

IMPACT & FINANCE REPORT 2024-2025





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REFLECTIONS FROM THE CHAIR



I would like to take this opportunity as Chair of Bethel Health and Healing Network, to thank our wonderful Team, headed up by our CEO, Jennifer Jones-Rigby. Through turbulent waters she has navigated Bethel with hard graft, courage, skill and a sensitivity which always translate in providing the very best for our service users. As for the Senior Management (SMT) and staff, I'm always in awe how they demonstrate every single day that they are always prepared to go above and beyond in ensuring that every service users need are fully met. To our team of volunteers, where would we be without you? You're unwavering support across all the services that Bethel provide makes me immensely proud of the high level of excellence that you give, not just of your time, but quality in every effort that you do on a daily basis. Last, but not least, my team of trustees that make my role of Chair so much more easier. You are a pleasure to work alongside. Your collective wisdom, in ensuring that the organisation stays on track from a governance and legal standpoint and the support for the whole team at the charity, says everything about you that is the embodiment and soul of Bethel.

You will hear all the details about how we have done and our future plans in the CEO's report, but this year, as Chair I really felt compelled to elevate all those who have assisted and supported the collective success of Bethel. Finally, to our patron Beverley Lindsey OBE. OD, you have been a rock with your support for Bethel during 2025 and in previous years and we look forward to our continued walk into 2026 with you.

Duncan Moore

CEO'S STATEMENT



If I had to sum up Bethel's last year in four phrases, they would be:

- Phenomenal services provided by our teams
- New and evolving partnerships
- Income generation
- Expanding our horizons

In what continues to be a challenging time globally, many of our local communities are also facing difficult circumstances — including unfair treatment and increasing threats to the spaces meant to keep them safe. I would like to thank our incredible teams and volunteers for their tireless dedication. Every single one of them goes above and beyond to support the people they serve.

Many public services are having to make significant efficiencies in their budgets. As a charity CEO, this is something we must also consider each year as we strive to do more with less.

I want to commend our commissioners for continuing to recognise the value in what we do to support the most vulnerable within our communities. I am delighted to report that through various funding submissions, grants, and passive giving, Bethel has achieved improved financial performance over the previous year. This progress has brought us closer to meeting our reserves target and has enabled us to generate a healthy surplus.

Our new Fairer Futures initiative has created a platform for increased partnership working and provided pathways into employment for some of the most disadvantaged communities in the city. It has also enabled us to develop “maternal voice notes” in collaboration with our Doula Team, SOS Education, and the Midwifery Teams at the new Midland Metropolitan University Hospital — a first for our city.

CEO'S STATEMENT

(CONTINUED...)

Additionally, we have launched the first of our listening groups in West Birmingham for the first time. These groups tackle real issues faced by individuals, providing safe spaces for community members to speak openly, be heard, and gain tools to improve their mental wellbeing.

Our Bumps, Birth and Beyond group meets weekly and is supported through Warm Welcome funding from Birmingham City Council. This group provides a safe, welcoming space for some of the most vulnerable women to connect and learn more about their pregnancy journey.

Our YUMs teenage pregnancy support group in North Solihull was initially funded for one year through the Fairer Futures pilot. We have since been able to continue this important work thanks to funding from the Jamaica Nurses Association. We are also delighted to confirm new Awards for All funding from September 2025 to September 2026, which will allow us to extend this unique support to Erdington and other areas in need.

We will continue working closely with the teenage pregnancy midwives based at Good Hope Hospital.

My work with the Living Well UK Board continues at pace, representing the sector on matters of mental health and wellbeing. This includes contributing to the strategic development of services across the city and serving as a member of the Mental Health Panel. I have also contributed to the Quality Surveillance Group and Clinical Oversight Group (QSG/COG) of the Mental Health Foundation Trust and taken part as a panellist speaking to local schools about careers in mental health and wellbeing.

Over the past year, my focus has been on building resilience — a theme that will continue to guide both our financial planning and the wellbeing of our teams and volunteers. This has also been a year of creating new opportunities to diversify Bethel's offerings, including the foundation for launching a private Doula platform.

CEO'S STATEMENT

(CONTINUED...)

This initiative will generate additional income to fund baby packs for vulnerable mothers, while also supporting mothers who wish to pay for Doula services. By choosing a Doula from our platform, these clients will know they are supporting a professional who has been verified by Bethel, and some trained by us, — and, in doing so, they'll also be helping other mothers who are less fortunate. We are currently in a strong financial position and intend to keep building on that success. In the coming year, we aim to strengthen and expand our partnerships, remain innovative and responsive to community needs, and continue listening to our service users, volunteers, and staff.

We are also laying the groundwork for a major collaborative project with the Big Lottery Fund, alongside our valued partners — Jericho Foundation, and Gilgal.

I look forward to the year ahead with excitement and anticipation for the positive impact we will continue to have in our communities.

JENNIFER JONES-RIGBY

DOULA SERVICE



“Bethel Doula Service provides emotional and practical support to vulnerable pregnant women and new mothers during the antenatal, birth and postnatal period.”

ACHIEVEMENTS AT A GLANCE



- **Activity (2024/25):**
 - 412 new referrals
 - 442 women supported (incl. groups)
 - 422 Doula 1-2-1 support
 - 1,450 support sessions
 - 33 group sessions.
- **Delivery:**
 - 4 senior doulas + small volunteer team
 - emotional support, advocacy
 - birth support
 - health-appointment attendance
 - essential supplies
 - group learning/activities

OVERVIEW:

Our 4 senior doulas, with a small team of volunteers, supported 422 vulnerable women during their pregnancies, birth and postpartum period. We provided emotional support, practical supplies, advocacy, birth support, attendance at health appointments, and safeguarded mother and baby, as needed. Our referrals remained high, averaging 36 per month. We supplemented our 1-2-1 Doula Service provision through our group activities: YUMS, Connect, Stay and Play and Bumps, Birth & Beyond.

