



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	<p>Pamela Goldberg*, OBE, FRSA, Chair</p> <p>Professor Sally Kendall, PhD, BSc (Hons), RN, RHV, FQNI (Until 13 October 2020)</p> <p>Dave Roberts</p> <p>Samantha Carlisle</p> <p>Professor Sarah Cowley, DBE, BA, PhD, PGDE, RN, RHV, HVT</p> <p>Jane Williams, RN, RDN, RHV</p> <p>Sue Gallone* FCMA, MIIA Honorary Treasurer</p> <p>Dr Karen Whittaker BN, MSc, PGCE, PhD, FiHV</p> <p>Dr. Qingzhi Fan PhD</p> <p>Professor Helen Bedford PhD, RN, RHV, FFPH, FRCPCH (from 26 January 2021)</p>
Executive Director	<p>Dr Cheryll Adams*, CBE, DNurs MSc, RN, RHV (until 31 December 2020_</p> <p>Alison Morton*, MRes, BSc (Hons), RN, RHV, DN, FiHV (Acting ED January 2021-March 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>Haysmacintyre (Until 2020)</p> <p>10 Queen Street Place,</p> <p>London</p> <p>EC4R 1AG</p> <p>Chiene + Tait LLP (2021 onwards)</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>

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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 [redployment – 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 Factographs 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
			<hr/>	<hr/>
			9,772	4,220
Current assets:				
Debtors	11	168,937		234,470
Cash at bank and in hand		992,549		1,049,525
			<hr/>	<hr/>
		1,161,486		1,283,995
Liabilities:				
Creditors: amounts falling due within one year	12	(374,795)		(521,512)
			<hr/>	<hr/>
Net current assets			786,691	762,483
			<hr/>	<hr/>
Total net assets			796,463	766,703
			<hr/> <hr/>	<hr/> <hr/>
The funds of the charity:	15			
Restricted income funds			267,159	161,558
Unrestricted income funds:				
General funds			529,304	605,145
			<hr/>	<hr/>
Total charity funds			796,463	766,703
			<hr/> <hr/>	<hr/> <hr/>

Approved by the trustees on 7th September 2021. And signed on their behalf by:


.....
Pamela Goldberg
Chair


.....
Sue Gallone
Company Secretary

	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)
Change in cash and cash equivalents in the year		(56,975)	278,298
Cash and cash equivalents at the beginning of the year		1,049,525	771,227
Cash and cash equivalents at the end of the year	b	992,550	1,049,525
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
Net cash provided by / (used in) operating activities		(49,142)	280,839
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
Total cash and cash equivalents	1,049,525	(56,975)	992,550
			-

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 Total £	2020 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
Prior year	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/>	<hr/>
	25.0	18.0
	<hr/>	<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

	Computer equipment £
Cost	
At the start of the year	13,625
Additions in year	8,800
	<hr/>
At the end of the year	22,426
	<hr/>
Depreciation	
At the start of the year	9,405
Charge for the year	3,249
	<hr/>
At the end of the year	12,654
	<hr/>
Net book value	
At the end of the year	9,772
	<hr/>
At the start of the year	4,220
	<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

<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
Net assets at the end of the year	529,304	267,159	796,463

<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
Net assets at the end of the year	605,145	161,558	766,703

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
AIM HWHN Apr 20 to Apr 23	-	34,700	(5,450)		29,250
Anonymous Family Foundation	-	40,000	-		40,000
Anonymous Family Foundation Nutrition	3,404	-	-		3,404
Burdett Autism	69,895	-	(55,440)		14,455
Burdett restraint	-	64,787	(53,250)		11,537
AIM PMH Forums	38,246	-	(38,246)		-
PATH	21,012	59,947	(3,651)		77,308
Tiny Lives	18,982	-	(11,224)		7,758
PHE Sexual Reproductive Health	-	17,058	(64,309)	64,895	17,644
Baby Breathe	-	19,616	(4,931)		14,685
Domestic Abuse	-	47,299	(6,200)		41,099
Total restricted funds	161,558	283,407	(242,701)	64,895	267,159
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

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)

Prior year	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.