We also regularly promote the work of our members through Voices blogs, news stories and conference presentations.

We charge a modest fee for iHV membership to support our ambition that all health visitors will become members. To support our members during the pandemic and subsequent cost of living crisis, we have not increased our membership rates for the last four years. However, due to inflationary pressures across all areas of our work, the Board has approved a small increase in membership fees from August 2024 to enable us to continue to deliver high quality support for our members.

Conferences and events:

We delivered four successful conferences this year, with a mix of in-person and online options for our delegates to provide flexibility and choice:

- **5th Annual PIMH conference** held in Manchester on Monday 19 June.
- **Evidence-based Practice conference** in Manchester, 21 September 2023.
- **Leadership conference and Annual Event** in London, 6 December 2023: Following the conference, we were joined by over 100 dignitaries and guests for our annual event – Dr Sarah Mc Mullen, Director of Policy at the Royal Foundation provided the keynote address. Honorary Fellow awards were conferred to Professor Jane Barlow, our previous Chair Pamela Goldberg, and ex-trustee Jane Williams.
- **National SEND conference, 14 March, Hertfordshire:** Our first national SEND conference was a success with very positive feedback – held in partnership with Hertfordshire Community NHS Trust.

Sector-led Improvement work:

This year we have worked with a number of local authorities to support their work to drive improvements in health visiting practice. Our Sector-Led Improvement work predominantly comprises of short, time-limited projects that support quality assurance and quality improvement in practice, as well as bespoke work on specific issues including workforce and the development of local key performance indicators.

Communications and media: Our communications and design team are central to the success of the iHV, managing our external communications and providing bespoke imagery, quality assurance and proof reading of all our publications and communications. Our work continues to attract good media interest and high levels of visibility – in 2023/24 we had regular coverage, including television, radio, high-profile print media and social media.

Governance, management and trustees

Governing Document: The Institute of Health Visiting is governed by its Articles of Association and the Board has ultimate authority and responsibility for directing and governing the charity. The Board is comprised of Trustees selected from a range of backgrounds to support the organisation's objectives. The constitution of the Board is reviewed annually, and the Trustees hold an annual away day for organisational and strategic planning in October each year.

The Trustees meet formally as a Board on a quarterly basis. In between Board meetings, some Trustees are actively engaged with the larger funded projects, providing governance oversight and expert advice in their

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role as members of project Steering Groups, and/ or membership of 'Task and Finish' groups focused on specific iHV workstreams. The Chair, CEO, Honorary Treasurer, Head of Operations and independent accountants meet outside the Board meetings, as a Finance and General Purposes committee focused on the organisation's finance and business planning. The input of the Trustees supplements the direct management role of the CEO.

Change to Trustees: Trustees can serve up to two terms, each of three years, in office before being required to step down. In July 2023, Pamela Goldberg, our existing Chair stepped down when her second term expired. Following an external recruitment and interview process, we were delighted to appoint Sue Tokley as the new iHV Chair. Sue transitioned to iHV Chair on 18 July 2023 and brings a wealth of experience and skills from her background as a Chief Nurse and through her charity work. Sue's appointment was unanimously approved by the Board in April 2023 following an open recruitment process.

Following her appointment on the iHV staff team, Sharin Baldwin stepped down from her position as Trustee at the April Board meeting in 2023, prior to taking up her post as Senior Research Lead at the iHV in July 2023. We were delighted to welcome two new trustees, Professor Mitch Blair and Dr Michael Fanner to the Board this year. They both bring a wealth of experience in research and current clinical practice to strengthen our Board in these areas.

Governance: The CEO is supported by the Senior Management Team (SMT) who meet monthly to review organisational performance, governance and risks in the Governance meeting, with escalation of urgent matters to the Trustees between Board meetings. The SMT also meet in London for an "awayday" in quarter 4 each year to support business planning – this builds on the key priorities identified by the Board of Trustees at their awayday in October. The Business Plan is presented to the Board in April for final approval, alongside the updated risk log and mitigations.

Policies and procedures: To support governance, the iHV has a range of policies that are reviewed on a regular basis, and/ or updated in response to changes to national policy. This year we have reviewed and updated the following policies:

- Finance policies: Remuneration policy and Capitalisation policy.
- HR policies: Disciplinary policy and procedure, Annual leave policy, and Personal development and planning policy.
- Safeguarding: Child safeguarding policy.

Financial systems and IT upgrade: Every year, each team reviews its databases and processes to ensure that we remain compliant with GDPR. This is overseen by our Head of HR, who also leads our Information Governance, with smaller 3 monthly reviews during the year. We have continued with our programme to rationalise our IT systems and software packages to reduce duplication and improve interoperability, including the effective synchronisation between Salesforce, Wordpress and Moodle for iHV Learn. We continue to use Xero online accounting software, which has brought numerous benefits, improving governance and supporting better invoicing and debt management. Our accountancy support is provided by the independent accountants, JS2.

Sustainability: We are committed to play our part in improving environmental sustainability. In 2023/24, we set out our commitments for sustainability in our updated Sustainability Policy. This sets out our four key business objectives that are included each year, with team and individual objectives in our annual Business Plan for:

- **Leading by example:** To reduce the carbon footprint associated with the iHV, benchmarking our performance and developing an ambitious iHV plan for sustainability for the next two years in line with our recently updated Sustainability Policy.
- **Advocacy:** To influence policies affecting health, by advocating for 'health equity', children's rights,

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and the reduction of harms to health caused by environmental impacts faced by babies, children and young people now and in the future.

- **Supporting and equipping iHV members:** To support iHV members in their health advocacy role to improve sustainability in their workplaces and improve health equity linked to environmental sustainability through their work with babies, children, families and communities.
- **Supporting and equipping iHV staff:** To equip iHV staff with the knowledge they need to make a positive impact, and support the iHV's ambitions, on environmental sustainability.

Partnerships: The Institute is independent of, but has benefited from, close working relations with the Royal Society for Public Health (RSPH) which continues to provide the Institute with back-office support. The Institute pays the RSPH a small honorarium for this support and use of their London meeting rooms when needed. Alongside its income from membership fees and training, the Institute has received income through grants and consultancy work with the following organisations:

Secondments:

- Ministry for Levelling Up, Housing & Communities
- Western Sydney University

Grant/ project funders:

- NHS England
- NHS England (London)
- National Institute for Health and Care Research (NIHR)
- Genomics England
- The Royal Foundation Centre for Early Childhood
- Early Education Endowment Foundation
- The Tiny Lives Trust
- The AIM Foundation
- Kindred Squared
- Burdett Trust for Nursing
- The Sylvia Adams Charitable Trust
- Barnardo's
- This Mum Moves/ Active Pregnancy Foundation
- Birmingham Community Healthcare Trust and Birmingham Council
- Ealing Council
- Novartis
- Scotland perinatal mental health programme board
- University College London

Staffing of the Institute

Our staff play a crucial part in delivering the iHV Mission and one of our key objectives is to ensure that the iHV is a 'great place to work'. The Institute is a growing organisation with 28 members of staff employed on a range of permanent and temporary contracts to meet our core business, training and project work. This year we have seen some staff changes as two long-standing members of the team left the organisation; one retired and one left to pursue a different career direction. This has enabled us to review our team structures, providing opportunities for other members of the team and reducing costs in areas where grant funding has ended. We have also welcomed three new members of staff to the team and have been pleased by the calibre of applicants and individuals recruited to these posts.

All staff have personal objectives aligned to the iHV annual Business Plan and these are reviewed regularly through an ongoing Personal Development Review process. In addition, the iHV employs individuals as independent consultants and trainers, as needed, to support programmes of work.

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Supporting staff wellbeing remains a priority. Our senior management team is working well - the 'Head of' departments support staff through regular 1:1s, monthly team meetings, smaller team meetings and our annual team awayday each year.

Quality assurance: Quality underpins all that the iHV does. All projects have a project governance group chaired by either the CEO or a Trustee. We have robust Quality Assurance processes; our Quality Assurance toolkit and the principles set out in our Ethical Collaborations Policy guide our work.

Risks: We have clear processes in place for risk management to ensure that risks are identified, managed and escalated to the iHV Board in a timely way to support business continuity and quality control. The trustees continue to review the assessment of the major risks to which the charity is exposed and consider that the three main areas of risk are:

Financial risks – there is an on-going risk that the iHV could fail to attract sufficient income to maintain its core functions and staff costs. In addition, due to uncertainties around inflation and reduced grant funded and research income opportunities, there is a risk that our expenditure might exceed our income.

Mitigation: The Chair and Treasurer meet regularly with the CEO and our independent accountants to monitor income and expenditure regularly. Our income streams are as diversified as possible to spread the risk and the iHV has healthy reserves. All Heads of Department have sight of budgets and use project management skills to manage costs, time and quality. Business planning is managed through our monthly governance group. Our fees are reviewed regularly to ensure they cover our costs. We have clear processes in place for financial governance/ sign off – and use Xero finance management system to track invoices, income and expenditure.

Quality/ Reputational risks – there is the risk that staff, or those representing the iHV (or linked to us through our partnership work), inadvertently misrepresent the charity which could damage the reputation of the organisation. There is also a risk that iHV products/ website are not of the desired quality or contain out of date/ inaccurate information.

Mitigation: Careful staff recruitment, PDR, training and performance management processes are in place to ensure that all iHV staff have the necessary skills and capabilities to represent the organisations and ensure iHV outputs comply with our Quality Assurance processes, including agreed levels of senior management 'sign-off'. We have a robust Ethical Collaboration policy and apply due diligence when entering into partnerships with external organisations.

Human resource management – workforce capacity: There is a risk that iHV workload may exceed staffing capacity, and staff wellbeing may be impacted – which, in turn, may impact on staff sickness, iHV delivery with reputational and financial risks.

Mitigation: Continuous workflow mapping and planning is undertaken by the Heads of Departments, with proactive recruitment to cover work and avoid excessive workloads, particularly when new contracts are achieved. Business continuity planning is in place and staff are trained to ensure that there is adequate cover for all roles to cover unexpected staff losses. The CEO report to the trustees covers staffing requirements. Staff wellbeing is reviewed at individual 1:1s with line managers and we support team wellbeing through our annual 2-day 'Awayday', flexible working policy and signposting to additional support where needed.

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Objectives for the year ahead 2024/2025:

Our work spans the breadth of health visiting policy, practice, education, training and research, giving us a unique understanding of the strategic context for health visiting now and in the future. Within this, we focus our resources where we think we can make the biggest impact. Our business plan for 2024/25 identified four key priorities for our work (what we do):

- 1) Influence policy to improve health, reduce inequalities and strengthen health visiting:**
 - Increase decision makers' understanding of the value of health visiting across the health and care system to influence national and local government policy, encouraging long-term thinking and working with stakeholders to maximise impact.
 - We will continue in our efforts to influence policies affecting health as all parties set out their manifesto and subsequent delivery plans for child health ahead of the general election.
 - Build the case for advanced practice in health visiting, working with stakeholders.
- 2) Support innovation and research in health visiting:**
 - Work in partnership with others to support service innovation and quality improvement.
 - Lead and collaborate with others on project development, implementation and evaluation.
 - Promote and support research development in health visiting.
 - Contribute to the evidence base for health visiting.
- 3) Build professional skills and knowledge to enhance health visiting workforce capability and leadership development**
 - Offer a range of high-quality and sustainable development opportunities to enhance health visitor workforce capability (and those they work alongside), via training, resources, conferences & events.
 - Promote and support leadership development in health visiting.
 - Increase access to CPD opportunities and products via iHV platforms.
- 4) Grow, sustain and support our membership and meet their needs**
 - Promote and provide a membership offer that meets our members' needs; offering value, supporting evidence-based practice and building pride and confidence within the workforce.
 - Build a personalised membership approach to support our members' continuous professional development requirements.
 - Engage with our members to understand their needs and provide opportunities for professional networking, engagement in iHV workstreams and policy influencing.

We have a further four priorities to ensure robust governance within our organisation (how we do it):

- 5) Make the iHV a great place to work and develop**
 - Provide opportunities for employees to grow and develop.
 - Promote effective leadership with mutual respect and trust of all staff to ensure everyone is supported to do their job, has a voice in the organisation, receives regular feedback and understands their vital contribution to the iHV's success.
 - Continue to review, develop and embed our policies that address work/life balance to enable individuals to cope successfully with the demands and pressures of work.
- 6) Ensure governance, infrastructure, financial and quality management:**
 - Ensure robust governance and communication across teams.
 - Scope and develop a new iHV website and Customer Relationship Management system (CRM) to meet our organisational and user needs.
 - Ensure that the "iHV brand", and stakeholders' perceptions of it as high quality, continues to grow.

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7) Promote Equity, diversity and inclusion

- All iHV staff understand their contribution and take steps to achieving our goals set out in our Equality and Diversity strategy.
- Ensure that we have accessible resources that support inclusion with a focus on improving health and reducing inequalities.
- Seek to broaden the diversity of our team and the people we work with, becoming a more inclusive employer by ensuring that our organisational culture is fair, values diversity and harnesses the abilities of all our people.
- Developing how we engage and involve people through co-production, to realise the benefit of multiple and diverse perspectives and strengthen our work.

8) Enhance environmental and sustainability approach

- Leading by example: Bench our performance and develop an ambitious iHV plan for sustainability for the next two years.
- Advocacy: To influence policies affecting health, by advocating for 'health equity', baby and children's rights, and the reduction of harms to health caused by environmental impacts now and in the future.
- Supporting and equipping iHV members: In their health advocacy role to improve sustainability in their workplaces and through their work with babies, children, families and communities.
- Supporting and equipping iHV staff: with the knowledge they need to make a positive impact, and support the iHV's ambitions, on environmental sustainability.

Financial Review

In line with many other charities, this has been a challenging year financially for the iHV as we faced increased inflationary pressures and a much more competitive environment for attracting grant and research income as public sector budgets experienced significant cuts. Fortunately, the iHV is in a strong financial position with sufficient reserves to weather the storms. The Board takes a long-term view on iHV finances having ended the previous three financial years with a healthy surplus to draw from and invest in the organisation's growth in the future.

Having set a deficit budget of -£56,779 at the start of the year, alongside some deferred income of £60k for 2023/24 being allocated in the 2022/23 financial statements, our end of year position is slightly better than expected. The Institute has finished the year with a deficit of £52,897 (2023: surplus of £164,195). Our total income has increased from £1,563,939 in 2022/23 to £1,601,973 in 2023/24. This variation on prior year is due to an increase in Education income offset by a decrease in Grants.

Expenditure in the year has increased to £1,654,870 (2023: £1,399,744) due to an increase in staff expenditure.

Reserves policy and going concern

In assessing the overall level of reserves, the Board aims at all times to maintain sufficient unrestricted funds to ensure it remains solvent going forward, this includes at least 6-month's running costs.

The Institute currently holds total reserves of £1,093,770 (2023: £1,146,667) of which £1,039,181 (2023: £971,476) are free reserves (unrestricted funds). This equates to approximately 7 months standard running costs. The Institute will use some of these designated reserves as capital expenditure on a programme of work to replace its website and improve interoperability between its numerous IT systems commencing in 2024/25. This will support us to achieve sustainability for future years.

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The Trustees have reviewed the charity's financial position, taking into account current performance, the ongoing inflationary pressures, the satisfactory levels of reserves and cash at year end and projections. They have considered future plans, along with internal processes and systems for managing financial and operational risks. As a result, the Trustees have a reasonable expectation that the charity has adequate resources and infrastructure to continue operating for the foreseeable future.

Statement of Trustees' Responsibilities

The Trustees (who are also directors for the purposes of company law) are responsible for preparing the Trustees' 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 charitable company 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 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 presume that the charity will continue in business.

The Trustees are responsible for keeping proper 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;
- and The Trustees have taken all steps that they ought to have taken to make sure they are aware of any relevant audit information and to establish that the auditor is aware of that information.

Public Benefit

The Trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the aims and objectives and in planning the future activities. In particular, the Trustees consider how planned activities and grant making will contribute to the aims and objectives they have set. The Trustees consider the current policy for grant making and the current activities deliver public benefit. Details of the objects which form the basis of this are given in this report.

Auditors

Our auditors CT have now completed their third audit on behalf of the charity. This report of the Board of Trustees has been prepared taking advantage of the small companies exemption of section 415A of the Companies Act 2006.

Susan Tokley

**Susan Tokley
Chair**

Date 22 August 2024

**Institute of Health Visiting
Independent Auditor's Report
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Independent auditor's report to the members of Institute of Health Visiting

Opinion

We have audited the financial statements of Institute of Health Visiting for the year ended 31 March 2024 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2024, and of the charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. 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.

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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' report (which includes the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' 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 (which incorporates the directors' 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 trustees 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' report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 16, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of financial statements which 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 is detailed below:

We gained an understanding of the legal and regulatory framework applicable to the charitable company and the sector in which it operates and considered the risk of acts by the charitable company which were contrary to applicable laws and regulations, including fraud. This included but was not limited to the Companies Act 2006 and the Charities Act 2011.

**Institute of Health Visiting
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For the year ended 31 March 2024**

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion.

We focused on laws and regulations that could give rise to a material misstatement in the charitable company's financial statements. Our tests included, but were not limited to:

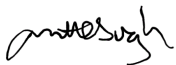
- agreement of the financial statement disclosures to underlying supporting documentation;
- enquiries of the trustees;
- review of minutes of board meetings throughout the period; and
- obtaining an understanding of the control environment in monitoring compliance with laws and regulations.

There are inherent limitations in an audit of financial statements and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we would become aware of it. We also addressed the risk of management override of internal controls, including testing journals and evaluating whether there was evidence of bias by the trustees that represented a risk of material misstatement due to fraud.

A further description of our responsibilities for the audit of the financial statements is located 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.



Jeremy Chittleburgh CA (Senior Statutory Auditor)

For and on behalf of
CT
Chartered Accountants and Statutory Auditor
61 Dublin Street
Edinburgh EH3 6NL

Date: 30 August 2024

Institute of Health Visiting**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	2	34,656	-	34,656	34,883	-	34,883
Charitable activities:	3						
Grant		78,818	257,200	336,018	125,170	325,967	451,137
Education & Training		821,338	-	821,338	688,792	-	688,792
Membership		402,861	-	402,861	383,639	-	383,639
Other		2,575	-	2,575	2,750	-	2,750
Interest		4,525	-	4,525	2,738	-	2,738
Total income		1,344,773	257,200	1,601,973	1,237,972	325,967	1,563,939
Expenditure on:							
Charitable activities	4	1,277,068	377,802	1,654,870	1,024,819	374,925	1,399,744
Total expenditure		1,277,068	377,802	1,654,870	1,024,819	374,925	1,399,744
Transfer between funds		-	-	-	(2,351)	2,351	-
Net movement in funds		67,705	(120,602)	(52,897)	210,802	(46,607)	164,195
Reconciliation of funds:							
Total funds brought forward		971,476	175,191	1,146,667	760,674	221,798	982,472
Total funds carried forward		1,039,181	54,589	1,093,770	971,476	175,191	1,146,667

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 16 to the financial statements.

Institute of Health Visiting

Balance sheet

Company no. 08234405

As at 31 March 2024

	Note	£	2024 £	2023 £
Fixed assets:				
Tangible assets	10		<u>6,102</u>	<u>10,409</u>
			6,102	10,409
Current assets:				
Debtors	11	308,317		336,060
Cash at bank and in hand		<u>1,336,662</u>		<u>1,315,222</u>
		1,644,979		1,651,282
Liabilities:				
Creditors: amounts falling due within one year	12	<u>(557,311)</u>		<u>(515,024)</u>
Net current assets			<u>1,087,668</u>	<u>1,136,258</u>
Total net assets			<u>1,093,770</u>	<u>1,146,667</u>
The funds of the charity:				
Restricted income funds	15		54,589	175,191
Unrestricted income funds:				
Designated funds			150,000	150,000
General funds			889,181	821,476
Total charity funds			<u>1,093,770</u>	<u>1,146,667</u>

Approved by the trustees on 2024年8月30日.....and signed on their behalf by:

Susan Tokley
.....
Sue Tokley
Chair

Christina Liu
.....
Christina Lui
Treasurer

Institute of Health Visiting

Statement of cash flows

For the year ended 31 March 2024

	Note	2024 £	2023 £
Cash flows from operating activities			
Net cash provided by / (used in) operating activities	a	20,314	285,575
Cash flows from investing activities:			
Interest from investments		4,525	2,738
Purchase of fixed assets		(3,399)	(5,100)
Change in cash and cash equivalents in the year		21,440	283,213
Cash and cash equivalents at the beginning of the year		1,315,222	1,032,009
Cash and cash equivalents at the end of the year	b	1,336,662	1,315,222

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

	2024 £	2023 £
Net income / (expenditure) for the reporting period (as per the statement of financial activities)	(52,897)	164,195
Depreciation charges	7,706	8,338
Dividends, interest and rent from investments	(4,525)	(2,738)
(Increase) in debtors	27,743	54,279
Increase/(decrease) in creditors	42,287	61,501
Net cash provided by / (used in) operating activities	20,314	285,575

b) Analysis of changes in net debt

	At 1 April 2023 £	Cash flows £	At 31 March 2024 £
Cash in hand and at bank	1,315,222	21,440	1,336,662
Total cash and cash equivalents	1,315,222	21,440	1,336,662

Institute of Health Visiting**Notes to the financial statements****For the year ended 31 March 2024**

1 Accounting policies**a) 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) (effective 1 January 2015) - (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.

The trustees consider that there are no significant areas of estimation or judgement.

b) Public benefit entity

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

c) 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.

The Trustees have reviewed the charity's financial position, taking into account current performance, the satisfactory levels of reserves and cash at year end and projections. They have considered future plans, along with internal processes and systems for managing financial and operational risks. As a result, the Trustees have a reasonable expectation that the charity has adequate resources and infrastructure to continue operating for the foreseeable future.

d) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions 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 performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

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

e) 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.

f) 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 income received or generated for the charitable purposes.

g) 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 on charitable activities includes the costs of undertaken to further the purposes of the charity and their associated support costs.

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

Institute of Health Visiting**Notes to the financial statements****For the year ended 31 March 2024**

h) Allocation of support costs

Expenditure is allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

i) Tangible fixed assets

Fixed assets are stated at original historical cost less aggregate depreciation and are only capitalised at a threshold exceeding £1,000. Depreciation is provided at rates calculated to write off the cost less estimated residual value of each asset on a reducing balance basis over its estimated useful life as follows.

Computer equipment 3 years straight line

j) 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.

k) 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. Cash balances exclude any funds held on behalf of service users.

l) 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.

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.

2 Income from donations and legacies

	2024	2023
	Total	Total
	£	£
Donations	2,478	4,977
Gift Aid	32,178	29,906
	34,656	34,883

All donations and gift aid are unrestricted in both the current and prior year.

Institute of Health Visiting

Notes to the financial statements

For the year ended 31 March 2024

3 Income from charitable activities

Current year

	Unrestricted £	Restricted £	2024 Total £
Grants:			
Core	18,772	-	18,772
Consultancy, Innovation & Enterprise	9,382	-	9,382
AIM Healthy Weight Healthy Nutrition	-	40,000	40,000
Baby Breathe	-	43,373	43,373
Genomics	24,907	-	24,907
Surviving Crying	-	6,800	6,800
0-19 Research Network	25,757	-	25,757
Burdett - CVD Project	-	69,511	69,511
Royal Foundation/ADBB	-	46,511	46,511
Pan London	-	42,955	42,955
NHS England Public Health Campaign	-	8,050	8,050
	78,818	257,200	336,018
Education & Training	821,338	-	821,338
Membership	402,861	-	402,861
Other	2,575	-	2,575
	1,226,774	-	1,226,774
Total income from charitable activities 2024	1,305,592	257,200	1,562,792

Prior year

	Unrestricted £	Restricted £	2023 Total £
Grants:			
Core	77,882	-	77,882
AIM Foundation ®	406	-	406
AIM Healthy Weight Healthy Nutrition	5,768	-	5,768
UK Active This Mum Can	-	45,000	45,000
PATH	-	34,660	34,660
Delivery Of Different News 2	-	61,130	61,130
Baby Breathe	-	40,128	40,128
AIMS Southern Health NHS Foundation Trust (SHFT)	-	22,378	22,378
NSPCC LSSP	4,151	-	4,151
Genomics	12,461	-	12,461
NHS VCSE	-	8,500	8,500
Family Action Stockton PSS	24,502	-	24,502
Public Health England Sexual Reproductive Health	-	68,146	68,146
Demontfort University	-	46,025	46,025
	125,170	325,967	451,137
Education & Training	688,792	-	688,792
Membership	383,639	-	383,639
Other	2,750	-	2,750
	1,075,181	-	1,075,181
Total income from charitable activities 2024	1,200,351	325,967	1,526,318

Institute of Health Visiting

Notes to the financial statements

For the year ended 31 March 2024

4 Analysis of expenditure

Current year	Charitable activities £	Governance costs £	Support costs £	2024 Total £
Staff costs (Note 6)	1,161,446	9,564	75,577	1,246,587
Direct Costs	154,903	-	-	154,903
Publicity	-	-	2,782	2,782
Travel & Subsistence	-	-	29,967	29,967
Premises costs	-	-	17,124	17,124
Office costs	-	-	131,127	131,127
Legal & Consultancy	-	-	1,325	1,325
Accountancy & Bookkeeping Fees	-	-	28,580	28,580
Audit fees	-	7,127	-	7,127
Sundry Expenses	-	-	10,610	10,610
Depreciation	-	-	7,706	7,706
Irrecoverable VAT	-	-	17,032	17,032
	1,316,349	16,691	321,830	1,654,870
Support costs	321,830	-	(321,830)	-
Governance costs	16,691	(16,691)	-	-
Total expenditure 2024	1,654,870	-	-	1,654,870

Prior year	Charitable activities £	Governance costs £	Support costs £	2023 Total £
Staff costs (Note 6)	989,817	8,928	56,953	1,055,698
Direct Costs	113,398	-	-	113,398
Publicity	-	-	86	86
Travel & Subsistence	-	-	19,870	19,870
Premises costs	-	-	16,030	16,030
Office costs	-	-	114,790	114,790
Legal & Consultancy	-	-	1,057	1,057
Accountancy & Bookkeeping Fees	-	-	26,550	26,550
Audit fees	-	6,329	2,160	8,489
Sundry Expenses	-	-	22,223	22,223
Depreciation	-	-	8,338	8,338
Irrecoverable VAT	-	-	13,215	13,215
	1,103,215	15,257	281,272	1,399,744
Support costs	281,272	-	(281,272)	-
Governance costs	15,257	(15,257)	-	-
Total expenditure 2023	1,399,744	-	-	1,399,744

Institute of Health Visiting

Notes to the financial statements

For the year ended 31 March 2024

5 Net income for the year

This is stated after charging / crediting:

	2024	2023
	£	£
Depreciation	7,706	8,338
Audit fee	7,000	6,350
	<u>7,000</u>	<u>6,350</u>

6 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	903,221	715,521
Social security costs	87,609	66,530
Employer's contribution to defined contribution pension schemes	174,042	146,216
Seconded staff	81,715	127,431
	<u>1,246,587</u>	<u>1,055,698</u>

Two employees earned (excluding employer pension) between £60,000 and £70,000 during the year (2023: 0).

One employees earned (excluding employer pension) between £70,000 and £80,000 during the year (2023: 2).

The total employee benefits including employers pension contributions of the key management personnel was £102,579 (2023: £94,997). The key management personnel were made up of the Executive Director and Head of Operations.

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2023: £nil).

During the year, no trustee was reimbursed for travel and subsistence costs (2023: 0 trustees £Nil) relating to attendance at meetings of the trustees.

7 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

	2024	2,023
	No.	No.
Charitable activity	26.0	26.0
Support	3.0	3.0
	<u>29.0</u>	<u>29.0</u>

8 Related party transactions

There were no related party transactions including donations from related parties which are outside the normal course of business in the current or preceding year.

9 Taxation

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

10 Tangible fixed assets

	Computer equipment
	£
Cost	
At the start of the year	39,744
Additions in year	3,399
	<u>43,143</u>
At the end of the year	43,143
Depreciation	
At the start of the year	29,335
Charge for the year	7,706
	<u>37,041</u>
At the end of the year	37,041
Net book value	
At the end of the year	<u>6,102</u>
At the start of the year	<u>10,409</u>

All of the above assets are used for charitable purposes.

Institute of Health Visiting

Notes to the financial statements

For the year ended 31 March 2024

11 Debtors

	2024	2023
	£	£
Trade debtors	190,435	224,180
Other debtors	117,882	111,880
	308,317	336,060

12 Creditors: amounts falling due within one year

	2024	2023
	£	£
Trade creditors	37,634	21,987
Taxation and social security	42,517	83,545
Other creditors and accruals	35,839	20,271
Deferred income	441,321	389,221
	557,311	515,024

13 Deferred income

Deferred income comprises membership fees paid in advance.

