

Company number: 2610559

Charity number: 1011056

SignHealth

Report and financial statements
For the year ended 31 March 2025

**THE DEAF HEALTH
CHARITY
SIGNHEALTH**

S A Y E R | V I N C E N T


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Reference and administrative information

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

Message from the Chair of Trustees, Mark Perry

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

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

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

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

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

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

Mark Perry, Chair

Trustees' Annual Report

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

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

Objectives and Activities

Vision

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

Purpose

To improve the health and wellbeing of deaf people.

Values

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

Our focus

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

Objectives

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

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

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

Achievements and performance

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

Our Three-Year Plan

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

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

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

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



A Healthy Deaf Community

Social care

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

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

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

Our care homes are also doing amazing work!

100%

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

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

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

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

Therapies

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

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

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

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

4,652

We delivered 4,652 therapy sessions

90%

90% of people were satisfied with their therapy experience

75%

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

630

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

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

”
“Overall excellent service and support. My therapist was very nice, supportive, she helped me a lot with my struggles. I will continue the techniques I have learnt. Thank you for helping me improve my life.”



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

Domestic abuse

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

158

We supported 158 families facing domestic abuse



Because of you, people are living safer lives

58%

58% survivors feel safer because of SignHealth

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

Children and Young People

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

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

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

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

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

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



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

YAB member #1 – 15 years old

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

YAB member #2 – 14 years old

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

YAB member #3 – 14 years old

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

Feedback from participants has been positive, including;

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



Forward Together – Working in Partnership

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



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

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

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

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



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

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



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

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

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

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



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

An Accessible System

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

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



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

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



Pay Gap

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

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

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

Gender Pay Gap

What we found

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

What this means

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

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

Distribution of genders across the organisation by pay level:

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

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

This shows that:

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

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

Representation by department:

Departments with a high number of female employees include:

- Central Support
- Domestic Abuse Services
- Therapies & Advocacy

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

What we're doing about it:

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

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

Disability Pay Gap

What we found:

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

What this means:

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

Representation across the organisation:

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

There may also be additional barriers, such as:

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

What we're doing about it:

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

Next steps

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

Ethnicity Pay Gap

What we found:

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

What this means:

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

Representation across the organisation

The current workforce structure suggests that:

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

This imbalance can result from various factors, such as:

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

What we're doing about it:

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

Next steps:

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

Key messages:

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

Conclusion

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

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

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

Beneficiaries of our services

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

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

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

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

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

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

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



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

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

Financial Review

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

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

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

Principal risks and uncertainties

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

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

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

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

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

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

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

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

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

- Governance
- Operations
- Finance
- External
- Compliance

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

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

Financial Management

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

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

Staff

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

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

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

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

Safeguarding

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

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

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

Reserves policy

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

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

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

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

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

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

Investments

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

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

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

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

Going Concern

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

This going concern position is supported by:

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

Plans for the future

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

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

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

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

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



A Healthy Deaf Community

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

Forward Together – Working in Partnership

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

An Accessible System

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

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

Structure, governance and management

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

Charitable objects

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

Governance

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

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

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

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

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

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

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

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

Leadership and management

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

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

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

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

Fundraising Regulations

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

Appointment of Trustees

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

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

Related parties and relationships with other organisations

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

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

Remuneration policy for key management personnel

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

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

Statement of responsibilities of the trustees

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

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

In preparing these financial statements, the trustees are required to:

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

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

In so far as the trustees are aware:

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

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

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

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

SignHealth

Trustees' Annual Report

For the year ended 31 March 2025

Auditor

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

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

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



Mark Perry
Chair of Trustees

Independent auditor's report

To the members of SignHealth

For the year ended 31 March 2025

Independent auditor's report

Opinion

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

In our opinion, the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 March 2025 and of its incoming resources and application of resources, including its income and expenditure for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Companies Act 2006

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Independent auditor's report

To the members of SignHealth

For the year ended 31 March 2025

Other Information

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

Matters on which we are required to report by exception

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

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

Responsibilities of trustees

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

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

Capability of the audit in detecting irregularities

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

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

Independent auditor's report

To the members of SignHealth

For the year ended 31 March 2025

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

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

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

Use of our report

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



Jonathan Orchard (Senior statutory auditor)

20 August 2025

for and on behalf of Sayer Vincent LLP, Statutory Auditor

110 Golden Lane, LONDON, EC1Y 0TG

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

For the year ended 31 March 2025

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

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

Balance sheet

Company no. 02610559

As at 31 March 2025

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

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

Mark Perry
Chair of Trustees

Amanprit Arnold
Vice Chair of Trustees

Statement of cash flows

For the year ended 31 March 2025

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

Notes to the financial statements

For the year ended 31 March 2025

1 Accounting policies

a) Statutory information

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

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

b) Basis of preparation

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

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

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

c) Public benefit entity

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

d) Going concern

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

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

e) Income

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

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

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

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

f) Interest receivable

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

Notes to the financial statements

For the year ended 31 March 2025

1 Accounting policies (continued)

g) Fund accounting

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

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

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

h) Expenditure and irrecoverable VAT

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

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

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

i) Allocation of support costs

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

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

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

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

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

j) Operating leases

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

1 Accounting policies (continued)

k) Tangible fixed assets

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

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

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

l) Listed investments

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

m) Debtors

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

n) Short term deposits

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

o) Cash at bank and in hand

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

p) Creditors and provisions

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

q) Financial instruments

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

r) Pensions

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

Notes to the financial statements

For the year ended 31 March 2025

2 Income from donations and legacies

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

3 Income from charitable activities

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

4 Income from investments

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

All income from investments is unrestricted.

Notes to the financial statements

For the year ended 31 March 2025

5a Analysis of expenditure (current year)

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

5b Analysis of expenditure (prior year)

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

Notes to the financial statements

For the year ended 31 March 2025

6 Net income / (expenditure) for the year

This is stated after charging / (crediting):

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

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

Staff costs were as follows:

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

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

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

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

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

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

8 Staff numbers

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

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

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

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

9 Related party transactions

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

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

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

10 Taxation

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

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

11 Tangible fixed assets

The charity

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

All of the above assets are used for charitable purposes.

12 Listed investments

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

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

Notes to the financial statements

For the year ended 31 March 2025

13 Debtors

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

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

14a Creditors: amounts falling due within one year

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

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

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

15 Deferred income

Deferred income comprises income that has been billed in advance.

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

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

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

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

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

17a Movements in funds (current year)

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

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

17b Movements in funds (prior year)

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

17c Purposes of restricted funds

Domestic Abuse (previously DeafHope)

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

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

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

17c Purposes of restricted funds (continued)

Residential

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

Therapy/Online Therapy

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

Brudenell Road

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

Deaf with Cancer

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

Access to Work

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

Purposes of Designated Funds and General Funds

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

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

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

18 Legal status of the charity

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