In January 2025, we also launched our Bethel West Birmingham Health Champions project funded by Fairer Futures initiative in partnership with Your City and Metropolitan Hospitals Charity, SOS Education (supporting Somali women) and BMET College. This project will enable us to bring additional resources into an area of high need to support more vulnerable women, as well as upskilling local people to become Health Champions, increasing their employability and learning opportunities. This programme, and the skills they gain whilst volunteering in the Doula and Rapha Service, will increase pathways to work in future roles within the NHS and the wider voluntary and community sector.

GROUP LEARNING/ACTIVITIES

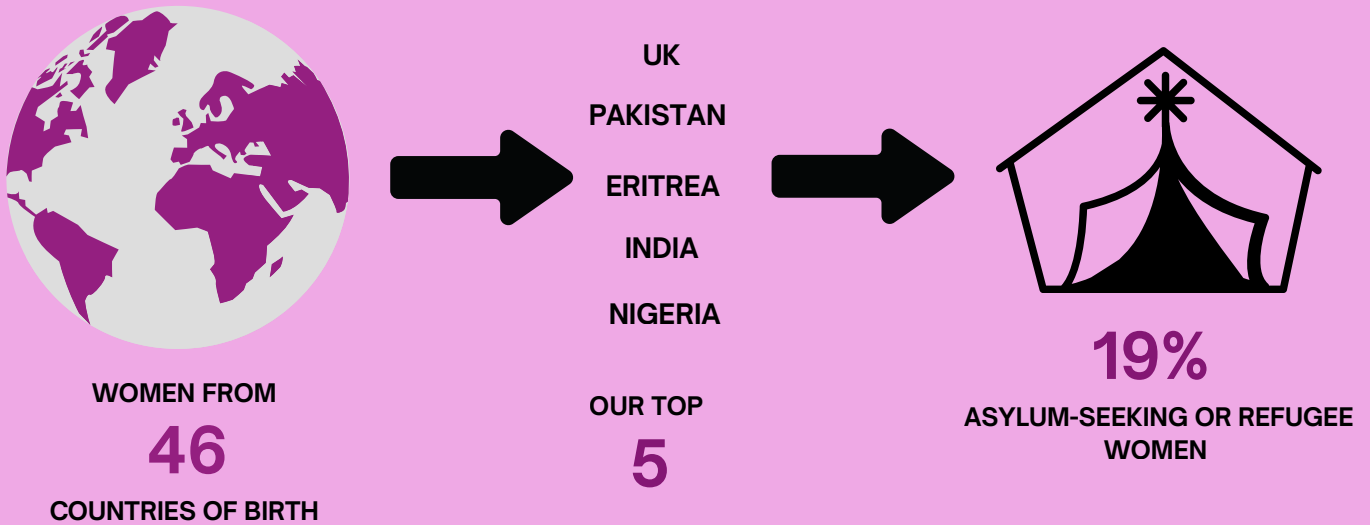
YUMS (Young and Teenage Mums Project): Our pilot based in Solihull & Chelmsley Wood Family Hubs helped reduce isolation, boosted confidence and developed peer support among young and teenage mothers. The support included: midwife advice (labour, pain relief, postnatal), Umbrella Clinic (contraception/sexual health), sessions on breastfeeding, safe sleeping, healthy relationships, aspirations/careers, smoking cessation, benefits, baby massage and craft activities.

Bumps, Birth & Beyond (BBB): This weekly onsite learning and support group provided a non-judgmental, and safe space that increased confidence and helped prepare mothers for the forthcoming labour and early parenting.

Connect, Stay & Play: Our monthly mother-and-baby group for very vulnerable asylum-seeking women based in 2 local hotels provided practical support, advocacy, and link between women, hotel management, and health professionals.



WHO DID WE SUPPORT?



Our service users represented **46** countries of birth; around a fifth of whom were refugee or asylum-seeking women, compared to nearly a third in 2023/24. The largest ethnic group was Black African (31%), followed by Pakistani (16%).

Nearly all our service users were facing one or more challenging life circumstances such as extreme poverty, unstable housing, mental health difficulties, domestic abuse, the impact of FGM and asylum and immigration issues. Language barriers and navigating the health system were frequent barriers when accessing maternity support.

SATISFACTION AND BENEFITS OF SUPPORT

90%

WOULD
RECOMMEND
TO FAMILY AND
FRIENDS

89%

SATISFIED WITH THE
SUPPORT

69%

RECEIVED
ESSENTIAL SUPPLIES

71%

BENEFITED FROM HAVING
SOMEONE TO TALK TO

The value of our service is demonstrated by the high level of satisfaction (**89%**) expressed by service users. **71%** benefited by having someone to talk to, and **69%** received essentials for themselves and their babies. **23%** were signposted to other services that they might otherwise not have accessed.

The financial value of the Doula Service is evident. Typically, it costs the Doula Service **£634** to support a vulnerable woman during pregnancy, labour, and post-birth. This increases to an average of **£1,732** in more complex cases for example where there are more severe perinatal mental health and/or safeguarding needs.

Our case studies demonstrate the additional costs avoided through the delivery of our professional and compassionate community-based provision.



WHAT OUR DOULA SERVICE USERS SAID...