	2024	2023
	£	£
Balance at the beginning of the year	389,221	296,623
Amount released to income in the year	(389,221)	(296,623)
Amount deferred in the year	441,321	389,221
Balance at the end of the year	441,321	389,221

14 Analysis of net assets between funds

<u>As at 31 March 2024</u>	General unrestricted £	Restricted £	Total funds £
Tangible fixed assets	6,102	-	6,102
Net current assets	1,033,079	54,589	1,087,668
Net assets at the end of the year	1,039,181	54,589	1,093,770
<u>As at 31 March 2023</u>	General unrestricted £	Restricted £	Total funds £
Tangible fixed assets	10,409	-	10,409
Net current assets	961,067	175,191	1,136,258
Net assets at the end of the year	971,476	175,191	1,146,667

Institute of Health Visiting

Notes to the financial statements

For the year ended 31 March 2024

15 Movements in funds

<i>Current year</i>	At the start of the year £	Income £	Expenditure £	Transfers £	At the end of the year £
Restricted funds:					
AIM HWHN Apr 20 to Apr 23	34,660	-	(34,660)	-	-
AIM HWHN 3 years from June 23	-	40,000	(30,000)	-	10,000
AIM Mental Health	45,000	-	(45,000)	-	-
Baby Breathe	31,196	43,373	(74,569)	-	-
Domestic Abuse	22,651	-	(22,651)	-	-
Surviving Crying	-	6,800	(6,800)	-	-
Burdett CVD Project	3,648	69,511	(32,918)	-	40,241
Strep A	18,036	-	(18,036)	-	-
Royal Foundation ADBB	-	46,511	(46,511)	-	-
Pan London	-	42,955	(38,607)	-	4,348
NHS England Public Health Campaign	-	8,050	(8,050)	-	-
Sylvia Adams Trust	20,000	-	(20,000)	-	-
Total restricted funds	175,191	257,200	(377,802)	-	54,589
Unrestricted funds:					
Designated funds	150,000	-	-	-	150,000
General funds	821,476	1,344,773	(1,277,068)	-	889,181
Total funds	1,146,667	1,601,973	(1,654,870)	-	1,093,770
Prior year					
	At the start of the year £	Income £	Expenditure £	Transfers £	At the end of the year £
Restricted funds:					
AIM HWHN Apr 20 to Apr 23	34,927	34,660	(34,927)	-	34,660
Anonymous Family Foundation	40,000	45,000	(40,000)	-	45,000
PATH	-	61,130	(61,130)	-	-
Baby Breathe	14,685	40,128	(23,617)	-	31,196
Domestic Abuse	31,056	-	(8,405)	-	22,651
NSPCC LSSP	-	22,378	(22,378)	-	-
CHSA	3,022	-	(3,022)	-	-
NHS VCSE	2,000	-	(2,000)	-	-
Public Health England Sexual	2,000	-	(2,000)	-	-
Demontfort University	-	8,500	(8,500)	-	-
Burdett CVD Project	-	68,146	(64,498)	-	3,648
Strep A	-	46,025	(27,989)	-	18,036
Royal Foundation ADBB	-	-	(1,701)	1,701	-
Pan London	-	-	(650)	650	-
Sylvia Adams Trust	94,108	-	(74,108)	-	20,000
Total restricted funds	221,798	325,967	(374,925)	2,351	175,191
Unrestricted funds:					
Designated funds	-	-	-	150,000	150,000
General funds	760,674	1,237,972	(1,024,819)	(152,351)	821,476
Total funds	982,472	1,563,939	(1,399,744)	-	1,146,667

Institute of Health Visiting

Notes to the financial statements

For the year ended 31 March 2024

15. Movements in funds (continued)

Purposes of funds

AIM (Healthy Weight Healthy Nutrition) (3yr from June23)

This funding will support the updating of Healthy Weight Healthy Nutrition training and the provision of four regional training events for Health Visitors. This is a 3 year grant programme commencing in April 2023

AIM (Healthy Weight Healthy Nutrition)

This two year project seeks to up skill all health visitors in nutrition information and best practice in encouraging healthy diets. The training is in the form of a cascade with the trained champions cascading the training to their workplace colleagues.

AIM (Mental Health)

This funding will support the sustainability of the iHV perinatal mental health champions project. It provides regional and a national forum for the champions to stay connected with the iHV and their colleagues.

Baby Breathe

Funding successful for this RCT of a postpartum smoking intervention to support new mums stay smoke free. Ethics agreed and recruitment due to commence July 2021

Domestic Abuse

The For Baby's Sake Trust funded the iHV to develop an online Domestic Abuse digital training toolkit for health visitors.

De Montfort (Surviving Crying)

4 year funded project from Sept 2021 – Sept 2025: Cluster Randomised Controlled Trial of a Service to Support the Mental Health & Coping of Parents with Excessively Crying Infants.

Burdett CVD Project

Strengthening health visitor's role in prevention and early intervention for cardiovascular disease, through application of the family partnership framework to help families adopt healthier behaviours.

Strep A

This funding is for the iHV to support the unforeseen pressures on paediatric services.

Royal Foundation ADBB

This funding is to fund a Alarm Distress BaBy Scale (ADBB) training programme and field trial from March 23 to March 24.

Pan London

HEE (London) funded Specialist Community Public Health Nurses (SCPHN) improving Education Infrastructure Project to upskill Health Visitors and School Nurses to deliver the Nursing and Midwifery Council (NMC) Standard for Student Supervision and Assessment (SSSA) (2019) role supporting high quality post registered Student placements across an ICB Footprint x 5 in London.

Burdett CVD Project

Strengthening health visitor's role in prevention and early intervention for cardiovascular disease, through application of the family partnership framework to help families adopt healthier behaviours.

PHE Sexual Reproductive Health

Project funder to design and develop resources aimed at advice to expectant and new parents on sexual and reproductive health. All resources now complete e- learning and parent leaflet due for launch. The final report has been submitted for this project.

Strep A

This funding is for the iHV to support the unforeseen pressures on paediatric services.

Sylvia Adams Trust

Open funding grant to the iHV to help them achieve their mission of strengthening of health initiatives for babies and infants in England

Institute of Health Visiting

Notes to the financial statements

For the year ended 31 March 2024

15. Movements in funds (continued)

Anonymous Family Foundation

This funding will support the sustainability of the iHV perinatal mental health champions project. It provides regional and a national forum for the champions to stay connected with the iHV and their colleagues.

PATH

This European partner project involves 13 partners from the UK, France, the Netherlands and Belgium. It is focused on raising the profile of perinatal mental health in mothers and fathers and will produce a host of new resources for partner countries to use over its 3.5 year life span.

NSPCC LSSP

Look, Say, Sing, Play is an NSPCC national and local campaign which aims to educate parents about the importance of interacting with and understanding their babies, and provides them with gives them tips and resources to demonstrate show them how to do this, and. The NSPCC developed Look, Say, Sing, Play based on a campaign in the USA, which encouraged parents to be more sensitive and responsive to their child's thinking, feeling and behaviour. aims to The NSPCC developed a similar campaign for the UK to encourages responsive parenting with the aim of and reducing the risk of abuse and neglect. The NSPCC carried out an evaluation of Look, Say, Sing, Play research to inform future implementation and delivery how the campaign should be delivered.

CHSA

This is a time-limited grant funded programme to support the development of Emotional Wellbeing at Work Champions across the UK.

VCSE

Providing support to respond to a potential surge in respiratory infections in children

Designated Funds

Following two years of surpluses, the Trustees have decide to invest the funds into a new website and membership platform for the benefit of members.

Transfers

Transfers were made in the year against funds which had an allocation against overheads spend and against a few funds which were fully spent at the prior year end and costs weren't fully allocated in the prior year so had shown in unrestricted costs instead.

16 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.

INSTITUTE OF HEALTH VISITING

England & Wales - Charity number 1149745

Accounts



INSTITUTE OF HEALTH VISITING

TRUSTEES' REPORT AND ACCOUNTS

FOR THE YEAR ENDING 31ST MARCH 2023

**Supporting excellence in health visiting practice to give
every child the best start in life**

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Institute of Health Visiting
Company Information
For the year ended 31 March 2023

Reference and Administrative Details of the Charity, its Trustees and Advisers

Company name	Institute of Health Visiting
Company number	08234405
Charity number	1149745
Working name	iHV
Trustees	<p>Pamela Goldberg*, OBE, FRSA, Chair (from 28 July 2016)</p> <p>Prof Dame Sarah Cowley DBE, BA, PhD, PGDE, RN, RHV, HVT (from 12 October 2022)</p> <p>Dave Roberts (from 28 October 2019)</p> <p>Sam Carlisle (from 5 May 2020)</p> <p>Dr Karen Whittaker BN, MSc, PGCE, PhD, FiHV (until 14 June 2022)</p> <p>Dr. Qingzhi Fan PhD (until 20 April 2022)</p> <p>Prof Helen Bedford PhD, MSc. RGN, RHV, FFPH, FRCPCH, FiHV (from 26 January 2021)</p> <p>Dr Sharin Baldwin PhD, MSc, PG Dip, BSc (Hons), HV, RM, RN, QN, FiHV (from 13 October 2021 to 19 April 2023)</p> <p>Alis Rasul (from 13 October 2021)</p> <p>Theresa Bishop (from 13 October 2021)</p> <p>Christina Liu* (Treasurer – from 20 April 2022)</p>
CEO	<p>Alison Morton*, MRes, BSc (Hons) RGN, RHV, DN cert. FiHV (from 26 April 2021; previously Acting Executive Director from 1 January 2021)</p> <p>* Members of the Finance & General Purposes Committee</p>
Principal address	<p>John Snow House</p> <p>59 Mansell Street</p> <p>London E1 8AN</p>
Auditor	<p>Chiene + Tait LLP (Trading as CT)</p> <p>61 Dublin Street</p> <p>Edinburgh</p> <p>EH3 6NL</p>
Bankers	<p>The Co-operative Bank plc</p> <p>City Office</p> <p>80 Cornhill</p> <p>London</p> <p>EC3V 3NJ</p> <p>Lloyds Bank plc</p> <p>PO Box 1000</p> <p>BX1 1LT</p>
Legal Advisors	<p>Bates, Wells and Braithwaite</p> <p>2 - 6 Cannon Street</p> <p>London</p> <p>EC4M 6YH</p>

**Institute of Health Visiting
Trustee's Report
For the year ended 31 March 2023**

1. Report from the Chair and Chief Executive

The Board presents its annual report together with the accounts of the Institute of Health Visiting (iHV) for the year ended 31 March 2023. The last year has been a historical milestone for the Institute as we celebrated our 10th anniversary as an organisation.

Since our launch as a centre of excellence for health visiting on 28 November 2012, there is so much to celebrate at this important time in our organisation's growth. Every week, thousands and thousands of families are supported by health visitors across the UK. The profession has a history that spans more than 150 years. During this time, health visitors have adapted their work to address the most pressing public health challenges of the day and the needs of the communities they serve. In many ways, the current landscape of change is no different - adapting to change is in our profession's DNA. As we look back over the last ten years, the commitment and innovation that health visitors have shown has been awe-inspiring during some of the most challenging times. Now, as we navigate the wake of the pandemic and a cost-of-living crisis, it is clear that health visitors are needed more than ever, in a world where inequalities are widening, and public health challenges pose the biggest threats to the nation's health.

In addition to this report, the iHV published its public-facing [Annual Report](#) in December 2022 which provides an overview of our work that has been delivered by the iHV team and in collaboration with so many partner organisations, practitioners and parents. The achievements are testament to the hard work, clear vision and dedication of so many who have played their part in building the Institute into the successful organisation that it is today.

The golden thread that unites us is our shared belief that health visitors really do make a difference alongside a dogged determination to improve the health of babies, children, families and communities; this is woven through each year of our organisation's history and will continue to guide us into the future. The Institute remains in a strong position, we have a seat at the table in multiple national stakeholder forums, and we have grown our partnerships this year, with numerous high-profile reports and endorsements for the profession.

Our work remains focused on supporting our growing membership through resources, events and training. We also lead a range of projects, and partner in research focused on key public health priorities. We continue to engage with our members and other stakeholders throughout the year to identify the current opportunities and challenges facing the profession. This frontline practitioner intelligence has provided valuable data on the state of child health and the health visiting profession across the UK that we have shared with policymakers in numerous national forums.

Whilst the profession faces significant challenges, particularly in England where there are now 40% fewer health visitors compared to 2015, practitioners have risen to the challenges to support as many families as possible. This year, Unicef UK recognised the vital work of health visitors in their "Early Moments Matter" campaign, describing the profession as "*The backbone of the early years... a safety-net around all families*".

Influencing policies affecting health lies at the heart of health visiting and our work at the iHV. We know that we cannot do this alone. Throughout the year we have actively sought to build new alliances and strengthen well established ones. We are indebted to so many partner organisations, parents and practitioners who have supported our work to demonstrate the value of an effective health visiting service, with benefits accruing to the NHS, primary care, education and social care.

This annual report looks back at our performance and the progress that we have made in the last year. We are proud of the Institute and how the team has innovated and led on health visiting policy and practice, drawing on the best evidence to develop new and improved ways to support health visitors, promote inclusion and reduce health inequalities for babies, children and families.

Our organisation remains in a strong position to address the challenges we now face as we look to ensure that every child has the 'best life from the start', regardless of where they live, and to rebuild a health visiting service fit for the future. We are extremely grateful to our supporters, members, funders and friends. This coupled with the energy and expertise of our staff, expert advisers, consultants and trustees makes the iHV the effective organisation that it is. We thank them for their ongoing support.

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2. Trustees report

Our Mission

The Institute of Health Visiting* was founded in 2012 as a registered charity under the Charities Act. It is also registered as a company limited by guarantee under the Companies Act 2011.

[*Working titles for the Institute of Health Visiting are 'The Institute' and 'iHV'].

The Institute is registered as a charity in England and Wales and operates throughout the United Kingdom as an independent charity, professional body and Centre of Excellence for health visiting – established to strengthen the quality and consistency of health visiting practice, so that health visitors can effectively respond to the health needs of all babies, children, families and communities enabling them to achieve their optimum level of health, thereby reducing health inequalities.

Our Values

We believe that:

- Improving public health outcomes for babies, children, families and communities is at the heart of health visiting practice
- When appropriately resourced, health visiting provides a vital infrastructure of support that is central to improving public health outcomes and to reducing inequalities in health
- Ensuring the highest standards of education, research and practice means that health visitors can deliver a world-class service
- Health visiting leaders flourish in an environment of academic and professional excellence.

We are fully committed to the active promotion of equality, diversity and inclusion in everything that we do. We want to enable an organisational culture that values diversity and we are committed to eliminating unlawful discrimination.

Our Vision and Objectives

Our Vision requires health visitors to play their fullest part within an integrated system to reduce health inequalities that arise in childhood and for the UK to achieve health outcomes on a par with the best in the world.

The iHV was established to:

- Work to improve quality and consistency in health visiting practice by:
 - acting as a Centre of Excellence for improving capacity, capability and professional development in health visiting, and
 - setting professional standards for continuing professional development
- Build leadership in health visiting
- Create a forum for developing excellence in health visiting practice, including co-production with parents and carers
- Influence policies affecting health, and promote the benefits and importance of health visiting
- Develop new effective ways to get key public health information to families, both directly, and through the health visiting infrastructure
- Strengthen research capability and capacity to develop the evidence base for health visiting.

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2022-23 Business Plan: Objectives and activities

The key objectives of the iHV Business Plan for 2022/23 were developed by the Senior Management Team, in partnership with the Board, to support the iHV's Core Mission. These focus on 8 key objectives:

1. Policy Influence:

- National: Raising the profile of health visiting
- Local: Influence local policies by extending iHV reach in local government in England
- UK-wide: Raise profile of iHV in Scotland, Wales and Northern Ireland.

2. Provide targeted professional and leadership development to enhance capability:

- Leadership development
- Support for workforce health and wellbeing
- Develop iHV training/ CPD offer
- Develop iHV research strategy.

3. Membership:

- Maintain / sustain membership in England through an extensive and varied range of member benefits – extend membership in devolved nations.

4. Quality and delivery:

- Embed iHV Quality assurance process
- Continually improve iHV website user experience
- Deliver high quality iHV events – including four conferences in 2022/23 (using a blended model of face-to-face and virtual delivery as appropriate).

5. People development/ infrastructure and helping you to do your job:

- Ensure good governance across teams: risk management, workflow mapping, GDPR, workforce sustainability/ business continuity plan, robust invoicing and financial forecasting
- Ensure IT capability is 'fit for purpose' reduce duplication where possible to release efficiencies
- Ensure staff health and wellbeing is central to delivery of business.

6. Equality of Opportunity:

- Commit to improve inclusion within the iHV
- Finalising and application of the iHV Quality Assurance tool and Equality Impact Assessment.

7. Money:

- Make the best use of resources and staff skills
- Income generation to deliver the details of the Business Plan.

8. Environmental and sustainability:

- Develop an iHV environmental and sustainability plan and commit to delivering ongoing improvements across all aspects of our work.

Institute's activities against planned objectives in 2022/23

The Institute has built on its success as the most rapidly growing professional body and voice for health visiting in the UK. Our day-to-day activity is organised under six work programmes aligned to the six teams within the organisation, with 28 members of staff.

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I. Policy:

This year, we have continued with our objective to raise the profile of health visiting and make the case for a high-quality health visiting service for all families, regardless of where they live in the UK. We have also focused on influencing local policies and supporting quality improvement by working more closely with local government and health visiting providers, as well as across all UK nations.

The Institute remains in a strong position, we have a seat at the table in multiple national forums and respond to numerous requests for written and oral evidence for national policy roundtables, inquiries and All-Party Parliamentary Groups. We have also proactively worked with others to raise the parliamentary profile of babies, young children and families. Our publications are often cited by policy makers and prestigious thinktanks who continue to approach us for evidence and opportunities for partnership working.

Over the last year, our policy work has included:

- **National policy influencing** through our representations at national forums including: National Children and Young People's Transformation Stakeholder Group; National Maternity Disparities Taskforce; CNO Professional Strategy Stakeholder forum, and Healthy Equity sub-group; Start For Life Roundtables; National Safeguarding Review Panel Roundtables; Department for Levelling up, Housing and Communities Advisory Group for Partnerships for People and Place; Department for Education Information Sharing Roundtable; Genomics England Newborn Programme Steering Group; Children's Commissioner Roundtable for the Family Review; Northern Ireland's Healthy Child Healthy Future Programme Board; OHID Professional Organisations Group; NHSE Maternity Transformation Post natal group, Breastfeeding Law Group; Breastfeeding Alliance; Health Policy Influencing Group; One Voice Maternity Partnership; Obesity Health Alliance; Maternal Mental Health Alliance; and the First 1001 Days Movement Steering Group.
- Keynote speaker presentations at national conferences, All Party Parliamentary Groups and high-profile forums including: UNICEF WHO Europe and Central Asia Health Systems for Early Child Development launch conference; Westminster Education Policy conference; the 1001 Days All Party Parliamentary Group; UNICEF-UK Parliamentary Roundtable on Early Years; and National Child Safeguarding health visiting 'deep dive'.
- **Launch of a series of iHV Films this year:**
 - ['Health visiting in your community'](#) captures a glimpse of health visiting from across all 4 nations of the UK.
 - ['Voices from practice'](#) to support health visitor recruitment. The films received endorsement from all UK Chief Nursing Officers and numerous partners including the LGA and UNICEF-UK.
 - ['Health Visitors for every family'](#) – developed as part of the EU funded PATH project.
- **Collating and presenting the evidence:**
 - Our [Casting Long Shadows](#) report, produced with the Parent Infant Foundation, highlights the ongoing impact of the COVID-19 pandemic on babies, families and services that support them.
 - Our [9th annual State of health visiting in the UK survey](#), January 2023 highlights a deteriorating picture of a workforce under immense pressure as practitioners struggle to meet the scale of rising need, with a widening postcode lottery of health visiting support across the UK. The report received excellent media coverage and widespread support.
- **Sharing best practice** through our conferences and the publication of regular case studies and blogs. We worked in partnership with the UK nations to extend our infographics promoting ["Who are health visitors and what do they do?"](#) for Scotland and Wales – with a Northern Ireland version in progress.
- **Supporting partnerships and campaigns:** This year, we worked with:
 - The First 1001 Days Movement on the ["Why Health Visitors Matter: perspectives on a widely valued service"](#) report and media coverage.
 - UNICEF UK [Early Moments Matter 2022 Policy Report](#) and campaign.

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- The Royal Foundation Centre for Early Childhood: Our CEO was asked to chair a meeting for HRH The Princess of Wales on health visiting and the early years in May 2022 in advance of a Government Roundtable, and joined the launch of the [Shaping Us](#) campaign in January 2023 – with plans for further work in collaboration with the Foundation in 2023/24.
- The [NSPCC's campaign](#) calling on the Government to implement an updated and improved Healthy Child Programme alongside a robust workforce plan.

Evidence submissions/ briefings/ letters:

This year, we submitted responses to numerous calls for evidence, including:

- Consultations, including: [SEND Review](#); [Written response to the Hewitt Review](#) on integrated care systems; [Evidence](#) for the Downs Syndrome Act 2022 call for guidance; Children's Commissioner's Family Review consultation; 10-year mental health plan for England; Mental health consultation for Scotland; [Consultation response: folic acid fortification](#); [Children's social care implementation strategy](#); [Prevention of ill health inquiry](#); and NICE guidance consultations on Postnatal Care, and obesity
- Joint [response](#) to the Autumn Budget and [letter to the Minister](#) in advance of the Spring budget with SAPHNA
- Signatories to numerous consensus statements on child health with partners
- Written evidence to support the Westminster Hall debate on Infant Mental Health, and the House of Lords debate for Lord Patel/Baroness Watkins
- Kings Fund manifesto for health.

II. Training:

2022/23 has been a successful year for our training team. Training team highlights include:

- **A growing training offer:** We have extended our training portfolio to include a number of new training topics, alongside our well-established and award-winning training programmes which are delivered as private training commissions, hosted training events, and bespoke training for individual organisations. Alongside our popular perinatal and infant mental health training, we have experienced growing interest in our Changing Conversations around Autism, Neonatal Families, and This Mum Moves Ambassador programmes, as well as Healthy Weight Healthy Nutrition, Domestic Abuse and Postnatal Contraception events. In the calendar year 2022, we delivered 132 training events.
- **Innovation - Development of the digital Learning Platform "iHV Learn":** This hosts a number of Toolkits to support continuous professional development (CPD) across a number of subjects.
- **Quality assurance, evaluation and dissemination:** Our robust quality assurance process underpins the development and regular updating of our training programmes, including co-production with service users. The programmes we offer are independently reviewed and CPD accredited by the CPD Standards Office.

III. Projects and evaluations (including Research):

We receive regular requests from organisations who are keen to partner with us and are increasingly seen as the 'go to' partner for projects and research related to health visiting and public health for babies, young children and families. Our proven track record of delivering high quality products within timescale and budget are key elements of our success, alongside our ability to work flexibly and with others.

This year, we have delivered a number of successful projects and grant-funded work in partnership with academic, professional and third sector organisations. In recognition of her nursing leadership of the iHV's 'Changing conversations around autism programme', we were delighted to hear that Vicky Gilroy, our Head of Projects and Evaluations was recognised as one of the Burdett Trust for Nursing's 'Heroes' at their 10th Anniversary awards at the end of June 2022.

The following summary provides examples of our projects and partners during 2022/2023:

- NHSE – Strep A and Flu campaign support (December 22- March 23)

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- Family Action- Evaluation of Stockton perinatal support service (December 21-January 23)
- The Tiny Lives Trust - Promoting best practice to meet the needs of neonatal families (March 22 -March 23).
- The AIMS Foundation - Healthy Weight Healthy Nutrition, Oral Health and Physical Activity (May 2020 – May 2023).
- Burdett Trust for Nursing – cardiovascular disease (CVD) prevention (September 2022 – December 23). Development of training using the Family Partnership Model to reduce CVD risk.
- NIHR – Baby Breathe (October 20 - December 24). A national multi-centred randomised control study offering a brief intervention to support smoking relapse prevention postnatally.
- NIHR – CRN Yorkshire and Humber research communities (April 2022- April 24).
- Genomics England Programme (March 21- January 24). To raise awareness and support health visitor practice in genomics.
- NHSE Learning Disabilities – Autism Factographic (March 22 – March 23).
- Maternal Health Alliance – Evidence review and best practice guide (August 22 -March 23).
- The Royal Foundation Centre for Parent and Child Support – Alarm Distress Baby Scale implementation feasibility study (March 23- Dec 23).
- Early Education Endowment Foundation – Collaboration with Newcastle University (August 22 -August 23). To improve speech-language and communication development in the early years.
- Health Education England, London -To explore the pan- London pathway for Specialist Community Public Health Nurse student recruitment and support workforce development (Dec 22– March 24).
- Research collaborations (April 22 – March 23). The iHV is also involved in a number of research partnerships and collaborations, participating in steering groups, providing consultancy and supporting recruitment to studies and dissemination of findings.

IV. Education and workforce:

Our work to support health visitor education and career progression focused on the following areas:

- **Skill mix in health visiting project:** We established an expert reference group, reviewed the evidence and produced a guide detailing the essential factors for skill mix within health visiting services. An infographic illustrating the ABC of factors for skill mix was developed and presented at national conferences and regional forums. This open access resource is available on the [iHV website](#). The next phase of this project will include the development of skill-mix case studies with examples of decision making and accountability.
- **Practice education networking events:** These regular events support practitioners, educators and service managers to network and identify priorities for action with respect to Specialist Community Public Health Nursing (SCPHN) education and NMC standards. Events are collaborative and co-chaired by service managers and practitioners and are well attended by participants from all UK nations. The group has engaged with the Nursing Midwifery Council (NMC) and has strengthened alliances with other professional bodies.
- **Work with the NMC and partners on SCPHN education, career pathways and regulation:** We have contributed to a number of national consultations including: the development of practice teacher standards by the Queens Nursing Institute; Health Education England's Advanced Practitioner credentials for public health; the Skills for Health SCPHN apprenticeship standard; and the NMC review of regulatory reform.
- **Supporting sector-led improvements:** We have provided specific expertise for commissioners in local authorities who have consulted us for support with the development of their health visiting service specifications, including a pan-London project to strengthen the learning infrastructure for SCPHNs.

V. Mental Health:

The last year has provided many opportunities for us to raise the importance of family mental health and wellbeing and the role of the health visitor as an essential part of an effective, integrated perinatal and infant mental health (PIMH) system.

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- **Influencing policy and research:** We have contributed across all four nations to support their respective mental health strategies and in response to national consultations, guidance and research, including:
 - Maternal Mental Health Alliance (MMHA): We worked collaboratively with the MMHA on their #Makeallcarecount campaign and produced an evidence-review and best practice guide "Supporting High Quality Perinatal Mental Health Care". The resources will support services to confidently shape their vision, planning and delivery for perinatal mental health (PMH).
 - Responding to calls for evidence including: The Department of Health and Social Care 'Mental health and wellbeing plan; NICE clinical guideline for depression in adults; and the Strategic Mental Health Workforce Plan for Health and Social Care – Wales.
 - A research partnership between NSPCC, iHV and the Royal College of Midwives to influence change in Northern Ireland in the early years, infant mental health and maternity.
 - Supporting the development of Health Education England's PMH Competency Framework.
 - Membership of the Steering Committee for the follow up 'Healthy Start, Happy Start' study by Professor Paul Ramchandani, University of Cambridge.
- **Training:**
 - Our iHV PIMH Champions programmes provide an infrastructure to support this work and we are delighted that we have now trained 4,013 PIMH Champions across the UK from a range of professions working alongside mothers and their families in the perinatal period.
 - Our PIMH training remains our most sought-after training and this year we have focused on further updating the training programmes to ensure that they contain the latest evidence and align with the ever-changing policy context.
 - In collaboration with Lucy Warwick-Guasp, we developed a new training programme for 'People who identify as LGBTQI+ and PMH Champion Training'.
 - Our regular PIMH Forums continue to attract good interest, hosted by each UK nation and culminating in our "All Areas Champion Celebration" in December where we were able to celebrate many of our amazing Champions. The iHV Specialist Health Visitor in PIMH Group has also grown significantly in the last year.
 - Our 4th Annual iHV PIMH Conference was held online on 15 June and attracted over 230 delegates who explored the subject of 'Early Trauma and the Art of Repair'.

VI. Corporate team:

Membership: The iHV relies on its unrestricted income from member donations to support the delivery of its charitable objectives - collectively, this accounts for around 25% of our annual income. Despite the enormous challenges facing the health visiting profession, our membership has increased by 32% since March 2022. We have enjoyed a significant growth in our corporate membership – with a smaller but still significant growth in individual memberships.

Meeting the needs of our members remains a priority. We engage regularly with our members through iHV Networking events, iHV Insights events, monthly iHV Times newsletter, our Health Visitor Advisory Forum and annual survey. In December 2022, we launched our iHV Podcasts to provoke discussion on key topics. Our growing suite of resources for members, including our Good Practice Points, Parent Tips, web-based resources and publications, remain popular. We also regularly promote the work of our members through Voices blogs and news stories.

We charge a modest fee for iHV membership to support our ambition that all health visitors will become members. We have not increased our individual membership fees for many years and we deferred an increase last year due to the rising cost of living, inflationary pressures and significant workforce challenges.

Conferences:

Our conferences attract growing numbers of delegates and we have delivered three successful conferences as well as our celebratory 10th Anniversary Event this year. We were delighted to be able to move some of these events back to 'in-person' or hybrid events, following COVID restrictions since 2020:

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- Our **Mental Health conference** in June coincided with Infant Mental Health Awareness week and International Fathers' Day.
- Our **Evidence Based Practice Conference in Manchester** in September was our first face-to-face conference since 2019.
- On 7 December we held our annual **Leadership conference in London**. This was a blended conference – we sold out of in-person tickets early (venue capacity 180) with the remainder of delegates joining online. The event was attended by almost 400 people.
- On 8 December, we welcomed trustees, colleagues, partners, supporters, funders, members and Fellows to our [10th Anniversary Celebration evening reception](#) in London. It was very special to welcome the four founding health visiting academics who provided the vision and were the driving force behind the Institute: Dr Cheryll Adams CBE, Prof Dame Sarah Cowley DBE, Prof Sally Kendall MBE and Prof Ros Bryar. We were also joined by our first Chair, Sally Russell OBE. We are indebted to all of them for their clear vision and tenacity to turn a seedling idea into the fully functioning and successful organisation that the iHV is today. We conferred an Honorary iHV Fellow award to Sally Hogg in recognition of her support of the iHV over many years.

Sector-led Improvement work:

This year we have worked with a number of local authorities to support their work to drive improvements in health visiting practice. Our Sector-Led Improvement work predominantly comprises of short, time-limited projects that support quality assurance and quality improvement in practice, as well as bespoke work on specific issues including workforce.

International

PATH: This 4-year European Interreg 2 Seas PATH project facilitates cross-border collaboration between England, France, the Netherlands and Belgium and we are proud to have worked alongside our partners since 2019 to successfully deliver a suite of outputs to promote positive family perinatal mental health. Our final year activities that included:

- Producing a short film on the role of the health visitor in relation to family mental health.
- Contributing to the PATH project's final Conference in November in Antwerp.
- Presenting at Bournemouth University Inter-Faculty Simulation Research Day.
- Delivering our Fathers' and Partners Awareness programme.
- Producing further training videos for practitioners available on the PATH hub and iHV website.
- Creating content for the Families' section of the PATH hub and reviewing the PATH UK website.

Communications and media: Our communications and design team are central to the success of the iHV, managing our external communications and providing bespoke imagery, quality assurance and proof reading of all our publications and communications. Our work continues to attract good media interest including: ITV News, Channel 5 News, BBC Radio, Radio Islam, New York Times, Daily Telegraph, Evening Standard, Daily Mail, Sunday Mirror, the Independent, MSN, Yahoo news, Scottish Sun, Nursing in Practice, Nursery World, News Medical Life Sciences, CYP Now, HSJ, BMJ, the Mirror, Nursing Times and Dame Andrea Leadsom 1001 Critical Days podcast.

Governance, management and trustees

Governing Document: The Institute of Health Visiting is governed by its Articles of Association and the Board has ultimate authority and responsibility for directing and governing the charity. The Board is comprised of Trustees selected from a range of backgrounds to support the organisation's objectives. The constitution of the Board is reviewed annually, and the Trustees hold an annual away day for organisational and strategic planning in October each year.

