Company number: 2610559

Charity number: 1011056

SignHealth

Report and financial statements
For the year ended 31 March 2026

THE DEAF HEALTH CHARITY SIGNHEALTH

SAYER | VINCENT

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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:

Mark Perry	Chair – Trustee Board - Resigned 10 September 2025
Amanprit Arnold	Chair – Trustee Board from 11 September 2025 Chair - Growth Committee
Frankie McLean	Vice Chair -Trustee Board - from 11 September 2025 Chair - People and Pay Committee
Diane Jones	Chair - Finance, Audit and Risk Committee
Christine McPherson	Resigned 10 September 2025
Hannah Whalley	Resigned 21 January 2026
Janet Ayoola	Appointed 10 September 2025
Alexandra Elvin	Appointed 10 September 2025
Jasveen Kaur	Appointed 10 September 2025
Simon Knapp	Treasurer - Appointed 13 November 2025

Executive Team

Lucy Warnes	Chief Executive
Helen Couling	Chief Operations Officer (to 16 January 2026)
Julie Cartey	Chief Operations Officer (from 29 June 2026)
Sarah Daniels	Chief People and Culture Officer
Thandi Mtetwa	Chief Finance Officer

Bankers	Metro Bank 120 Cheapside London EC2V 7JB
Solicitors	Trowers and Hamlins 3 Bunhill Road London EC1Y 8YZ
Auditor	Sayer Vincent LLP Chartered Accountants and Statutory Auditor 110 Golden Lane, London, EC1Y 0TG

Message from the Chair of Trustees, Amanprit Arnold

The year ending March 2026 has been a year of consolidation and foundation setting for SignHealth. We have continued to support hundreds of people in our aim to tackle deaf health inequalities, with notable success stories as follows:

- Our therapy service continued to support deaf people despite the sudden end of the NHS England contract to support this work. The team has worked hard to build new relationships with ICBs to continue to provide this vital service.
- SignHealth continued to expand the delivery of its Children and Young People offer. We recently launched our exciting new online space for deaf young people, Deaf Wave, which was co-produced with members of our Youth Advisory Board and other young contributors.
- In January 2026, SignHealth was featured on BBC One's programme, Lifeline. The programme showed just how vital deaf-led services are for our community. SignHealth's therapy, domestic abuse, and children and young people's services can save deaf people's lives.
- SignHealth launched a new helpline called Deaf Abuse Advice to better enable the provision of domestic abuse support in BSL which is gaining great momentum.
- Our social care residential service in London was awarded Outstanding in a recent CQC inspection.

The above is just a snapshot of some of the great work taking place across SignHealth, I want to say a heartfelt thank you to everyone working at SignHealth. Your dedication has made a real difference to the deaf community. I am also grateful to our partners including funders - without your valuable support we would not have achieved as much impact. Thank you.

Following the stepping down of some trustees at this time last year, SignHealth welcomed a number of new trustees to the Board. I look forward to working with them over the coming years to help achieve our aims. The Board also said goodbye to our Chair, Mark Perry and trustees Christine McPherson and Hannah Whalley. I would like to thank them all for their contributions to the Board.

Like many others in the social care and charity sectors, SignHealth has faced challenges. Pressures on funding and recruitment continue, and some of our fundraising efforts have not provided the return they would have made given a different economic climate. Despite this, SignHealth employees have continued to show dedication, care and professionalism.

Going forward SignHealth will focus on strengthening its foundations and increasing its financial sustainability to address the financial challenges faced by charities like ours. We believe that taking this approach to deliver a financially secure organisation will mean we can continue to support the deaf community now and in the future.

Amanprit Arnold, Chair

Message from the Chief Executive, Lucy Warnes

I would like to start by thanking Mark Perry for his significant contribution to SignHealth. Mark stepped down in September last year after 6 years' at SignHealth as a Trustee, Committee member, Committee Chair and Board Member.

Amanprit Arnold took up the role of Chair following Mark's departure – she and I will continue to work together to deliver a successful strategy supporting deaf people's health and wellbeing.

Since starting as CEO at SignHealth in February 2025, I have seen several challenges and celebrated many successes. Throughout my first full year as CEO, we have focussed on strengthening SignHealth's foundations to ensure we are resilient and ready for the future.

SignHealth continues to be the largest deaf-led charity in the UK delivering vital services across a number of areas – social care, therapies, children and young people and domestic abuse and sexual violence support services. We have also continued to campaign to remove the health barriers deaf people face – I am grateful to the deaf organisations and the deaf community for working with us to push for change.

We have continued to invest in the areas of the organisation that support SignHealth to run well. Our people team has grown to better support our managers and a staff team that has almost doubled since 2020 and we have continued to invest in more technological expertise via our transformation programme.

We have also had several opportunities to celebrate success at SignHealth as shown in the message from the Chair.

However, SignHealth has not been immune to the challenges faced by other organisations in this sector, which meant an organisational restructure to enable us to take on the opportunities and challenges that we face.

Looking forward to the next financial year and beyond, SignHealth will continue to focus on becoming a stronger, more resilient charity with a continued focus on improving our systems and ongoing reviews of our future expenditure. This work, combined with the drafting of our new strategic plan during 2026/27 will enable SignHealth to carry out its work and deliver real long lasting impact for deaf people.