Young Mums Project (YUMS)

“—
| *The YUMS club gets us moms out of the house that are both pregnant and have had babies as well as getting the babies out to develop on their growth by copying other babies and interacting with toys and new people as well as getting support with things we may be unsure of and asking questions to help develop our babies growth even further and also getting the help when needed physically. It overall helps us mums to not bed rot all day. I also enjoy the little talks with new mums and meeting new people and also allowing our babies to meet and then we can plan stuff outside of the YUMS club too with other mums, for example me and H first met at the YUMS club and are now planning to take our babies out one of the days together, but we was both too scared | to meet at first. —”*

Bump, Birth and Beyond (BBB)

“—
| *The BBB sessions were brilliant. The staff were non-judgmental. I felt safe in a safe space to share, ask questions and listen to others sharing their experiences. I felt more confident preparing for and also at the time of giving birth. The service | really helped and prepared me. —”*

“—
| *The service I received was really helpful. It was helping me when needed, when I did not understand the system, they helped me, and I learnt a lot about pregnancy, birth and the system (maternity services). I would recommend, as people are struggling. Lovely place. Lovely staff. —”*

“—
| *I did not need anything for the baby. I received emotional support. It was important as it meant a lot to me, as I had a traumatic birth. The service is an all-round service and provides the best emotional support. The doula made me feel comfortable. I could | speak to her about anything. —”*



DOULA CASE STUDY

'M' - Service user with a history of domestic abuse and mental health issues

Background

'M' was referred to the Doula Service at 26 weeks gestation with her second pregnancy by a mental health specialist midwife due to isolation, domestic abuse, and a history of anxiety and depression.

Coming from a strict family background marked by physical and emotional abuse particularly from her father, 'M' entered an arranged marriage and relocated to Birmingham hoping for freedom but instead faced severe control and exploitation from her in-laws. Her mother-in-law dominated household decisions, restricted her independence, and when she became pregnant, she insisted on attending all maternity appointments and acting as her birth partner, leaving 'M' feeling disconnected from her first child.

Challenges Identified

'M's' situation worsened as her husband became emotionally distant and controlling, denying her visits from family and friends and undermining her confidence by repeatedly claiming she was unfit to care for her children. Attempts to regain independence, such as finding work and securing her own apartment, were met with continued coercion and psychological abuse. Even after moving out, 'M's' husband maintained control through financial dependency and restrictions on her social life, creating an environment of ongoing stress and insecurity. These experiences left 'M' fearful and struggling with persistent anxiety.

Interventions

'M' was matched with a Senior Doula who provided ongoing emotional and mental health support through home visits, phone calls and WhatsApp conversations. The support focused on building resilience, self-esteem, and coping strategies, as well as fostering bonding with her child and current pregnancy. 'M' requested that the Senior Doula act as her birth partner for her upcoming delivery, highlighting the trust and reliance she placed on this service.

Impact and Next Steps

The multi-agency collaboration ensured continuity of care and reduced the risk of crisis escalation. 'M' now has improved emotional stability, a stronger support network, and a clear plan for birth support, reducing safeguarding risks and likelihood of severe mental health deterioration.



DOULA CASE STUDY

‘S’ - Service user with undocumented status due to trafficking and exploitation

Background

‘S’ a Birmingham resident was referred to the Bethel Doula Service at 16 weeks gestation for support during her first pregnancy. She spoke limited English and had no family support, relying only on a friend and her boyfriend.

‘S’ was invited to attend Bethel’s Birth Bump and Beyond (BBB) group to meet other women, improve her English, and access essential information. At her first session, she appeared tearful and expressed concerns about her baby measuring small and her impending need to leave her friend’s accommodation due to the limited space there.

Challenges Identified

Further conversations revealed that ‘S’ was undocumented due to a complex migration history involving trafficking and exploitation. She shared that she was lured from Vietnam under false pretences, forced into exploitative work in Cambodia, and later coerced into prostitution in Europe before escaping and arriving in the UK in a container in December 2022. Her disclosure highlighted severe trauma, lack of immigration status, and vulnerability to homelessness, all while navigating pregnancy without family support.

Interventions

The Senior Doula and the team provided immediate emotional support and reassurance, accompanied her to a hospital scan, and initiated contact with multiple agencies, including Hope, Salvation Army, and Migrant Help.

A Vietnamese translator facilitated detailed discussions about her immigration status, leading to advice for her to claim asylum. A volunteer assisted in booking her asylum appointment for December 1st and committed to accompanying her. The Doula also liaised with the referrer to ensure coordinated care.

Impact and Next Steps

The intervention reduced the service user’s immediate stress and provided a clear pathway for immigration and housing support. In addition to the 1-2-1 support, ‘S’ has agreed to attend BBB sessions regularly for continued emotional and practical assistance throughout her pregnancy. The collaborative approach aims to stabilise her situation, address accommodation needs, and ensure a smooth transition to community care post-birth, minimising hospital stays.

This case underscores the critical role of holistic support in safeguarding a vulnerable pregnant women like ‘S’ and mitigating risks associated with trafficking and undocumented status.

POTENTIAL COST SAVINGS

Case Studies ‘M’ & ‘S’

The Doula Service support demonstrates significant financial and social value while improving maternal and child outcomes. The case studies involving ‘M’ and ‘S’ highlighted early Doula intervention and multi-agency collaboration. The prevention of crisis escalation reduced demand on safeguarding, perinatal mental health and social services, which can cost thousands per case as well as reduced the likelihood of extended hospital stays post-birth by working towards a smooth community transfer.