The Trustees meet formally as a Board on a quarterly basis. In between Board meetings, some Trustees are actively engaged with the larger funded projects, providing governance oversight and expert advice in their

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role as the Chair of Project Steering Groups, and/ or membership of 'Task and Finish' groups focused on specific iHV workstreams. The Chair, CEO, Honorary Treasurer and independent accountants meet outside the Board meetings, as a Finance and General Purposes committee focused on the organisation's finance and business planning. The input of the Trustees supplements the direct management role of the CEO.

Change to Trustees: Trustees can serve up to two terms, each of three years, in office before being required to step down. In December 2022, the charity announced that Pamela Goldberg, our current Chair, would step down in July 2023 when her second term expires. Following an external recruitment and interview process, we are delighted to have appointed Sue Tokley as the new iHV Chair. Sue brings a wealth of experience and skills from her background as a Chief Nurse and in charity work. Sue's appointment was unanimously approved by the Board in April 2023.

In January 2022, our Treasurer Sue Gallone stepped down at short notice due to a change in her personal circumstances; following an open recruitment process Christina Lui was welcomed as our new Honorary Treasurer following the Board's approval on 20 April 2022. We also welcomed the return of Prof Dame Sarah Cowley as a Trustee in October 2022 following a break of one year after she reached the maximum term in her role as one of the iHV's first trustees.

Following her appointment on the iHV staff team, Sharin Baldwin stepped down from her position as Trustee at the April Board meeting prior to taking up her post as Senior Research Fellow at the iHV in July.

Governance: The CEO is supported by the Senior Management Team (SMT) who generally meet monthly to review organisational performance, governance and risks in the Governance meeting, with escalation of urgent matters to the Trustees between Board meetings. In March, the SMT consolidated their February and March meetings into an 'awayday' to support business planning which is built on the key priorities identified by the Board of Trustees at their awayday in October. The Business Plan is presented to the Board in April for final approval, alongside the updated risk log and mitigations.

Policies and procedures: To support governance, the iHV has a range of policies that are reviewed on a regular basis, and/ or updated in response to changes to national policy. This year we have reviewed and updated the following policies and alerted staff to the changes:

- Finance policies: Ethical collaboration, Spending, Remuneration, Expenses, Expenses for external contractors, and Procurement.
- HR policies: Annual leave, Guidance note on zero hours contracts, Maternity, and Sickness.
- Safeguarding: Adult safeguarding, and Child safeguarding.
- Safety and ethical policies: Sustainability, Health and Safety, H&S Home worker risk assessment, Information governance, Provision of Education and Training (review in progress).

Financial systems and IT upgrade: During August our Corporate administrative team reviewed and cleansed our entire salesforce database to ensure that we remain compliant with GDPR. This is scheduled annually with smaller 3 monthly reviews during the year. We have continued with our programme to rationalise our IT systems and software packages to reduce duplication and improve interoperability, including the effective synchronisation between Salesforce, Wordpress and Moodle for iHV Learn. Our use of Xero online accounting software, introduced last year, has brought numerous benefits, improving governance and supporting better invoicing and debt management. Our accountancy support is provided by the independent accountants, JS2.

Sustainability: We are committed to play our part in improving environmental sustainability. This year, we reviewed and updated our Sustainability Policy and set out four key business objectives that are included in our Business Plan for 2023/24.

Partnerships: The Institute is independent of, but has benefited from, close working relations with the Royal Society for Public Health (RSPH) which continues to provide the Institute with back-office support. The Institute pays the RSPH a small honorarium for this support and use of their London meeting rooms when

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needed. Alongside its income from membership fees, the Institute receives income through grants and consultancy work with the following organisations:

Secondments:

- Essex County Council
- Ministry for Levelling Up, Housing & Communities

Grant/ project funders:

- NHS England
- Health Education England
- National Institute for Health and Care Research (NIHR)
- Genomics England
- Maternal Mental Health Alliance
- The Royal Foundation for Parent and Child Support
- Early Education Endowment Foundation
- European Interreg 2 Seas PATH
- Family Action
- The Tiny Lives Trust
- The AIM Foundation
- Kindred Squared
- Burdett Trust for Nursing
- University of Stirling
- The Sylvia Adams Charitable Trust
- Western Sydney University, Australia
- Barnardo's
- Sheffield University
- This Mum Moves/ Active Pregnancy Foundation
- Birmingham Community Healthcare Trust and Birmingham Council
- Warwickshire Council
- Ealing Council
- Novartis
- Scotland perinatal mental health programme board
- University College London

Staffing of the Institute

Our staff play a crucial part in delivering the iHV Mission. The Institute is a growing organisation with 28 members of staff employed on a range of permanent and temporary contracts to meet our core business, training and project work. This year we have seen some staff changes as two long-standing members of the team retired, one went on maternity leave and two members of our corporate team left the organisation. We have welcomed five new members of staff to our team and have been pleased by the calibre of applicants.

All staff have personal objectives aligned to the iHV annual Business Plan and these are reviewed regularly through an ongoing Personal Development Review process. In addition, the iHV employs individuals as independent consultants and trainers, as needed, to support programmes of work.

Supporting staff wellbeing remains a priority. Our senior management team is working well - the 'Head of' departments are actively involved in financial and workforce forecasting and planning for their teams, to provide better oversight and management of workflow, workload and risks. Staff are also supported through regular 1:1s, monthly team meetings, smaller team meetings and our annual team awayday in the summer. This year, we reviewed our employee benefits and non-pay rewards, and the Board has increased the annual leave entitlement for staff who have worked for the iHV for more than two years (5 days pro rata).

**Institute of Health Visiting
Trustee's Report
For the year ended 31 March 2023**

Quality assurance: Quality underpins all that the iHV does. All projects have a project governance group chaired by either the CEO or a Trustee. This year we have further developed our Quality Assurance processes, Quality Assurance toolkit and Ethical Collaborations Policy to guide our work.

Risks: We have clear processes in place for risk management to ensure that risks are identified, managed and escalated to the iHV Board in a timely way to support business continuity and quality control. Each department undertakes ongoing risk assessments to identify and mitigate risks, escalating these through the iHV Governance group (the Heads of Department are responsible for managing their department risks and these are graded and recorded on their monthly departmental score cards). Risks are also recorded on the organisation's risk register. Risks are formally reviewed by the Senior Management Team in the monthly iHV Governance Group and quarterly by the Board (or more frequently by exception) to support organisational decision making and risk mitigation.

The three main areas of risk are:

Financial risks – there is an on-going risk that the iHV could fail to attract sufficient income to maintain its core functions and staff costs, especially with a recent expansion to the staff numbers. In addition, due to uncertainties around inflation, there is a risk that workstream/ programme requirements may extend beyond the costed deliverables, leading to rising costs in excess of the indicative budget.

Mitigation: The Chair and Treasurer meet regularly with the CEO, who has the responsibility to generate income and ensure sustainable funding. Our income streams are as diversified as possible to spread the risk and the iHV has healthy reserves. Accounts are monitored closely through monthly management accounts. All Heads of Department have sight of budgets. All teams use project management skills to manage costs, time and quality, with MoSCoW prioritisation. Business planning is managed through our bi-monthly Business Development Group, and we have an internal bid writing team to maximise success. Inflation poses an ongoing threat for pay and non-pay costs. Our inflationary pay award is based on affordability and is mapped against similar charities/ CPI figure and projected inflation. We use fixed term contracts for any additional staffing for specific projects, using consultancy by exception due to inflated costs. Our fees are reviewed regularly to ensure they cover our costs. We have clear processes in place for financial governance/ sign off – and use Xero finance management system to track invoices, income and expenditure.

Quality/ Reputational risks – there is the risk that staff, or those representing the iHV, inadvertently misrepresent the charity which could damage the reputation of the organisation. There is also a risk that iHV products/ website are not of the desired quality or contain out of date/ inaccurate information.

Mitigations: Careful staff recruitment, PDR, training and performance management processes are in place to ensure that all iHV staff have the necessary skills and capabilities to represent the organisations and ensure iHV outputs comply with our Quality Assurance processes, including agreed levels of senior management 'sign-off'. Any incidents are recorded, and an action plan developed, including sharing the learning with the wider team through the Governance and Professional meetings (fortunately, these are very rare).

Staff wellbeing: There is a risk that iHV workload may exceed staffing capacity, and staff wellbeing may be impacted by the wider impacts of the cost-of-living crisis – as a result, there is a risk that staff wellbeing will be affected which will impact on staff sickness, iHV delivery with reputational and financial risks.

Mitigations: Continuous workflow mapping and planning is undertaken by the Heads of Departments in all teams, with proactive recruitment to cover work and avoid excessive workloads, particularly when new contracts are achieved. Business continuity planning is in place and staff are trained to ensure that there is adequate cover for all roles to cover unexpected staff losses. We also use a pool of zero-hour contract staff for cover as required and utilise staff from other departments to fill temporary gaps. Staff wellbeing is reviewed at individual 1:1s with line managers and we support team wellbeing through our annual 2-day 'Awaydays', flexible working policy and signposting to additional support where needed.

**Institute of Health Visiting
Trustee's Report
For the year ended 31 March 2023**

Objectives for the year ahead 2023/2024:

The iHV Business Plan and objectives are developed collaboratively by the Board, Senior Management Team and staff to support our organisation's mission and charitable objectives. Our key objectives for 2023/24 are:

1) Influence policy to improve health, reduce inequalities and strengthen health visiting:

- Increase decision-makers' understanding of the value of health visiting across the health and care system to influence UK national and local government policy, encouraging long-term thinking and working with stakeholders to maximise impact.
- As an independent professional body, we push for political change and aim to influence the election manifesto commitments of the main parties to improve child health and reduce inequalities by investing in health visiting.
- Continue to extend our work in all UK nations.

2) Support quality improvement in health visiting:

- Work in partnership with local areas to equip them with the evidence, insight and sector-led improvement tools to support them to spend their money well by investing in health visiting to improve health and reduce inequalities.
- Lead, and partner with others, on projects and research focused on achieving the aims and objectives of the iHV.
- Continue our skill-mix work to expand the availability of resources for workforce planning. The iHV position on advanced practice roles and career progression in in health visiting will be developed, alongside the professional regulation of health visitor education and practice.

3) Build professional skills and knowledge to enhance health visiting workforce capability and leadership development

- Offer a range of high quality and sustainable training programmes to enhance workforce capability, focused on recognised priority topics.
- Develop, promote and support leadership development in health visiting.
- Scope user needs and further develop the iHV Learning platform to support excellence in health visiting through accessible resources for continuous professional development.
- Build skills, knowledge and capability by supporting and collaborating with people and organisations through our networking, conferences, partnerships and events.

4) Support our members and meet their needs

- Ensure that our products and services offer value, meeting the needs of our current members and attracting new members.
- Embed a continuous cycle of learning and quality improvement, engaging regularly with our members to understand and respond to their needs.

How we work in a changing world:

5) Make the iHV a great place to work and develop

- Provide opportunities for employees to grow and develop.
- Effective leadership with mutual respect and trust of all staff to ensure everyone is supported to do their job, has a voice in the organisation, receives regular feedback and understands their vital contribution to the iHV's success.
- Continue to review, develop and embed our policies that address work/life balance to enable individuals to cope successfully with the demands and pressures of work.

**Institute of Health Visiting
Trustee's Report
For the year ended 31 March 2023**

6) Good governance, infrastructure, financial and quality management:

- Ensure good governance and communication across teams.
- Scope and develop a new iHV website to meet our user needs.
- Ensure our IT capability is 'fit for purpose' reduce duplication where possible to release efficiencies.
- Ensuring that the "iHV brand", and stakeholders' perceptions of it as high quality, continues to grow.

7) Equity, diversity and inclusion

- All iHV staff understand their contribution and take steps to achieving our goals set out in our Equality and Diversity strategy.
- Ensure that we have accessible resources that support inclusion with a focus on improving health and reducing inequalities
- Seek to broaden the diversity of our team and the people we work with, becoming a more inclusive employer by ensuring that our organisational culture is fair, values diversity and harnesses the abilities of all our people.
- Developing how we engage and involve people through co-production, to realise the benefit of multiple and diverse perspectives and support our health advocacy work.

8) Environmental and sustainability

- **Leading by example:** To reduce the carbon footprint associated with the iHV, benchmarking our performance and developing an ambitious iHV plan for sustainability for the next two years in line with our recently updated Sustainability Policy.
- **Advocacy:** To influence policies affecting health, by advocating for 'health equity', children's rights, and the reduction of harms to health caused by environmental impacts faced by babies, children and young people now and in the future.
- **Supporting and equipping iHV members:** To support iHV members in their health advocacy role to improve sustainability in their workplaces and improve health equity linked to environmental sustainability through their work with babies, children, families and communities.
- **Supporting and equipping iHV staff:** To equip iHV staff with the knowledge they need to make a positive impact, and support the iHV's ambitions, on environmental sustainability.

Financial Review

The Institute has finished the year in a better position than expected with a surplus of £164,195 (2022: £186,009). Our total income has decreased from £1,575,756 in 2021/22 to £1,563,939 in 2022/23. This increase on prior year is due to an increased uptake in corporate memberships and larger number of training sessions/increased interest in online training sessions.

Expenditure in the year also increased to £1,399,744 (2022: £1,389,747) due to increased consultancy spend on restricted projects along with increased staffing costs.

Reserves policy and going concern

In assessing the overall level of reserves, the Board aims at all times to maintain sufficient unrestricted funds to ensure it remains solvent going forward, this includes at least 6-month's running costs.

The Institute currently holds total reserves of £1,146,697 (2022: £982,472) of which £971,476 (2022: £760,674) are free reserves (unrestricted funds). This equates to approximately 7 months standard running costs. The Institute has designated £150,000 to use to replace its website and improve interoperability between its numerous IT systems commencing in 2023/24. This will support us to achieve sustainability for future years.

**Institute of Health Visiting
Trustee's Report
For the year ended 31 March 2023**

The Trustees have reviewed the charity's financial position, taking into account current performance, the ongoing economic challenges, the satisfactory levels of reserves and cash at year end and projections. They have considered future plans, along with internal processes and systems for managing financial and operational risks. As a result, the Trustees have a reasonable expectation that the charity has adequate resources and infrastructure to continue operating for the foreseeable future.

Statement of Trustees' Responsibilities

The Trustees (who are also directors for the purposes of company law) are responsible for preparing the Trustees' 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 charitable company 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 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 presume that the charity will continue in business.

The Trustees are responsible for keeping proper 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;
- and The Trustees have taken all steps that they ought to have taken to make sure they are aware of any relevant audit information and to establish that the auditor is aware of that information.

Public Benefit

The Trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the aims and objectives and in planning the future activities. In particular, the Trustees consider how planned activities and grant making will contribute to the aims and objectives they have set. The Trustees consider the current policy for grant making and the current activities deliver public benefit. Details of the objects which form the basis of this are given in this report.

Auditors

Our auditors CT have now completed their third audit on behalf of the charity.

This report of the Board of Trustees has been prepared taking advantage of the small companies exemption of section 415A of the Companies Act 2006.

Pamela Goldberg
Chair
DATE

Pamela Goldberg

02 August 2023

**Institute of Health Visiting
Independent Auditor's Report
For the year ended 31 March 2023**

Independent auditor's report to the members of Institute of Health Visiting

Opinion

We have audited the financial statements of Institute of Health Visiting for the year ended 31 March 2023 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2023, and of the charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. 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.

**Institute of Health Visiting
Independent Auditor's Report
For the year ended 31 March 2023**

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' report (which includes the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' 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 (which incorporates the directors' 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 trustees 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' report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 17, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of financial statements which 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 is detailed below:

We gained an understanding of the legal and regulatory framework applicable to the charitable company and the sector in which it operates and considered the risk of acts by the charitable company which were contrary to applicable laws and regulations, including fraud. This included but was not limited to the Companies Act 2006 and the Charities Act 2011.

**Institute of Health Visiting
Independent Auditor's Report
For the year ended 31 March 2023**

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion.

We focused on laws and regulations that could give rise to a material misstatement in the charitable company's financial statements. Our tests included, but were not limited to:

- agreement of the financial statement disclosures to underlying supporting documentation;
- enquiries of the trustees;
- review of minutes of board meetings throughout the period; and
- obtaining an understanding of the control environment in monitoring compliance with laws and regulations.

There are inherent limitations in an audit of financial statements and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we would become aware of it. We also addressed the risk of management override of internal controls, including testing journals and evaluating whether there was evidence of bias by the trustees that represented a risk of material misstatement due to fraud.

A further description of our responsibilities for the audit of the financial statements is located 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.



Jeremy Chittleburgh CA (Senior Statutory Auditor)

For and on behalf of
CT
Chartered Accountants and Statutory Auditor
61 Dublin Street
Edinburgh EH3 6NL

Date: 09 August 2023

Institute of Health Visiting**Statement of financial activities** (incorporating an income and expenditure account)**For the year ended 31 March 2023**

				2023			2022
	Note	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £	Total £
Income from:							
Donations	2	34,883	-	34,883	34,111	-	34,111
Charitable activities:	3						
Grant		125,170	325,967	451,137	139,136	490,532	629,668
Education & Training		688,792	-	688,792	556,017	50,000	606,017
Membership		383,639	-	383,639	303,956	-	303,956
Other		2,750	-	2,750	1,871	-	1,871
Interest		2,738	-	2,738	133	-	133
Total income		1,237,972	325,967	1,563,939	1,035,224	540,532	1,575,756
Expenditure on:							
Charitable activities	4	1,024,820	374,925	1,399,744	863,494	526,253	1,389,747
Total expenditure		1,024,820	374,925	1,399,744	863,494	526,253	1,389,747
Transfer between funds		(2,351)	2,351	-	59,640	(59,640)	-
Net movement in funds		210,802	(46,607)	164,195	231,370	(45,361)	186,009
Reconciliation of funds:							
Total funds brought forward		760,674	221,798	982,472	529,304	267,159	796,463
Total funds carried forward		971,476	175,191	1,146,667	760,674	221,798	982,472

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 15 to the financial statements.

Institute of Health Visiting**Balance sheet**

Company no. 08234405

As at 31 March 2023

	Note	£	2023 £	2022 £
Fixed assets:				
Tangible assets	10		10,409	13,647
			<u>10,409</u>	<u>13,647</u>
Current assets:				
Debtors	11	336,060		390,339
Cash at bank and in hand		1,315,222		1,032,009
			<u>1,651,282</u>	<u>1,422,348</u>
Liabilities:				
Creditors: amounts falling due within one year	12	(515,024)		(453,523)
			<u>1,136,258</u>	<u>968,825</u>
Net current assets			<u>1,136,258</u>	<u>968,825</u>
Total net assets			<u><u>1,146,667</u></u>	<u><u>982,472</u></u>
The funds of the charity:	15			
Restricted income funds			175,191	221,798
Unrestricted income funds:				
Designated funds			150,000	-
General funds			821,476	760,674
			<u>1,146,667</u>	<u>982,472</u>
Total charity funds			<u><u>1,146,667</u></u>	<u><u>982,472</u></u>

02 August 2023

Approved by the trustees onand signed on their behalf by:

Pamela Goldberg.....
Pamela Goldberg
Chair*Christina Liu*.....
Christina Liu
Treasurer

Institute of Health Visiting**Statement of cash flows****For the year ended 31 March 2023**

	Note	2023 £	2022 £
Cash flows from operating activities			
Net cash provided by / (used in) operating activities	a	285,575	51,545
Cash flows from investing activities:			
Interest from investments		2,738	133
Purchase of fixed assets		(5,100)	(12,218)
		<hr/>	<hr/>
Change in cash and cash equivalents in the year		283,213	39,460
		<hr/>	<hr/>
Cash and cash equivalents at the beginning of the year		1,032,009	992,549
		<hr/>	<hr/>
Cash and cash equivalents at the end of the year	b	<u>1,315,222</u>	<u>1,032,009</u>

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

	2023 £	2022 £
Net income / (expenditure) for the reporting period (as per the statement of financial activities)	164,195	186,009
Depreciation charges	8,338	8,343
Dividends, interest and rent from investments	(2,738)	(133)
(Increase) in debtors	54,279	(221,402)
Increase/(decrease) in creditors	61,501	78,728
	<hr/>	<hr/>
Net cash provided by / (used in) operating activities	<u>285,575</u>	<u>51,545</u>

b) Analysis of changes in net debt

	At 1 April 2022 £	Cash flows £	At 31 March 2023 £
Cash in hand and at bank	1,032,009	283,213	1,315,222
	<hr/>	<hr/>	<hr/>
Total cash and cash equivalents	<u>1,032,009</u>	<u>283,213</u>	<u>1,315,222</u>

Institute of Health Visiting

Notes to the financial statements

For the year ended 31 March 2023

1 Accounting policies

a) 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) (effective 1 January 2015) - (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.

The trustees consider that there are no significant areas of estimation or judgement.

b) Public benefit entity

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

c) 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.

The Trustees have reviewed the charity's financial position, taking into account current performance, the satisfactory levels of reserves and cash at year end and projections. They have considered future plans, along with internal processes and systems for managing financial and operational risks. As a result, the Trustees have a reasonable expectation that the charity has adequate resources and infrastructure to continue operating for the foreseeable future.

d) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions 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 performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

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

e) 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.

f) 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 income received or generated for the charitable purposes.

g) 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 on charitable activities includes the costs of undertaken to further the purposes of the charity and their associated support costs.

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

Institute of Health Visiting**Notes to the financial statements****For the year ended 31 March 2023**

h) Allocation of support costs

Expenditure is allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

i) Tangible fixed assets

Fixed assets are stated at original historical cost less aggregate depreciation and are only capitalised at a threshold exceeding £1,000. Depreciation is provided at rates calculated to write off the cost less estimated residual value of each asset on a reducing balance basis over its estimated useful life as follows.

Computer equipment 3 years straight line

j) 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.

k) 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. Cash balances exclude any funds held on behalf of service users.

l) 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.

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.

2 Income from donations and legacies

	2023	2022
	Total	Total
	£	£
Donations	4,977	2,654
Gift Aid	29,906	31,457
	34,883	34,111

All donations and gift aid are unrestricted in both the current and prior year.

Institute of Health Visiting

Notes to the financial statements

For the year ended 31 March 2023

3 Income from charitable activities

<i>Current year</i>	Unrestricted £	Restricted £	2023 Total £
Grants:			
Core	77,882	-	77,882
Mental Health Team	406	-	406
Consultancy, Innovation & Enterprise	5,768	-	5,768
AIM Foundation ®	-	45,000	45,000
AIM Healthy Weight Healthy Nutrition	-	34,660	34,660
PATH	-	61,130	61,130
Baby Breathe	-	40,128	40,128
NSPCC LSSP	-	22,378	22,378
Genomics	4,151	-	4,151
Family Action Stockton PSS	12,461	-	12,461
Demontfort University	-	8,500	8,500
0-19 Research Network	24,502	-	24,502
Burdett CVD Project	-	68,146	68,146
Strep A	-	46,025	46,025
	125,170	325,967	451,137
Education & Training	688,792	-	688,792
Membership	383,639	-	383,639
Other	2,750	-	2,750
	1,075,181	-	1,075,181
Total income from charitable activities 2023	1,200,351	325,967	1,526,318
<i>Prior year</i>	Unrestricted £	Restricted £	2022 Total £
Grants:			
Core	8,143	94,108	102,251
AIM Foundation ®	-	40,000	40,000
AIM Healthy Weight Healthy Nutrition	-	34,917	34,917
UK Active This Mum Can	26,388	-	26,388
PATH	-	95,596	95,596
Delivery Of Different News 2	58,651	-	58,651
Baby Breathe	-	39,232	39,232
AIMS Southern Health NHS Foundation Trust (SHFT)	18,067	-	18,067
NSPCC LSSP	-	60,963	60,963
Genomics	15,387	-	15,387
NHS VCSE	-	77,066	77,066
Family Action Stockton PSS	12,500	-	12,500
Public Health England Sexual Reproductive Health	-	45,250	45,250
Demontfort University	-	3,400	3,400
	139,136	490,532	629,668
Education & Training	556,017	50,000	606,017
Membership	303,956	-	303,956
Other	1,871	-	1,871
	861,844	50,000	911,844
Total income from charitable activities 2023	1,000,980	540,532	1,541,512

Institute of Health Visiting

Notes to the financial statements

For the year ended 31 March 2023

4 Analysis of expenditure

<i>Current year</i>	Charitable activities £	Governance costs £	Support costs £	2023 Total £
Staff costs (Note 6)	989,817	8,928	56,953	1,055,698
Direct Costs	113,398	-	-	113,398
Publicity	-	-	86	86
Travel & Subsistence	-	-	19,870	19,870
Premises costs	-	-	16,030	16,030
Office costs	-	-	114,790	114,790
Legal & Consultancy	-	-	1,057	1,057
Accountancy & Bookkeeping Fees	-	-	26,550	26,550
Audit fees	-	6,329	2,160	8,489
Sundry Expenses	-	-	22,223	22,223
Depreciation	-	-	8,338	8,338
Irrecoverable VAT	-	-	13,215	13,215
	1,103,215	15,257	281,272	1,399,744
Support costs	281,272	-	(281,272)	-
Governance costs	15,257	(15,257)	-	-
Total expenditure 2023	1,399,744	-	-	1,399,744

<i>Prior year</i>	Charitable activities £	Governance costs £	Support costs £	2022 Total £
Staff costs (Note 6)	993,026	8,553	39,053	1,040,632
Direct Costs	205,536	-	-	205,536
Travel & Subsistence	-	-	3,903	3,903
Premises costs	-	-	14,521	14,521
Office costs	-	-	72,882	72,882
Legal & Consultancy	-	-	960	960
Accountancy & Bookkeeping Fees	-	-	21,260	21,260
Audit fees	-	5,050	-	5,050
Sundry Expenses	-	-	4,161	4,161
Depreciation	-	-	8,343	8,343
Irrecoverable VAT	-	-	12,499	12,499
	1,198,562	13,603	177,582	1,389,747
Support costs	177,582	-	(177,582)	-
Governance costs	13,603	(13,603)	-	-
Total expenditure 2022	1,389,747	-	-	1,389,747

Institute of Health Visiting**Notes to the financial statements****For the year ended 31 March 2023****5 Net income for the year**

This is stated after charging / crediting:

	2023	2022
	£	£
Depreciation	8,338	8,343
Audit fee	6,350	5,050
	14,688	13,393

6 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	715,521	704,036
Social security costs	66,530	77,293
Employer's contribution to defined contribution pension schemes	146,216	137,544
Seconded staff	127,431	121,759
	1,055,698	1,040,632

No employees earned (excluding employer pension) between £60,000 and £70,000 during the year (2022: 0).

Two employees earned (excluding employer pension) between £70,000 and £80,000 during the year (2022: 2).

The total employee benefits including employers pension contributions of the key management personnel was £94,997 (2022: £91,230). The key management personnel were made up of the Executive Director and Head of Operations.

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2022: £nil).

During the year, no trustee was reimbursed for travel and subsistence costs (2021: 0 trustees £Nil) relating to attendance at meetings of the trustees.

7 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

	2023	2022
	No.	No.
Charitable activity	26.0	27.0
Support	3.0	2.0
	29.0	29.0

Institute of Health Visiting**Notes to the financial statements****For the year ended 31 March 2023****8 Related party transactions**

There were no related party transactions including donations from related parties which are outside the normal course of business in the current or preceding year.

9 Taxation

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

10 Tangible fixed assets

	Computer equipment
	£
Cost	
At the start of the year	34,644
Additions in year	5,100
	<hr/>
At the end of the year	39,744
	<hr/>
Depreciation	
At the start of the year	20,997
Charge for the year	8,338
	<hr/>
At the end of the year	29,335
	<hr/>
Net book value	
At the end of the year	10,409
	<hr/> <hr/>
At the start of the year	13,647
	<hr/> <hr/>

All of the above assets are used for charitable purposes.

11 Debtors

	2023	2022
	£	£
Trade debtors	224,180	217,506
Other debtors	111,880	172,833
	<hr/>	<hr/>
	336,060	390,339
	<hr/> <hr/>	<hr/> <hr/>

12 Creditors: amounts falling due within one year

	2023	2022
	£	£
Trade creditors	21,987	28,854
Taxation and social security	83,545	47,598
Other creditors and accruals	20,271	80,448
Deferred income	389,221	296,623
	<hr/>	<hr/>
	515,024	453,523
	<hr/> <hr/>	<hr/> <hr/>

Institute of Health Visiting**Notes to the financial statements****For the year ended 31 March 2023****13 Deferred income**

Deferred income comprises membership fees paid in advance.

	2023	2022
	£	£
Balance at the beginning of the year	296,623	256,561
Amount released to income in the year	(296,623)	(256,561)
Amount deferred in the year	389,221	296,623
	389,221	296,623

14 Analysis of net assets between funds

<u>As at 31 March 2023</u>	General unrestricted £	Restricted £	Total funds £
Tangible fixed assets	10,409	-	10,409
Net current assets	961,068	175,191	1,136,258
Net assets at the end of the year	971,477	175,191	1,146,667
	General unrestricted £	Restricted £	Total funds £
<u>As at 31 March 2022</u>			
Tangible fixed assets	13,647	-	13,647
Net current assets	747,027	221,798	968,825
Net assets at the end of the year	760,674	221,798	982,472

Institute of Health Visiting

Notes to the financial statements

For the year ended 31 March 2023

15 Movements in funds

<i>Current year</i>	At the start of the year £	Income £	Expenditure £	Transfers	At the end of the year £
Restricted funds:					
AIM HWHN Apr 20 to Apr 23	34,927	34,660	(34,927)		34,660
Anonymous Family Foundation	40,000	45,000	(40,000)		45,000
PATH	-	61,130	(61,130)		-
Baby Breathe	14,685	40,128	(23,617)		31,196
Domestic Abuse	31,056	-	(8,405)		22,651
NSPCC LSSP	-	22,378	(22,378)		-
CHSA	3,022	-	(3,022)		-
NHS VCSE	2,000	-	(2,000)		-
Public Health England Sexual	2,000	-	(2,000)		-
Demontfort University	-	8,500	(8,500)		-
Burdett CVD Project	-	68,146	(64,498)		3,648
Strep A	-	46,025	(27,989)		18,036
Royal Foundation ADBB	-	-	(1,701)	1,701	-
Pan London	-	-	(650)	650	-
Sylvia Adams Trust	94,108	-	(74,108)		20,000
Total restricted funds	221,798	325,967	(374,925)	2,351	175,191
Unrestricted funds:					
Designated funds	-	-	-	150,000	150,000
General funds	760,674	1,237,972	(1,024,819)	(152,351)	821,476
Total funds	982,472	1,563,939	(1,399,744)	-	1,146,667

Institute of Health Visiting

Notes to the financial statements

For the year ended 31 March 2023

15 Movements in funds (continued)

Purposes of funds

iHV Research Fund

This consists of income raised through fundraising activities and is available to support research purposes including doctoral studies in the form of bursaries.