Lucy Warnes, Chief Executive

Trustees' Annual Report

The trustees present their report and the audited financial statements for the year ended 31 March 2026.

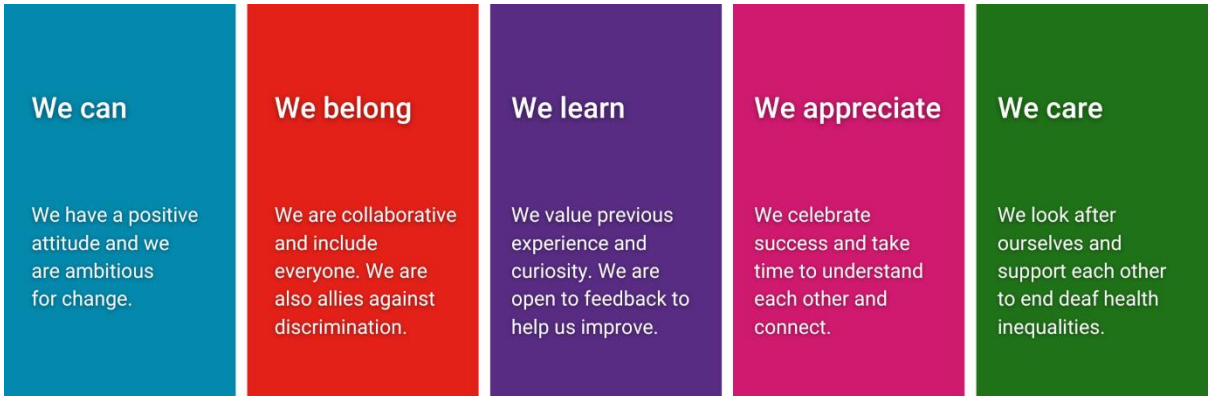
Reference and administrative information set out on page 3 forms part of this report. The financial statements comply with current statutory requirements, the memorandum and articles of association and the Statement of Recommended Practice – Accounting and Reporting by Charities: SORP applicable to charities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



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 (2025/26) has been a year of consolidation for SignHealth following several years of investment to support growth across the organisation.

Our Three-Year Plan

The strategic direction of SignHealth and plans for the forthcoming years are set out in the SignHealth Three Year Plan. SignHealth's 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 2025/26 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.

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 our CQC registered social care services continue to be rated as Good, with one of our services recently being upgraded to Outstanding.

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.

During 2025/26, we delivered an average of over 1,451 hours per month (17,412 annually). In our Manchester Outreach service we support 20 people, and London we support 18 individuals. The Outreach teams also work closely with our residential services to provide support when a resident is ready to move into community accommodation.

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 974 advocacy sessions in 2025/26. The team also completed a total of 88 visits to SignHealth's six Residential Services, to spend time with residents, support them to express their views or concerns, understand decisions about their care and check whether they feel safe, listened to, and respected.

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.

At the end of March 2025, the government announced the closure of NHS England with whom SignHealth had a national contract to deliver therapy services to a deaf specialist service. This meant that the funding responsibility for NHS Talking Therapies was devolved to 42 local ICBs. 2025/26 has been a busy year as SignHealth has continued to work closely with ICBs to ensure equitable access to talking therapy services for the deaf community. We saw a slightly lower number of people this year compared to last year due to delays in receiving IFR funding, but work continues to build relationships with ICBs.

Despite the focus strengthening relationships with of service delivery high. Feedback received through Experience consistently high satisfaction

4,286
sessions were delivered

82.2%
were satsified with their therapy service

332
people completed treatment making space for more people to start

77%
of people who finished therapy said their mental health reliably improved (the national target is 67%

on developing and SignHealth's ICBs – the quality remains extremely from our patients, regular Patient Questionnaires, is positive, showing ratings.

"I felt calmer after the sessions. Talking about my worries made things clearer, and I learned some ways to stop overthinking when I feel anxious"

My Therapist had real empathy and helped me to understand why do i feel like this, with my very difficult situation and helped me move on."

Despite the focus being on talking therapy nationally, we also continue to help clients requiring non IAPT interventions such as counselling and clinical psychology. We are also continuing to develop and roll our out our EAP programme for employers who may have deaf employees.

Domestic abuse and sexual violence

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 abuse than hearing people. We provide practical and emotional support to help victims stay safe, make informed choices and ultimately leave our service as survivors.

During 2025/26 – SignHealth continued to deliver Domestic Abuse Services – made possible by funding from the Home Office under their Violence Against Women and Girls (VAWG) strategy, London Councils and the Kent Police and Crime Commissioner. This funding allowed us to continue

to deliver a vital national service in a specialist and culturally appropriate way – with the support of our Independent Domestic and Sexual Violence Advisors (IDSVAs) and Domestic Abuse Navigators (DANs) to provide specialist, culturally appropriate support. It also strengthened our partnership with local organisations, ensuring deaf people across the country can access the help they need when they need it.

"I am hard of hearing and communicate orally. I was nervous as I had often been turned away before due to eligibility criteria for support. However, I received support from your service. The staff were really kind and the service was amazing.

My worker also shared information with me that I had not known about before, including support resources, and helped me to obtain white goods such as a dryer and cooker.