A cost example: A complex case can involve a short postnatal hospital stay at a cost to the NHS of £1,927. Add 3 additional 3 antenatal (£300) and 3 postnatal (£426) midwife visits the cost would increase to £2,653. Should a week’s stay in perinatal mental health unit be required a further £10,899 would be added resulting in a total cost to the NHS of **£13,552**. It typically costs the Doula Service **£1,515** to support a woman in a complex case (£1,732 with birth partner support). This can involve between 20-30 interactions by Doula staff with the service user during the antenatal, intrapartum and postnatal period. Our support limits the demand on other agencies involved in her care and support.

The table below outlines potential cost savings:

Potential Cost Component	National average unit costs
In-patient stay in perinatal mental health mother & baby unit	£1,557*
Specialist Perinatal Mental Health Community Service	£329*
Health visiting service - community midwife ante-natal visit	£100 per visit*
Health visiting service - community midwife post-natal visit	£142 per visit*
Ante-natal complex disorders – inpatient short stay	£733 *
Postnatal therapeutic procedures – inpatient short stay	£1,927*
Additional GP appointments during antenatal and postnatal period	£45 per 10 min appointment **
Emergency accommodation costs to avoid homelessness for mother and baby	Estimated £50–£90 per night (annualised £18,000–£32,000)
Emergency safeguarding interventions and potential foster care placement	Estimated £615+ per week ***

*2024/25 NHS National Cost Collection Data 2024/25 – the average unit cost of providing defined services to NHS patients in England

**The University of Kent’s Academic Repository KAR - Unit Costs of Health and Social Care 2024 – version 2

***Birmingham City Council Observatory 2024

RAPHA LISTENING SERVICE



Rapha
Listening
Service

“The Rapha Listening Service supports people from diverse community backgrounds in their journey toward better mental health and well-being. We provide early intervention, interim or follow-on support through matching with a trained listener for up to 9 listening sessions.

ACHIEVEMENTS AT A GLANCE

376

SUPPORT SESSIONS
DELIVERED

236

HOURS OF LISTENING
SUPPORT

301

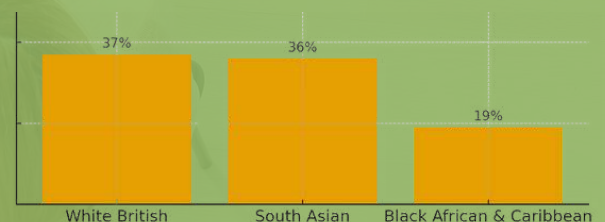
LISTENING SESSIONS

Our service users were typically referred for low mood (39%), anxiety (19%) and depression (16%). However, at initial assessment and during subsequent listening sessions, service users often disclosed other support needs, including long-term health conditions, historical trauma and more severe diagnosed and undiagnosed mental health issues. Some were on waiting lists to access NHS mental health and other related services.

Our team of 2 staff and 29 volunteers supported 94 people and delivered 376 support sessions, including signposting and facilitating referrals to other community and mental health services as needed. On average, service users received 5.5 hours of direct listening support.

THIS YEAR WE SUPPORTED 94 PEOPLE

71%: Female



RAPHA CASE STUDY

'C' - service user experiencing anxiety due to a difficult living environment

Background

'C' is a 71-year-old White British woman who lives alone. When she first accessed the listening service, she was distressed due to ongoing issues involving excessive noise, vibrations, and unpleasant smells from neighbouring flats, which she believed were affecting her physical health, causing coughing, breathing difficulties, and skin irritation. The situation had left her feeling harassed, anxious, and felt her home no longer felt like a secure or comfortable place to live. This distress also impacted her sense of independence and emotional well-being. Although she sometimes stayed with her children for relief, she found this disrupted her routine and sense of stability. Despite these challenges, 'C' showed emotional resilience and expressed a desire for a peaceful and independent life.

Intervention

'C' was referred to Bethel by a social prescriber and matched with a trained volunteer listener. Throughout her listening sessions, 'C' engaged well with the listener and gradually began reintroducing small but meaningful activities into her daily life. She resumed watching television, knitting, and playing games on her iPad—activities she had previously abandoned. She also used headphones to listen to music to manage the noise from her neighbours. These small steps helped her regain some control over her environment and mood.

'C' responded very positively to the support she received. She valued the consistency and empathy shown by the listener and appreciated having a safe space where she felt heard and validated. She described the listener as reliable and supportive and took pride in the mutual learning that took place during their conversations.

Impact

By the end of the 9 sessions, 'C' was more hopeful and emotionally strong. She said the sessions gave her a chance to "let it all out" and feel seen as someone strong, not just as someone who is struggling. Although her living situation had not yet changed, she remained optimistic about eventually moving to a more peaceful place. 'C' expressed gratitude for the support she received and felt more able to cope with her ongoing challenges.

RAPHA CASE STUDY

‘J’ - service user with work related stress and depression

Background

‘J’ is a 46-year-old Indian female who lives with her mother, brother and dog. She was referred to the listening service by Living Well Consortium due to work related stress and depression that was affecting her everyday life. ‘J’ had been working at a company for over 16 years but was increasingly disliking her place of work due to the toxic environment and bullying and felt that management offered no support. This had started to affect her sleep, appetite and physical health. ‘J’ even started having thoughts to end her life but not because she wanted to die but just wanted her situation to stop. She even got a dog for emotional support which gave her some comfort.