Burdett Trust (Healthy Weight Healthy Nutrition)

This two year project seeks to up skill all health visitors in nutrition information and best practice in encouraging healthy diets. The training is in the form of a cascade with the trained champions cascading the training to their workplace colleagues.

Anonymous Family Foundation

This funding will support the sustainability of the iHV perinatal mental health champions project. It provides regional and a national forum for the champions to stay connected with the iHV and their colleagues.

Anonymous Family Foundation Nutrition

This funding will support the updating of Healthy Weight Healthy Nutrition training and the provision of four regional training events for Health Visitors.

Burdett Autism

This important one year project will create a toolkit and training for health visitors to support their knowledge and confidence to have meaningful conversations with families of children with autism.

PATH

This European partner project involves 13 partners from the UK, France, the Netherlands and Belgium. It is focused on raising the profile of perinatal mental health in mothers and fathers and will produce a host of new resources for partner countries to use over its 3.5 year life span.

Tiny Lives

The IHV are leading the development of an e-learning module and training event to support health visitors work with parents/ carers of premature babies who have been through NICU in the North East of England. This is a one year project.

PHE Sexual Reproductive Health

Project funder to design and develop resources aimed at advice to expectant and new parents on sexual and reproductive health. All resources now complete e- learning and parent leaflet due for launch. The final report has been submitted for this project.

Institute of Health Visiting

Notes to the financial statements

For the year ended 31 March 2023

15 Movements in funds (continued)

Baby Breathe

Funding successful for this RCT of a postpartum smoking intervention to support new mums stay smoke free. Ethics agreed and recruitment due to commence July 2021

Domestic Abuse

The For Baby's Sake Trust funded the iHV to develop an online Domestic Abuse digital training toolkit for health visitors.

NSPCC LSSP

Look, Say, Sing, Play is an NSPCC national and local campaign which aims to educate parents about the importance of interacting with and understanding their babies, and provides them with gives them tips and resources to demonstrate show them how to do this, and. The NSPCC developed Look, Say, Sing, Play based on a campaign in the USA, which encouraged parents to be more sensitive and responsive to their child's thinking, feeling and behaviour. aims to The NSPCC developed a similar campaign for the UK to encourages responsive parenting with the aim of and reducing the risk of abuse and neglect. The NSPPC carried out an evaluation of Look, Say, Sing, Play research to inform future implementation and delivery how the campaign should be delivered.

Genomics

Design, develop and evaluate a series of webinars to raise awareness of genomics, to promote and embed the newly developed Good Practice Points, and to support health visitors' learning about genomics.

CHSA

This is a time-limited grant funded programme to support the development of Emotional Wellbeing at Work Champions across the UK.

VCSE

Providing support to respond to a potential surge in respiratory infections in children

Stockton/Family Action

The Perinatal Support Services was Established in April 2021 to deliver the a Perinatal Support Service offering early intervention, and support to mothers with diagnosed mental health issues or at risk of developing perinatal mental illness from 16 weeks pregnancy to the child's second birthday.

HIV SRH

This project will explore HVs current practice, alongside the barriers and enablers to extending the HVs universal role in PC to include advice on contraceptive options and potential for prescribing. These insights will inform the co-production of a bespoke PC training programme for HVs, in partnership with Teesside University

De Montfort

4 year funded project from Sept 2021 – Sept 2025: Cluster Randomised Controlled Trial of a Service to Support the Mental Health & Coping of Parents with Excessively Crying Infants.

Designated Funds

Following two years of surpluses, the Trustees have decide to invest the funds into a new website and membership platform for the benefit of members.

Transfers

Transfers were made in the year against funds which had an allocation against overheads spend and against a few funds which were fully spent at the prior year end and costs weren't fully allocated in the prior year so had shown in unrestricted costs instead.

Institute of Health Visiting

Notes to the financial statements

For the year ended 31 March 2023

15 Movements in funds (continued)

<i>Prior year</i>	At the start of the year £	Income £	Expenditure £	Transfers £	At the end of the year £
Restricted funds:					
iHV	10,019	-	(10,019)	-	-
AIM HWHN Apr 20 to Apr 23	29,250	34,917	(29,240)	-	34,927
Anonymous Family Foundation	40,000	40,000	(40,000)	-	40,000
Anonymous Family Foundation Nutrition	3,404	-	-	(3,404)	-
Burdett Autism	14,455	-	(389)	(14,066)	-
Burdett restraint	11,537	-	(5,725)	(5,812)	-
PATH	77,308	95,596	(172,904)	-	-
Tiny Lives	7,758	-	750	(8,508)	-
PHE Sexual Reproductive Health	17,644	-	2,360	(20,004)	-
Baby Breathe	14,686	39,232	(31,387)	(7,846)	14,685
Domestic Abuse	41,099	-	(10,043)	-	31,056
NSPCC LSSP	-	60,963	(60,963)	-	-
CHSA	-	50,000	(46,978)	-	3,022
NHS VCSE	-	77,066	(75,066)	-	2,000
Public Health England Sexual	-	45,250	(43,250)	-	2,000
Demontfort University	-	3,400	(3,400)	-	-
Sylvia Adams Trust	-	94,108	-	-	94,108
Total restricted funds	267,160	540,532	(526,253)	(59,640)	221,798
Unrestricted funds:					
General funds	529,303	1,035,224	(863,494)	59,640	760,674
Total funds	796,463	1,575,756	(1,389,747)	-	982,472

16 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.



Institute of Health Visiting
Royal Society for Public Health
John Snow House
59 Mansell St
London
E1 8AN

Chiene + Tait LLP
Chartered Accountants and Statutory Auditor
61 Dublin Street
EDINBURGH
EH3 6NL

Dear Sirs

Institute of Health Visiting

The following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience such as we consider necessary in connection with your audit of the charitable company's financial statements for the year ended 31 March 2023. These enquiries have included inspection of supporting documentation where appropriate and are sufficient to satisfy ourselves that we can make each of the following representations. All representations are made to the best of our knowledge and belief.

General

- 1 We have fulfilled our responsibilities as trustees as set out in the terms of your engagement letter dated 12 February 2021, under the Companies Act 2006 for preparing financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), for being satisfied that they give a true and fair view and for making accurate representations to you.
- 2 All the transactions undertaken by the charitable company have been properly reflected and recorded in the accounting records.
- 3 All the accounting records have been made available to you for the purpose of your audit. We have provided you with unrestricted access to all appropriate persons within the charitable company, and with all other records and related information requested, including minutes of all management and trustee meetings and correspondence with The Charity Commission.
- 4 The financial statements are free of material misstatements, including omissions.

Internal control and fraud

- 5 We acknowledge our responsibility for the design, implementation and maintenance of internal control systems to prevent and detect fraud and error. We have disclosed to you the results of our risk assessment that the financial statements may be misstated as a result of fraud.
- 6 We have disclosed to you all instances of known or suspected fraud affecting the entity involving management, employees who have a significant role in internal control or others that could have a material effect on the financial statements.
- 7 We have also disclosed to you all information in relation to allegations of fraud or suspected fraud affecting the entity's financial statements communicated by current or former employees, analysts, regulators or others.

Email: info@ihv.org.uk
Telephone: 44(0)2072 657352

Assets and liabilities

- 8 The charitable company has satisfactory title to all assets and there are no liens or encumbrances on the charitable company's assets, except for those that are disclosed in the notes to the financial statements.
- 9 All actual liabilities, contingent liabilities and guarantees given to third parties have been recorded or disclosed as appropriate.
- 10 We have no plans or intentions that may materially alter the carrying value and where relevant the fair value measurements or classification of assets and liabilities reflected in the financial statements.

Accounting estimates

- 11 Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.

Legal claims

- 12 We have disclosed to you all claims in connection with litigation that have been, or are expected to be, received and such matters, as appropriate, have been properly accounted for, and disclosed in, the financial statements.

Laws and regulations

- 13 We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.

Related parties

- 14 Related party relationships and transactions have been appropriately accounted for and disclosed in the financial statements. We have disclosed to you all relevant information concerning such relationships and transactions and are not aware of any other matters which require disclosure in order to comply with legislative and accounting standards requirements.

Subsequent events

- 15 All events subsequent to the date of the financial statements which require adjustment or disclosure have been properly accounted for and disclosed.

Going concern

- 16 We believe that the charitable company's financial statements should be prepared on a going concern basis on the grounds that current and future sources of funding or support will be more than adequate for the charitable company's needs. We have considered a period of twelve months from the date of approval of the financial statements. We believe that no further disclosures relating to the charitable company's ability to continue as a going concern need to be made in the financial statements.

Grants and donations

- 17 All grants, donations and other income, the receipt of which is subject to specific terms or conditions, have been notified to you. There have been no breaches of terms or conditions in the application of such income.

We acknowledge our legal responsibilities regarding disclosure of information to you as auditors and confirm that so far as we are aware, there is no relevant audit information needed by you in connection with preparing your audit report of which you are unaware.

Each director has taken all the steps that he ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that you are aware of that information.

Yours faithfully

Pamela Goldberg

.....
Signed on behalf of the board of trustees

02 August 2023


Certificate Of Completion

Envelope Id: 85F244158C524B698569911E4D399995	Status: Completed
Subject: Complete with DocuSign: iHV Annual Accounts March 2023 V3.pdf, iHV - Letter of Representation.pdf	
Source Envelope:	
Document Pages: 36	Signatures: 5
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Enveloped Stamping: Enabled	Russelle Lothian
Time Zone: (UTC) Dublin, Edinburgh, Lisbon, London	61 Dublin Street
	Edinburgh, Midlothian EH3 6NL
	russelle.lothian@ct.me
	IP Address: 90.211.162.138


Record Tracking

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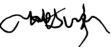
Signer Events

Signer Events	Signature	Timestamp
Pamela Goldberg pamelajgoldberg@gmail.com Security Level: Email, Account Authentication (None)		Sent: 01 August 2023 17:08 Viewed: 01 August 2023 18:48 Signed: 02 August 2023 23:21
	Signature Adoption: Pre-selected Style Using IP Address: 31.52.22.2	

Electronic Record and Signature Disclosure:
Accepted: 01 August 2023 | 18:48
ID: 9001ad4c-cf1c-486a-8bd8-8b9e4693220b

Christina Liu christina.xqi@gmail.com Security Level: Email, Account Authentication (None)		Sent: 02 August 2023 23:21 Viewed: 09 August 2023 15:13 Signed: 09 August 2023 15:15
	Signature Adoption: Drawn on Device Using IP Address: 165.154.72.202 Signed using mobile	

Electronic Record and Signature Disclosure:
Accepted: 09 August 2023 | 15:13
ID: 1a4b062e-65a4-4823-a927-e5a788834a04

Jeremy Chittleburgh jeremy.chittleburgh@ct.me Security Level: Email, Account Authentication (None)		Sent: 09 August 2023 15:15 Viewed: 09 August 2023 15:31 Signed: 09 August 2023 15:31
	Signature Adoption: Drawn on Device Using IP Address: 194.140.216.2	

Electronic Record and Signature Disclosure:
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ID: e7c5cd26-2e5b-4d55-91cc-5cb95ae1a99d

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
<p>Tim Fleming tim.fleming@ihv.org.uk Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	COPIED	<p>Sent: 09 August 2023 15:31 Viewed: 09 August 2023 15:35</p>
<p>Bethany Ferguson bethany.ferguson@ct.me Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	COPIED	<p>Sent: 09 August 2023 15:31</p>
<p>Caroline Caroline@js2.net Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	COPIED	<p>Sent: 09 August 2023 15:31</p>

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	01 August 2023 17:08
Certified Delivered	Security Checked	09 August 2023 15:31
Signing Complete	Security Checked	09 August 2023 15:31
Completed	Security Checked	09 August 2023 15:31

Payment Events	Status	Timestamps
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If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

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To advise Chiene + Tait LLP of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at mail@chiene.co.uk and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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INSTITUTE OF HEALTH VISITING

England & Wales - Charity number 1149745

Accounts



INSTITUTE OF HEALTH VISITING

TRUSTEES' REPORT AND ACCOUNTS

FOR THE YEAR ENDING 31ST MARCH 2022

**Supporting excellence in health visiting practice to give
every child the best start in life**

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Reference and Administrative Details of the Charity, its Trustees and Advisers

Company name	Institute of Health Visiting
Company number	08234405
Charity number	1149745
Working name	iHV
Trustees	<p>Pamela Goldberg*, OBE, FRSA, Chair (from 28 July 2016) Prof Dame Sarah Cowley DBE, BA, PhD, PGDE, RN, RHV, HVT (until 13 October 2021) Dave Roberts (from 28 October 2019) Sam Carlisle (from 5 May 2020) Jane Williams, RN, RDN, RHV (until 13 October 2021) Sue Gallone* FCMA, MIIA Honorary Treasurer (until 25 January 2022) Dr Karen Whittaker BN, MSc, PGCE, PhD, FiHV (until 14 June 2022) Dr. Qingzhi Fan PhD (from 28 October 2019) Prof Helen Bedford PhD, MSc. RGN, RHV, FFPH, FRCPCH, FiHV (from 26 January 2021) Dr Sharin Baldwin PhD, MSc, PG Dip, BSc (Hons), HV, RM, RN, QN, FiHV (from 13 October 2021) Alis Rasul (from 13 October 2021) Theresa Bishop (from 13 October 2021) Christina Lui* (Treasurer – from 20 April 2022)</p>
Executive Director	<p>Alison Morton*, MRes, BSc (Hons) RGN, RHV, DN cert. FiHV (from 26 April 2021; previously Acting Executive Director from 1 January 2021) * Members of the Finance & General Purposes Committee</p>
Principal address	<p>John Snow House 59 Mansell Street London E1 8AN</p>
Auditor	<p>Chiene + Tait LLP 61 Dublin Street Edinburgh EH3 6NL</p>
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Legal Advisors	<p>Bates, Wells and Braithwaite 2 - 6 Cannon Street London EC4M 6YH</p>

1. Report from the Chair and Chief Executive

The Board presents its annual report together with the accounts of the Institute of Health Visiting for the year ended 31 March 2022. In addition to this report, in December 2021 the iHV published its public-facing [Annual Report](#) which provides an overview of all the incredible work that has been delivered in 2021 by the iHV team and in collaboration with so many partner organisations, practitioners and parents.

As we write this introduction, the nation is looking to rebuild in the wake of the COVID-19 pandemic and its wider impacts which have been felt acutely by families with babies and young children who have missed out on the support of their families and friends, and health visiting services have struggled to cope with rising levels of need and vulnerability. Yet, there is also so much to celebrate. We want to acknowledge the professionalism, expertise, skill and commitment of health visitors, and those working in health visiting teams, to improving the lives of babies, young children and families.

The full effects of the pandemic on families will not be known for some time – but over the last year we have been able to learn from multiple data sources and research studies which are clearly showing that its impacts have been wide-ranging, affecting almost every aspect of life. The pandemic has exposed and amplified existing inequalities – it has disproportionately affected those who were already disadvantaged by exacerbating factors that can lead to poorer outcomes for babies and young children and increased the need for health visiting support. More children are living with domestic abuse and thousands are suffering preventable harm – it is a sad state of affairs that so many are ‘invisible’ to services and not getting the support that they need. Despite health visitors’ best efforts, their ability to respond has been compromised due to a range of factors including significant workforce shortages.

This is why at the Institute we are focusing intently on how we can improve the support that these babies, children and their families receive through an effective, well-resourced health visiting service. As well as our essential work supporting our members through an extensive range of member resources, training programmes and conferences, our staff and members work on a range of projects focused on key public health priorities to improve outcomes and reduce inequalities. This year we have increased our efforts to engage with our members and other stakeholders to identify the current opportunities and challenges facing the profession – this year we have introduced regular networking events, a Health Visitors Advisory Forum and Expert Advisers, alongside our usual surveys and social media engagement. This intelligence from the frontline ensured we could voice members’ and families’ concerns to governments and policy makers. Though challenges continue, the health visiting profession has shown that it is skilled to rise to the challenges, using a range of innovative approaches and providing a vital infrastructure of support for families.

This annual report looks back at our performance and the progress that we have made in the last year. We are proud of the Institute and how the team have dealt with the many pressures they have faced. They have gone ‘above and beyond’ to ensure that they were able to continue to provide our ‘business-as-usual’ high quality training, projects, research and support that has become the hallmark of the iHV. They have also been bold, developing new ideas and ways to support health visitors, as well as tireless in their efforts to respond to the busiest year for health visiting policy in living memory.

Influencing policies affecting health lies at the heart of health visiting. We know that we cannot do this alone. Throughout the year we have actively sought to build new alliances and strengthen well established ones. We are indebted to so many partner organisations, parents and practitioners who have supported our work which has focused on demonstrating the value of an effective health visiting service.

We are pleased to share that much of the work accomplished last year has put our organisation in a strong position to address the challenges we now face as we look to protect the life chances of all babies, young children and families, and rebuild a health visiting service fit for the future. We are extremely grateful to our supporters, members, funders and friends. This coupled with the energy and expertise of our staff, expert advisers, consultants and trustees makes the iHV the effective organisation that it is. We thank them and look

forward to their continued support as we continue with our ambition to support excellence in health visiting and give every child the best start in life.

2. Trustees report

Our Mission

The Institute of Health Visiting* was founded in 2012 as a registered charity under the Charities Act 2011. It is also registered as a company limited by guarantee under the Companies Act 2006.

[*Working titles for the Institute of Health Visiting are 'The Institute' and 'iHV'].

The Institute operates in all four nations of the United Kingdom. It is an independent charity, professional body and Centre of Excellence for health visiting – established to strengthen the quality and consistency of health visiting practice, so that health visitors can effectively respond to the health needs of all babies, children, families and communities enabling them to achieve their optimum level of health, thereby reducing health inequalities.

Our Values

We believe that:

- Improving public health outcomes for babies, children, families and communities is at the heart of health visiting practice
- When appropriately resourced, health visiting provides a vital infrastructure of support that is central to improving public health outcomes and to reducing inequalities in health
- Ensuring the highest standards of education, research and practice means that health visitors can deliver a world-class service
- Health visiting leaders flourish in an environment of academic and professional excellence.

We are fully committed to the active promotion of equality, diversity and inclusion in everything that we do. We want to enable an organisational culture that values diversity and we are committed to eliminating unlawful discrimination.

Our Vision and Objectives

Our Vision requires health visitors to play their fullest part within an integrated system to reduce health inequalities that arise in childhood and for the UK to achieve health outcomes on a par with the best in the world. This will be achieved by providing an effective health visiting service working in partnership with parents and carers, “working with, not doing to”, and part of a broader approach with others to ensure that every child has the best start in life.

The iHV was established to:

- Work to improve quality and consistency in health visiting practice by:
 - acting as a Centre of Excellence for improving capacity, capability and professional development in health visiting, and
 - setting professional standards for continuing professional development
- Build leadership in health visiting
- Create a forum for developing excellence in health visiting practice, including co-production with parents and carers
- Influence policies affecting health, and promote the benefits and importance of health visiting excellence
- Develop new effective ways to get key public health information to families, both directly, and through the health visiting infrastructure
- Strengthen research capability and capacity to develop the evidence base for health visiting.

2021-22 Business Plan: Objectives and activities

The key objectives of the iHV Business Plan for 2021/22 were developed by the Senior Management Team, in partnership with the Board, to support the iHV's Core Mission through a focus on 8 key objectives:

1. Policy influence:

- i. To promote health visiting and the case for strengthening the service at national and local levels, in collaboration with others, through effective messaging. iHV to maintain high profile in policy arenas.
- ii. To influence how health visitors work through the promotion of evidence-driven practice, collaboration and learning from innovation and research.

2. Provide targeted professional and leadership development to enhance capability:

- i. To support health visitors to deliver excellence in practice through the development and delivery of high-quality iHV training and resources.
- ii. To develop health visiting leaders and role models for the profession through our Leadership Development programme. We will also develop a plan to deliver the iHV Fellows' scheme.

3. Membership:

- i. Build and sustain iHV membership, including increased reach in the devolved nations in 2021/22, and skill-mix of the HV teams.

4. Quality and delivery:

- i. Key deliverables for iHV commissioned work are delivered within agreed budget, timescales, and quality specifications.
- ii. Develop and pilot iHV learning platform to maximise benefits.
- iii. Ensure a robust process for quality assurance of all iHV resources (including co-production where appropriate).

5. Infrastructure & Governance:

- i. Efficient workflow.
- ii. Risks are identified and mitigated.
- iii. The "iHV brand", and stakeholders' perceptions of it as high quality, continues to grow.
- iv. IT systems are "fit for purpose".

6. People and people development:

- i. Competent iHV workforce - Have the right people, with the right skills and behaviours, in the right places, at the right time. Staff have the skills needed to use relevant IT to support their role and functions.
- ii. Ensuring iHV staff health and wellbeing is central to delivery of business through positive teamworking and focusing our efforts on what matters most.
- iii. All iHV staff feel part of a cohesive team; and feel confident about the iHV business plan and understand their individual valuable contribution to achieving the iHV goals.

7. Equality of Opportunity:

- i. All iHV staff understand their contribution and take steps to achieving our goals set out in our Equality and Diversity strategy.

8. Money:

- i. To increase our income by 5% to fully realise the aims set out in this plan.
- ii. All aspects of our work are delivered making best use of resources, releasing efficiencies where possible.

- iii. Explore new ways of bringing in unrestricted income to support delivery of our charitable objectives.

Institute's activities against planned objectives in 2021/22

This has been a successful year for the iHV as the most rapidly growing professional body and voice for health visiting in the UK. The iHV's day-to-day activity is organised under six work programmes aligned to the six teams within the organisation, with around 30 members of staff: Policy, Training, Projects and Practice Developments (incorporates Research), Mental Health, Education, and Corporate team.

I. Policy:

This year our objective has been to promote health visiting and the case for strengthening the service, at national and local levels. To be effective, we recognised that our efforts would be strengthened by working collaboratively with others and we took active steps to galvanise support for health visiting from across the sector.

To inform our strategy, at the start of the year we completed a public affairs and policy 'deep dive' with the support of an external public affairs consultant. This robust piece of work identified that one of the biggest challenges facing the health visiting profession is that many people do not know who health visitors are, or what they do, which place the profession at high risk of cuts. Our policy work has focused on addressing this by using every opportunity to make the often-hidden work of the health visitor more visible with two overarching aims to: demonstrate the value of an effective health visiting service; and to highlight the negative consequences of short-sighted cuts to the service.

The Institute remains in a strong position, we have a seat at the table in multiple national stakeholder boards and forums and we have strengthened our profile in policy arenas. We have proactively raised the Parliamentary profile of babies, young children and families, as well as the health visiting service that supports them, and our publications are often cited by policy makers and prestigious thinktanks who continue to approach us for evidence and opportunities for partnership working.

Our policy work has included:

- Representation at multiple national stakeholder boards and forums, including (but not limited to): National CYP Transformation Board; National NHS COVID-19 Safeguarding Group; National Maternity Disparities Taskforce; the National Safeguarding Review Panel Roundtable; the Department for Levelling up, Housing and Communities Place Advisory Group for Partnerships for People and Place; National Health Policy Influencing Group; One Voice Maternity Partnership; OHID Professional Organisations Group; Genomics England Newborn Programme Steering Group; Obesity Health Alliance; Maternal Mental Health Alliance; First 1001 Days Movement; Start For Life Roundtables; and Northern Ireland's Healthy Child Healthy Future Programme Board. We have been encouraged by the growing support for health visiting within these groups.
- Regular speaking engagements at All Party Parliamentary Groups and high-profile policy forums and conferences. This year's highlight included our Executive Director's privileged invitation to be one of 11 experts invited to The Royal Foundation Centre for Early Childhood's Roundtable on the early years hosted by HRH The Duchess of Cambridge in June 2021. Our keynote conference presentations include: 6th International Global Public Health Nursing conference in Japan (virtual); Westminster Forum – Best Start in Life conference; Local Government Association conference; Queen's Nursing Institute annual conference; Office for Health Improvement and Disparities (OHID) Regional conference; National Childbirth Trust AGM; and a number of provider events.
- The publication of regular news stories, case studies, blogs and infographics promoting the work of health visitors, including our popular ["Who are health visitors and what do they do?"](#) infographic developed to support our case for the autumn Spending Review.
- In partnership with the First 1001 Days Movement, we launched the [#TurnOffTheTaps](#) campaign, at our conference in September, calling for more health visitors.

- Our 8th annual survey was completed by 1,291 practitioners from across the UK and published on 1st December 2022. Health visitors reported soaring rates of domestic abuse, mental health problems, child behaviour problems, poverty, and child safeguarding, as well as challenges faced by the health visiting profession. Notwithstanding the enormous challenges, we were delighted that the findings received excellent parliamentary and media coverage - the evidence was used in Parliamentary debates and acted as a key catalyst for the Government's Early Years Workforce Roundtable held in February 2022 and private meetings between the iHV and the Chief Nurses/ policymakers.
- Local policy influence - we worked with partners to successfully avert planned cuts to the health visiting service in Hampshire. This was a high profile national 'test case' and attracted considerable interest, leading to a backbench debate on Best Start in Life sponsored by Sarah Olney MP and a [petition](#) calling for investment in health visiting which exceeded the 10,000 signatures required for a response.

Evidence submissions/ briefings/ letters:

- This year, we submitted responses to numerous calls for evidence, including our submission to the Government's multi-year [Spending Review](#); [Women's Health Strategy: Call for evidence](#); the [Early Years Commission: a cross party manifesto](#); MP [Briefing for Back Bench Debate](#) 'Giving every child the best start in life'; an iHV Briefing Paper on workforce for Dame Andrea Leadsom MP and senior government officials; The Independent Review of Children's Social Care; the Welsh Government Consultation: Priorities for the Children, Young People and Education Committee in the Sixth Senedd; the [Consensus Statement for Suicide Prevention](#); HEE Long-Term Strategic Framework for Health and Social Care Workforce; and numerous NICE consultations.
- As part of the Children and Young People's [Health Policy Influencing Group](#) (a membership group made up of over 70 leading voluntary organisations, Royal Colleges and professional associations who work on children and young people's physical and mental health), we contributed to numerous [briefings](#) for the Health and Care Bill and a joint [letter to the Secretary of State](#) with a position paper making the case for the babies, children and young people in the Health and Care Bill.
- In partnership with the First 1001Days movement, we wrote a [joint letter in July](#) to Sajid Javid, the Secretary of State for Health and Social Care, asking him to address the impacts of the pandemic on babies and their families.
- iHV Chair, Pamela Goldberg [writes to the Guardian](#) and secured an amendment to a piece which described health visitors as 'retreating' during the pandemic.
- On 15th December 2021, the iHV formally escalated concerns to OHID again about the safety of 'virtual contacts' for mandated health reviews, this was supported by Parliamentary Questions from supportive MPs included Sarah Olney MP and Tim Loughton MP – collectively these efforts led to a formal response from the Minister and an end to the covid workaround of counting virtual contacts in health visiting metric's data returns.

II. Training

2021/22 has been a successful year for the iHV's training team which has largely been due to their rapid adjustment to online training delivery during the pandemic and the development of a number of new training programmes over the last year. The team's highlights this year included:

- **Awards:** The high quality of the iHV training was recognised in numerous national awards this year. The team were finalists for: an RCN Award (leadership category) for our Emotional Wellbeing at Work programme; Runners up for the HSJ Awards – Workforce Initiative of the Year – for PIMH Champions programme; and were also shortlisted finalists for the Nursing Times Workforce Awards - Best Wellbeing and Staff Engagement Initiative for our Emotional Wellbeing at Work programme. We were also delighted that our Head of Training, Philippa Bishop, was shortlisted for an individual award.
- **A significant growth in demand for iHV training:** this led to an influx of bookings and growing interest in the iHV Leadership Training. This year we have we have provided training to organisations across all nations of the UK and extended our reach into the devolved nations. NHS Education for Scotland

have commissioned our PIMH Champions training to develop their model. We have also had growing reach in Wales and Northern Ireland through our successful PIMH Champions programme. Our talented trainers work alongside a range of Experts by Experience who bring their lived journeys to events to grow participants' learning.

- **Innovation - Development of the digital Learning Platform "iHV Learn", a learning management system:** With support from The For Baby's Sake Trust we commissioned a digital learning platform, based on Moodle, to improve our learning offer. The development of the Learning Platform is a 2-year programme of work that will provide accessible blended learning and standalone courses and digital resources, including our growing library of Digital Toolkits on specific subjects. 'iHV Learn' supports our sustainability as an organisation. The Project Team are working with the Training team to deliver this programme of work – this year we had a soft launch of a small number of programmes to a select audience to support the 'test and build' process. Further materials for current programmes will be added and test and learn principles applied to increase our understanding of the digital platform's functions to support current and future programmes.
- **A growing training offer:** Over the last year we have extended our training portfolio which includes a number of new training topics, alongside our well-established and award-winning training programmes which are delivered as private training commissions, hosted training events, and bespoke training for individual organisations. Our offer includes: Leadership Development: Leading Excellence in Practice; Perinatal and Infant Mental Health (including a programme for fathers); Emotional Wellbeing at Work; This Mum Moves Ambassador; Domestic Abuse Champions; Healthy Weight Healthy Nutrition; Emotional wellbeing Visits; Changing Conversations: Ambassadors for Autism; and Neonatal Families Ambassadors training.
- **Quality assurance, evaluation and dissemination:** We have a robust quality assurance process which underpins the development and regular updating of our training programmes, including a strong element of co-production with service users. We evaluate all our training delivery as part of a continuous cycle of quality improvement to ensure that our offer remains 'fit for purpose' and responsive to the needs of users and the ever-changing policy environment and evidence base. This year we published a number of academic papers on our programme evaluations in peer reviewed journals, including a paper on the *Evaluation of an emotional wellbeing at work programme for supporting health visiting teams during COVID-19* in the Primary Health Care Journal – July 2021. Our training has now been formally approved by HEE following our completion of their REC process.
- **COVID disruption:** We experienced some late cancellations/postponement of events due to Covid and its impacts on health visiting, with some areas cancelling study leave for staff working in 0-19 teams. This provided further pressure on our end of financial year training availability as postponed events were then moved to early 2022, leading to a very busy quarter for the training team. We will continue to deliver most of our training programmes virtually in 2022/23 as this seems to suit the 'new ways of working' within provider organisations. We have started offering the option of face-to-face training this year with a small amount of interest. We will monitor this closely to ensure that we are responsive to need and take account of the different staffing requirements and costings of different delivery models.
- **Staffing:** To respond to growing demand, as well as the different workforce requirements for a virtual/blended training offer, we reviewed our staffing needs and recruited a new Training Programme Manager in 2021 to support the day-to-day operational delivery of the training programme and provide additional capacity to enable the Head of Department to focus more on training strategy and development work. We continue to regularly review workforce to ensure that we are in a position to accept commissions, whilst balancing income vs. expenditure.