I have now secured permanent housing. Without this support, I do not know where I would be. Thank you."

This year, our IDSVAs provided direct support to

214 victims.

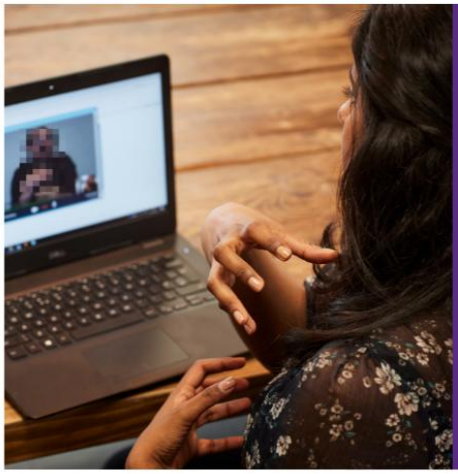
982

deaf people attended our information raising workshops

We also focused on improving accessibility to our helpline by introducing a live BSL chat function and an online self-referral form, giving victims more choice and flexibility in how they contact us.

We saw a 278% increase between Quarter 1 and Quarter 4 of enquiries to our helpline from 27 in April 2025 to 102 in Quarter 4. This growth shows that deaf people are increasingly becoming aware of how to reach us and have a stronger understanding of domestic abuse and sexual violence.

Outreach activity has also increased with a national helpline tour and workshops including Active Bystander sessions and focus groups.



"I just wanted to take a moment to share how grateful we are for the incredible support from your team, especially IDSVA, who provided getting client safely to our refuge.

The way the IDSVA handled the DASH form submission and coordinated the pickup logistics was so smooth and efficient—it really made a huge difference in ensuring client's safe transition."

Refuge staff, West Midlands

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 strategy launched in April 2024 and contains the following aims:

> 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 2024/25, with ten members from all over England. The YAB met three times in person in 2025/26, completing their five sessions during their 18 month term. They helped shape the workshops we deliver in our prevention work, consulted with us on an accessibility audit project commissioned by an external large children's charity and learned about campaigning and storytelling. They also had an opportunity to meet the Chief Executive and Chair of the Board to discuss SignHealth's future strategy. We met with the YAB online once a month during their term and will now focus on the recruitment of the second cohort.
At the end of their term, YAB members told us:

"The YAB helped me make so many new friends, as well as growing more confident and other skills that help me a lot. I liked being able to meet other deaf people who had similar experiences to me, as well as different ones that were interesting to hear"

"Deaf young people should apply to the YAB, because first of all, if you want your lives as a deaf person to be better off, you'd join the YAB, not just to improve your own life but other deaf peoples' lives too. The YAB has made an impact on all of us - we've all now got new friends and it's just really enjoyable."

"[The YAB] is a great way to interact with other deaf people and just be social, increase your deaf identity and it helps with your mental health. "

"The past year and a half has had a huge impact on [YAB member]. It has given her confidence in her deafness, and a belonging to a community. She will always remember it."

Parent of a YAB member

Our first YAB's term was a success with:

100%

of YAB members said the YAB increased their confidence.

100%

said the YAB gave them skills they didn't have before.

80%

said the YAB helped them to understand their rights and how they can get involved in social action and campaigning.

100%

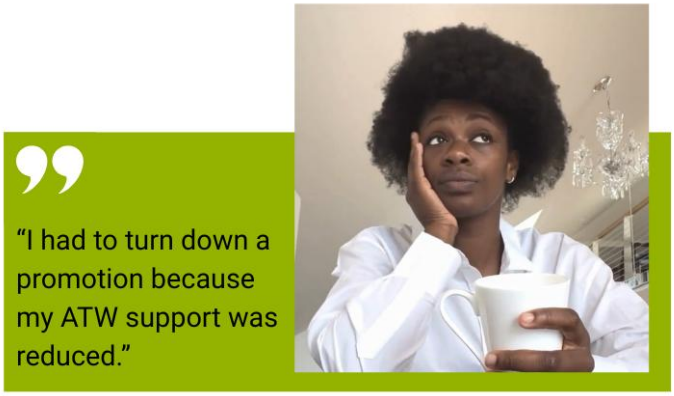
of YAB members said they felt they had some, a lot, or full influence over the YAB programme (75% said they felt they had a lot of influence, or full influence) by the final event.

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 2025/26 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.

deaf together is a campaign set up to improve the wider social indicators of health for deaf people. We published a Deaf At Work report sharing research from over 600 deaf people's experiences of employment, particularly with Access to Work, a government programme to cover communication support costs. The report shows that reform is needed. There are excessive waiting times for applications and renewals. Deaf people report months of backlogs in processing applications, leaving deaf people waiting months to get support or even worse, having to leave their jobs.



The inefficiencies of Access to Work are the real problem, not the cost of the scheme. The report suggests that the government need to fix these inefficiencies and improve cost-effectiveness, allowing deaf people to thrive at work with necessary support in place.

In 2025, we contributed towards to the groundbreaking *Locked Out* report published by the BSL Advisory Board. This report confirms what we see every day in our work with deaf patients and NHS professionals. Deaf people's health inequalities stem from avoidable system failures that put safety, consent and outcomes at risk.

