Company Registration No 05866886 (England and Wales)

BEST BEGINNINGS (A COMPANY LIMITED BY GUARANTEE) TRUSTEES' REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 JULY 2012

THURSDAY



LD3 20/12/2012 COMPANIES HOUSE #56

BEST BEGINNINGS (A COMPANY LIMITED BY GUARANTEE) LEGAL AND ADMINISTRATIVE INFORMATION

Trustees

Mr David Boyd

Mrs Francesca Entwistle Dr Morag Campbell Ms Rachel Ellison Mrs Janet Fyle Mrs Edeen Hayes

Mr Andrew Harris (Treasurer from 12th December 2012)

Professor Alan Maryon-Davis (Chair)

Mrs Hannah Mindel (Treasurer until 12th December 2012)

Mr Angus Morrison Mr Andrew Moss Mrs Sharon Walker

Chief Executive Officer

Alison Baum

Charity number

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Company number

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Introduction

The trustees of Best Beginnings, who are also directors of the charity for the purposes of the Companies Act 2006, submit their Annual Report and Financial Statements for the accounting year ended 31 July 2012. The trustees confirm that the Annual Report and Financial Statements of the charity have been prepared in accordance with the accounting policies set out in Note 1 to the Financial Statements and comply with the charity's constitution, applicable law and the requirements of the Statement of Recommended Practice. Accounting and Reporting by Charities issued in 2005.

Public benefit

The trustees confirm that they have complied with their duty under the Charities Act 2011 to have due regard to the Charity Commission's general guidance on public benefit

Background

Not all children in the UK have an equal start in life. A large gap exists between the health, wellbeing and development of children born into well-off and less well-off families. For example, a baby born in Bradford is five and a half times more likely to die before the age of one than a baby born in Tunbridge Wells, Kent. Deprivation in its various forms is associated with late antenatal booking, premature birth, low birth weight, neonatal illnesses, developmental disorders and deaths in infancy.

The health inequalities that exist in infancy continue into adulthood, with those children from lower socio-economic backgrounds being less likely to do well at school or work, and more likely to suffer from obesity, cancer and heart disease in later life.

Best Beginnings focuses on the timeframe between preconception and two years of age, where the foundations for a healthy life are laid. We aim to improve health and social outcomes for all children, but particularly those most likely to suffer from health inequalities eg children whose parents are from lower socio-economic backgrounds, are under 25 years of age and/or are in a disadvantaged ethnic minority.

Best Beginnings works collaboratively to create and deliver accessible tools and resources to educate and empower parents, involve them in every stage of their child's early development and equip them with knowledge and confidence to become the best possible parents, thereby breaking the cycle of disadvantage. We aim to create equality, challenge accepted standards and bring about lasting attitudinal and behavioural change that will give every baby in the UK a chance of a healthier start in life.

Best Beginnings works collaboratively with healthcare professionals, Royal Colleges and other professional bodies, voluntary sector organisations, reademies, the four UK governments and parents to ensure our resources deliver both to the evidence-base and to the needs of families and professionals, maximising both our reach and impact so that we can make a genuine difference to the lives of our beneficiaries

Our resources are universally available but we work hard to ensure that they are particularly engaging to those most affected by health inequalities and least likely to self-educate. This is known to be an effective approach to reduce stigma and increase reach and impact, leading to greater take up amongst the most disadvantaged groups.

We are innovative and visionary in our approach, using media, arts and technology to engage traditionally hard to reach audiences. We have a strong track record of using film to show first-hand journeys of parents, providing a virtual peer-network and effectively engaging our beneficity groups through an informative yet non-didactic approach.

'As President of the Royal College of Paediatrics and Child Health it is clear to me that when doctors talk people sometimes listen but when doctors talk alongside parents children and third sector colleagues people really pay attention and together we have influence

My working relationship until Best Beginnings predates my role as President and over the years I have watched it grow and flourish. I have no doubt that as an organisation it has been one of the most influential players in the field - not just in relation to the importance of breast feeding, but much more broadly in the whole field of early interaction bonding and the essential building blocks that underpin a successful start in life

As the College forges ever closer links with the third sector and focuses increasing media resources on the determinants of child health not just childhood illness, Best Beginnings will continue to be one of our most important partners."

Dr Hilary Cass, President of the Royal College of Paediatries and Child Health (RCPCH)

Aims of the charity

Best Beginnings' three key aims for the next five years are

- Support parents to maximise their child's health and wellbeing by creating a range of innovative, engaging and empowering resources and interventions. We co-create our resources with significant parental and expert input. In this way we ensure our evidence-based interventions help families make positive and informed choices about the health and wellbeing of their child. In line with our mission to reduce child health inequalities, we ensure our resources and programmes are particularly engaging for the families who most need support.
- 2 Enable healthcare and other professionals to better support families through effective use of our resources and associated best practice change programmes. We work collaboratively to ensure healthcare professionals are aware of our parent resources and that they introduce them to parents in ways that will maximise their impact. In addition, where appropriate, we develop associated change programmes to enhance staff confidence and skills and further increase the impact of our interventions.