III. Projects and evaluations (including Research):

The iHV has had another extremely busy year delivering a number of successful projects and grant-funded work in partnership with many academic, professional and third sector organisations focused on key public health priorities for babies, children and families, and the health visiting service. Co-production lies at the heart of all iHV projects, and we strive to include end-users from the project's inception to its end. This year we have established a 'Health Visitors' Advisory Forum' to support the co-production element of our projects and our wider work.

We have seen growing interest in our work from other organisations and funding institutions who are keen to partner with the iHV - we are increasingly seen as the 'go to' partner for projects and research related to health visiting and public health priorities for babies, young children and families. Our proven track record of delivering high quality products within timescale and budget are key elements of our success, alongside our ability to work flexibly and in collaboration with others.

The following summary provides examples of the projects and continued partners during 2021/2022:

- **Autism in the preschool years – “changing conversations”** - Funded through Burdett Trust for Nursing, we developed and delivered a training programme for “Changing Conversations Ambassadors” to improve support for families around autism.
- **“Domestic Abuse – changing conversations toolkit”** - With support from The For Baby's Sake Trust, we developed an online toolkit for health visitors to support their practice in domestic abuse.
- **“Healthy Weight and Healthy Nutrition”** – With ongoing support from The AIM Foundation, we have updated our Champions training and developed a HWHN toolkit of resources for practitioners.
- **“Moving beyond bean counting: Improving analytical capability in health visiting”** - This Health Foundation funded partnership project with Southern Health NHS Foundation Trust provided insight into the use of analytics in health visiting nationally and developed a data visualisation tool, “My Digital Caseload” to support the identification of vulnerable children using routinely collected data.
- **“Promoting sexual and reproductive health”**- Funded through Public Health England (now OHID), we developed a suite of resources to support health visitors' work in sexual and reproductive health. The project has been extended with additional funding to include postnatal contraception.
- **“Promoting least restrictive practice”** - With support from The Burdett Trust for Nursing, we developed and delivered a training programme and animation on least restrictive practice.
- **“Surviving to thriving”** – Development of the “Neonatal Families Ambassadors Programme”, funded by The Tiny Lives Trust, to support health visitors' work with families of sick or preterm babies.
- **“This Mum Moves”** – A collaborative project with ukactive aimed at supporting all women to enjoy and benefits of physical activity in pregnancy and beyond.
- **Health visiting services in the Northeast and North Cumbria during COVID-19** – a review in partnership with Newcastle University.
- **Supporting the RSV winter respiratory national plan** – Funded by VCSE Wellbeing- We partnered with 'Healthier Together' to develop resources to support health visiting practice including accessible formats for families with Learning Difficulties and those where English is an additional language.

Research:

Since 2019, the iHV has led a significant study developing and evaluating a training intervention for professionals tasked with Delivering Different News (DDN). This programme of research was successfully completed in 2021 by our Research Lead with dissemination through conference presentations, a short policy briefing and publications. The findings attracted considerable interest, particularly the transferable learning to inform the current Newborn Genomics programme led by Genomics England. We are currently applying for funding to extend this study in 2022/23.

Following the commencement of our Research Lead's 12-month secondment in October 2021, the iHV's research portfolio has been managed by the iHV's project's team. This year we completed the Family Action – Stockton Perinatal Support Service Evaluation and the evaluation of the NSPCC's 'Look Say Sing Play' early language programme. We have also resumed our Research Champions support in partnership with the 0-19 research Community of Practice in the north and will be extending this in 2022/23 with funding from the NIHR. We are also a partner on a number of other national NIHR research studies, including as co-applicants and principal investigators in a large scale NIHR trial to consider health visitor support to prevent postpartum smoking relapse, and on an NIHR study researching health visitors' support for parents with crying babies.

IV. Education:

The NMC review of post-registration standards for education for Specialist Community Public Health Nursing (SCPHN) was the most significant education workstream over the last year. The iHV submitted a response to the consultation on draft standards and also represented the profession on the Post Registration Standards Steering Group and the Health Visiting Standards Group. The resulting standards underpin health visiting education, so they will affect health visiting well into the future. To inform our submission, we consulted with our members through a series of webinars and bespoke events for Practice Educators and student health visitors - these were well attended and generated good discussions around key points. Anne Trotter from the NMC was able to speak at 2 of these events.

In response to the national health visiting workforce shortage, our Education Lead has led a programme of work to scope the needs of the sector. We developed a 'Health Visiting Workforce Briefing Paper' which we presented to the Government in December 2021 – this included an overview of health visiting workforce challenges as well as solutions in an outline action plan to improve health visiting retention, recruitment and career progression. The NMC is receptive to our proposal of alternative routes into health visiting, and we continue with our ongoing programme of work to develop 'Best Practice Guidance for Skill-Mix' which we are developing with partners and aim to publish in September 2022. Our Education Lead has also participated in the professional reference group for Advanced Practice established by Health Education England to consider credentialing Advanced Clinical Practice in Public Health and will be feeding into the work led by QNI on best practice guidance for Practice Teachers.

V. Mental Health:

The iHV's Mental Health team has enjoyed ongoing successes this year and these have only been possible through effective collaborations with national partners and by supporting strategic, integrated, inter-agency system-wide approaches at a local level. Our iHV Perinatal and Infant Mental Health (PIMH) Champions programmes provide a vital infrastructure to support this work and we are delighted that we have now trained more than 3,000 PIMH Champions from across the very broadest range of professional backgrounds working alongside mothers and their families in the perinatal period.

Our PIMH training remains our most sought-after training and this year we have focused on updating the training programmes to ensure that they contain the latest evidence and align with the ever-changing policy context. We have also continued with our ongoing programme of developing new resources to address contemporary issues in mental health and resources for the iHV Learn platform. The Forums and PIMH training continue to go well across England, Scotland and Wales and our partnership with parent speakers is well received. Champions have told us that whilst they may have come into a Forum feeling overwhelmed, tired and stressed, they have left feeling inspired, energised and confident to support families. The iHV Specialist Health Visitor in PIMH Group has also grown significantly in the last year.

In May 2021 we also delivered another successful Perinatal and Infant Mental Health Conference: Systems for Success. With 300 delegates, this was our largest PIMH conference ever and we were delighted that it also celebrated World Maternal Mental Health Day. This year, we were also pleased to launch our Factographics, developed in partnership with Surrey University – these are new, innovative digital resources

to better support the mental health of parents in the perinatal period. The team has worked with partners on several projects to influence policy, service developments and national standards, as well as national programmes of research with Oxford University and the Maternal Mental Health Alliance.

On a personal level, we were delighted to celebrate the appointment of Melita Walker, our Head of Mental Health, as President of the UK and Ireland Marce Society - this provides international recognition and an opportunity to raise the profile of health visiting.

VI. Corporate team:

Membership: The iHV relies on its unrestricted income from member donations to support the delivery of its charitable objectives. Despite the enormous challenges facing the health visiting profession, our membership continues to increase, and we have enjoyed a steady growth in both our Individual and Corporate membership over the last two years.

Meeting the needs of our members remains a priority for the Institute and over the last year we have focused our efforts on improving our engagement with members through the establishment of the iHV Networking events, as well as developing our Health Visitor Advisory Forum to support the co-production and quality assurance of our products and to inform our policy work. We also seek members' views through our annual health visiting survey. In response to our members' feedback, we have developed our 'member offer' through the iHV Insights regular webinars and our production of Good Practice Points, Parent Tips and web-based resources and publications, including our popular monthly newsletter, 'The iHV Times'.

We regularly promote the work of our members through Voices blogs and news stories, and this year we have also worked collaboratively with the CPHVA and the Welsh Government to develop a 'Making History' publication of best practice case studies in Wales.

We charge a modest fee for iHV membership to support our ambition that all health visitors will become members. We had planned to slightly increase our individual membership fees in April 2022 however, the Board agreed to defer the increase in individual membership fees due to the rising cost of living, inflationary pressures and ongoing and significant workforce challenges. We applied a small increase to our corporate membership fees in 2021 with no impact on renewals and new joiners.

Conferences:

Our conferences continue to attract growing numbers of delegates and we have delivered four successful events over the last year, with excellent feedback received through the post-event evaluation. Due to the ongoing pandemic considerations and restrictions, all our events have been delivered virtually this year:

- Our **Perinatal and Infant Mental Health Conference** in May 2021 attracted 225 paying delegates.
- Our **Evidence Based Practice Conference** in September 2021 attracted 269 paying delegates, with additional exhibitor income.
- Our **Leadership conference: 'Leadership for a fairer future'** in December 2021 was a huge success with 207 paying delegates and a great line up of national and international speakers including Dame Andrea Leadsom MP. Chat Health was the event sponsor and we also attracted additional exhibitor income. Following the Leadership conference, we held our 'virtual' annual event, chaired by our Chair Pamela Goldberg OBE, and conferred 3 Honorary iHV Fellow awards to: Prof Helen Bedford, Prof Sally Kendall and Katy Tuncer.
- Our first **'In Focus: Breastfeeding Now' half day breastfeeding conference** was held in March 2022. We were interested to pilot this model of a shortened conference focused on a specific topic. This proved to be a huge success with over 200 paying delegates, with excellent feedback, and brought in additional unrestricted funds into the iHV to support our unfunded work.

Sector-led Improvement work: This year we have worked with a number of local authorities to support their work to drive improvements in health visiting practice. Our Sector-Led Improvement work predominantly comprises of short, time-limited projects that support quality assurance and quality improvement in practice, as well as bespoke work on particular ‘thorny issues’ including workforce.

International

PATH: As a contributing partner in this EU-funded project since 2019, the iHV has collaborated on the 3 main aims of PATH to:

- Reach parents with digital and community initiatives for families, including a new support hub
- Reach healthcare professionals with PATH resources and training designed to increase their confidence to recognise PMI symptoms and provide appropriate care
- Reach employers with resources that help them better support maternity and paternity leave and parents’ return to work

There has been an overwhelmingly positive response to our Workplace standards publications developed as part of this project and the new Fathers and Partner Awareness training delivered by the iHV, in partnership with Dad Matters UK. The PATH multi- media campaign is due to be launched in 2022.

Global Network for Public Health Nursing (GNPHN)

The iHV has been a Council member of the GNPHN since its foundation. The GNPHN sits outside the iHV, but the Institute hosts their secretariat for a small fee to cover our costs, and our previous Executive Director (now an iHV consultant) has a seat on its Council. Members of the Council are public health nurses from around the world. The Council held its 6th International Global Public Health Nursing Conference in Japan in January 2022. This virtual conference provided an opportunity for public health nurses to come together from around the world and share best practice and research. We were delighted that our Executive Director was able to present a joint paper with Dr Cheryl Adams CBE, Former Executive Director, on the impact of the COVID-19 pandemic in 2020 on families with children under 5 years in England, and the health visiting service that supports them. The paper was also published in the international ‘Public Health Nursing’ journal.

Communications and media: The work of the iHV has attracted growing media interest over the last year. This continues to largely focus on the impact of the Covid-19 pandemic on babies, young children and their families, its impacts on the health visiting profession, and our efforts to influence policies affecting health including the Spending Review. Highlights included: Interviews with our Executive Director on the BBC news and Today programme, BBC World at One, BBC Sounds, BBC 5 Live; an exclusive ITV focused news item on our 2021 survey findings and the impact of ongoing HV cuts in England – this was covered by all ITV regions and ITV national news; press coverage in The Guardian; The Independent; Daily Telegraph; The Times; BMJ; Health Service Journal, Nursing Times, Nursery World, Day Nurseries, CYP Now, Voice of Islam Radio, Nursing in Practice, ADPH, King’s Fund newsletter and NSPCC Caspar Newsletter.

The iHV was amongst a small select group of organisations who were invited to nominate six ‘unsung heroes’ to attend this year’s “Together at Christmas” carol service at Westminster Abbey hosted by HRH The Duchess of Cambridge. We are proud of the work of health visitors and pleased that it was recognised in this way. Our work with the Royal Foundation continues.

Our communications and design team are central to the success of the iHV, providing bespoke imagery, quality assurance and proof reading of all our external publications, news stories, Voices blogs and reports, as well as our conference platform on Aventri, our website and iHV Learn. This year we were particularly pleased to introduce some new resources including resources on iHV Learn, GPP eXtra 'Working with Fabricated or Induced Illness by Carers, including Perplexing Presentations' and 'Understanding Genomics',

as well as an animation on Understanding behaviour in the early years. The communications' team also promote our regular iHV Insights webinars as well as project related webinars including Respiratory illness, Genomics events, Oral Health and Active Mums.

Governance, management and trustees

Governing Document: The Institute of Health Visiting is governed by its Articles of Association and the Board has ultimate authority and responsibility for directing and governing the charity. The Board is comprised of Trustees selected from a range of backgrounds to support the organisation's objectives. The constitution of the Board is reviewed annually, and the Trustees hold an annual away day for organisational and strategic planning in October each year.

The Trustees meet formally as a Board on a quarterly basis. In between Board meetings, some Trustees are actively engaged with the larger funded projects, providing governance oversight and expert advice in their role as the Chair of Project Steering Groups, and/ or membership of 'Task and Finish' groups focused on specific iHV workstreams. The Chair, Executive Director, Honorary Treasurer and independent accountants meet outside the Board meetings, as a Finance and General Purposes committee focused on the organisation's finance and business planning. The input of the Trustees supplements the direct management role of the Executive Director.

Change to Trustees: The Institute recruited three new board members in October 2021. Dr Sharin Baldwin, Theresa Bishop and Alis Rasul replace Professor Dame Sarah Cowley and Jane Williams who, after 9 years of inspirational leadership, declared their intention to step down as Trustees at the end of their maximum term of office at the October 2021 Board meeting. In January 2022, our Treasurer Sue Gallone also stepped down at short notice due to a change in her personal circumstances; following an open recruitment process Christina Lui was welcomed as our new Honorary Treasurer following the Board's approval on 20 April 2022.

Change in Leadership: The Executive Director has overall leadership and day-to-day responsibility for operational matters, supported by the Chair and Treasurer, and reports to the Board. Our Head of Operations leads our corporate team, with Finance and IT support outsourced. The iHV has experienced a period of transition of leadership this year following the retirement of the Founding Director Dr Cheryll Adams at the end of March 2021. Following an internal recruitment process, Alison Morton, the iHV's previous Deputy Executive Director, was appointed as Acting Executive Director in January 2021 to support the smooth transition of leadership and was formally appointed to the post of Executive Director (ED) at the end of April 2021 following trustees approval at the April Board meeting. This change in leadership has provided a natural opportunity to start to review the organisation's structure and staffing requirements, as well as governance processes to ensure that we are in the best possible shape to meet the challenges and maximise the opportunities that lie ahead.

Governance: To improve the governance of a growing organisation, last year we established a Senior Management team with the reworking of job descriptions to establish four 'Heads of Department' posts for individuals managing larger teams and budgets. Our Policy and Quality Lead, Education Lead and Communications and Marketing Manager are also included in the Senior Management Team. The ED is supported by the Senior Management Team who meet monthly to review organisational performance, governance and risks in the Governance meeting, with escalation of urgent matters to the Trustees, if needed, between Board meetings.

Policies and procedures: To strengthen governance, this year we have reviewed and updated a number of existing policies and developed new ones including:

- Finance policies: Gifts and Hospitality Policy, Remuneration policy, Capitalisation policy, Expenses policy, Expenses for external contractors policy, and Procurement policy.

- HR policies: Disciplinary policy and procedure, Performance policy and procedure, Flexible working policy, Annual leave policy, Grievance policy, Maternity policy, Occupational sick pay policy and Personal development and planning policy.
- Equality and Diversity: Equality and Diversity strategy, and Equal opportunities policy.
- Safeguarding; Adult safeguarding, and Child safeguarding.
- Safety and ethical policies: Ethical policy, Health and Safety policy, H&S Home worker risk assessment, Information security awareness policy, Privacy policy, and Risk management policy.

Financial systems and IT upgrade: This year we have started an IT systems' rationalisation process as we were aware that we had numerous IT support software packages which resulted in duplication as well as poor interoperability between systems which posed financial and quality risks. Following a review, we have successfully completed the migration of Mail chimp to the new Salesforce system, Campaign monitor, to support the management of our membership and communications. We have also introduced Xero online accounting software to replace our previous 'paper-led' method, and this is working well and improves transparency and governance. Our accountancy support is provided by the independent accountants, JS2.

Partnerships: The Institute is independent of, but has benefited from, close working relations with the Royal Society for Public Health (RSPH) which continues to provide the Institute with back-office support. The Institute pays the RSPH a small honorarium for this support.

Alongside its main source of income from membership fees, the Institute receives income through grants and consultancy work with the following organisations:

Secondments:

- Essex County Council
- Ministry for Levelling Up, Housing & Communities

Funders:

- NSPCC
- De Montfort University / NIHR
- UK Active
- HEE
- University of East Anglia
- NHS England
- Public Health England (now Office for Health Improvement and Disparities)
- The For Baby's Sake Trust
- Tiny Lives Trust
- The Sylvia Adams Charitable Trust
- AIM Foundation
- Family Action
- University of Kent
- iPIP
- Royal Wolverhampton Trust
- Southern Health NHS Foundation Trust (as part of a co-applicant grant from the Health Foundation)
- The Department of Health & Social Care

Staffing of the Institute

Our staff play a crucial part in delivering the iHV Mission. The Institute is a growing organisation with circa 30 members of staff employed on a range of permanent and temporary contracts to meet our core business needs and the specific requirements of our varied project work. All staff have personal objectives aligned to

the iHV annual Business Plan and these are reviewed regularly through an ongoing Personal Development Review process. In addition, the iHV employs individuals as independent consultants and trainers, as needed, to support particular programmes of work.

In 2021, we completed a review of staff salaries to ensure that they reflected changes in roles over time for staff who had been working in the Institute for many years and aligned with the market – we also updated our Remuneration policy which sets out opportunities for career progression within the Institute, our annual inflationary pay award and a small element of performance related pay for staff rated as ‘outstanding’ at their annual appraisal.

Supporting staff wellbeing remains a priority for us at the iHV and we have taken active steps to ensure that workloads are more manageable. Our new senior management team is working well - the ‘Head of’ departments more actively involved in workforce mapping, to provide better oversight of workflow and risk management. The iHV has also adapted well to the COVID-19 pandemic, with flexible working arrangements to accommodate the national guidance as needed. Staff are also supported through regular 1:1s, monthly team meetings, smaller team meetings and our annual team awayday in the summer. This year we were able to finally all come back together, face-to-face, as a team at our “2-day Awayday” which was sponsored by a generous grant from the Sylvia Adams Trust. This enabled us to meet in a conference hotel near Southampton with great facilities. We received very positive feedback from staff – the 2 days involved a mix of hard work refining our Business Plan, CPD updates, as well as a much-needed opportunity to bring the team together, build relationships and recharge after such a busy 18 months.

Quality assurance: Quality underpins all that the iHV does. All projects have a project governance group chaired by either the Executive Director or a Trustee. This year our Policy and Quality Lead has worked with the team and partners to update our Quality Assurance processes, developing a Quality Assurance toolkit which comprises guidance on publications, equality and diversity, accreditation, ethical review and branding.

Risks: This year we have developed our policy for risk management which sets out the governance structures in place to ensure that risks are identified, managed and escalated to the iHV Board in a timely way to support business continuity and quality control. Each department undertakes ongoing risk assessments to identify risks and mitigations and escalate these through the iHV Governance group (the Heads of Department are responsible for managing their department risks and these are graded and recorded on their monthly departmental score cards). Risks are also recorded on the organisation’s risk register, and the risk management framework ensures that risk management is integrated into all activities across the organisation. Risks are formally reviewed monthly by the Senior Management Team in the iHV Governance Group and quarterly by the Board (or more frequently by exception) to support organisational decision making and risk mitigation.

The three main areas of risk identified are:

Financial risks – there is an on-going risk that the iHV could fail to attract sufficient income to maintain its core functions and staff costs, especially with a recent expansion to the staff numbers. In addition, due to uncertainties around inflation and the additional costs of a blended delivery model, there is a risk that workstream/ programme requirements may extend beyond the costed deliverables, leading to rising costs in excess of the indicative budget.

Mitigation: The Chair and Treasurer meet regularly with the Executive Director, who has the responsibility to generate income and ensure sustainable funding. Our income streams are as diversified as possible to spread the risk and the iHV has healthy reserves. The organisation has a strong reputation for its high-quality products - many funders fund repeatedly, reducing some of the financial risk, and we have a growing membership. Accounts are monitored closely through monthly management accounts. All Heads of Department have sight of budgets. All teams use project management skills to manage costs, time and quality, with MoSCoW prioritisation. Business planning is managed through our bi-monthly Business Development Group, and we have an internal bid writing team to maximise success. Inflation poses a new

threat, and we will map our inflationary pay award against similar charities/ CPI figure and use fixed term contracts for any additional staffing for specific projects, using consultancy by exception due to inflated costs. We will also review our fees. We have clear processes in place for financial governance/ sign off – and use of our finance management system Xero to track invoices, income and expenditure.

Quality/ Reputational risks – there is the risk that staff, or those representing the iHV, inadvertently misrepresent the charity or are misquoted in the press, which could damage the reputation of the iHV. There is also a risk that iHV products/ website are not of the desired quality or contain out of date/ inaccurate information – this risk is heightened during the current rapidly changing policy landscape and as the iHV team grows with multiple products requiring quality assurance.

Mitigations: Careful staff recruitment, PDR and performance management processes are in place to ensure that all iHV staff have the necessary skills and capabilities to deliver high quality products. The iHV has clear boundaries and does not issue guidance on high-risk topics like PPE, HR or individual cases that are outside the iHV function – we refer individuals to their union or national guidance. A disclaimer is added to iHV Good Practice Points and Parent Tips with a quality assurance and review process in place. This year we have reviewed the content of our website with a thorough website mapping exercise and the removal of outdated items that might pose a risk. All items requiring updating have been allocated to a member of staff to lead - or a decision taken to archive/ not replace. A Quality Assurance Framework has been developed with an Equality Impact Assessment and iHV guidance on inclusive/ additive language for LGBTQ+. This work continues in our Business plan for 2022/23. Any incidents or complaints are recorded, and an action plan developed, including sharing the learning with the wider team through the Governance and Professional meetings (fortunately, these are very rare). Media coaching is provided to staff who deal with media responses, and all press interview requests are managed by the Communications Manager. All potential commercial partnerships receive an ethical review before being discussed / approved by the board.

Staff wellbeing: There is a risk that iHV workload may exceed staffing capacity, and staff wellbeing may be impacted by the wider impacts of the pandemic – as a result, there is a risk that staff wellbeing will be affected which will impact on staff sickness, iHV delivery with reputational and financial risks.

Mitigations: Whilst the pandemic still presents many uncertainties for all organisations, the implications of this risk for the iHV are now much clearer and the organisation has adapted significantly over the year to reduce the impact of the COVID-19 lockdown and wider impacts on its work programmes.

Continuous workflow mapping against workforce is undertaken by all teams, with proactive recruitment to cover work and avoid excessive workloads, particularly when new contracts are achieved – managing and reporting risks by Heads of Departments/ ED. Business continuity planning is in place and staff are trained to ensure that there is adequate cover for all roles and business continuity is maintained to cover unexpected staff losses. We also use a pool of zero-hour contract staff for cover as required and utilise staff from other departments to fill temporary gaps. Staff wellbeing plans are reviewed at individual 1:1s with line managers and we also support team wellbeing through our annual 2-day ‘Awaydays’, a wellbeing focus in team meetings (trailing Schwartz rounds), and individual support provided by line managers, with signposting to additional support where needed.

Objectives for the year ahead 2022/2023:

Our objectives for the year ahead will build on the Business Plan and objectives set for 2021/22 (these are then translated into team and individual objectives to provide a golden thread to the Business Plan), and focus on the following areas:

1. Policy Influence:

- National: Raising the profile of health visiting
- Local: Influence local policies by extending iHV reach in local government in England
- UK-wide: Raise profile of iHV in Scotland, Wales and Northern Ireland.

- 2. Provide targeted professional and leadership development to enhance capability:**
 - Leadership development
 - Support for workforce health and wellbeing
 - Develop iHV training/ CPD offer
 - Develop iHV research strategy.
- 3. Membership:**
 - Maintain / sustain membership in England through an extensive and varied range of member benefits – extend membership in devolved nations.
- 4. Quality and delivery:**
 - Embed iHV Quality assurance process
 - Continually improve iHV website user experience
 - Deliver high quality iHV events – including four conferences in 2022/23 (using a blended model of face-to-face and virtual delivery as appropriate).
- 5. People development/ infrastructure and helping you to do your job:**
 - Ensure good governance across teams: risk management, workflow mapping, GDPR, workforce sustainability/ business continuity plan, robust invoicing and financial forecasting
 - Ensure IT capability is ‘fit for purpose’ reduce duplication where possible to release efficiencies
 - Ensure staff health and wellbeing is central to delivery of business.
- 6. Equality of Opportunity:**
 - Commit to improve inclusion within the iHV
 - Finalising and application of the iHV Quality Assurance tool and Equality Impact Assessment.
- 7. Money:**
 - Make the best use of resources and staff skills
 - Income generation to deliver the details of the Business Plan.
- 8. Environmental and sustainability:**
 - Develop an iHV environmental and sustainability plan and commit to delivering ongoing improvements across all aspects of our work.

Financial Review

Despite the pandemic the Institute has finished the year in a better position than expected with a surplus of £186,009 (2021: £29,760). Our total income has increased from £1,243,518 in 2020/21 to £1,575,756 in 2021/22. This increase on prior year is due to an increased uptake in corporate memberships and larger number of training sessions/increased interest in online training sessions.

Expenditure in the year also increased to £1,389,747 (2021: £1,213,758) due to increased consultancy spend on restricted projects along with increased staffing costs.

Reserves policy and going concern

In assessing the overall level of reserves, the Board aims at all times to maintain sufficient unrestricted funds to ensure it remains solvent going forward, this includes at least 6-month's running costs.

The Institute currently holds total reserves of £982,472 (2021: £796,463) of which £760,674 (2021: £529,304) are free reserves (unrestricted funds). This equates to approx. 9.6 months standard running costs. The Institute will use these reserves to achieve sustainability for future years.

The Trustees have reviewed the charity's financial position, taking into account current performance, the ongoing COVID-19 challenges, the satisfactory levels of reserves and cash at year end and projections. They have considered future plans, along with internal processes and systems for managing financial and operational risks. As a result, the Trustees have a reasonable expectation that the charity has adequate resources and infrastructure to continue operating for the foreseeable future.

Statement of Trustees' Responsibilities

The Trustees (who are also directors for the purposes of company law) are responsible for preparing the Trustees' 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 charitable company 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 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 presume that the charity will continue in business.

The Trustees are responsible for keeping proper 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;
- and The Trustees have taken all steps that they ought to have taken to make sure they are aware of any relevant audit information and to establish that the auditor is aware of that information.

Public Benefit

The Trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the aims and objectives and in planning the future activities. In particular, the Trustees consider how planned activities and grant making will contribute to the aims and objectives they have set. The Trustees consider the current policy for grant making and the current activities deliver public benefit. Details of the objects which form the basis of this are given in this report.

Auditors

Our auditors Chiene & Tait LLP have now completed their second audit on behalf of the charity. This report of the Board of Trustees has been prepared taking advantage of the small companies exemption of section 415A of the Companies Act 2006.

Pamela Goldberg

Pamela Goldberg
Chair
DATE 26 July 2022

Independent auditor's report to the members of Institute of Health Visiting

Opinion

We have audited the financial statements of Institute of Health Visiting for the year ended 31 March 2022 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2022, and of the charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other

information. 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' report (which includes the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' 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 (which incorporates the directors' 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 trustees 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' report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 20, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of financial statements which 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 is detailed below:

We gained an understanding of the legal and regulatory framework applicable to the charitable company and the sector in which it operates and considered the risk of acts by the charitable company which were contrary to applicable laws and regulations, including fraud. This included but was not limited to the Companies Act 2006 and the Charities Act 2011.

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion.

We focused on laws and regulations that could give rise to a material misstatement in the charitable company's financial statements. Our tests included, but were not limited to:

- agreement of the financial statement disclosures to underlying supporting documentation;
- enquiries of the trustees;
- review of minutes of board meetings throughout the period; and
- obtaining an understanding of the control environment in monitoring compliance with laws and regulations.

There are inherent limitations in an audit of financial statements and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we would become aware of it. We also addressed the risk of management override of internal controls, including testing journals and evaluating whether there was evidence of bias by the trustees that represented a risk of material misstatement due to fraud.

A further description of our responsibilities for the audit of the financial statements is located 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.



Jeremy Chittleburgh CA (Senior Statutory Auditor)

For and on behalf of
Chiene + Tait LLP
Chartered Accountants and Statutory Auditor
61 Dublin Street
Edinburgh EH3 6NL

26 July 2022
Date:.....

Institute of Health Visiting

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

For the year ended 31 March 2022

		Unrestricted	Restricted	2022 Total	Unrestricted	Restricted	2021 Total
	Note	£	£	£	£	£	£
Income from:							
Donations	2	34,111	-	34,111	28,894	-	28,894
Charitable activities:	3						
Grant		139,136	490,532	629,668	305,510	283,408	588,917
Education & Training		556,017	50,000	606,017	358,475	-	358,475
Membership		303,956	-	303,956	265,694	-	265,694
Other		1,871	-	1,871	571	-	571
Interest		133	-	133	967	-	967
Total income		1,035,224	540,532	1,575,756	960,111	283,408	1,243,518
Expenditure on:							
Charitable activities	4	863,494	526,253	1,389,747	971,057	242,701	1,213,758
Total expenditure		863,494	526,253	1,389,747	971,057	242,701	1,213,758
Transfer between funds		59,640	(59,640)	-	(64,895)	64,895	-
Net movement in funds		231,370	(45,361)	186,009	(75,841)	105,602	29,760
Reconciliation of funds:							
Total funds brought forward		529,304	267,160	796,463	605,145	161,558	766,703
Total funds carried forward		760,674	221,799	982,472	529,304	267,160	796,463

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 15 to the financial statements.