In February 2026, Policy team represented deaf women at Women and Equalities Select Committee to feed into their Women's Health Strategy which was due to be published in spring 2026. The roundtable focused on barriers with menstrual health for deaf and disabled women. There is very little information available in BSL and many barriers remain. These includes difficulties accessing GPs, complex referral pathways and support groups that are inaccessible due to lack of interpreters.

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 2025/26, the engagement team have hosted over 84 workshops and reached 1,813 participants across the UK to raise awareness of healthcare rights and the team have created a range of information leaflets and resources such as registration letter for distribution.

Between December 2025 and March 2026, SignHealth delivered a deaf-led roadshow across nine regions in England to support deaf people access NHS digital health services. Through BSL delivered workshops and hands-on support, 473 attendances were achieved, far exceeding targets. Participants reported significant increases in confidence, particularly in using 999 BSL and NHS 111 VRS, with 100% satisfaction. The project created lasting impact through reusable BSL resources and strengthened local partnerships.

Story from one of the workshop participants

A deaf man attended the second workshop and later used 999 BSL when his teenage daughter passed out at home. He remembered the workshop, contacted 999 BSL, and the interpreter contacted the emergency services. An ambulance arrived quickly and his daughter was taken to hospital for further tests. The father said he was grateful for the workshop and would not have known this information otherwise. He felt that learning about VRS services and being confident to access emergency interpreting had helped save his daughter's life.

SignHealth has been commissioned by the National Deaf Children and Young People's Mental Health Service to lead an independent, bilingual consultation with deaf service users and their parents and carers. A further commission from the NHS App team is supporting consultation with deaf patients to ensure current accessibility and inform future development.

In addition, SignHealth worked with a consortium exploring deaf women's maternity experiences, facilitating two focus groups. Findings were formally submitted as evidence to the Amos review of safe maternity care ensuring deaf women's voices were represented at a national policy level.

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:

Birkdale Trust for Hearing Impaired Ltd
Christos Lazari Foundation
David & Ruth Lewis Family Charitable Trust
Esmee Fairburn Foundation
National Lottery Community Fund
Natwest SafeLives Circle Fund
Scottish Power Foundation
The #iwill Fund
The Henhurst Charitable Trust
The Jane Hodge Foundation
The Loseley Christian Trust
The Simon Gibson Charitable Trust
The Souter Charitable Trust
The Theodore Maxxy Charitable Trust
The Uncle Bill Trust
Webb Family Charitable Trust

The Barbour Foundation
The Brian Shaw Memorial Trust
The Clemens Neumann Nathan Charitable Trust
The David Family Foundation
The Eveson Charitable Trust
The Frank Litchfield General Charitable Trust
The Police and Crime Commissioner (PCC) for Kent
London Councils
NHS England
Home Office

We would also like to say a huge thank you to everyone who supported SignHealth by donating, taking part in our fundraising events, organising your own fundraising events and playing the SignHealth lottery. Together, you raised £118,190 for our work with deaf adults and children.

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 supporting deaf adults, children and young people

Financial Review

SignHealth made an overall deficit of £88,270 (2025: £743,558 deficit) in the year to 31 March 2026, against a budgeted surplus of £54,538 (2025: £317,100 deficit). This includes an increase in the value of the investment portfolio of £8,351 (2025: £82,487 decrease).

In the year to 31 March 2026, total income increased by £878,221 to £10,613,855 (2025: £9,735,635) due in large part to an increase in residential fee income and grants.

Expenditure to 31 March 2026, before gains/losses on revaluation of investments, increased by £284,720 to £10,681,427 (2025: £10,396,707). The majority of this increase is the result of an investment in SignHealth's staff costs - and therefore SignHealth's ability to deliver its ambitious growth strategy.

We had a number of vacancies in our flats during 2025/26, missing our target of having no more than one vacancy at a few points in the year.

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, supported by the Finance, Audit and Risk Committee (FARC).

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.

Responsibility for identifying risk lies with the Senior Leadership Team comprising the Executive Team and Associate Directors. SLT consider existing risks and identify new ones – and review the risk register at monthly SLT meetings.

Members of the SLT 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 the risk management framework. All our current risk areas have an assessment of risk appetite and tolerance, which have been reviewed and accepted by the Board.

Our Risk Register is linked to the Strategic Objectives of the current plan, which was implemented in April 2024. The 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 SLT, 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

SignHealth's financial risk profile has increased due to the increasingly challenging external environment. The impact of these changes is high if not mitigated by good financial management and a clear understanding of our finances - which can lead to diminished quality of service, inefficiencies, fraud, reductions in cash and free reserves and an inability to investment in future

development and sustainability. There is also 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 or have low levels of reserves.

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 procedures documented and regularly communicated to ensure all relevant people are aware of their responsibilities. Clear segregation of duties exist within the finance team and the organisation.

The Finance Audit and Risk Committee (FARC) continues to have regular oversight of SignHealth's finances – better enabling us to make decisions quickly. This Committee also provides assurance to the Board in its review of the financial position of SignHealth.

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 2025/26 our Information Manager continued to lead on the redrafting all our key policies in BSL and cascade 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 several 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. Both policies were reviewed in 2024/25 to make them fully accessible in BSL and published in our new interactive software package, 'Page Tiger', and at May 2026, these policies have been updated for Board review.

