



INSTITUTE OF HEALTH VISITING

TRUSTEES' REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDING 31ST MARCH 2025

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

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

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

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

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

Report from the Chair and Chief Executive

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

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

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

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

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

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

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Trustees report

Our Mission

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

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

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

Our Values

We believe that:

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

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

Our Vision and Objectives

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

The iHV was established to:

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

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2024-25 Business Plan: Objectives and activities

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

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

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

2) Support innovation and research in health visiting:

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

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

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

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

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

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

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

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

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

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

7) Promote Equity, diversity and inclusion

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

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

8) Enhance environmental and sustainability approach

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

Institute's activities against planned objectives in 2024/25

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

I. Policy influencing (including Education policy):

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

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

II. Learning and Development:

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

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

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

III. Innovation and Research (including mental health):

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

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

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

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

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Mental Health:

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

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

IV. Corporate team:

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

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

Conferences and events:

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

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

Sector-led Improvement work:

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

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

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

Governance, management and trustees

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Objectives for the year ahead 2025/2026:

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

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

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

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

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

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

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

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

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

How we work in a changing world:

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

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

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

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

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

7) Equity, diversity and inclusion

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

8) Environmental and sustainability

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

Financial Review

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

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

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

Reserves policy and going concern

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

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Trustee's Report
For the year ended 31 March 2025

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

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

Statement of Trustees' Responsibilities

The Trustees (who are also directors for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). Company law requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in the Charities SORP;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

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

In so far as the Trustees are aware:

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

Public Benefit

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

Auditors

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

Susan Tokley
Chair

Susan Tokley

22 August 2025

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

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

Opinion

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

In our opinion the financial statements:

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

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

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

We have nothing to report in this regard.

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

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the trustees' report (which includes the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report (which incorporates the directors' report).

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

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

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 15, the trustees (who are also the directors of the charitable company for the purpose of company law) are responsible for the preparation of financial statements which give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

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

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

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

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

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

Use of our report

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



Jeremy Chittleburgh CA (Senior Statutory Auditor)

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

Date: 25 August 2025

Institute of Health Visiting**Statement of financial activities (incorporating an income and expenditure account)****For the year ended 31 March 2025**

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

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

Institute of Health Visiting**Balance Sheet**

Company no. 08234405

As at 31 March 2025

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

22 August 2025
 Approved by the trustees on and signed on their behalf by:



Sue Tokley
 Chair



Christina Liu
 Treasurer

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

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

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

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

b) Analysis of changes in net debt

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

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

1 Accounting policies

a) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

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

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

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

b) Public benefit entity

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

c) Going concern

The trustees consider that there are no material uncertainties about the charitable company's ability to continue as a going concern.

The trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

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

d) Income

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

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, ii 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, ii is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure on charitable activities includes the costs of undertaken to further the purposes of the charity and their associated support costs.

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

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

h) Allocation of support costs

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

i) Tangible fixed assets

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

Computer equipment: 3 years straight line

j) Intangible fixed assets

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

Website Database 3 years straight line

k) Debtors

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

l) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short-term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account. Cash balances exclude any funds held on behalf of service users.

m) Creditors and provisions

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

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

2 Income from donations and legacies

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

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

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

3 Income from charitable activities

Current year

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

Prior year

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

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

4 Analysis of expenditure

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

Institute of Health Visiting

Notes to the financial statements

For the year ended 31 March 2025

5 Net income for the year

This is stated after charging / crediting:

	2025 £	2024 £
Depreciation	3,995	7,706
Audit fee	7,140	7,000

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

Staff costs were as follows:

	2025 £	2024 £
Salaries and wages	900,435	903,221
Social security costs	87,850	87,609
Employer's contribution to defined contribution pension schemes	175,616	174,042
Seconded staff	59,401	81,715
	1,223,302	1,246,587

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

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

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

7 Staff numbers

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

	2025 No.	2024 No.
Charitable activity	24.0	26.0
Support	3.0	3.0
	27.0	29.0

8 Related party transactions

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

9 Taxation

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

10 Tangible fixed assets

	Computer equipment £
Cost	
At the start of the year	43,144
Additions in year	
At the end of the year	43,144
Depreciation	
At the start of the year	37,042
Charge for the year	3,995
At the end of the year	41,037
Net book value	
At the end of the year	2,107
At the start of the year	6,102
All of the above assets are used for charitable purposes.	

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

11 Intangible fixed assets

Website
Database
£

Cost

At the start of the year

Additions in year

119,315

At the end of the year

119,315

Amortisation

At the start of the year

Charge for the year

At the end of the year

Net book value

At the end of the year

119,315

At the start of the year

All the above assets are used for charitable purposes.

12 Debtors

2025 2024

£ £

Trade debtors

85,270 190,435

Other debtors

127,073 117,882

212,343 308,317

13 Creditors: amounts falling due within one year

2025 2024

£ £

Trade creditors

12,777 37,634

Taxation and social security

29,126 42,517

Other creditors and accruals

28,695 35,839

Deferred income

270,663 441,321

341,261 557,311

14 Deferred income

Deferred income comprises membership fees paid in advance.

2025 2024

£ £

Balance at the beginning of the year

441,321 389,221

Amount released to income in the year

(441,321) (389,221)

Amount deferred in the year

270,663 441,321

Balance at the end of the year

270,663 441,321

15 Analysis of net assets between funds

As at 31 March 2025

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

Tangible fixed assets

2,107 **2,107**

Net current assets

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

Net assets at the end of the year

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

As at 31 March 2024

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

Tangible fixed assets

10,409 **10,409**

Net current assets

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

Net assets at the end of the year

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

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

16 Movements in funds

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

Institute of Health Visiting

Notes to the financial statements

For the year ended 31 March 2025

16 Movements in funds (continued)

Purposes of funds

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

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

AIM (Healthy Weight Healthy Nutrition)

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

AIM (Mental Health)

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

Baby Breathe

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

Domestic Abuse

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

De Montfort (Surviving Crying)

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

Burdett CVD Project

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

Strep A

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

Royal Foundation ADBB

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

Pan London

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

Burdett CVD Project

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

PHE Sexual Reproductive Health

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

Strep A

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

Sylvia Adams Trust

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

Institute of Health Visiting

Notes to the financial statements

For the year ended 31 March 2025

16 Movements in funds (continued) Anonymous

Family Foundation

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

PATH

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

NSPCC LSSP

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

CHSA

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

VCSE

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

Designated Funds

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

Transfers

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

17 Legal status of the charity

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

18 Capital commitments in relation to the CRM website

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