Institute of Health Visiting**Balance sheet**

Company no. 08234405

As at 31 March 2022

	Note	£	2022 £	2021 £
Fixed assets:				
Tangible assets	10		<u>13,647</u>	<u>9,772</u>
			13,647	9,772
Current assets:				
Debtors	11	390,339		168,937
Cash at bank and in hand		<u>1,032,009</u>		<u>992,549</u>
			1,422,348	1,161,486
Liabilities:				
Creditors: amounts falling due within one year	12	<u>(453,523)</u>		<u>(374,795)</u>
Net current assets			<u>968,825</u>	<u>786,691</u>
Total net assets			<u>982,472</u>	<u>796,463</u>
The funds of the charity:	15			
Restricted income funds			221,798	267,159
Unrestricted income funds:				
General funds			<u>760,674</u>	<u>529,304</u>
Total charity funds			<u>982,472</u>	<u>796,463</u>

26 July 2022

Approved by the trustees on..... and signed on their behalf by:

Pamela Goldberg.....
Pamela Goldberg
Chair*Christina Liu*.....
Christina Liu
Company Secretary

Institute of Health Visiting

Statement of cash flows

For the year ended 31 March 2022

	Note	2022 £	2021 £
Cash flows from operating activities			
Net cash provided by / (used in) operating activities	a	51,545	(49,142)
Cash flows from investing activities:			
Interest from investments		133	967
Purchase of fixed assets		(12,218)	(8,800)
Change in cash and cash equivalents in the year		39,460	(56,975)
Cash and cash equivalents at the beginning of the year		992,549	1,049,525
Cash and cash equivalents at the end of the year	b	1,032,009	992,549

Statement of cash flows

For the year ended 31 March 2022

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

	2022 £	2021 £
Net income / (expenditure) for the reporting period (as per the statement of financial activities)	186,009	29,760
Depreciation charges	8,343	3,249
Dividends, interest and rent from investments	(133)	(967)
(Increase) in debtors	(221,402)	65,533
Increase/(decrease) in creditors	78,728	(146,717)
Net cash provided by / (used in) operating activities	51,545	(49,142)

b) Analysis of changes in net debt

	At 1 April 2021 £	Cash flows £	At 31 March 2022 £
Cash in hand and at bank	992,550	39,460	1,032,010
Total cash and cash equivalents	992,550	39,460	1,032,010

1 Accounting policies

a) 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) (effective 1 January 2015) - (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.

The trustees consider that there are no significant areas of estimation or judgement.

b) Public benefit entity

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

c) 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.

The Trustees have reviewed the charity's financial position, taking into account current performance, the satisfactory levels of reserves and cash at year end and projections. They have considered future plans, along with internal processes and systems for managing financial and operational risks. As a result, the Trustees have a reasonable expectation that the charity has adequate resources and infrastructure to continue operating for the foreseeable future.

d) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions 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 performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

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

e) 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.

f) 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 income received or generated for the charitable purposes.

For the year ended 31 March 2022

g) 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 on charitable activities includes the costs of undertaken to further the purposes of the charity and their associated support costs.

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

h) Allocation of support costs

Expenditure is allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

i) Tangible fixed assets

Fixed assets are stated at original historical cost less aggregate depreciation and are only capitalised at a threshold exceeding £1,000. Depreciation is provided at rates calculated to write off the cost less estimated residual value of each asset on a reducing balance basis over its estimated useful life as follows.

Computer equipment 3 years straight line

j) 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.

k) 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. Cash balances exclude any funds held on behalf of service users.

l) 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.

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.

Notes to the financial statements

For the year ended 31 March 2022

2 Income from donations and legacies

	2022	2021
	Total	Total
	£	£
Donations	2,654	6,502
Gift Aid	31,457	22,392
	34,111	28,894

All donations and gift aid are unrestricted in both the current and prior year.

3 Income from charitable activities

Current year

	Unrestricted	Restricted	2022
	£	£	Total
	£	£	£
Grants:			
Core	8,143	94,108	102,251
AIM Foundation ®	-	40,000	40,000
AIM Healthy Weight Healthy Nutrition	-	34,917	34,917
UK Active This Mum Can	26,388	-	26,388
PATH	-	95,596	95,596
Delivery Of Different News 2	58,651	-	58,651
Baby Breathe	-	39,232	39,232
AIMS Southern Health NHS Foundation Trust (SHFT)	18,067	-	18,067
NSPCC LSSP	-	60,963	60,963
Genomics	15,387	-	15,387
NHS VCSE	-	77,066	77,066
Family Action Stockton PSS	12,500	-	12,500
Public Health England Sexual Reproductive Health	-	45,250	45,250
Demontfort University	-	3,400	3,400
	139,136	490,532	629,668
Education & Training	556,017	50,000	606,017
Membership	303,956	-	303,956
Other	1,871	-	1,871
	861,844	50,000	911,844
Total income from charitable activities 2022	1,000,980	540,532	1,541,512

For the year ended 31 March 2022

<i>Prior year</i>	Unrestricted	Restricted	2021 Total
	£	£	£
Grants:			
Government Furlough Grant	18,582	-	18,582
AIM Foundation ©	-	40,000	40,000
AIM Healthy Weight Healthy Nutrition	-	34,700	34,700
Burdett restraint	-	64,787	64,787
UK Active This Mum Can	22,813	-	22,813
PATH	-	59,947	59,947
SLC Assessment Tool	13,105	-	13,105
Delivery Of Different News 2	183,029	-	183,029
PHE Sexual Reproductive Health	-	17,058	17,058
RCN Foundation - restorative supervision	48,300	-	48,300
Baby Breathe	-	19,616	19,616
AIMS Southern Health NHS Foundation Trust (SHFT)	12,045	-	12,045
Health visiting in the North East and North Cumbria during Co	7,637	-	7,637
Domestic Abuse	-	47,299	47,299
	305,510	283,408	588,917
Education & Training	358,475	-	358,475
Membership	265,694	-	265,694
Other	571	-	571
	624,740	-	624,740
Total income from charitable activities 2021	930,250	283,408	1,213,657

4 Analysis of expenditure

Current year	Charitable activities £	Governance costs £	Support costs £	2022 Total £
Staff costs (Note 6)	993,026	8,553	39,053	1,040,632
Direct Costs	205,536	-	-	205,536
Travel & Subsistence	-	-	3,903	3,903
Premises costs	-	-	14,521	14,521
Office costs	-	-	72,882	72,882
Legal & Consultancy	-	-	960	960
Accountancy & Bookkeeping Fees	-	-	21,260	21,260
Audit fees	-	5,050	-	5,050
Sundry Expenses	-	-	4,161	4,161
Depreciation	-	-	8,343	8,343
Irrecoverable VAT	-	-	12,499	12,499
	1,198,562	13,603	177,582	1,389,747
Support costs	177,582	-	(177,582)	-
Governance costs	13,603	(13,603)	-	-
Total expenditure 2022	1,389,747	-	-	1,389,747

Prior year	Charitable activities £	Governance costs £	Support costs £	2021 Total £
Staff costs (Note 6)	894,276	15,279	25,813	935,368
Direct Costs	111,943	-	-	111,943
Travel & Subsistence	-	-	2,598	2,598
Premises costs	-	-	12,545	12,545
Office costs	-	-	106,065	106,065
Legal & Consultancy	-	-	4,450	4,450
Accountancy & Bookkeeping Fees	-	-	22,450	22,450
Audit fees	-	2,600	-	2,600
Sundry Expenses	-	-	2,197	2,197
Depreciation	-	-	3,249	3,249
Irrecoverable VAT	-	-	10,293	10,293
	1,006,219	17,879	189,660	1,213,758
Support costs	189,660	-	(189,660)	-
Governance costs	17,879	(17,879)	-	-
Total expenditure 2021	1,213,758	-	-	1,213,758

5 Net income for the year

This is stated after charging / crediting:

	2022	2021
	£	£
Depreciation	8,343	3,249
Audit fee	5,050	4,700

6 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	704,036	710,453
Social security costs	77,293	65,149
Employer's contribution to defined contribution pension schemes	137,544	113,549
Seconded staff	121,759	46,217
	1,040,632	935,368

No employees earned (excluding employer pension) between £60,000 and £70,000 during the year (2021: 2).

Two employees earned (excluding employer pension) between £70,000 and £80,000 during the year (2021: 1).

The total employee benefits including employers pension contributions of the key management personnel was £91,230 (2021: £158,458). The key management personnel were made up of the Executive Director and Head of Operations.

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2021: £nil).

During the year, no trustee was reimbursed for travel and subsistence costs (2021: 2 trustees £264) relating to attendance at meetings of the trustees.

7 Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

	2022	2021
	No.	No.
Charitable activity	27.0	23.0
Support	2.0	2.0
Governance	-	-
	29.0	25.0

8 Related party transactions

There were no related party transactions including donations from related parties which are outside the normal course of business in the current or preceding year.

9 Taxation

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

10 Tangible fixed assets

	Computer equipment £
Cost	
At the start of the year	22,426
Additions in year	12,218
	<hr/>
At the end of the year	34,644
	<hr/>
Depreciation	
At the start of the year	12,654
Charge for the year	8,343
	<hr/>
At the end of the year	20,997
	<hr/>
Net book value At the end of the year	13,647
	<hr/> <hr/>
At the start of the year	9,772
	<hr/> <hr/>

All of the above assets are used for charitable purposes.

11 Debtors

	2022 £	2021 £
Trade debtors	217,506	91,790
Other debtors	172,833	77,147
	<hr/>	<hr/>
	390,339	168,937
	<hr/> <hr/>	<hr/> <hr/>

12 Creditors: amounts falling due within one year

	2022 £	2021 £
Trade creditors	28,854	44,735
Taxation and social security	47,598	31,123
Other creditors and accruals	80,448	42,376
Deferred income	296,623	256,561
	<hr/>	<hr/>
	453,523	374,795
	<hr/> <hr/>	<hr/> <hr/>

13 Deferred income

Deferred income comprises membership fees paid in advance.

	2022 £	2021 £
Balance at the beginning of the year	256,561	404,654
Amount released to income in the year	(256,561)	(404,654)
Amount deferred in the year	296,623	256,561
	<hr/>	<hr/>
Balance at the end of the year	296,623	256,561
	<hr/> <hr/>	<hr/> <hr/>

14 Analysis of net assets between funds

<u>As at 31 March 2022</u>	General unrestricted £	Restricted £	Total funds £
Tangible fixed assets	13,647	-	13,647
Net current assets	747,027	221,798	968,825
	<hr/>	<hr/>	<hr/>
Net assets at the end of the year	760,674	221,798	982,472
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
<u>As at 31 March 2021</u>	General unrestricted £	Restricted £	Total funds £
Tangible fixed assets	9,772	-	9,772
Net current assets	519,532	267,159	786,691
	<hr/>	<hr/>	<hr/>
Net assets at the end of the year	529,304	267,159	796,463
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

15 Movements in funds

<i>Current year</i>	At the start of the year £	Income £	Expenditure £	Transfers £
Restricted funds:				
iHV Research Fund	10,019	-	(10,019)	
AIM HWHN Apr 20 to Apr 23	29,250	34,917	(29,240)	
Anonymous Family Foundation	40,000	40,000	(40,000)	
Anonymous Family Foundation Nutrition	3,404	-	-	(3,404)
Burdett Autism	14,455	-	(389)	(14,066)
Burdett restraint	11,537	-	(5,725)	(5,812)
PATH	77,308	95,596	(172,904)	
Tiny Lives	7,758	-	750	(8,508)
PHE Sexual Reproductive Health	17,644	-	2,360	(20,004)
Baby Breathe	14,685	39,232	(31,386)	(7,846)
Domestic Abuse	41,099	-	(10,043)	
NSPCC LSSP	-	60,963	(60,963)	
CHSA	-	50,000	(46,978)	
NHS VCSE	-	77,066	(75,066)	
Public Health England Sexual	-	45,250	(43,250)	
Demontfort University	-	3,400	(3,400)	
Sylvia Adams Trust	-	94,108		
Total restricted funds	267,159	540,532	(526,253)	(59,640)
Unrestricted funds:				
General funds	529,304	1,035,224	(863,494)	59,640
Total funds	796,463	1,575,756	(1,389,747)	-

15 Movements in funds (continued)

Purposes of funds

iHV Research Fund

This consists of income raised through fundraising activities and is available to support research purposes including doctoral studies in the form of bursaries.

Burdett Trust (Healthy Weight Healthy Nutrition)

This two year project seeks to up skill all health visitors in nutrition information and best practice in encouraging healthy diets. The training is in the form of a cascade with the trained champions cascading the training to their workplace colleagues.

Anonymous Family Foundation

This funding will support the sustainability of the iHV perinatal mental health champions project. It provides regional and a national forum for the champions to stay connected with the iHV and their colleagues.

Anonymous Family Foundation Nutrition

This funding will support the updating of Healthy Weight Healthy Nutrition training and the provision of four regional training events for Health Visitors.

Burdett Autism

This important one year project will create a toolkit and training for health visitors to support their knowledge and confidence to have meaningful conversations with families of children with autism.

PATH

This European partner project involves 13 partners from the UK, France, the Netherlands and Belgium. It is focused on raising the profile of perinatal mental health in mothers and fathers and will produce a host of new resources for partner countries to use over its 3.5 year life span.

Tiny Lives

The IHV are leading the development of an e-learning module and training event to support health visitors work with parents/ carers of premature babies who have been through NICU in the North East of England. This is a one year project.

PHE Sexual Reproductive Health

Project funder to design and develop resources aimed at advice to expectant and new parents on sexual and reproductive health. All resources now complete e- learning and parent leaflet due for launch. The final report has been submitted for this project.

Baby Breathe

Funding successful for this RCT of a postpartum smoking intervention to support new mums stay smoke free. Ethics agreed and recruitment due to commence July 2021

Domestic Abuse

The For Baby's Sake Trust funded the iHV to develop an online Domestic Abuse digital training toolkit for health visitors.

Genomics

Design, develop and evaluate a series of webinars to raise awareness of genomics, to promote and embed the newly developed Good Practice Points, and to support health visitors' learning about genomics.

CHSA

This is a time-limited grant funded programme to support the development of Emotional Wellbeing at Work Champions across the UK.

VCSE

Providing support to respond to a potential surge in respiratory infections in children

HIV SRH

This project will explore HVs current practice, alongside the barriers and enablers to extending the HVs universal role in PC to include advice on contraceptive options and potential for prescribing. These insights will inform the co-production of a bespoke PC training programme for HVs, in partnership with Teesside University

De Montfort

4 year funded project from Sept 2021 – Sept 2025: Cluster Randomised Controlled Trial of a Service to Support the Mental Health & Coping of Parents with Excessively Crying Infants.

Transfers

Transfers were made in the year against funds which had an allocation against overheads spend and against a few funds which were fully spent at the prior year end and costs weren't fully allocated in the prior year so had shown in unrestricted costs instead.

15 Movements in funds (continued)

<i>Prior year</i>	At the start of the year £	Income £	Expenditure £	Transfers £
Restricted funds:				
iHV Research Fund	10,019	-	-	
AIM HWHN Apr 20 to Apr 23	-	34,700	(5,450)	
Anonymous Family Foundation	-	40,000	-	
Anonymous Family Foundation Nutrition	3,404	-	-	
Burdett Autism	69,895	-	(55,440)	
Burdett restraint	-	64,787	(53,250)	
AIM PMH Forums	38,246	-	(38,246)	
PATH	21,012	59,947	(3,651)	
Tiny Lives	18,982	-	(11,224)	
PHE Sexual Reproductive Health	-	17,058	(64,309)	64,895
Baby Breathe	-	19,616	(4,931)	
Domestic Abuse	-	47,299	(6,200)	
Total restricted funds	161,558	283,407	(242,701)	64,895
Unrestricted funds:				
General funds	605,145	960,111	(971,057)	(64,895)
Total funds	766,703	1,243,518	(1,213,758)	-

16 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.

INSTITUTE OF HEALTH VISITING

England & Wales - Charity number 1149745

Accounts



INSTITUTE OF HEALTH VISITING
TRUSTEES' REPORT AND ACCOUNTS
FOR THE YEAR ENDING 31ST MARCH 2021

Supporting excellence in health visiting practice to
give every child the best start in life

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Reference and Administrative Details of the Charity, its Trustees and Advisers

Company name	Institute of Health Visiting
Company number	08234405
Charity number	1149745
Working name	iHV
Trustees	Pamela Goldberg*, OBE, FRSA, Chair Professor Sally Kendall, PhD, BSc (Hons), RN, RHV, FQNI (Until 13 October 2020) Dave Roberts Samantha Carlisle Professor Sarah Cowley, DBE, BA, PhD, PGDE, RN, RHV, HVT Jane Williams, RN, RDN, RHV Sue Gallone* FCMA, MIIA Honorary Treasurer Dr Karen Whittaker BN, MSc, PGCE, PhD, FiHV Dr. Qingzhi Fan PhD Professor Helen Bedford PhD, RN, RHV, FFPH, FRCPCH (from 26 January 2021)
Executive Director	Dr Cheryll Adams*, CBE, DNurs MSc, RN, RHV (until 31 December 2020_ Alison Morton*, MRes, BSc (Hons), RN, RHV, DN, FiHV (Acting ED January 2021-March 2021) * Members of the Finance & General Purposes Committee
Principal address	John Snow House 59 Mansell Street London E1 8AN
Auditor	Haysmacintyre (Until 2020) 10 Queen Street Place, London EC4R 1AG Chiene + Tait LLP (2021 onwards) 61 Dublin Street Edinburgh EH3 6NL
Bankers	The Co-operative Bank plc City Office 80 Cornhill London EC3V 3NJ Lloyds Bank plc PO Box 1000 BX1 1LT

Legal Advisors Bates, Wells and Braithwaite
 2 - 6 Cannon Street
 London
 EC4M 6YH

The Board presents its annual report together with the accounts of the Institute of Health Visiting (iHV) for the year ended 31 March 2021.

Objectives of the Charity

The Institute of Health Visiting charitable objectives are:

- the relief and prevention of sickness and the promotion of public health;
- the advancement of education;
- the relief of those in need:
 - by reason of their youth, age, infirmity or disablement, financial hardship, or social and economic circumstances
 - in the interests of social welfare and with the object of improving the condition of life of such individuals by, without limitation.
 - acting as a centre of excellence for health visiting for the benefit of all children and families and the communities in which they live.

The Institute operates across the UK and Internationally.

The main mission of the iHV is to be a Centre of Excellence:

- supporting the development of universally high-quality health visiting practice
- so that health visitors can effectively respond to the health needs of all children, families, and communities.
- enabling them to achieve their optimum level of health, thereby reducing health inequalities.

Structure, governance and management

The Institute, which was founded in 2012, is registered as a charity under the Charities Act 2011. Its governing document is a memorandum and articles of association. It is also registered as a company limited by guarantee under the Companies Act 2006.

The Trustees meet formally as a Board on a quarterly basis. In between, they are actively engaged with the larger funded projects and other workstreams, providing oversight and expert advice to supplement the direct management role of the Executive Director.

Recruitment, Induction and Training of Trustees

Three of the initial steering group members involved in setting up the charity became the first Trustees. Trustees since have come from personal recommendations from Board members, or our advisers, or by advert when the board has been looking for specific skill sets. Those recommended have then been approved for follow up by consensus on the Board: The Executive Director tells interested candidates about the organisation and, if they decide they would like to become a Trustee, they are interviewed by the Executive Director and the Chair. Successful candidates are then invited to meet the Trustees and sit in on part of a Board meeting before a final decision and offer of membership is made.

Induction procedures were developed using the recommendations of the National Council for Voluntary Organisations (NCVO). Trustees are supplied with the constitution and relevant papers and policies as part of their induction. They now have access to a Trustee Induction section in the Board section on the iHV G: Drive

where all the necessary forms and papers are included for their induction. The Executive Director goes through these with each new trustee. Trustees are also directed to relevant training courses being run by the iHV auditors and the NVCO.

The constitution of the Board is reviewed annually and the Trustees hold an annual away day for organisational and strategic planning in October each year.

Organisational Structure

The Institute is governed by its Board. The Chair, Executive Director and Honorary Treasurer meet outside Board meetings, as a Finance and General Purposes committee prior to each board, to deal with financial and organisational issues, or as they arise. A remuneration committee meets once a year. The Honorary Treasurer, Executive Director and Accountants also meet to review the management accounts prior to each board meeting.

The Institute is independent of, but has benefited from, close working relations with the Royal Society for Public Health (RSPH) which continues to provide the Institute with back-office support, and whose meeting rooms the iHV rents in return. The Institute pays the RSPH a small honorarium for this support.

The Institute has close working relations with a number of professional bodies, Royal Colleges, charities and other such organisations, government departments, executive agencies and policy makers, helping it to discuss and support shared issues, in addition to strengthening partnership working for developing joint bids, and to disseminate one another's work.

The Institute also has an active social media presence allowing it to disseminate important research findings, policy changes and developments directly to health visitors and others, to support their implementation into practice.

Staffing of the Institute

The Executive Director has overall corporate governance, leadership and day-to-day responsibility for operational matters, supported by the Chair and Treasurer, and reports to the Board. Finance and IT support is outsourced, and HR managed by the Head of Operations. Until September 2020 the Institute had one other Director who led on Policy and Quality. From September 2020, they were successfully appointed to the role of Deputy Executive Director, and from January 2021 Acting Executive Director, working alongside the outgoing Executive Director to ensure a smooth handover.

Individual projects each have a project manager working to a timeline and overall support is provided by the Head of Projects and Evaluations. The Institute uses PRINCE2 project management principles for all projects with external reporting. Project steering groups, chaired by the Executive Director or an iHV trustee, provide organisational oversight and governance for each project and are held regularly throughout the life course of projects. The human resources for projects are managed internally, financial support for projects is managed by the Head of Projects and Evaluations and the Operations Manager, with oversight from the Executive Director and the outsourced accountants.

The Institute increased its core staffing to 28 in the latter part of this year, this was to meet the increased demands of commissioned work and the challenges with backlogged work due to the COVID-19 restrictions and increased technical support needs for virtual training delivery. There have been minimal movements of staff although some in the training team were furloughed during the early part of the year. The admin team reduced to five during 2020 due to the lack of face-to-face training delivery, but has increased in 2021 to seven when virtual training was implemented and there was a need to recruit additional admin and tech support. A new operations manager was recruited after the departure of our previous office manager in December, also a one-year paid intern. The organisation continues to have new staff on short-term rolling contracts to manage financial risk - generally these are for 12 months following an initial three-month probationary period, but a

growing number of staff are on permanent contracts. The iHV works with a number of freelance experts, who largely support its training function but also increasingly projects, bringing specific expertise. Core staff receive annual development reviews, and every effort is made to create relevant learning and development opportunities for them.

The last year presented numerous challenges due to the pandemic and the impact of lockdown restrictions which curtailed all face-to-face training delivery, events, and meetings. The charity was well placed for the implementation of home-working arrangements in March 2020 as these had been the norm for the professional team since we were established. A business continuity plan for COVID-19 was developed and all office-based staff were transitioned to home working, with access to the office limited to one person at a time when necessary. Additional keeping in touch meetings using Zoom were started to ensure all staff continued to feel engaged with the work of the charity. A regular monthly governance meeting was also introduced in January 2021 to ensure that any risks were swiftly identified and mitigated, particularly during the transition of Executive Director functions.

Board members

The Institute has recruited one new board member this year, Professor Helen Bedford, who is a health visitor academic, a Professor at the Institute of Child Health at University College London and has supported the work of the Institute since its foundation. Prof Bedford replaced Prof Sally Kendall, one of the founding members of board taking on the research brief. Professor Kendall retains her links with the iHV and has become a research advisor to the organisation.

Other Board members include senior representatives of the health visiting profession, representing research, practice, education and management and non-health professionals bringing skills in external relations, communication, finance, and business. Our chair has a background as a charity CEO.

Activities

Whilst the Institute is now in its 9th year, 2020/21 has obviously been a year like no other due to the COVID-19 pandemic restrictions. Whilst initially these brought many of the Institute's work programmes and its training delivery to a halt, as the year progressed the resourceful staff team developed new ways of delivery and ultimately only one conference had to be postponed until 2021.

Whilst much of the world's attention was focused on reducing the transmission of the virus and treating acutely ill patients (mostly adults), it was clear that the needs of children and families were increasing, yet they were largely overlooked by policy makers. At the iHV, we had been concerned from the outset about the wider impacts of the pandemic on families. We raised concerns repeatedly to the government throughout the year, and in partnership with many other organisations, about the vulnerability of babies and young children who are at home, hidden from society and some living with significant adversity and abuse.

We focused our efforts on supporting the profession during the pandemic and developed guidance for health visitors on behalf of Public Health England to support their work following the publication of the national NHS Community Prioritisation Plan. We also worked with the Royal College of Paediatrics and Child Health to develop guidance for families managing childhood illnesses when access to healthcare support was reduced. We developed two dedicated sections of our website which contained a suite of COVID-19 related resources for practitioners and parents. Our parent section of our website was recognised by the United Nations as providing excellent materials at the start of the pandemic.

One of the highlights of this year has been the publication of [“Making History: Health visiting during COVID-19”](#) which contains a series of case studies, family stories and creative pieces capturing the experiences of health visitors working during the pandemic. We were also delighted that this series made it into “Fab NHS Stuff”.

Regarding commissioned work, the year started with a significant number of training commissions, booked conferences and other project work that were initially delayed or postponed until the autumn or 2021. However, as the implications of the COVID-19 pandemic became clearer, it was obvious that face-to-face delivery methods would not be possible for the foreseeable future. A decision was made, supported by the commissioners, to shift our delivery methods to virtual delivery of all training, events and conferences. This was a complex process as the organisation had no expertise in this form of delivery which presented a ‘steep learning curve’ to embrace.

A herculean effort by the team initially led to moving the perinatal mental health forums online and the development of iHV Insights events which were free to members and provided an opportunity to keep connected with the health visiting workforce whilst also testing and refining virtual delivery methods. As confidence grew, the training team then adapted iHV training offers for online delivery and our iHV training offer was relaunched in September 2021. This shift to virtual delivery brought new challenges and considerations, not least the requirement for dedicated technical support for training and virtual events. Initially, our conference organiser picked this up, but this was unsustainable in the longer term as it was quite time consuming alongside her core function to manage our events and conferences. As soon as possible, staff were brought back from furlough and new staff were recruited for this function. Whilst savings were made on booking training venues, refreshments and travel, there was new expenditure on IT and IT support.

New software was invested in for the delivery of online conferences to replace our delayed planned face-to-face events: Our Evidence-based Practice conference in May 2020 was postponed and delivered virtually in September 2020; we also delivered a very successful Leadership conference virtually in December 2020; and our planned September Perinatal and Infant Mental Health conference was delivered virtually in May 2021. All events had good attendance and excellent delegate feedback.

Some of the learning has been that online conferences and other events can be accessed by many who would struggle to attend face-to-face events, so this mode of delivery is likely to remain part of the Institute’s training and conference offers moving forwards.

Embracing these new ways of working and transformations alongside a full diary of events came at some personal cost to those involved - the period between September and December was exceptionally busy delivering events which should have been spread out over nine months, not four. As soon as possible, further staff were brought in to reduce the pressures, a Christmas bonus was arranged, and the staff were made very aware of the Board’s gratitude for their efforts. A situation that might have seriously compromised the Institute, both financially and in terms of achieving delivery, had been turned around by our very strong team with everyone pulling together to work differently to get the organisation through those difficult days. Commissioners were very supportive about the need for some delays. The only project very significantly delayed was the Delivering Different News research project, as the training was largely for hospital staff who could not attend as they had been moved to support the COVID-19 response.

As a consequence of the COVID-19 pandemic, the Institute became the ‘go to place’ for managers and practitioners wanting to check COVID-19 policy, our suite of related advice, and to find information to share with families. There was a massive increase in web visits over the year but especially during the Spring, all of which resulted in a greater profile and increased confidence in the Institute.

“When I need to look up something for my practice, I always start at the iHV.”

“Think iHV have really stepped up since Covid and are providing fabulous national resource for HV’s”.

“The iHV resources have been circulated to all our staff and have been really well received. I think they are really clearly laid out. We've also been doing a lot of signposting to the iHV 'Parenting through COVID19' page as I find it really clear and a good way for mums to navigate their way to other resources so that has been produced and developed in a really clear and timely way -thank you to all who have obviously worked so hard on this.”

The Institute is experiencing ever greater stability as many project partners and funders have returned with new projects and opportunities to apply for project funding - more bids and applications have been successful, and more funding has been awarded for over more than one year. This is despite the very challenged financial and professional environment in which the iHV operates. The loss of health visiting posts has sadly continued during 2020-21 due to further public health budget cuts, with the ratio of health visitors to children now below the levels at the start of the Government's "Call to Action" in 2011. Obtaining accurate figures is complicated by the fact that they are gathered differently for the NHS and other employers such as local authorities. NHS and Independent Workforce Statistics indicate that health visitor workforce numbers have fallen by 31% (since 2015), although there is significant unwarranted variation in these cuts with greater losses in some areas of the country (50% or more) than others where the workforce has been kept stable.

Whilst we anticipated impacts on iHV income from COVID-19 during 2020/21 due to the various delays with projects and training, ultimately, with the benefits of reductions in overall expenditure, our final position is stable. The Institute has had a good year for memberships, both individual and corporate. This is likely to be in part due to becoming the go-to place for clear guidance published for health visiting teams during the pandemic. The membership offer was also increased with the launch of a series of one-hour educational iHV Insights' webinars which were free to members. The iHV team worked hard to be very responsive to members' enquiries. We have also been very active in our policy work, challenging the national redeployment of health visitors away from their even more crucial work with children and families when this happened. In some areas, as many as 63% of health visitors were redeployed leaving behind families who were becoming more and more vulnerable due to the pandemic restrictions.

Other income streams have been maintained despite COVID-19 and ultimately, even if there were initial delays, all were delivered and within budget. Many commissioners and partners continue to work with the Institute due to our reputation for prompt high-quality delivery. We were particularly delighted to deliver training in all four countries of the UK during this report period, bringing in new partners and extending the Institute's reach right across the UK.

Whilst the Institute has ultimately continued to thrive across the year, health visiting as a profession has not - with further cuts being made to the workforce in England and no indication of when new investment will come. Fortunately, this is not the picture across the rest of the UK where investment is still taking place. This is a significant worry in terms of families having access to timely support. Hence, we have worked hard at the policy level with many partners and government departments, and as part of many national initiatives, to provide research and accurate information on the impact of the pandemic on babies, young children, and their families as well as the health visiting profession. Particularly significant workstreams were providing evidence as members of the practitioners group for the Early Years Development Review led by Rt.Hon. Andrea Leadsom MP - Phase One of which reported at the end of the year. We also provided evidence to the Independent Early Years Commission. In addition, we have worked closely with parents and those representing them and were pleased to give evidence to the Petitions Committee for its review into family access to support services during the early period of the COVID-19 pandemic.

The Institute maintained a strong national media and social media presence throughout the year - written, radio and via TV - further details of our policy and media work is listed later in this report.