We maintain an incident log which is regularly reviewed by the Senior 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.
The Board of Trustees will review current and future projected reserves level as part of regular management reporting and forecast updates

At 31 March 2026, SignHealth's total reserves were £1,728,799 (2025: £1,817,069). Unrestricted funds were £1,728,799 (2025: £1,817,069) which equates to 1.9 months' operating expenditure (2025: 2.14 months), and restricted reserves stood at £0 (2025: £0).

The current level of reserves is 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 2025/26 the charity reported £20,698 net losses and £60,000 income (2025: £82,487 net loss and £36,059 income) as a result of difficult market conditions – the war in Ukraine, conflict between USA & Iran, 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 2026. 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 over the past few years.

This going concern position is supported by:

- The security of SignHealth's income – 82% 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 oversight from the Finance, Audit and Risk Committee and monthly meetings at all levels of the organisation. This is to ensure that SignHealth's finances are monitored closely and that any remedial action necessary is taken in a timely manner.

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 2026/27 will be the third 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.
- We will continue to transition funding away from NHSE and integrate our Therapy service with ICBs to ensure continued sustainability.
- We will continue to grow our CYP wellbeing offer and start a second cohort of the YAB
- We will continue to expand our Domestic Abuse services nationally through the Home Office and other contracts e.g. DASA, Kent PCC.

Forward Together – Working in Partnership

- We will continue to build a movement around the Still Sick of It campaign to attract more partners and supporters, and more funding
- We will create a pool of experts from across the community to inform our position on a wide range of topics
- We will review, market and deliver training and consultancy projects
- We will launch activities celebrating SignHealth at 40
- We will continue to deliver our successful Deaf Health roadshows

An Accessible System

- We will assess how CYP influence can be integrated into ICBs
- We will build relationships with external stakeholders to improve their services and signposting
- We will look at continuity of health care after admission to emergency services

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.

Major focus areas for 2025/26 will be the introduction of a new CRM system for Social Care alongside the continued 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 7 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 seven 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 four deaf and three hearing Trustees.

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

Leadership and management

At the end of 2025/26, a third of the SignHealth Executive Leadership Team (ET) 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 Leadership Team meetings with all senior managers across SignHealth continued in 2025/26. SignHealth introduced regular town hall meetings – held on zoom – allowing all staff access to information from the ET and the opportunity to share their views.

As part of our ongoing annual Organisational Resilience Review process, we will review the organisation against the new Charity Governance Code. This self-assessment will highlight broad compliance and good practice against the principles whilst also identifying some areas where further work remains necessary. Actions under these areas will be monitored throughout the year, with progress made against them reported as part of the next Organisational Resilience Review scheduled for Autumn 2026.

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 (2024/25: 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 Executive Team members, external training on finance, the legal responsibilities of being trustee and safeguarding and scheduled visits to SignHealth services.

We continued with our new Trustee Alumni scheme in 2025/26 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 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.

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 16 July 2026 and signed on their behalf by

Amanprit Arnold
Chair of Trustees

Independent auditor's report

Opinion

We have audited the financial statements of SignHealth (the 'charitable company') for the year ended 31 March 2026 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 2026 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.

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.
- 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)

24 August 2026

for and on behalf of Sayer Vincent LLP, Statutory Auditor

110 Golden Lane, London, EC1Y 0TG

SignHealth

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

For the year ended 31 March 2026

	Note	Unrestricted £	Restricted £	2026 Total £	Unrestricted £	Restricted £	2025 Total £
Income from:							
Donations and legacies	2	143,329	–	**143,329**	144,005	–	144,005
Charitable activities							
Social care	3a	7,512,255	18,611	**7,530,866**	6,617,502	8,020	6,625,522
Therapies	3b	1,026,078	1,320	**1,027,398**	1,184,354	28,138	1,212,492
Domestic abuse	3c	–	1,450,224	**1,450,224**	–	1,275,028	1,275,028
CYP	3d	–	327,093	**327,093**	–	356,645	356,645
Fundraising events		35,233	–	**35,233**	35,119	–	35,119
Investments	4	70,662	–	**70,662**	86,823	–	86,823
Total income		8,787,557	1,797,248	**10,584,806**	8,067,803	1,667,831	9,735,635
Expenditure on:							
Raising funds		670,108	-	**670,108**	558,167	–	558,167
Charitable activities							
Social care		6,881,062	18,611	**6,899,673**	6,817,868	8,020	6,825,888
Therapies		969,090	1,320	**970,410**	999,217	28,138	1,027,355
Domestic abuse		162,589	1,450,224	**1,612,814**	159,135	1,275,028	1,434,163
Other charitable activities		64,683	–	**64,683**	83,362	–	83,362
CYP		136,647	327,093	**463,739**	111,124	356,645	467,769
Other activities		–	–	**–**	–	–	–
Total expenditure	5	8,884,179	1,797,248	**10,681,427**	8,728,874	1,667,831	10,396,707
Net income/(expenditure) before gains/(losses)		(96,621)	–	**(96,621)**	(661,070)	–	(661,070)
(Loss)/Gain on revaluation of investments		8,351	–	**8,351**	(82,487)	–	(82,487)
Net (expenditure) for the year		(88,270)	–	**(88,270)**	(743,557)	–	(743,557)
Transfers between funds	17a	–	–	**–**	1,778	(1,778)	–
Net (expenditure) before other recognised gains and losses		(88,270)	–	**(88,270)**	(741,779)	(1,778)	(743,557)
Net movement in funds		(88,270)	–	**(88,270)**	(741,779)	(1,778)	(743,557)
Reconciliation of funds:							
Total funds brought forward		1,817,069		**1,817,069**	2,558,848	1,778	2,560,626
Total funds carried forward		1,728,799		**1,728,799**	1,817,069		1,817,069