Intervention

‘J’ was matched with a listener where she was able to talk about her work situation and discuss how she felt with the same person enabling her to build trust. Gradually over the course of 9 sessions, ‘J’ became better able to handle her own stress and explore the options available to her to address the work-related issues. She felt empowered to make decisions when a problem occurred, relying less on others to do tasks for her.

Impact

Following her final session, although sad that the support was ending, ‘J’ felt more positive about her situation with clear action plans in place, including accessing further support from her GP should she need it. She expressed that her wellbeing had improved significantly and stated, “It was just being able to speak to someone with an independent mind with no judgement and being reminded of things I have done in the past. I was going through a difficult situation, and it helped with strength and encouragement. The lady as was lovely she was so kind. It was the right time in my life to talk.”

POTENTIAL COST SAVINGS

Case Studies 'C' & 'J'

Both 'C' and 'J' felt their mental health problems were increasing that would potentially have required more acute mental health interventions from the community mental health team, and additional GP appointments. It typically costs the Rapha Listening Service between **£282 - £394** to provide 9 listening sessions depending on the complexity, compared to **£1,700** for an average 8 IAPT sessions including assessment and follow-up appointment. However, the opportunity to talk through their concerns with their Rapha Service listeners resulted in an overall improvement in their mental health without more costly NHS funded mental health interventions.

The table below outlines potential costs avoided:

Potential Cost Component	National average unit costs
Community Mental Health Team (functional)	£279*
Acute adult mental health care	£719*
IAPT Assessment	£168*
IAPT Treatment	£174*
Follow-up appointment after IAPT treatment end	£140*
GP appointment	£45 per 10 min appointment

* 2024/25 NHS National Cost Collection Data 2024/25 – the average unit cost of providing defined services to NHS patients in England.

**The University of Kent's Academic Repository KAR - Unit Costs of Health and Social Care 2024 – version 2.

WHAT OUR RAPHA SERVICE USERS SAID...



“When I first started talking, I found it difficult, but at the end, I felt more comfortable approaching my audience. Sometimes it's hard to talk about my problems with my family and friends. I thought the phone conversation was beneficial and helped me have the confidence to speak. I feel more comfortable talking to people about my personal problems and topics that I was previously afraid to discuss.”

BRITISH ASIAN FEMALE, 58, REFERRED DUE TO BEREAVEMENT

“I let out things that I have had on my mind for years and years. Things that happened to me from age 8/9, I am now in my 70s. Sometimes, I was not feeling well, and they were patient with me and gave me time to talk. The lady who listened to me was brilliant...she really helped me. I would like to access listening services again as I feel lonely.”

BRITISH ASIAN FEMALE, 76, STRUGGLING LIVING ALONE AND GOING OUT INTO THE COMMUNITY

BY THE END OF THE SUPPORT PERIOD

97% SUPPORT RECEIVED MET OR EXCEEDED THEIR EXPECTATIONS

84% WOULD RECOMMEND THE RAPHA SERVICE

BENEFITS OF SUPPORT

66%
OVERALL MENTAL HEALTH & WELLBEING IMPROVED

50%
I FEEL MORE ABLE TO COPE WITH MY PERSONAL SITUATION

48%
I FEEL MORE ABLE TO COPE WITH MY RELATIONSHIPS

50%
I FEEL MORE POSITIVE ABOUT THE THEMSELVES

31%
I HAVE BEEN SUPPORTED TO ACCESS OTHER SERVICES

WHAT OUR RAPHA SERVICE USERS SAID...



“—
| My expectations were very low, so
| my expectations were exceeded.
| They were patient and listened and
| gave me time and space to speak and
| actually listened. —”

**Black British Female aged 58,
referred for low mood and anxiety
around health issues**

“—
| The person was supportive and
| positive. She made me realise that I
| have other things to think about.
| Useful to speak with someone in own
| language. —”

**Pakistani Female, 43, referred due
to depression and loss**

“—
| The listener was good. Everyone was
| very friendly, 'Good Vibe', which was
| good...I did not feel like I was walking
| into the Lion's den. It was not
| confrontational. For me, it was
| excellent. —”

**Male, 66, referred due to relationship
breakdown**

“—
| When I first started talking, I found it
| difficult, but at the end, I felt more
| comfortable approaching my
| audience. Sometimes it's hard to talk
| about my problems with my family
| and friends. I thought the phone
| conversation was beneficial and
| helped me have the confidence to
| speak. I feel more comfortable talking
| to people about my personal
| problems and topics that I was
| previously afraid to discuss. —”

**British Asian Female, 58, referred
due to bereavement**

VOLUNTEERING AT BETHEL



“Overall, I have found my experience as a volunteer rewarding. Being able to listen & support others who need support & them trusting you is such an amazing privilege. Being supported as a listener is a huge requirement, especially when it’s an intensive case. I’ve been very supported throughout, but especially with a recent intense case. Everyone I work with at Bethel is welcoming & friendly, just like a big family who understands each other —”

RAPHA LISTENER

Our volunteers are essential to the delivery of our 1-2-1 service users' support and assistance at events and group activities. This year, 38 volunteers were active in our Doula and Rapha Services, including both those who have been volunteering with Bethel over several years and more recently.

ACHIEVEMENTS AT A GLANCE



“Whenever I ask questions about my concerns and they get answered in the most respectful and honest way. —”

DOULA VOLUNTEER

“I recently received flowers and cakes as a thank you for my work from my manager, and I have also regularly received messages and emails expressing thanks! —”

DOULA VOLUNTEER

VOLUNTEERS BENEFITED



WHAT OUR VOLUNTEERS SAID...