The Institute's activities against planned objectives in 2020/21

The key objectives of the iHV strategy for 2020/21 had been designed to continue to support the five pillars of the Institute – research, education, quality assurance, leadership and partnership, as well as the delivery of

externally commissioned work. Ultimately, the impact of COVID-19 meant that the whole team had to work not only hard but also flexibly, embracing regular changes in priority across the year and many new ways of working. COVID-19 led to challenging 'bottle necks' in delivery that also had to be worked around.

At the start of the year, it was impossible to know what the ultimate impact of COVID-19 would be on the many workstreams of the organisation during 2020/21. Many funded projects had received their funding at the end of the 2019/20 financial year for delivery in 2020/21. We also received funding for many training commissions in 2019/20 to be delivered in 2020. Postponement of an initially planned two-day conference in May, which was to celebrate 200 years since the birth of Florence Nightingale and International Year of the Nurse and Midwife, was a particular disappointment as all planning had been completed but it was decided to run a shorter version of the conference in the autumn instead.

Corporate activity

The corporate team had a very busy year with several staff furloughed during the Spring and early Summer. Initially, the move to home working for the others had to be supported with new IT systems and more formal opportunities to meet. A decision was made to use Zoom as the preferred system of communication. Later in the year, there was a need to bring staff back from furlough and settle them back in - something no one had any experience of, alongside developing new ways of delivering the Institute's work programme.

New staff were needed to provide tech support for virtual delivery of training, events, and conferences. In December, as our Office Manager moved on, it felt timely to increase the responsibilities of that post and an experienced Operations Manager was employed.

Supporting the membership was given priority as they grappled with the COVID-19 restrictions and the implications on service delivery. Services needed to adapt rapidly to keep both staff and families safe, particularly those in vulnerable groups, and the guidance from the government that face-to-face contacts should only be provided for a compelling need with a shift to virtual delivery and home working at the start of the pandemic. To increase their challenges still further, up to 63% of health visitors were redeployed in some areas to support the NHS frontline - leaving colleagues struggling with massive caseloads of vulnerable families. The iHV COVID-19 information sections of the website became the go-to place for most organisations employing health visitors, and for the practitioners themselves and their families. Free one-hour educational webinars were also trialled and then implemented to provide opportunities for health visitor members to come together around learning. Over the year, the membership increased significantly despite numbers of health visitors in England overall continuing to fall - both individually and corporate memberships. We feel this is a reflection of how well we looked after our members during these very difficult months.

"Thank you so much for coming! They described you as positive and inspirational... which you are."

"Many thanks for joining us today and giving us all such a great overview of the work that is being done by iHV and the opportunities available."

New ways of working also provided new opportunities for development and income generation, and planning started to develop an online learning platform to host iHV resources and CPD products. Some material would be available free to iHV members and others for a reduced fee to members, whilst opening our pay to access offer to non-members. This would provide a new form of income generation that could cover the future development costs of the platform. The opportunity to invest in and test a pilot platform came at the end of the year alongside a partner project.

The iHV Executive Director had planned to step back during the summer of 2020 and plans had been drawn up to recruit to her post which would have coincided with the start of the pandemic. Instead, new plans were drawn up to allow her to start to reduce her days from the Autumn with the opportunity for one of the senior

team to step up, initially as Deputy Executive Director, and then at the start of 2021 as Acting Executive Director. These plans provided a unique opportunity for any senior member of staff interested to have this career development opportunity together with a period learning the role, whilst being mentored. It was also designed to smooth the eventual handover and help ensure the organisation's sustainability. After a rigorous interview, the Director of Policy and Quality was successful and for the rest of the year she has embraced the necessary learning and her new responsibilities with passion and energy whilst being mentored by the Executive Director, who handed over her leadership responsibilities in January but continued to work part time and to support the new incumbent.

In order to deliver training remotely, additional junior staff and trainers were taken on in the Autumn and Spring. With the number of staff growing, it was timely to also review some of the corporate processes. Until this year, the remuneration policy had been in line with that of the NHS but several significant NHS increases at some levels made that unsustainable for the charity. The remuneration policy was redesigned - removing increments and replacing these with an annual percentage increase, as well as opportunities for performance-related pay increases when objectives have been exceeded - either as a 'within band' promotion, or promotion to the next iHV pay band if taking on new responsibilities that align with a more senior pay band. The opportunity for a performance payment, something the Institute had developed, was maintained to reward staff working above and beyond to ensure the success of the charity. As part of this review, the PDR process was also updated, and a set of staff values developed with the staff team to support team cohesion.

Policy

In our view, there were early policy decisions during the COVID-19 emergency like the scaling back of support services and the redeployment of health visitors that, with the benefit of hindsight, should never have happened (See iHV published news story and paper on [redeployment – Journal of Health Visiting](#)). The iHV worked with partners in other leading charities for children as well as professional bodies to influence national policy. With generous support from our research partners at the University of Oxford and University College London, we were pleased to see greater recognition of the importance of the health visiting role by the summer, and a joint statement by the Chief Nurses of NHSE/I and PHE and the LGA that health visitors should not be redeployed as they were most needed in supporting families.

Influencing policies affecting health is one of the key principles of health visiting and remains central to our work at the iHV. If we are able to achieve our Vision, which requires health visiting to play its fullest part within an integrated system to ensure that our children achieve health outcomes on a par with the best in the world, we need a shift in government policy to strengthen the vital "safety-net" that health visitors provide. COVID-19 and its impact on health visiting provided a policy imperative this year that we could not ignore. Our policy approach is to make a clear case for change and to focus on the solution.

Many important streams of government activity continued during the year and new inquiries started which required evidence, both spoken and written. The Institute contributed evidence as follows:

- May 2020 - iHV submits evidence on the impact of COVID-19 on families and the health visiting service to the Independent SAGE (written)
- May 2020 - iHV at Petition Select Committee - Extend maternity leave by 3 months with pay in light of COVID-19" <https://ihv.org.uk/news-and-views/news/ihv-at-petition-select-committee/> (written and oral)
- June 2020 - Children's Commissioner- consultation green paper on early years (written)
- June 2020 - The Early Years Commission – Call for Evidence (written)
- June 2020 - Evidence to Parliamentary Education Committee - The impact of COVID-19 on education and children's services (written)
- July 2020 - iHV gives evidence to the cross-party Early Years Commission (oral)
- September 2020 - Roundtable: The future of early years policy. Cross-party Early Years Commission (oral)

- September 2020 - Evidence to Parliamentary Health and Social Care Committee: Workforce burnout and resilience in the NHS and social care (written)
- September 2020 - Evidence for the 2020 Comprehensive Spending Review (written)
- October – Evidence to Commission for Mental Health (written)
- iHV presents evidence on health visiting to Rt Hon Andrea Leadsom MP and her Early Years review team. (oral)
- December 2020 - Evidence for APPG on cerebral palsy (written and oral)
- December 2020 – policy briefing for Westminster Hall debate “Provision of healthcare support services in the period between conception and age two”.
- December 2020 UK Parliament - MH of the healthcare workforce in response to COVID-19 (written evidence)
- March 2020 – policy briefing for Westminster Hall debate on maternal mental health
- Evidence to House of Lords Domestic Abuse Bill (March 2020) to recognise babies and young children (including unborn babies) as victims of domestic abuse (written).
- March 2021 – Evidence for the Children’s Social Care review (written)

The evidence included feedback from the Institute’s annual State of Health Visiting surveys undertaken every year over October/November which served to highlight once again the extremely difficult and resource poor conditions under which health visitors are working and which had been made so much worse by the COVID-19 pandemic.

The voice of parents was especially vocal during the year due to a loss of support including face-to-face GP and health visitor services for new parents, as well as access to other support services. Some parents were very vocal about feeling abandoned and unsupported – including in some areas by the health visiting service which was inevitable where caseloads were very large, and the service prioritised those with the greatest needs. Prioritisation had a human cost. However, it is also worth noting that the overall satisfaction with the HV service remains high with 96% reported satisfaction at Friends and Family Test.

The Institute has worked with a number of partners, including academics and other charities, to gather and share data on the scale of the challenges that parents have faced and are still facing with increases in reported cases of domestic abuse, mental health problems and serious incidences in childhood. More parents / carers find themselves with financial challenges where jobs have been lost, and the number moving into poverty is clear by the increased use of food banks.

Education

The NMC review of post-registration standards for education for Specialist Community Health Care Nursing (SCPHN) was the most significant education workstream over the last year and continues into 2021 with a public consultation on the proposed new standards. The resulting standards underpin health visiting education, so they will affect health visiting well into the future. The standards were last reviewed in 2004. The iHV team has actively contributed to the shaping of draft Core Standards for the Specialist Community Public Health Branch of the register and to the bespoke standards for health visiting. We believe that these provide a positive vision for the leadership and expertise of health visitors, being crucial to challenging the inequalities in public health from before birth and in the most formative stages of development within families and communities.

The training of new health visitors was upset in many areas by COVID-19, as students were asked to return to the NHS frontline. Some areas continued to deliver training using adapted learning opportunities in order to avoid further depletion of the workforce “pipeline” due to the existing shortages in the profession. We have supported many students, their university course lecturers and their overarching body, the UK Standing Conference for Health Visitor education, over the year as they have grappled with the COVID-19 challenges.

We endeavour to visit every new set of students at the start of their training to make them aware of all the educational resources available from the iHV. This was made much more cost effective with the necessity for virtual visits only. As well as access to our regular iHV Insights webinars, we were also able to provide student health visitor members with a bespoke webinar ‘Training as a health visitor during a pandemic’.

“We really do appreciate your willingness to continue to offer your support and advice, as due to the unprecedented nature of this crisis, we are continually learning to manage our situation in new and more innovative ways.”

Training

Impact of COVID-19 and recovery

The pandemic had a significant impact on the training delivery activity of the team. Twenty training events, originally scheduled for delivery between March and June 2020, were postponed and scheduled for redelivery face-to-face in Autumn 2020. Fortunately, the iHV was not exposed to financial risk or loss through the postponements as all organisations proceeded with the events commissioned, although later than planned.

The impact of the pandemic was significant in other ways. No new training commissions were received in the first two quarters of financial year 2020-21. During this period, many organisations and networks were holding funding for training but were unable to progress plans due to a pause on “business as usual” activity, in order to prioritise the response to COVID-19. Despite this, an excellent recovery in commissioning of training was seen in Autumn 2020. As a result, we experienced a very busy second half to the financial year, putting the training team under immense pressure until additional staff could be recruited.

Pivot to digital delivery

The pause in training delivery provided a space for the team to manage a redevelopment of the training programmes to convert these to make them suitable for a live online delivery via Zoom platform. This required a very significant degree of learning by the whole team, and translation and re-writing of current training resources. It also necessitated changes in many of the processes in place for the administration of the events online. We were able to take advantage of learning events hosted by online platforms and able to network with partner organisations to share learning rapidly.

The response to the changes made was very positive and we introduced our new format training to our previously postponed events from September 2020. To the end of March 2021, all training events were

delivered online to manage the on-going need for physical distancing and manage regional variations in guidance. The participant evaluations offer positive feedback on the skills of our trainers, the variation and quality of the training methods employed online, and the acceptability of the new style of delivery, as well as some helpful suggestions for continued improvements.

*“It has been a pleasure supporting this training and working with you. Congratulations on such positive feedback and evaluation and for moving into the virtually world so successfully.”
(Commissioner)*

Number of UK-wide training events

We delivered 40 separate training events for Perinatal & Infant Mental Health, Leadership, and Resilience in a condensed period between September 2020 and end of March 2021, and also supported delivery of further training events where these were provided as part of projects and research e.g., Healthy Weight Healthy Nutrition Champions, Delivering Different News Champions. This has been a much higher level of activity and pace of delivery than previous years.

A significant success was being awarded contracts, following formal tender, to develop and deliver our multi-agency PIMH Champions training programme in Scotland and Wales. This is an important area of expansion for the training; it has been exciting for the organisation to deliver three events for the Welsh government programme and three events for the Scottish government, with a view to an extension of contracts for both. We were also asked to provide training for one health trust in Northern Ireland. The outcomes for the Welsh and Scottish work have been very positive to date and have provided a higher profile and visibility for the Institute in these nations.

“The trainers were fantastic, cannot praise them enough. They made the training interactive and interesting despite it being online from home”

“Trainers were very passionate and enthusiastic about their roles and included everyone into conversation and training”

“Great training, great trainers who kept it light but so interesting. It's reassuring that more people are having this training and are being made aware of PIMH. Thank you”

Introduction of hosted events

The conversion of the programme to virtual delivery has been advantageous in making our programmes widely accessible, where face-to-face training and geography created barriers to participants previously. We have witnessed a surge in interest from individuals who have been able to access CPD funding to support them to train virtually across our subject areas. We have provided a minimum of one hosted training event each month since the start of 2021 and have a waiting list. This is for our popular perinatal mental health programmes and also our Leadership Development programme. This is a new regular source of income for the organisation and a silver lining from the challenging changes in our work approach that the pandemic has created.

“I would strongly recommend this training to any of my colleagues who are fortunate enough to get offered”

Creation and roll out of new programmes

We applied and were successful in being awarded funding by the RCN Foundation COVID-19 scheme for the development of an *Emotional Wellbeing at Work* support programme. The funding enabled us to create a new offer to support exhausted health visitors in the workplace via a virtually delivered group support programme. 58 practitioners from organisations across the UK and Channel Isles took part in 6 sessions delivered over a 6-month period. Feedback was formally evaluated and mapped using validated wellbeing tools and demonstrated improvements in wellbeing by those who attended.

“...you were a dream team to work with” (Funder)

Other new programmes included *Leading Excellence in Practice* programme that has been very well-evaluated in its first cohort delivery this year. We have high levels of interest for the year 2021/22 and may run two programme cohorts. Also, *Domestic Violence and Abuse* training received a boost through partnership working with the For Baby’s Sake charity. The partnership allowed the refreshing of training materials and creation of a new digital resource with a digital learning platform. The programme will be rolled out in 2021/22. Other new training products are emerging from the Projects workstreams. They include the *This Mum Moves Ambassador* training promoting physical activity in pregnancy and postnatally, and the *Neonatal Ambassadors* training in supporting families with babies born early.

“Have just managed to read this through (report) and what a fantastic piece of work to read about! Thanks you so much and well done to the training team and all the attendees!!” (Commissioner)

New digital opportunities

Funding from the partnership with For Baby’s Sake has enabled the early developments for a digital learning platform. The platform will enhance the training offered as it will allow us to offer online learning asynchronously (i.e., learning which is not live or real time). This provides an excellent opportunity to expand our portfolio into this new format and will bring with it opportunities for external income generation which we will explore in 2021/22.

Quality assurance

Quality underpins all that the iHV does. All projects have a project governance group chaired by either the Executive Director or a Trustee. As part of our ongoing efforts to be an inclusive organisation, in January we launched our Equality and Diversity strategy, and this has been followed up with initial training for staff with further training planned. Also launched in 2021 has been a senior team governance group meeting monthly to identify early anticipated risks to any work programmes.

Significant this year has been the launch of our Health Visitor Advisory Forum to strengthen our links with our members and ensure that we are responsive to their needs through the co-production of our resources and plans for the organisation. We are also increasing co-production with parents/ carers through our project and PIMH work. In addition, we have tested and launched members’ networking sessions for practitioners, corporate member service leads and students - where those who sign up can meet together to discuss current practice issues with a view to bringing mutual benefit through the sharing of information and best practice. As well as stand-alone groups, these have become a feature of our online conferences to mimic the essential networking which is such an important feature of face-to-face conferences.

Leadership

Whilst creating more Fellows opportunities for members has remained a priority for the team, this was put on hold in 2020/21 due to the COVID-19 pandemic and no obvious funding route, although we are hoping to reinvigorate this in the coming year. The Institute has been working up an evidence-based Leadership training for health visitors in practice over several years, and this year was able to trial and test it. It was very well received and is now part of the training offer. We are grateful to the team at Tower Hamlets GP Care Group

who commissioned the first programme.

“I would just like to say that I have really found the program so helpful. I have really been able to link this to my practice. It has allowed me to recognise the strengths, experience, and skills I have and also areas which I have been able to reflect and improve. I have even managed to gain a part time band 8 role that I can accept and continue with my current part time role. So, thank you. I am sure that there are many experienced and skilled practitioners out there who would benefit from the guidance and support to release and shape that potential to become fabulous leaders.”

“The course has given me the opportunity to own my leadership style, to understand my strengths and areas for improvement. I understand different leadership styles and how-to tailor communication to suit the needs of my team and colleagues.”

“Knowing the difference between a manager and leader and using the skills and confidence gained to support in my new role.”

Research

We were actively involved in research in various contexts during the year, leading it, partnering on it, or supporting research teams to research different aspects of health visiting - including the impact of the COVID-19 pandemic and the redeployment of health visitors. These activities continued despite our research lead being away on maternity leave for most of the year. Our relationship with Kent University, who provided external support and advice to the team, has been particularly valued this year when the pressures of the pandemic affected our largest study.

The iHV's research team is the principal investigator for a significant study evaluating a training intervention for professionals tasked with Delivering Different News. The study is looking at improving how healthcare professionals inform and support parents when they have to tell them about an unborn child having a condition associated with a learning disability. Following carrying out a feasibility study, the Research department is now leading a more definitive study on behalf of Health Education England South East supported by our partner Kent University. Due to COVID-19, the training intervention had to be adapted from a face-to-face format to one that can be undertaken live and virtually, in accordance with the current COVID-19 guidelines. The study was inevitably delayed by the pandemic for a few months over the year, as it was impossible to offer training in the NHS whilst so many doctors and nurses had been redeployed to the COVID-19 frontline. It will now report in August 2021.

We are also a partner on a number of other national NIHR research studies, including as co-applicants and principal investigators in a large scale NIHR trial to consider health visitor support to prevent postpartum smoking relapse, and on an NIHR study researching two ways for health visitors to support parents with crying babies.

Other research activity has included:

A collaborative study: 'Health visiting during COVID-19 in the North East and Cumbria', that has been exploring health visiting services in the North East and North Cumbria during COVID-19 January to April 2021, with a focus on consideration of learning to support future innovation.

Partnership

The iHV has had an extremely busy year delivering successfully on a number of projects and bids in partnership with service users and many academic, professional and other organisations. Collaboration and

strong partnership working have been essential in each of these projects, and we are reminded that: “Collaborative working for health and wellbeing” is one of the NMC proficiencies for health visiting practice and, as such, this forms a very significant part of the work of the iHV and is our fifth pillar.

The following summary provides examples of the projects and continued partners during 2020/2021:

Changing Conversations – Supporting families with children with autism

With support from the Burdett Trust for Nursing, we have worked with a range of partners including the National Autistic Society and KIDS charity to develop a digital toolkit of resources to support health visitors to have meaningful conversations with families offering personalised support. We have trained 116 Changing Conversations Ambassadors and a further 520 have now received the cascade training.

Understanding Behaviour – least restrictive practice

Working with The Challenging Behaviour Foundation and The Sleep Charity, we have developed a suite of resources including an animation to raise awareness of the use of restrictive practice in early years. This project was also generously supported by the Burdett Fund for Nursing.

From Surviving to thriving - promoting the needs of neonatal families transition to home

Working with The Tiny Lives Trust and parents with lived experience, we developed e-learning and a programme of training to raise awareness for health visitors working with families who have had a baby who has been in the care of a neonatal unit.

Healthy Weight Healthy Nutrition and Physical Activity

We have done a great deal of work in this arena which includes:

- An active member of the Obesity Health Alliance to support national campaigns to reduce obesity levels.
- Delivery of Healthy Weight Healthy Nutrition Champion updates and new champion training to health visitors supported by The AIM foundation.
- Promoting the UNICEF Baby Friendly Initiative through all our work.
- Continued joint working with UK Active to deliver the This Mum Moves programme of training to support health visitors and midwives promote physical activity in pregnant women and new mothers.

Domestic Abuse

- Early in the year three new e-learning modules for domestic violence produced by the Institute were launched by the NHS e-learning platform.
- We then worked with The For Baby’s Sake Trust to develop a digital toolkit and training for health visitors to raise awareness and consider the learning from their For Baby’s Sake Project for health visiting practice.

Promoting sexual and reproductive health – with support from the PHE innovations fund

This project worked with leading field experts to develop an e-learning programme and resources for health visitors to raise awareness of the need to promote sexual and reproductive health at all contacts. A parent / carer-facing digital leaflet has been developed to support parent engage with sexual and reproductive health with their health visitor.

AIM Digital solutions Health Foundation

This collaborative project with Southern Health is looking to improve analytical capability in health visiting - supporting health visitors to move beyond 'bean counting' and use data to support clinical decision-making, particularly in their work with vulnerable families.

Conferences

The Institute ran two very successful virtual conferences this year: in September (two days) and December (one day). Both attracted several hundred delegates who were inspired by the eminent speakers we were able to engage. The first, our Evidence-based Practice conference, also served to mark the bicentenary of Florence Nightingale's birth and the International Year of the Nurse and Midwife.

The second was our usual annual Leadership conference. By December, the team were feeling confident in remote deliveries and were able to offer a number of additional activities to the delegates including virtual Zumba during breaks and Networking sessions.

Mental health

Perinatal and Infant Mental Health Forums

The iHV Perinatal and Infant Mental Health (PIMH) Forums were established with the aim of sustaining the confidence, competence, and commitment of the iHV PIMH Champions. Over the past 4 years, the Forums have proved themselves as an extremely important part of making a difference to families by:

- Leading the perinatal and infant mental health agenda from the ground up
- Bi-directional transference, influence and implementation of knowledge and evidence between academia, professions, parents, policy, service design and practice
- Supporting the mental health and emotional wellbeing of frontline practitioners
- Ensuring that the voices of babies and their families are heard and that "think family" is at the heart of all care.

COVID-19 has meant that it is even more important that we are able to continue supporting our Champions - as family mental health is so vulnerable, need is increased (there is a significant prevalence to diagnosis gap) and professionals are under so much additional pressure themselves. In February 2020, we had a sense of some of the challenges the pandemic would bring, and we were concerned about the future of the Forums. But, where there is a will - there is a way, and by March, we had moved the Forums online. Over the course of 2020, we were able to deliver 20 Forums that were (in spite of the challenges posed by the pandemic) attended by 465 Champions! From January to date we have delivered a further 4 Forums with 143 attending. During the virtual Forums, Champions told us that the face-to-face Forums were sometimes difficult to attend in person or they may have preferred to attend one with a research project that interested them - but they could attend any of these virtual Forums as they did not involve travel.

The new opportunities provided by the digital world mean that, going forward, we can make ALL Forums open to ALL Champions. This will include making the minutes and presentations for all Forums accessible to all Champions. This provides greater advantage by enabling the sharing of knowledge more widely and increasing connectivity and the opportunity for collaboration between Champions. A local flavour will be kept by focusing on regions in turn and making time to showcase regional innovation. Going forward we aim to deliver one Forum per month across 2021 and have allocated the regions to align with the new clinical network boundaries and include all nations. The Forums have all been fully booked.

See Forum report <https://bit.ly/3pKWSIs>

Creating a new strategy for the mental health department building on existing offers.

The mental health department has had new members of staff appointed this year to allow it to complete its work programmes. We agreed a number of priorities for the year ahead:

- To deliver the Annual iHV PIMH Conference. Our third annual Perinatal and Infant Mental Health (PIMH) conference, Systems for Success was held on Wednesday 5 May 2021
- The iHV has now trained over 2500 PIMH Champions and these must be supported to sustain their local activities

We continue to build on our mental health training offers and are delighted with the evaluations of our latest programmes:

- The Emotional Wellbeing Visits Champions Training - specifically for health visitors, offers an evidence-based framework and blueprint for the future of listening visits.
- Fathers and PMH Champions training - a timely training, given the renewed policy focus on fathers and family-inclusive practice.

E- and taught online Learning

In a world where face-to-face training became impossible, we wanted to ensure that our Champions, and the wider workforce supporting family mental health, had access to quality training. As such, we were delighted to have worked with key partners to develop new content for the HEE e-LfH PMH programme, which covers six sessions to complement the existing e-learning programme.

When it became clear that the face-to-face training would be unlikely to go ahead this year, we set about pivoting our Champions programme to the digital world. We have been able to use this learning to design and successfully deliver not only our re-scheduled PIMH training events but new commissions and new programmes too.

"I just wanted to drop you a note to say thank you so much for yesterday. It was the best organised online training I have attended."

"I felt really inspired at the end of the day and my husband even commented that I was "buzzing" with energy afterwards!"

"I am looking forward to working with my team to roll the training out. Excellent training, content, pace, variety of resources and mood generated within the group all so positive, making the most of the digital environment."

"Very well delivered, good energy from facilitators who managed very well in keeping the training interesting despite being over zoom!"

Increasing our reach and strengthening our relationships across the UK.

We have made good progress in developing and strengthening our relationships across the UK. With PIMH Champions training, Forums and attending national meetings in all 4 nations. The iHV website has strengthened its representation of the devolved nations and the annual PIMH conference in May 2021 has been designed with a strong focus on including all nations.

Strengthening partnerships with parents

We continue to strengthen and widen our work with parents. All PIMH training events and Forums have parent speakers. We have also been working with parents and professionals on a new way of sharing information in Factographics which was launched at the May 2021 conference.

Partnerships

At the iHV, we really do believe that there is “No Health without Mental Health” and that a healthy parent and a healthy parent-infant relationship is the foundation for good mental health across the life-course. PIMH is incredibly complex and no one agency will achieve good family mental health alone. So, now, more than ever, the time is absolutely right to have a focus on how we as a system can work together to maximise our efforts to build strong systems that care for every baby and every family. We are members of the 1001 days movement and sit on the steering group of the Maternal Mental Health Alliance.

The iHV was particularly delighted to announce that our Mental Health Lead, Melita Walker, was nominated for, and accepted, the role of President of the UK and Ireland Marcé Society (UKIMS). The International Marcé Society for Perinatal Mental Health is an international, interdisciplinary organisation dedicated to supporting research and assistance surrounding prenatal and postpartum mental health for mothers, fathers /partners, and their babies. The iHV is a longstanding supporter of the International Marcé Society and the regional branch, whose overall mission and aims are strongly aligned to the charitable objectives and the work of the iHV and the workstreams progressed as part of the iHV Mental Health Department. These connections and the inspiring International and regional UKIMS meetings have enabled the iHV to make sure that our training, resources, responses to policy consultations and events are informed by the very latest cutting-edge research.

International

Developing global interest in our perinatal and infant mental health training.

There has been increasing global interest in iHV training that was cut short by the pandemic. Moving forwards the iHV's new ability to deliver training online and our close links with the International Marcé Society will open up much easier opportunities to provide training across the world. The iHV training won the White Swan Award in 2018 at the International Marcé Society conference in Bangalore for its ability to reach into lower- and middle-income countries and aspires to make this a reality one day.

PATH

As a contributing partner in this EU-funded project, the iHV has collaborated on the 3 main aims of PATH to:

- Reach parents with digital and community initiatives for families, including a new support hub
- Reach healthcare professionals with PATH resources and training designed to increase their confidence to recognise PMI symptoms and provide appropriate care
- Reach employers with resources that help them better support maternity and paternity leave and parents' return to work

In partnership with Southampton City Council and Bournemouth University, the iHV engaged in a project exploring workplace provision for new and expectant parents with existing, or emerging, health issues addressing:

- What employers can do to identify and support new and expectant parents who may be experiencing, or who are at risk of, mental ill-health
- What employers can do to ease the transition to parenthood and help parents achieve a satisfactory work-life balance

Findings from subsequent literature review, focus groups and interviews resulted in 10 recommendations for employers. Further detail is highlighted in the following publications:



There has been an overwhelmingly positive response to the new Fathers and Partner Awareness training delivered by the iHV, in partnership with Dad Matters UK, as part of the PATH project, to raise professional awareness of perinatal mental health needs of dads, co-parents and intended parents.

Feedback from SCPHN students in the 2Seas region undertaking the training include:

- *'It has been great, really eye opening and has inspired me to challenge our current practices and take on this for some serious change!'*
- *'Thank you, it will change the way I interact with fathers, moving forward.'*
- *'Very helpful, food for thought on how to include all parents. to remember to include all parents when doing visits.'*
- *'Really opened my eyes to how excluded dads can be. In future practice I will try to engage and include them as much as possible.'*

Global Network for Public Health Nursing (GNPHN)

The GNPHN sits outside the iHV but the Institute hosts their secretariat and has a seat on its Council. Members of the Council are public health nurses from around the world. The Council is currently preparing for their next conference which will take place remotely in Japan in January 2022, providing an opportunity for public health nurses to come together from around the world and share best practice and research.

External relations

As ever this has been a very busy year for our communications and external relations department. As the Institute has become more and more visible, so has the number of requests coming in increased. The pandemic's restrictions haven't reduced activity, rather they may have increased it as it is possible to contribute to more external meetings / media opportunities if they don't require travel (see [iHV in the news](#) for details).

Publications

A significant priority for the Institute is to use evidence to inform practice and policy in the form of a range of publications, particularly Good Practice Points for practitioners and Parent Tips for parents – these are our most accessed publications. Many were updated over the year with many new ones also coming online. They include a series for parents and health visitors on managing minor illness developed with RCPCH and “Healthier Together” which feedback suggested were particularly helpful to new parents during COVID-19.

One of the highlights of this year has been the publication of “Making History: Health visiting during COVID-19” which contains a series of case studies, family stories and creative pieces capturing the experiences of health visitors working during the pandemic. We were also delighted that this series made it into [“Fab NHS Stuff”](#). The iHV also worked with the LGA to produce a suite of films on health visiting during the pandemic.

Awareness raising weeks

This year we have supported a number of focused awareness raising weeks with media support and the distribution of our own and partner’s resources. They have included:

- UK Maternal Mental Health Awareness Week
- Mental Health Awareness Week
- Child Safety Week
- Infant Mental Health Awareness Week
- Father’s Mental Health Day
- World Mental Health Day
- World Breastfeeding Week
- Strep B Awareness Month
- Baby Loss Awareness Week
- National Grief Awareness Week
- Rare Disease Day
- National Feet Week
- National No Smoking Day
- Safer Sleep Week
- World Down Syndrome Day
- Autism Awareness Week
- World Sepsis Day
- World Immunization Week.