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 2026

	Note		2026 £		2025 £
Fixed assets:					
Tangible assets	11		**475**		8,460
Investments	12		**1,324,980**		1,362,064
			1,325,455		1,370,524
Current assets:					
Debtors	13	**766,219**		825,741	
Cash at bank and in hand		**609,323**		591,710	
		1,375,542		1,417,451	
Liabilities:					
Creditors: amounts falling due within one year	14a	**(722,198)**		(720,907)	
Net current assets			**653,344**		696,543
Creditors: amounts falling due after more than one year	14b	**(250,000)**		(250,000)	
Total net assets	16		**1,728,799**		1,817,069
Funds:					
Restricted income funds			**-**		-
Unrestricted income funds:					
Designated funds		**30,702**		38,687	
General funds		**1,698,097**		1,778,382	
Total unrestricted funds			**1,728,799**		1,817,069
Total funds	17		**1,728,799**		1,817,069

Approved by the trustees on 16 July 2026 and signed on their behalf by

A Arnold
Trustee

S Knapp
Trustee

SignHealth

Statement of cash flows

For the year ended 31 March 2026

	Note	2026		2025	
		£	£	£	£
Cash flows from operating activities					
Net (expenditure) for the reporting period (as per the statement of financial activities)		**(88,270)**		(743,557)	
Depreciation charges		**9,320**		27,164	
Losses disposal of fixed assets		**(1,335)**		–	
Dividends, interest and rent from investments		**(70,662)**		(86,823)	
Loss/(Gain) on revaluation of investments		**(8,351)**		82,487	
(decrease) in debtors		**59,524**		801,304	
Increase in creditors		**1,291**		46,130	
Net cash used in operating activities			**(98,484)**		126,704
Cash flows from investing activities:					
Dividends, interest and income from investments		**70,662**		86,823	
Purchase of fixed assets		**–**		–	
Proceeds from sale of investments		**41,243**		41,589	
Movement in cash held by investment managers pending reinvestment		**4,193**		(95)	
Net cash provided by/(used in) investing activities			**116,098**		128,317
Cash flows from financing activities:					
Cash inflows from new borrowing		**–**		100,000	
Net cash (provided by) financing activities			**–**		100,000
Change in cash and cash equivalents in the year			**17,614**		355,021
Cash and cash equivalents at the beginning of the year			**591,710**		236,689
Cash and cash equivalents at the end of the year			**609,323**		591,710

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 a 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.

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% (2025:5%)
Social care	69% (2025:69%)
Therapies	8% (2025:8%)
Domestic abuse	14% (2025:13%)
CYP	3% (2025:4%)
Other charitable activities	1% (2025: 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% (2025:5%)
Social care	69% (2025:69%)
Therapies	8% (2025:8%)
Domestic abuse	14% (2025:13%)
CYP	3% (2025:4%)
Other charitable activities	1% (2025: 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.

2 Income from donations and legacies

	Unrestricted £	Restricted £	2026 Total £	Unrestricted £	Restricted £	2025 Total £
Gifts	143,329	–	**143,329**	141,202	–	141,202
Legacies	–	–	**–**	2,803	–	2,803
	143,329	–	**143,329**	144,005	–	144,005

3 Income from charitable activities

	Unrestricted £	Restricted £	2026 Total £	Unrestricted £	Restricted £	2025 Total £
3a Social care						
Access to work	–	13,476	**13,476**	–	8,020	8,020
Fees	7,479,205	–	**7,479,205**	6,552,412	–	6,552,412
Client income	33,050	–	**33,050**	65,090	–	65,090
Grants receivable	–	5,135	**5,135**	–	–	–
Sub-total for Social Care	7,512,255	18,611	**7,530,866**	6,617,502	8,020	6,625,522
3b Therapies						
Fees	1,026,078	–	**1,026,078**	1,184,354	–	1,184,354
Grants receivable	–	1,320	**1,320**	–	28,138	28,138
Sub-total for Therapies	1,026,078	1,320	**1,027,398**	1,184,354	28,138	1,212,492
3c Domestic abuse						
Fees	–	–	**–**	–	–	–
Grants receivable	–	1,450,224	**1,450,224**	–	1,275,028	1,275,028
Sub-total for Domestic abuse	–	1,450,224	**1,450,224**	–	1,275,028	1,275,028
3d CYP						
Fees	–	–	**–**	–	–	–
Grants receivable	–	327,093	**327,093**	–	356,645	356,645
Sub-total for CYP	–	327,093	**327,093**	–	356,645	356,645
Total income from charitable activities	8,538,333	1,797,248	**10,335,581**	7,801,856	1,667,831	9,469,688

4 Income from investments

	2026 Total £	2025 Total £
Interest receivable	**2,685**	1,863
Other rental income	**37,027**	48,900
Income from investments	**30,950**	36,059
	70,662	86,823

All income from investments is unrestricted.