“—
Overall, I have found my experience as a volunteer rewarding. Being able to listen & support others who need support & them trusting you is such an amazing privilege. Being supported as a listener is a huge requirement, especially when it’s an intensive case. I’ve been very supported throughout, but especially with a recent intense case. Everyone I work with at Bethel is welcoming & friendly, just like a big family who understands each other.
—”

Rapha Listener

“—
Whenever I ask questions about my concerns and they get answered in the most respectful and honest way
—”

Volunteer Doula

“—
I recently received flowers & cakes as a thank you for my work from my manager, and I have also regularly received messages/emails expressing thanks.
—”

Volunteer Doula

“—
It has been good to meet and help others less fortunate and to feel that I have something to offer them
—”

Rapha Listener

‘J’ DOULA VOLUNTEER CASE STUDY



‘J’ joined Bethel’s Doula Service to support families facing vulnerability. Alongside volunteering, she also worked as a teacher while pursuing a master’s degree in psychology, demonstrating her dedication to personal growth and community service.

Since joining, ‘J’ has strengthened her skills through undertaking Bethel’s Doula Course and Safeguarding Training. These have equipped her with deeper knowledge in providing emotional support, safe practice and trauma-aware care - all of which she applies daily in her work with families.

A standout example of ‘J’ impact came when she supported an immigrant couple during the birth of their second child. With the father at home caring for their toddler, ‘J’ stepped in as the mother’s birth partner at the hospital. She offered continuous reassurance, helped the mother understand what to expect, and gently advocated for her needs during moments of uncertainty.

‘J’ also played a crucial role in keeping the family connected. She provided frequent updates to the father, ensuring he felt involved and informed despite being unable to attend the birth. Her communication reduced stress for both parents and strengthened the family’s sense of security at a critical moment.

By offering calm, compassionate presence and acting as a bridge between home and hospital, ‘J’ embodied the values of Bethel’s Doula Service. Her commitment, strengthened by her training and professional background, continues to make a tangible difference to the well-being of families across the community.

'T' RAPHA VOLUNTEER CASE STUDY



'T' joined Bethel's Listening Service motivated by a genuine commitment to supporting individuals experiencing mental health challenges. She provided consistent one-to-one support to two clients, meeting weekly to offer a safe, confidential space where they could talk openly about their struggles. Her reliability and gentle approach helped service users feel grounded, understood and less isolated during vulnerable moments.

T's contribution extended beyond individual support. She is an active part of the Fairer Futures Project where she assists the facilitator in running monthly mental health wellbeing sessions enabling participants to engage more fully and feel supported within the group environment. She has also had the opportunity to facilitate and deliver a suicide awareness course for Bethel's staff and volunteers, strengthening the organisation's capacity to respond safely and confidently to individuals in distress.

Despite balancing personal responsibilities, 'T' continues to volunteer with dedication. She views the experience as both enriching and purposeful, valuing the opportunity to make a meaningful difference in people's lives while developing her own skills and confidence. Today 'T' is a valued and trusted presence within the Rapha Listening Service, recognised for the emotional support she provides marked by empathy, patience and attentive listening.

MARKETING HIGHLIGHTS 2024-25



Helping more people find support, and more volunteers and partners find us.

This year, we strengthened Bethel's visibility through consistent email updates and regular social content, sharing service information, community activity, volunteer opportunities, and key moments across the network.

Email marketing (Mailchimp)

- Total email sends: 5,812
- Average open rate: 36.2% (approx. 2,088 opens)
- Average click rate: 5.2% (approx. 300 clicks)

Campaign output: 32 email campaigns across the year, including 9 newsletters and key service and event updates.

Social media (Facebook + Instagram)

Total content views: 44,684

- Facebook views: 32,463
- Instagram views: 12,221

Total interactions: 730

- Facebook interactions: 436
- Instagram interactions: 294

Profile / page visits: 2,423

- Facebook visits: 1,924
- Instagram profile visits: 499

Peak months (views):

- December: 9,083 total views
- November: 8,040 total views

LinkedIn (organic)

- 8 posts published
- 1,092 impressions
- 145 clicks
- 50 reactions, 2 reposts

Content celebrating volunteers, partnerships, and community moments generated the strongest response.

FINANCIAL REVIEW AND STATEMENTS



Income for the year amounted to £358,035 (2024: £393,839) whilst expenditure was £340,673 (2024: £386,053). This resulted in a surplus of £17,362 (2024: £7,787) and an increase in funds for the year to £27,247 (2024: £9,885). The plan for 2025 was to continue to build up reserves, this was achieved and will continue to be the focus in the next financial year.

RESERVES POLICY

Reserves are required to:

- smooth out surpluses and deficits year on year;
- replace capital expenditure or restructure the organisation;
- deal with the effects of any risks that materialise e.g. significant losses of income and delays in payments;
- allow the organisation to take on opportunities that may arise in a timely manner;
- deal with the unexpected.

Trustees are required to set an appropriate minimum level of reserves, and in doing so take into account these reasons for holding reserves, as well as current and future financial needs. The trustees have decided to set minimum reserves at 3 months of unrestricted expenditure, as indicative of the operating reserves required by the nature and size of the charity. As at 31 March 2025, that will require minimum free reserves of approximately £105,426 to be held (2024: £98,535). Both the policy and its implementation are under regular scrutiny.