Influence national and local policy by raising awareness of the importance of the early years for health and wellbeing. We encourage policy makers to prioritise engagement and empowerment of all young families. We commission research to inform and evaluate our interventions and to inform the policy arena.

These aims will be achieved through the implementation of five programmes into which Best Beginnings' various charitable activities fit

- PutureParents Programme
- 2 NearlyParents Programme
- 3 NowParents Programme
- 4 BetterBreastfeeding Programme
- 5 Small Wonders Change Programme

Objects of the charity

Best Beginnings is governed by a Memorandum & Articles of Association dated 5th July 2006 and amended 23rd January 2007. The objects of Best Beginnings are

- to promote the physical and psychological health of mothers and infants through the provision of support, education and practical advice,
- to promote equal access to health services for families with babies so that people who have difficulty accessing these services are enabled to do so, and
- to advance the education of the public, including professionals who have contact with young people and families, about health issues affecting mothers and children, including breastfeeding

1 Charitable activity - Empowering the parents of sick and premature babies to be at the heart of their baby's care - the Small Wonders DVD & National Change Programme

1 in 10 babies are born sick or premature each year in the UK. Life in special or intensive care, where these babies are looked after, can be dominated by complex medical procedures. The experience of having a sick or premature baby is often very distressing, leaving parents feeling inxious and disempowered. Given that poverty is associated with perinatal problems such as preterm birth, low birth-weight and admissions to neonatal services, the parents of premature and sick babies are disproportionately from lower socio-economic groups.

With all of this in mind, our major focus over the last year has been developing and launching the Small Wonders DVD and national change programme. Lighty thousand babies are born sick or premature each year in the UK. Small Wonders aims to place the parents of these babies at the heart of their baby's care in ways that are known to improve health and wellbeing outcomes.

While sick or premature babies usually receive outstanding medical care, less attention is paid to non-clinical issues and how these can affect families and babies. There are many important ways in which parents can be empowered to become more involved in their baby's care and evidence has shown that this can make a real difference to the baby's health and wellbeing

Government standards for neonatal services recommend provision to support 'family-centred care'. For instance, the NHS and Department of Health Loolkit for High Quality Neonatal Services (2009) recommends that 'parents are encouraged and supported to participate in their baby's care at the earliest opportunity, including regular skin-to-skin care, providing comforting touch and comfort holding, feeding and day-to-day care such as nappy changing'

However, research indicates that the reality often falls far short of these standards. The 2011 Picker Institute Europe National Survey of Parents Experiences of Neonatal Care showed wide variation in the extent to which services work to inform and enable parents to be actively involved in their baby's care with the mean scores often being far lower than would be ideal. For instance, where admission to a neonatal unit was predicted antenatally, on average only 36% of parents said a member of staff definitely spoke to them about what to expect after birth and the range of responses between neonatal units varied between 17% and 76%

Best Beginnings is committed to help improve this and other aspects of family-centred care, including better supporting parents to ask questions, touch their baby, know what to expect and be the ones to give their baby their first bath, all of which can enhance bonding and family wellbeing

I wo aspects of family-centred care that Best Beginnings is driving change towards and that have good evidence of direct health and development benefits for babies, are enabling mothers to give their babies their own breast milk and facilitating parents to have extended periods of skin-to-skin contact (also known as kangaroo-care) with their babies

The importance of breast milk for premature and sick babies', both in terms of infection rates in hospitals and developmental outcomes, is well established. However, breast milk expression and breastfeeding rates for sick and premature babies vary considerably across hospitals in the UK with breastfeeding rates on discharge ranging from less than 5% to greater than 80% between neonatal units.

In addition to this, very little skin-to-skin contact between parent and baby happens in UK neonatal units compared to countries such as Sweden, even though extended periods of skin-to-skin have been shown to improve cognitive outcomes and enhance parental attachment, interaction and wellbeing

Best Beginnings has designed the Small Wonders National Change Programme to address the current gap between policy and practice by supporting practitioners in helping parents to be more central to all aspects of their premature or sick baby's care and by directly empowering parents. At the core of the change programme is the Small Wonders DVD, which follows the stories of 14 families going through the first weeks and months in hospital, the transition home and the first months at home. The DVD shows the families grow in confidence and become actively involved in all aspects of their babies care including touching, having skin-to-skin contact, expressing breast milk for their baby, changing nappies and giving the first bath.