5a Analysis of expenditure (current year)

		Charitable activities								
	Raising funds £	Social care £	Therapies £	Domestic abuse £	Other charitable activities £	CYP £	Governance costs £	Support costs £	**2026 Total £**	2025 Total £
Staff costs (Note 7)	409,228	3,827,793	636,742	1,068,656	45,058	318,888	359,321	1,414,359	**8,080,046**	7,470,773
Other staff costs	43,006	396,502	25,838	25,084	152	4,481	340	328,860	**824,263**	954,168
Travel and subsistence	7,461	52,270	8,737	36,365	4,527	18,946	10,611	45,377	**184,295**	241,794
Building costs	–	452,724	–	65	–	–	2,323	394	**455,506**	448,050
Running costs	23,450	88,522	73,733	39,114	–	8,128	85,899	418,957	**737,804**	794,297
Fundraising and marketing	37,759	38	1,447	29,751	–	23,900	5,528	57,971	**156,395**	140,020
Beneficiary costs	13	87,235	–	10,791	–	–	7	–	**98,045**	111,643
Other trading costs	–	–	–	–	–	–	44,225	–	**44,225**	34,339
Accountancy and audit	–	–	–	–	–	–	–	17,460	**17,460**	26,340
Legal and professional	10	4,156	–	–	–	–	3,650	50,385	**58,200**	97,087
Depreciation and impairment	–	50,791	–	–	–	–	–	(25,602)	**25,189**	78,196
	520,926	4,960,031	746,497	1,209,827	49,737	374,343	511,904	2,308,162	**10,681,428**	10,396,707
Support costs	122,102	1,587,554	183,268	329,836	12,233	73,169	–	(2,308,162)	**–**	–
Governance costs	27,080	352,088	40,645	73,151	2,713	16,227	(511,904)	–	**–**	–
Total expenditure 2026	**670,108**	**6,899,673**	**970,410**	**1,612,814**	**64,683**	**463,739**	**–**	**–**	**10,681,428**	
Total expenditure 2025	558,167	6,825,888	1,027,355	1,434,163	83,362	467,769	–	–		10,396,707

5b Analysis of expenditure (prior year)

		Charitable activities							
	Raising funds £	Social care £	Therapies £	Domestic abuse £	Other charitable activities £	BSLHA £	Governance costs £	Support costs £	**2025 Total £**
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**
Other staff costs	10,281	390,916	63,137	26,751	5,889	2,392	8,578	446,225	**954,168**
Travel and subsistence	10,749	64,211	11,714	52,456	4,541	21,388	15,328	61,406	**241,794**
Building costs	–	441,818	–	71	–	–	3,927	2,234	**448,050**
Running costs	3,542	108,643	78,983	50,081	–	7,742	96,306	448,999	**794,297**
Fundraising and marketing	31,233	–	118	5,582	–	3,503	15,861	83,724	**140,020**
Covid-19 costs	–	–	–	–	–	–	–		**–**
Beneficiary costs	–	94,568	–	16,371	–	393	–	312	**111,643**
Other trading costs	–	–	–	–	–	–	34,339	–	**34,339**
Accountancy and audit	–	–	–	–	–	–	–	26,340	**26,340**
Legal and professional	27	11,881	–	–	–	–	10,827	74,354	**97,087**
Depreciation and impairment	297	43,861	10,987	732	–	–	–	22,320	**78,196**
	406,264	4,729,624	784,310	1,039,214	52,982	346,247	464,927	2,573,137	**10,396,707**
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**		**–**	**10,396,707**

6 Net income / (expenditure) for the year

This is stated after charging / (crediting):

	2026	2025
	£	£
Depreciation	9,320	27,164
Loss/(gain) on revaluation/disposal of fixed assets	-	-
Auditor's remuneration (excluding VAT):		
Audit	14,550	14,000
Other services	-	9,540

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

Staff costs were as follows:

	2026	2025
	£	£
Salaries and wages	6,881,057	6,441,194
Redundancy and termination costs	13,650	78,525
Social security costs	822,981	645,508
Employer's contribution to defined contribution pension schemes	362,358	305,545
	8,080,046	7,470,773

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

	2026	2025
	No.	No.
£60,000 - £79,999	10	4
£80,000 - £99,999	2	2
£100,000 - £129,999	-	1
£130,000 - £169,999	1	1
	13	8

The total employee benefits (including employer pension contributions and employer's national insurance) of the key management personnel were £547,926 (2025: £739,242). The Key Management Personnel includes the Trustees, the CEO, and all members of the Executive Team (Chief Finance Officer, Chief People and Culture Officer and Chief Operating Officer (vacant since January 2026).

A Chair is paid from employment with the charity in the year 2026 £12.5k (2025 £16.1k) with permission from Charity Commison. As for the rest of charity trustees, they were neither paid nor received any other benefits from employment with the charity in the year (2025: £nil). No charity trustee received payment for professional or other services supplied to the charity (2025: £nil).

£1,489 trustee expenses (2024: £2,512), 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 219 (2025: 216).