TRUSTEE RESPONSIBILITIES FOR THE FINANCIAL STATEMENTS

Charity and Company Law require 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 at the balance sheet date and of its incoming resources and application of resources, including income and expenditure for that period. In preparing those financial statements, the Trustees are required to:

Select suitable accounting policies and apply them consistently to:

- Make judgements and estimates that are reasonable and prudent
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis, unless it is inappropriate to assume that the Charity will continue in business

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

Bethel Health and Healing Network

Independent Examiners Report to the Trustees of the Bethel Health and Healing Network

I report on the financial statements of the Charity for the year ended 31st March 2025

Respective responsibilities of trustees and examiner

The charity's trustees are responsible for the preparation of accounts. The trustees consider that an audit is not required for this year under section 43(2) of the Charities Act 1993 ('the 1993 Act') and that an independent examination is needed. The charity has prepared accrued accounts and I am qualified to undertake the examination.

It is my responsibility to:

- examine the accounts under Section 43 (3) (a) of the 1993 Act
- follow the procedures laid down in the General Directions given by the Charity Commissioners made under section 43 (7) (b) of the 1993 Act.
- state whether particular matters have come to my attention

Basis of Independent Examiner's Statement

My examination was carried out in accordance with the General Directions given by the Charity Commissioners and with Regulation 11 of the 2006 Regulations. An examination includes a review of the accounting records kept by the organisation, and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently I do not express an audit opinion on the view given by the accounts.

Independent Examiner's Statement

In connection with my examination, no matter has come to my attention :-

1. which gives me reasonable cause to believe that in any material respect, the requirements: to keep accounting records in accordance with section 41 of the 1993 Act and Regulation 4 of the 2006 Regulations; and to prepare accounts which accord with the accounting records and comply with the accounting requirements of the 1993 Act and Regulation 8 of the 2006 Regulations; and which are consistent with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities have not been met, or
2. to which, in my opinion, attention should be drawn to enable a proper understanding of the accounts to be reached.

Signed:



Date:



David Chittenden
18 Cunningham Road
Peterborough
PE2 9RG

**Statement of Financial Activities
Year Ended 31st March 2025**

	Note	Restricted	Unrestricted	Total Funds 2025	Total Funds 2024
Income and Endowments from:					
Donations and legacies	2	73,493	13,298	86,791	85,811
Charitable activities	3	0	270,644	270,644	307,628
Interest			0	0	0
Other income			600	600	400
		<u>73,493</u>	<u>284,542</u>	<u>358,035</u>	<u>393,839</u>
Expenditure on:					
Raising funds	4		12,166	12,166	20,174
Charitable activities	5/6/7	73,493	255,015	328,508	365,878
Total expenditure		<u>73,493</u>	<u>267,180</u>	<u>340,673</u>	<u>386,053</u>
Net income		0	17,362	17,362	7,787
Reconciliation of Funds					
Total Funds brought forward		0	9,885	9,885	2,098
Total Funds carried forward		0	27,247	27,247	9,885
Balance Sheet as at 31st March 2025					
Current Assets					
Debtors	11			5,316	36,102
Cash at bank and in hand	12			<u>79,650</u>	<u>5,894</u>
				<u>84,967</u>	<u>41,997</u>
Current Liabilities					
Liabilities falling due within one year	13			57,720	32,112
Net Assets					
				<u>27,247</u>	<u>9,885</u>
Represented by:-					
Unrestricted Funds	15			27,247	9,885
Restricted Funds	15			0	0
Total Funds				<u>27,247</u>	<u>9,885</u>

The trustees (who are also the directors of the company for the purposes of company law) confirm that for the period ended 31 March 2025:-

- the company was entitled to exemption from audit under section 477 of the Companies Act 2006 ("the Act"), and
- members have not required the company to obtain an audit of its accounts for the period in question in accordance with section 476 of the Act. However, in accordance with section 145 of the Charities Act 2011 and section 44 of the Charities and Trustee Investment (Scotland) Act 2005, the accounts have been examined by an independent examiner.

The trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of accounts.

The notes form an integral part of these accounts. They have been reviewed in the preparation of these accounts with changes to the classification and presentation.

These accounts, which have been prepared in accordance with the provisions in the Companies Act 2006 relating to small companies, were approved by the trustees on 27/3/25 and signed on their behalf by:

Trustee



Date: 27/3/25

Notes:

1. Accounting Policies

(a) Basis of Preparation

These accounts have been prepared on the basis of historic cost in accordance with the Accounting Regulations set out under the Charities Act 1993 and with the Charities Statement of Recommended Practice (SORP) 2005 - Second Edition

(b) Form of Financial Statements

- (i) Unrestricted funds are those that may be used at the discretion of the trustees in furtherance of the objects of the charity
- (ii) Restricted funds may only be used by specific purposes. Restrictions arise when specified by the donor or when funds are raised for specific purposes.

(c) Incoming Resources

- (i) Incoming Resources are recognised and included in the Statement of Financial Activities (SOFA) when the Charity becomes entitled to the resources; the trustees are virtually certain they will receive the resources; and the monetary value can be measured with sufficient reliability.
- (ii) Where incoming resources have related expenditure (as with fundraising), the incoming resources and related expenditure are reported gross in the SOFA.
- (iii) Donations are accounted for gross when received.
- (iv) Bank interest is recognised when it is credited to the account.

(d) Expenditure and Liabilities

- (i) Expenditure is accounted for on an accruals basis.
- (ii) Liabilities are recognised as soon as there is a legal or constructive obligation to pay out resources.

(e) Assets

Tangible fixed assets are capitalised if they cost more than £1,000 and can be used for more than one year. They are valued at cost or, if gifted, at value on receipt. The charity does not currently have any capitalised fixed assets.

(f) Taxation

The charity is not liable for income or capital gains tax on its charitable activities. Irrecoverable VAT is included in the asset cost or expense to which it relates.