Partnership and policy work

We have continued to work with many Royal Colleges, national charities, professional bodies and other partners. We are a member of numerous national strategic Boards including CYP Transformation Stakeholder Council, Health Policy Influencing Group, NMC Post Registration Standards Steering Group, NHS Safeguarding Partnership Group, New NHS Alliance Primary Care Networks, One Voice collaboration, the Maternal Mental Health Alliance Steering Group, the 1001 Critical Days coalition, Intercollegiate and Agency National DVA Forum (INCADVA), International Family Nurses Association and the Obesity Health Alliance as well as many other policy groups and All Party Parliamentary Groups. These relationships lead to the Institute being a co-signatory of many letters to government and the press where we agree important issues need to be raised. This year these have included:

- April 2020 - Joint statement, with 40 leading mental health, family and children's charities and professional bodies, calling on national and local decision makers to give urgent attention to the wellbeing of babies, toddlers and their parents during the COVID-19 crisis
- June 2020 - Co-signatory on open letter sent to the prime minister in Infant Mental Health Awareness Week
- May 2020 - Co-signatory in letter sent to G20 leaders urging them to put public health at the centre of their economic recovery packages
- May 2020 - iHV letter to prime minister on behalf of children
- August 2020 - iHV letter to Jo Churchill MP, Parliamentary Under Secretary of State for Prevention, Public Health and Primary Care – To raise concern about the health visitor workforce figures
- September 2020 - Co-signatory on joint statement on local public health funding (via Cancer Research UK)
- September 2020 - Co-signatory to Joint statements to the Government on public health reorganisation (via ASH)
- September 2020 – Support to Inter-Collegiate & Agency National DVA (INCADVA) Forum's response to a draft statutory guidance framework to accompany the DA Bill

Presentations:

The iHV professional team has continued to provide very regular presentations at conferences, practitioner groups, to government committees and to several Select committees.

Parliamentary mentions:

- iHV and the Executive Director were thanked for their work in the Parliamentary debate on the "Provision of healthcare support services in the period between conception and age two" - 15 December 2020 in Westminster Hall (read our [news story here](#)).
- iHV and the Executive Director were thanked for their work in the Westminster debate on Maternal Mental Health on 10 March (read our [news story here](#))
- The Executive Director actively participated in the launch of the Early Years Review led by the Rt.Hon. Andrea Leadsom
- Health visiting and the work of the iHV received support from peers, led by Baroness Stroud, who debated the amendments to the Domestic Abuse Bill in the House of Lords (read [news story here](#)).

Press:

The Institute continues to have many mentions in the press, health and national media. This year these have included contributions to Woman's Hour and BBC Radio 4's File on Four, BBC Look North, ITV West Country and UCB Radio. National press mentions have included in BBC news, ITV news, The Guardian, The Times, The Independent, Mail on Sunday, Express, Star, Mirror, The i, Which, ITV and BBC news online and the LadBible; trade press including Nursing Times, Nursing in Practice, CYP Now, Primary Health Care; and leading national thinktanks – Kings Fund, CASPAR and LGA.

Social media

The iHV website and social media outlets are very important ways of disseminating information promptly to health visitors. An increase in visits to the website and particularly the information we provided for working under COVID-19 restrictions went up almost three-fold in March and April 2020 to almost 120k page views from 40k in February. Figures have remained above 2019 figures all year. Visits to our Twitter and Facebook also increased by 14%.

Social media remains an important part of the Institute's work, providing a channel for very fast communication and allowing us to increase the reach of our work - in particular to share health promotion messages with a wide audience. The Institute has particularly active Facebook and Twitter accounts, reaching thousands of people. A range of social media channels are used:

- Website - average 46k visits a month, but this rose to almost 120k in March when the iHV published guidance for working during COVID-19
- Twitter – 12.8k followers
- Facebook – 11k followers
- Voices blog – new pieces are posted most weeks from invited sources
- Monthly Newsletters for members

Key objectives for 2021/2022

Corporate:

- Ensure safe transition to new Executive Director post.
- Continue to build and support the UK iHV membership.
- Ensure that risks are identified promptly and mitigated.
- Implement Xero for financial management.
- Have the right people, with the right skills and behaviours, in the right places, at the right time.
- Ensure iHV staff health and wellbeing is central to delivery of business through positive team working and focusing our efforts on what matters most.
- Explore new ways of bringing in unrestricted income to support new developments.

Policy influence:

- To promote health visiting and the case for strengthening the service within a changing context at national and local levels, in collaboration with others, through effective messaging. iHV to maintain high profile in policy arenas.
- To influence how health visitors work, promoting evidence-driven practice, collaboration and learning from innovation and research to improve the health and wellbeing of babies, young children and their families and reduce inequalities.

Education

- Support the consultation on the new NMC health visiting standards and their implementation.
- Influence NMC review to ensure the model of practice teaching is fit for purpose for health visiting.

Research

- Continue to deliver the iHV research strategy including supporting health visitors to embrace research careers.
- Build academic partnerships to bid for new research opportunities.
- Find new sources of funding to support the Research Champions in their role and for the

department.

- Build staff capacity in the department.

Provide targeted professional and leadership development to enhance capability:

- To support health visitors to deliver excellence in practice through the development and delivery of high-quality iHV training and resources.
- To develop health visiting leaders and role models for the profession through our Leadership Development programme
- To actively seek funding for a new Fellows programme.

Partnership working:

- Continue to build new partnerships to underpin developments for the health visiting profession.

Quality and delivery:

- To ensure all the deliverables for iHV commissioned work (projects/ training/ research etc) are delivered within the agreed budget, timescales, and quality specifications.
- To develop and pilot an iHV learning platform to maximise benefits to iHV members and pay-to-access users and create an additional funding stream for the iHV.
- Ensure a robust process for quality assurance of all iHV resources (including co-production where appropriate).

Equality of Opportunity:

- To support all iHV staff to understand their contribution and take steps to achieving our goals set out in our Equality and Diversity strategy.

External relations:

- Ensure the “iHV brand”, and stakeholders’ perceptions of it as of high quality, continues to grow.
- Use the credibility of the Institute to support others’ campaigns for health improvement.
- Respond to media enquiries to provide the voice of the profession and of families in a range of forums.

Mental health:

- Refresh training programmes and design new relevant programmes where there are national gaps.
- Further the department's reputation on the international platform, with symposiums planned for the International WAIMH Conference and the International Network for Health Workforce Education Conference.
- Work with Health Education England to map the training available for health visiting and other professions.
- Continue to deliver the successful PIMH Forums.

Principal risks and uncertainties

The Trustees have assessed the potential risks that the charity could face, and these are noted and reviewed at board meetings in the risk register.

The three main areas of risk identified are:

Financial risks – there is an on-going risk that the iHV could fail to attract sufficient income to maintain its core functions, especially with a recent expansion to the staff numbers. The Chair and Treasurer meet regularly with the Executive Director, who has the responsibility to generate income and concentrate on attracting sustainable funding. They receive monthly management accounts. Income generation is as diversified as possible to spread the risk. New staff are brought in on short contracts to deliver on projects in case their posts cannot be sustained. Now that the organisation is well established and is known to provide high quality products, many funders fund repeatedly reducing some of the financial risk as more sources of funding are sought.

Reputational risks – there is the risk that staff, or those representing the iHV, inadvertently misrepresent the charity or are misquoted in the press, which could damage the reputation of the iHV. To avoid this staff are given media coaching, and all press interview requests are managed by the Communications Manager. Another potential source of reputational risk could be if the Institute takes the decision to work with a partner who is later discredited. All potential commercial partnerships receive an ethical review before being discussed by the board.

COVID-19 related risk – whilst the pandemic still presents many uncertainties for all organisations, the implications of this risk for the iHV are now much clearer and the organisation has adapted significantly over the year to reduce the impact of the COVID-19 lockdown and wider impacts on its work programmes. New staff have been brought in to provide tech support and new IT systems invested in for the necessary changes in how the Institute's activities are delivered. What has been harder to manage are the impacts on staff both personally from the pandemic and due to the COVID-19 changes to how they work. Whilst staff adapted quickly to home working and continued to deliver phenomenal outputs, they all regret the lack of social contacts and it is harder to always be responsive or even aware of individual challenges they may face. Additional Zoom meetings have been set up to monitor the wellbeing of the team, and the admin team will return to office working as soon as it is deemed to be safe. The team will be brought together for two days to reconnect in August, when it is hoped that more normality will have returned.

Financial Review

Despite the pandemic and the early challenges to its work programme the Institute has finished the year in a better position than expected with a small surplus of £29,760. Our total income has increased from £1,144,380 in 2019/20 to £1,243,518 in 2020/21. Savings on expenditure from travel and accommodation with face-to-face meetings and training has covered bringing in new staff to provide additional tech support for new ways

of online working. This has been able to support necessary growth with new staff positions created to deliver on the projects and training. Last year we had a small deficit of £19,222.

The number of health visitors employed across the country has continued to fall with a total loss of about a third of all health visitor posts in England since 2015. Whilst cuts to public health budgets had affected corporate membership income, more corporate memberships have been taken out this year, probably due to additional member benefits provided and our ever-increasing CPD offers for members. Individual memberships have also continued to grow despite the workforce losses, with health visitors grateful for the support that they have received during the pandemic.

There has continued to be a steady flow of successful tenders and partnership work with many partners wanting to work with the Institute on new projects, or extensions of existing ones. We have also been grateful to one loyal funder who has continued their commitment to us by funding two workstreams and for over than one year at a time. Securing project funding for more than one year helps strengthen the organisation's financial security at the start of each year. Our 3.5-year European project which is in the middle of its delivery phase has been helpful to this end, although the activities are not fully funded.

We have been delighted by the increase in partnership work, especially with the academic community, and as the range of partners grows, so too does some confidence of year-on-year partner/project funding.

Our training offer has continued to expand with new topics coming on stream and its reach now being across the whole of the UK. Ultimately, once the team had navigated the challenges of converting face-to-face training to online, they were able to deliver on all commissions and stimulate early commissions for the next financial year. We have now trained large numbers of Champions and Ambassadors in a range of topics and, as time passes, this will need to be updated to keep pace with changes in the evidence base and national policy. The iHV is building its own programme of one-off non-commissioned training to provide an opportunity for previous trainees and others to update their practice. This is bringing in a new regular stream of income, enhanced by the offer being online.

Early planning is also in place to create an online learning hub offering a range of programmes moving forwards, some free for members, but charged for non-members and available to a UK audience and beyond. We expect this to secure new non-restricted income that can be spent on developing new training and products.

Most of our project income is also spent on developing new training products to support the professional development of health visitors, and other health professionals, in line with our charitable objectives. Our ambition is to always deliver a high-quality outcome to time and budget for everything we do. Achieving this with few delays during the pandemic has further built our credibility with partners and funders. We are increasingly considering the sustainability of the work we engage in and looking at projects for their wider potential. Moving forwards, we expect that this will generate additional activity for the project team whilst ensuring that health visitors can access new learning in a range of formats.

We hope to continue to offer a two-day and two one-day specialist conferences each year, which has helped to grow a new income stream. Despite delivering virtual events this year, we were delighted at the increased attendance and income still generated and further enhanced by sponsors, particularly with the December Leadership conference. Future online conferences are planned until September 2021, when we will review and hope to deliver our full conference offer or even increase it.

So far, the iHV staff team has had low staff turnover and this helps the team to learn and develop together and to increase their success rate with attracting project income. Bringing in new staff and inducting them during the COVID-19 restrictions of the past year has been challenging but they and the teams supporting them have coped well and we have been grateful for their additional help and unique skills.

In the past, being home workers has necessitated the professional team to regularly have to undertake expensive travel to meetings across the UK. Whilst every effort has always been made to minimise travel expenditure as much as possible, this is still an area for significant expenditure. The COVID-19 pandemic has now demonstrated how much more efficient it could be moving forward to elicit countrywide representation for national meetings via video conferencing rather than face-to-face. This should impact positively on our travel expenditure and the time spent on travel in the future.

Whilst the COVID-19 lockdown, and improved on-line working, had the potential to reduce iHV expenditure with respect to travel, room bookings and accommodation, some of this reduction in expenditure was offset against new expenditure. It has allowed those monies to be spent instead on new IT systems and tech staff to support them. Other savings have come from not needing to print expensive training packs and the administrative time to complete this. Moving forwards, most background training information will be provided online where it can be updated as the evidence base changes and it presents a more environmentally friendly option.

Fortunately, the Institute has never embarked on having rental premises in London which may have been empty this year but still being a significant cost. Instead, the Institute's admin function is run from their modestly priced south coast office, saving expenditure on London rents that can instead be invested into charitable activity. Whilst the office was largely empty all year, it provided a hub if home workers felt the need to spend time outside their homes as some increasingly did where space at home was challenged.

During 2021/22, the Institute will continue to develop new income streams to provide more unrestricted income to strengthen its own sustainability, whilst opening up new opportunities to provide educational resources for the health visiting profession. Our two outstanding ambitions are to be able to create regular cohorts of iHV Fellows and to be able to fund, or otherwise attract funding, for more research into health visiting.

Reserves policy and going concern

In assessing the overall level of reserves, the Board aims at all times to maintain sufficient unrestricted funds to ensure it remains solvent going forward, this includes at least 6-month's running costs.

The Institute currently holds total reserves of £796,463 (2020: £766,703) of which £594,199 (2020: £605,145) are free reserves (unrestricted funds). This equates to approx. 7.3 months standard running costs. The Institute will use these reserves to achieve sustainability for future years.

The Trustees have reviewed the charity's financial position, taking into account current performance, the ongoing COVID-19 challenges, the satisfactory levels of reserves and cash at year end and projections. They have considered future plans, along with internal processes and systems for managing financial and operational risks. As a result, the Trustees have a reasonable expectation that the charity has adequate resources and infrastructure to continue operating for the foreseeable future.

Statement of Trustees' Responsibilities

The Trustees (who are also directors for the purposes of company law) are responsible for preparing the Trustees' 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 charitable company 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 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 presume that the charity will continue in business.

The Trustees are responsible for keeping proper 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; and
- The Trustees have taken all steps that they ought to have taken to make sure they are aware of any relevant audit information and to establish that the auditor is aware of that information.

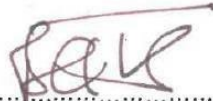
Public Benefit

The Trustees have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the aims and objectives and in planning the future activities. In particular, the Trustees consider how planned activities and grant making will contribute to the aims and objectives they have set. The Trustees consider the current policy for grant making and the current activities deliver public benefit. Details of the objects which form the basis of this are given in this report.

Auditors

Our auditors Chiene & Tait LLP have now completed their first audit on behalf of the charity.

This report of the Board of Trustees has been prepared taking advantage of the small companies exemption of section 415A of the Companies Act 2006.


.....
Pamela Goldberg

Chair

DATE: 7th September 2021.

Independent auditor's report to the members of Institute of Health Visiting

Opinion

We have audited the financial statements of Institute of Health Visiting for the year ended 31 March 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2021, and of the charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other

information. 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' report (which includes the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' 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 (which incorporates the directors' 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 trustees 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' report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page XX, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of financial statements which 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 is detailed below:

We gained an understanding of the legal and regulatory framework applicable to the charitable company and the sector in which it operates and considered the risk of acts by the charitable company which were contrary to applicable laws and regulations, including fraud. This included but was not limited to the Companies Act 2006 and the Charities Act 2011.

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion.

We focused on laws and regulations that could give rise to a material misstatement in the charitable company's financial statements. Our tests included, but were not limited to:

- agreement of the financial statement disclosures to underlying supporting documentation;
- enquiries of the trustees;
- review of minutes of board meetings throughout the period;
- review of legal correspondence or invoices, and
- obtaining an understanding of the control environment in monitoring compliance with laws and regulations.

There are inherent limitations in an audit of financial statements and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we would become aware of it. We also addressed the risk of management override of internal controls, including testing journals and evaluating whether there was evidence of bias by the trustees that represented a risk of material misstatement due to fraud.

A further description of our responsibilities for the audit of the financial statements is located 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.



Jeremy Chittleburgh CA (Senior Statutory Auditor)

For and on behalf of
Chiene + Tait LLP
Chartered Accountants and Statutory Auditor
61 Dublin Street
Edinburgh EH3 6NL

Date: 8 September 2021


Institute of Health Visiting
Statement of Financial Activities
For the year ended 31 March 2021

	Note	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
Income from:							
Donations	2	28,894	-	28,894	21,404	-	21,404
Charitable activities:	3						
Grant		305,510	283,408	588,917	268,281	235,043	503,324
Education & Training		358,475	-	358,475	419,819	-	419,819
Membership		265,694	-	265,694	195,078	-	195,078
Other		571	-	571	3,068	-	3,068
Interest	2	967	-	967	1,687	-	1,687
Total income		960,111	283,408	1,243,518	909,337	235,043	1,144,380
Expenditure on:							
Charitable activities	4	971,057	242,701	1,213,758	1,024,037	139,565	1,163,602
Total expenditure		971,057	242,701	1,213,758	1,024,037	139,565	1,163,602
Net movement in funds		(10,946)	40,707	29,760	(114,700)	95,478	(19,222)
Reconciliation of funds:							
Total funds brought forward		605,145	161,558	766,703	719,845	66,080	785,925
Total funds carried forward		594,199	202,265	796,463	605,145	161,558	766,703

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 15 to the financial statements.

	Note	£	2021 £	2020 £
Fixed assets:				
Tangible assets	10		9,772	4,220
			9,772	4,220
Current assets:				
Debtors	11	168,937		234,470
Cash at bank and in hand		992,549		1,049,525
		1,161,486		1,283,995
Liabilities:				
Creditors: amounts falling due within one year	12	(374,795)		(521,512)
			786,691	762,483
Net current assets			786,691	762,483
Total net assets			796,463	766,703
The funds of the charity:				
Restricted income funds	15		267,159	161,558
Unrestricted income funds:				
General funds			529,304	605,145
			529,304	605,145
Total charity funds			796,463	766,703

Approved by the trustees on 7th September 2021. And signed on their behalf by:



 Pamela Goldberg
 Chair



 Sue Gallone
 Company Secretary

Institute of Health Visiting
Statement of Cash Flows
For the year ended 31 March 2021

	Note	2021 £	2020 £
Cash flows from operating activities			
Net cash provided by / (used in) operating activities	a	(49,142)	280,839
Cash flows from investing activities:			
Interest from investments		967	1,687
Purchase of fixed assets		(8,800)	(4,228)
		<hr/>	<hr/>
Change in cash and cash equivalents in the year		(56,975)	278,298
		<hr/>	<hr/>
Cash and cash equivalents at the beginning of the year		1,049,525	771,227
		<hr/>	<hr/>
Cash and cash equivalents at the end of the year	b	992,550	1,049,525
		<hr/> <hr/>	<hr/> <hr/>
a) Reconciliation of net income / (expenditure) to net cash flow from operating activities			
		2021	2020
		£	£
Net income / (expenditure) for the reporting period (as per the statement of financial activities)		29,760	(19,222)
Depreciation charges		3,249	2,546
Dividends, interest and rent from investments (Increase) in debtors		(967)	(1,687)
Increase/(decrease) in creditors		65,533	(69,623)
		(146,717)	368,825
		<hr/>	<hr/>
Net cash provided by / (used in) operating activities		(49,142)	280,839
		<hr/> <hr/>	<hr/> <hr/>
b) Analysis of changes in net debt			
	At 1 April 2020 £	Cash flows £	At 31 March 2021 £
Cash in hand and at bank	1,049,525	(56,975)	992,550
	<hr/>	<hr/>	<hr/>
Total cash and cash equivalents	1,049,525	(56,975)	992,550
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

1) Accounting policies

a) 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) (effective 1 January 2015) - (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.

The trustees consider that there are no significant areas of estimation or judgement.

b) Public benefit entity

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

c) 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.

The Trustees have reviewed the charity's financial position, taking into account current performance, the satisfactory levels of reserves and cash at year end and projections. They have considered future plans, along with internal processes and systems for managing financial and operational risks. As a result, the Trustees have a reasonable expectation that the charity has adequate resources and infrastructure to continue operating for the foreseeable future.

d) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions 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 performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

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

e) 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.

f) 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 income received or generated for the charitable purposes.

g) 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 on charitable activities includes the costs of undertaken to further the purposes of the charity and their associated support costs.

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

h) Allocation of support costs

Expenditure is allocated to the particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity, comprising the salary and overhead costs of the central function, is apportioned on the following basis which are an estimate, based on staff time, of the amount attributable to each activity.

i) Tangible fixed assets

Fixed assets are stated at original historical cost less aggregate depreciation. Depreciation is provided at rates calculated to write off the cost less estimated residual value of each asset on a reducing balance basis over its estimated useful life as follows.

Computer equipment 3 years straight line

j) 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.

k) 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. Cash balances exclude any funds held on behalf of service users.

l) 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.

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.

2) Income from donations and legacies

	2021	2020
	Total	Total
	£	£
Donations	6,502	1,899
Gift Aid	22,392	21,192
	28,894	23,091

All donations and gift aid are unrestricted in both the current and prior year.

3) Income from charitable activities

<i>Current year</i>	Unrestricted	Restricted	2021
	£	£	Total
			£
Grants:			
Government Furlough Grant	18,582	-	18,582
AIM Foundation	-	40,000	40,000
AIM Healthy Weight Healthy Nutrition	-	34,700	34,700
Burdett restraint	-	64,787	64,787
UK Active This Mum			
Can	22,813	-	22,813
PATH	-	59,947	59,947
SLC Assessment Tool	13,105	-	13,105
Delivery Of Different News 2	183,029	-	183,029
PHE Sexual Reproductive Health	-	17,058	17,058
RCN Foundation - restorative supervision	48,300	-	48,300
Baby			
Breathe	-	19,616	19,616
AIMS Southern Health NHS Foundation Trust (SHFT)	12,045	-	12,045
Health visiting in the North East and North			
Cumbria during Covid 19	7,637	-	7,637
Domestic Abuse	-	47,299	47,299
	305,510	283,408	588,917
Education & Training	358,475	-	358,475
Membership	265,694	-	265,694
Other	571	-	571
	624,740	-	624,740
Total income from charitable activities 2021	930,250	283,408	1,213,657

4) Analysis of expenditure

Current year	Charitable activities £	Governance costs £	Support costs £	2021 Total £
Staff costs (Note 6)	894,276	15,279	25,813	935,368
Direct Costs	111,943	-	-	111,943
Travel & Subsistence	-	-	2,598	2,598
Premises costs	-	-	12,545	12,545
Office costs	-	-	106,065	106,065
Legal & Consultancy	-	-	4,450	4,450
Accountancy & Bookkeeping Fees	-	-	22,450	22,450
Audit fees	-	2,600	-	2,600
Sundry Expenses	-	-	2,197	2,197
Depreciation	-	-	3,249	3,249
Irrecoverable VAT	-	-	10,293	10,293
	1,006,219	17,879	189,660	1,213,758
Support costs	189,660	-	(189,660)	-
Governance costs	17,879	(17,879)	-	-
Total expenditure 2021	1,213,758	-	-	1,213,758
	Charitable activities £	Governance costs £	Support costs £	2020 Total £
Staff costs (Note 6)	796,440	8,564	19,412	824,416
Direct Costs	64,607	-	-	64,607
Travel & Subsistence	-	-	45,195	45,195
Premises costs	-	-	12,471	12,471
Office costs	-	-	127,449	127,449
Legal & Consultancy	-	-	1,805	1,805
Accountancy & Bookkeeping Fees	-	-	19,330	19,330
Audit fees	-	10,781	800	11,581
Sundry Expenses	-	-	48,727	48,727
Depreciation	-	-	2,546	2,546
Irrecoverable VAT	-	-	5,475	5,475
	861,047	19,345	283,210	1,163,602
Support costs	283,210	-	(283,210)	-
Governance costs	19,345	(19,345)	-	-
Total expenditure 2020	1,163,602	-	-	1,163,602

5) Net income for the year

This is stated after charging / crediting:

	2021	2020
	£	£
Depreciation	3,249	2,546
Audit fee	4,700	8,400
	=====	=====

6) 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	710,453	615,298
Social security costs	65,149	58,538
Employer's contribution to defined contribution pension schemes	113,549	99,118
Seconded staff	46,217	51,462
	=====	=====
	935,368	824,416
	=====	=====

Two employees earned (excluding employer pension) between £60,000 and £70,000 during the year (2020: nil).

One employee earned (excluding employer pension) between £70,000 and £80,000 during the year (2020: 2 employees earned between £70,000 and £80,000).

The total employee benefits including employers pension contributions of the key management personnel was £158,458 (2020: £165,094). The key management personnel were made up of the Executive Director, Deputy Executive Director and Head of Operations.

The charity trustees were not paid or received any other benefits from employment with the charity in the year (2020: £nil).

During the year, 1 trustee was reimbursed for travel and subsistence costs totalling £264 (2020: 2 trustees £458) relating to attendance at meetings of the trustees.

7) Staff numbers

The average number of employees (head count based on number of staff employed) during the year was as follows:

	2021	2020
	No.	No.
Charitable activity	23.0	16.0
Support	2.0	2.0
Governance	-	-
	<hr/> 25.0 <hr/>	<hr/> 18.0 <hr/>

8) Related party transactions

There were no related party transactions including donations from related parties which are outside the normal course of business in the current or preceding year.

9) Taxation

The charitable company is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

10) Tangible fixed assets

Cost	Computer equipment £
At the start of the year	13,625
Additions in year	8,800
	<hr/> 22,426 <hr/>
At the end of the year	22,426
Depreciation	
At the start of the year	9,405
Charge for the year	3,249
	<hr/> 12,654 <hr/>
At the end of the year	12,654
Net book value	
At the end of the year	9,772
	<hr/> <hr/> 9,772 <hr/> <hr/>
At the start of the year	4,220
	<hr/> <hr/> 4,220 <hr/> <hr/>

All of the above assets are used for charitable purposes.

11) Debtors

	2021 £	2020 £
Trade debtors	91,790	99,553
Other debtors	77,147	134,917
	168,937	234,470

12) Creditors: amounts falling due within one year

	2021 £	2020 £
Trade creditors	44,735	15,661
Taxation and social security	31,123	88,422
Other creditors and accruals	42,376	12,775
Deferred income	256,561	404,654
	374,795	521,512

Creditors: amounts falling due after one year

	2021 £	2020 £
Deferred income	-	60,530
	-	60,530

13) Deferred income

	2021 £	2020 £
Balance at the beginning of the year	404,654	46,399
Amount released to income in the year	(404,654)	(46,399)
Amount deferred in the year	256,561	404,654
	256,561	404,654

14) Analysis of net assets between funds

Institute of Health Visiting
Notes to the Accounts
For the year ended 31 March 2021

<u>As at 31 March 2021</u>	General unrestricted £	Restricted £	Total funds £
Tangible fixed assets	9,772	-	9,772
Net current assets	519,532	267,159	786,691
	<hr/>	<hr/>	<hr/>
Net assets at the end of the year	529,304	267,159	796,463
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
<u>As at 31 March 2020</u>	General unrestricted £	Restricted £	Total funds £
Tangible fixed assets	4,220	-	4,220
Net current assets	600,925	161,558	762,483
	<hr/>	<hr/>	<hr/>
Net assets at the end of the year	605,145	161,558	766,703
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

15) Movements in funds

Current year			At the start of the year £	Income £	Expenditure £	Transfers	At the end of the year
£	£		£	£	£		£
Restricted funds:							
iHV Research Fund							
			10,019	-	-		10,019
			-	34,700	(5,450)		29,250
			-	40,000	-		40,000
			3,404	-	-		3,404
			69,895	-	(55,440)		14,455
			-	64,787	(53,250)		11,537
			38,246	-	(38,246)		-
			21,012	59,947	(3,651)		77,308
			18,982	-	(11,224)		7,758
			-	17,058	(64,309)	64,895	17,644
			-	19,616	(4,931)		14,685
			-	47,299	(6,200)		41,099
Total restricted funds			161,558	283,407	(242,701)	64,895	267,159
<hr/> <hr/>							
Unrestricted funds:							
General funds							
			605,145	960,111	(971,057)	(64,895)	529,304
Total funds			766,703	1,243,518	(1,213,758)	-	796,463
<hr/> <hr/>							

15 Movements in funds (continued)

Purposes of funds

iHV Research Fund

This consists of income raised through fundraising activities and is available to support research purposes including doctoral studies in the form of bursaries.

Burdett Trust (Healthy Weight Healthy Nutrition)

This two year project seeks to up skill all health visitors in nutrition information and best practice in encouraging healthy diets. The training is in the form of a cascade with the trained champions cascading the training to their workplace colleagues.

Burdett Trust (Leadership 2)

This one year project (Jan18-Dec18) has extended the earlier project with the intention of developing, testing and evaluating a novel way for health visitors to learn leadership techniques using game technology. If successful the game can be made much more widely available.

Anonymous Family Foundation

This funding will support the sustainability of the iHV perinatal mental health champions project. It provides regional and a national forum for the champions to stay connected with the iHV and their colleagues.

Anonymous Family Foundation Nutrition

This funding will support the updating of Healthy Weight Healthy Nutrition training and the provision of four regional training events for Health Visitors.

Burdett Autism

This important one year project will create a toolkit and training for health visitors to support their knowledge and confidence to have meaningful conversations with families of children with autism.

AIM PMH Forums

This funding will support the sustainability of of the iHV perinatal mental health champions project. It provides regular regional and national forums for learning and for the champions to stay connected with the IHV and their colleagues.

PATH

This European partner project involves 13 partners from the UK, France, the Netherlands and Belgium. It is focused on raising the profile of perinatal mental health in mothers and fathers and will produce a host of new resources for partner countries to use over its 3.5 year life span.

Tiny Lives

The IHV are leading the development of an e-learning module and training event to support health visitors work with parents/ carers of premature babies who have been through NICU in the North East of England. This is a one year project.

PHE Sexual Reproductive Health

Project funder to design and develop resources aimed at advice to expectant and new parents on sexual and reproductive health. All resources now complete e- learning and parent leaflet due for launch. The final report has been submitted for this project. The transfer from unrestricted funds to the PHE project restricted funds represents reclassification of funds received at the end of the prior year following receipt of additional information around the nature of the project.

Baby Breathe

Funding successful for this RCT of a postpartum smoking intervention to support new mums stay smoke free. Ethics agreed and recruitment due to commence July 2021

Domestic Abuse

"The For Baby's Sake Trust funded the iHV to develop an online Domestic Abuse digital training toolkit for health visitors.

15) Movement in funds (continued)

<i>Prior year</i>	At the start of the year £	Income £	Expenditure £	At the end of the year £
Restricted funds:				
iHV Research Fund	10,027	-	(8)	10,019
Burdett Trust (Healthy Weight Healthy Nutrition)	2,005	-	(2,005)	-
Burdett Trust (Leadership 2)	1,638	-	(1,638)	-
Anonymous Family Foundation	30,000	-	(30,000)	-
Anonymous Family Foundation Nutrition	22,410	-	(19,006)	3,404
Burdett Autism	-	88,378	(18,483)	69,895
AIM PMH Forums	-	40,000	(1,754)	38,246
PATH	-	87,665	(66,653)	21,012
Tiny Lives	-	19,000	(18)	18,982
Total restricted funds	66,080	235,043	(139,565)	161,558
Unrestricted funds:				
General funds	719,845	909,337	(1,024,037)	605,145
Total funds	785,925	1,144,380	(1,163,602)	766,703

16) 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.