The FTE number of employees for the year was 179 (2025: 167)

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

	2026 No.	2025 No.
Raising funds	10	9
Social care	130	130
Therapies	15	16
Domestic abuse	27	24
Other charitable activities	1	1
CYP	6	7
Administration	25	22
Governance	5	7
	219	216

9 Related party transactions

In the year to 31 March 2026, SignHealth paid the Voluntary Organisations Disability Group (VODG) and the UK Council on Deafness (UKCOD) combined membership and other fees of £1,748 (2024-25: £1,622). 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:

	2026 £	2025 £
UK corporation tax at 19%	-	-

11 Tangible fixed assets

The charity

	Fixtures and fittings £	Computer equipment £	**Total £**
Cost			
At the start of the year	–	401,128	**401,128**
At the end of the year	–	401,128	**401,128**
Depreciation			
At the start of the year	–	392,667	**392,667**
Charge for the year	–	9,320	**9,320**
Disposals	–	(1,335)	**(1,335)**
At the end of the year	–	400,652	**400,652**
Net book value			
At the end of the year	–	475	**475**
At the start of the year	–	8,460	**8,460**

All of the above assets are used for charitable purposes.

12 Listed investments

	2026 £	2025 £
Fair value at the start of the year	**1,362,064**	1,486,046
Additions at cost	**–**	–
Proceeds from sale of investments	**(41,243)**	(41,589)
Net gain/(loss) on change in fair value	**8,351**	(82,487)
	1,329,173	1,361,969
Cash held by investment broker pending reinvestment	**(4,193)**	95
Fair value at the end of the year	**1,324,980**	1,362,064

Investments comprise:

	2026 £	2025 £
Shares listed on the London Stock Exchange	**1,329,173**	1,361,969
Cash	**(4,193)**	95
Fair value at the end of the year	**1,324,980**	1,362,064

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

13 Debtors

	2026 £	2025 £
Trade debtors	101,820	313,584
Prepayments and accrued income	664,399	512,157
	766,219	825,741

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

	2026 £	2025 £
Trade creditors	123,011	158,521
Taxation and social security	172,242	174,566
Other creditors	62,231	54,793
Accruals	150,832	160,417
Deferred income (note 15)	213,882	172,610
	722,198	720,907

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

	2026 £	2025 £
Bank loans (this is at base rate plus 2.5% over five years)	250,000	250,000
	250,000	250,000

15 Deferred income

Deferred income comprises income that has been billed in advance.

	2026 £	2025 £
Balance at the beginning of the year	172,610	82,635
Released to income in the year	(1,288,147)	(647,924)
Deferred in the year	1,329,419	737,899
Balance at the end of the year	213,882	172,610

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

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Fixed assets	1,324,980	475	-	**1,325,455**
Net current assets	623,117	30,227	-	**653,344**
Long term liabilities	(250,000)	-	-	**(250,000)**
Net assets at 31 March 2026	**1,698,097**	**30,702**	**-**	**1,728,799**

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

	General unrestricted £	Designated funds £	Restricted funds £	Total funds £
Fixed assets	1,362,064	8,460	-	**1,370,525**
Net current assets	666,317	30,227	-	**698,543**
Long term liabilities	(250,000)			**(250,000)**
Net assets at 31 March 2025	**1,778,381**	**38,687**	**-**	**1,817,069**

17a Movements in funds (current year)

	At 1 April 2025 £	Income & gains £	Expenditure & losses £	Transfers £	At 31 March 2026 £
Restricted funds:					
Domestic Abuse	–	1,450,224	(1,450,224)	–	–
Residential	–	5,135	(5,135)	–	–
Therapy	–	1,320	(1,320)	–	–
Brudenell Road	–	–	–	–	–
Deaf with Cancer	–	–	–	–	–
CYP	–	327,093	(327,093)	–	–
Access to Work	–	13,476	(13,476)	–	–
Total restricted funds	–	1,797,248	(1,797,248)	–	–
Unrestricted funds:					
Designated funds:					
Fixed asset fund	8,460	–	(7,985)	–	**475**
Innovation fund	–	–	–	–	–
Two Deaf Foot fund	30,227	–	–	–	**30,227**
Total designated funds	38,687	–	(7,985)	–	**30,702**
General funds	1,778,383	8,787,557	(8,867,842)	–	**1,698,097**
Total unrestricted funds	1,817,069	8,787,557	(8,875,827)	–	**1,728,799**
Total funds	1,817,069	10,584,806	(10,673,076)	–	**1,728,799**

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

17b Movements in funds (prior 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)	–
Corona Virus funds	–	–	–	–	–
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**

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 2025-26 include London Councils, the Home Office, The Police and Crime Commissioners for Kent, Solace Women's Aid, Natwest SafeLives Circle Fund and National Lottery.

The Home Office had provided an extension one year to orginial 2 years grant to enable SignHealth to improve its capacity to respond to deaf victims of domestic abuse. An extra £1,087,170 was awarded during the financial year 2025-2026, and was expended for the purpose for which it was awarded. Of the grant, £129,985 was spent on direct project and beneficiary costs, £106,670 on project overheads and £850,515 on staff costs.

£265,390 was awarded from the London Councils Grant Committee during the financial year 2025-2026 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, £36,428 was spent on direct project costs, £29,166 on project overheads and £200,672 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.

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.