2. Income from donations and legacies

	Restricted	Unrestricted	2025	2024
Donations received	0	1,973	1,973	956
Grants received:				
Albright Grimley Trust		500	500	0
Baron Davenport's Charity		750	750	0
Birmingham City Council	56,864		56,864	
Birmingham Voluntary Service Council			0	5,500
Church Urban Fund	796		796	0
Health Exchange			0	5,998
Heart of England Community Foundation		2,125	2,125	12,000
H J Sayer Trust		1,000	1,000	0
NHS Property Services Limited			0	9,999
Richard Kilcuppe Charity		1,000	1,000	600
The 29th May 1961 Charitable Trust			0	5,000
The Cole Charitable Trust		2,000	2,000	0
The Edward and Dorothy Cadbury Trust		1,500	1,500	0
The Edward Gostlin Foundation			0	0
The Eveson Charitable Trust	15,000		15,000	0
The Grimmitt Trust		1,200	1,200	1,200
The Michael Marsh Charitable Trust			0	2,500
The National Lottery Community Fund	833		833	9,164
The Richard Cadbury Charitable Trust		500	500	0
William A. Cadbury Charitable Trust		750	750	0
Other			0	0
	73,493	13,298	86,791	85,811

3. Income from charitable activities

Birmingham & Solihull Mental Health NHS Foundation Trust	24,782	24,782	38,653
Living Well Consortium	35,000	35,000	35,000
NHS Birmingham and Solihull ICB	181,755	181,755	191,975
Sandwell & West Birmingham Hospital NHS Trust	29,107	29,107	42,000
	<u>0</u>	<u>270,644</u>	<u>270,644</u>
			<u>307,628</u>

4. Expenditure on generating donations and legacies

Unrestricted funds

Raising funds		12,166	20,174
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5. Costs of charitable activities by fund type

Doula	46,128	167,072	213,200	197,365
Rapha listening service	27,365	20,371.17	47,736	115,158
Support costs		67,571	67,571	53,356
	<u>73,493</u>	<u>255,015</u>	<u>328,508</u>	<u>365,878</u>

6. Costs of charitable activities by activity type

	Activities undertaken			Total
	directly	Support costs	Total	Total
Doula	213,200	55,210	268,410	231,060
Rapha listening service	47,736	12,362	60,098	134,818
Trusted Charity (PQASSO)			0	0
	<u>260,936</u>	<u>67,571</u>	<u>328,508</u>	<u>365,878</u>

7. Analysis of support costs

	2025	2024
Communication costs	4,884	7,812
Office costs	14,307	16,065
Premises costs	23,311	17,256
Legal and professional	32,083	25,072
Other operating costs	16,569	25,885
	<u>91,153</u>	<u>92,090</u>

8. Independent examiner's remuneration

The Independent examiner provided services on a voluntary basis so no fee was charged (2024: Nil)

9. Trustees' remuneration and expenses

During the year, no Trustees received any remuneration or other benefits and no expenses were claimed (2024: Nil)

10. Staff costs and emoluments

Salaries and wages	228,148	271,154
Social security costs	17,895	21,643
Employers contribution to defined contribution pension scheme	6,011	7,049
	<u>252,054</u>	<u>299,846</u>

There were no employees whose emoluments (salaries, wages, benefits in kind) fell in a band in excess of £60,000 (2024: Nil)

The average number of persons employed by the Charity, including part time staff, calculated on a full time equivalent basis was:

Core staff	6.80	8.81
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11. Debtors

Accounts Receivable	3,218	33,217
Accrued Revenue	0	0
Prepaid Expenses	2,099	2,886
Other		
	<u>5,316</u>	<u>36,102</u>

12. Bank and Cash Balances

TSB current account	79,204	5,461
Triodos deposit account	177	177
Petty Cash	269	256
	<u>79,650</u>	<u>5,894</u>



13. Current Liabilities (payable within one year)

Accounts Payable	13,657	20,852
Accruals and deferred income	36,177	2,237
Payroll Liabilities	7,885	9,023
	<u>57,720</u>	<u>32,112</u>

14. Related party transactions

Donations without condition of £390 were received from one trustee (2023: £360 from 1 trustee)
These amounts do not include the gift aid associated with these donations.

15. Statement of Funds	At 1st April 2024	Income	Expenditure	Transfers	At 1st April 2025
Unrestricted Funds					
General	141,500	13,898	12,166		143,233
Doula designated	(131,616)	270,644	255,015		(115,986)
	<u>9,885</u>	<u>284,542</u>	<u>267,180</u>	<u>0</u>	<u>27,247</u>
Restricted Funds					
Doula	0	46,128	46,128		0
Rapha	0	27,365	27,365		0
	<u>0</u>	<u>73,493</u>	<u>73,493</u>	<u>0</u>	<u>0</u>
Total Funds	<u>9,885</u>	<u>358,035</u>	<u>340,673</u>	<u>0</u>	<u>27,247</u>

Prior year

Unrestricted Funds					
General	131,520	30,155	20,174		141,500
Doula designated	(129,421)	307,628	309,822		(131,616)
	<u>2,098</u>	<u>337,783</u>	<u>329,997</u>	<u>0</u>	<u>9,885</u>
Restricted Funds					
Doula		35,394	35,394		0
Rapha		20,662	20,662		0
	<u>0</u>	<u>56,056</u>	<u>56,056</u>	<u>0</u>	<u>0</u>
Total Funds	<u>2,098</u>	<u>393,839</u>	<u>386,053</u>	<u>0</u>	<u>9,885</u>