Ultimately the Small Wonders DVD is designed to

- Empower families by providing parents with the knowledge and confidence to achieve the best possible care for their baby,
- inform parents how the neonatal unit works and how best to care for their baby,
- · reassure parents that what they are feeling and experiencing is normal and that there is light at the end of the tunnel,
- prepare parents to feel more able to cope with what lies ahead of them, and,
- increase the confidence, knowledge and skills of staff to better support families to be at the cornerstone of their baby's care

Significant progress from August 2011 to July 2012

The period from 1st August 2011 to 31st July 2012 saw major progress in completion and launch of the Small Wonders DVD and the development of the National Change Programme that is designed to maximise the impact of the DVD

The Small Wonders DVD was produced and directed by Jacqui Smith, the BAITA Award-winning film director who made our From bump to breastfeeding DVD (see section 3). Best Beginnings' CEO Alison Baum, who was a producer and director at the BBC before founding the charity and who executive produced From bump to breastfeeding, was the executive producer on Small Wonders.

Best Beginnings went through a rigorous process of consultation and piloting to develop the Small Wonders DVD to ensure it delivers to both the evidence of effective practice and the needs of parents of sick and premature babies. This included consulting more than 200 professionals and over 100 parents at several stages during the production process. The DVD was finished in the first months of 2012 and then piloted with stiff and parents in neonatal units in Edinburgh and the Yorkshire and Humber region before final editing took place in April 2012.

I eedback from the pilot included

Informative and reassuring ' Parent with a baby on a neonatal unit

Excellent resource Good description of levels of care Excellent for attachment/bonding and different parents' experiences "Healthcare professional

The DVD contains twelve films, shot in hospitals around the UK that are known for best practice. It follows families with premature and sick babies on their journey from birth and first contact with their baby to one year on. The Small Wonders DVD is the first of its kind to document real parents' experiences of having a sick or premature baby in this way.

The DVD has been endorsed by more than 20 organisations including six Royal Colleges, the Scottish Government, Welsh Government, UNICLE, NCI, Child Bereavement UK, The Multiple Births Foundation and the Neonatal Nurses Association

The DVD cover includes a number of supportive quotes such as

'The British Association of Perinatal Mediane is supportive of the Small Wonders DVD, improving family-centred care within neonatal services should improve the overall quality of care for babies and their families. We look forward to the outcome of the evaluation of the Small Wonders Change Programme and hope it will set the standards for family-centred care in the future.'

Dr Bryan Gill, President, British Association of Perinatal Medicine

"The RCGP thinks the "Small Wonders" DVD provides really good material to support babies parents and their professional carers at a difficult and crucial time. We welcome it and will ensure it is advertised to our members, who are often working with families stressed by the knockon of a premature or sick baby for many years. I hank you! "Professor Amanda Howe MD I RCGP I-AcadMEd, Honorary Secretary, Royal College of General Practitioners."

Launching the Small Wonders DVD

Best Beginnings raised money to produce 90,000 copies of the DVD for neonatal healthcare professionals and the families of sick and premature babies born in the UK from June 2012 to June 2013

The DVD was launched to hospital staff in April 2012 through a network of healthcare professional "Small Wonders Champions". This allowed staff two months to watch and begin to embed the DVD before the launch to parents across England began in June 2012.

On June 19th we held the Small Wonders I ngland launch event at the Royal College of Obstetricians and Gynaccologists (RCOG). Around 200 people attended the event, a mixture of representatives of Royal Colleges and other organisations, healthcare professionals, parents and supporters.

It was a very successful night, with speeches from the Presidents of the Royal College of Midwives, RCOG and Royal College of Paediatries & Child Health, as well as courageous words from parents who appeared in the DVD talking about why they chose to take part. Clips of the DVD and the parents' heart-wrenching stories left very few dry eyes in the house.

The event marked the beginning of a culture change in neonatal practice across the UK towards more family-centred care. By the end of July 2012, almost 70,000 copies of the DVD have been distributed to 127 hospitals with neonatal units

I hadn't held my twans. Then I watched the DVD and I asked the nurse if I could hold them. I've been having skin-to-skin ever since!'
Parent with a baby on a neonatal unit

A network of Champions supported through shared learning and resources

Robust evaluation of our projects has two equally important purposes demonstrating their effectiveness and/or learning how we can do better. One key piece of learning highlighted by Bournemouth University's evaluation of our *From bump to breastfeeding* DVD was that not all parents received their DVD in the most effective way – as part of a conversation with a healthcare professional

In consure that the Small Wonders DVD is used as effectively as possible, we began in January 2011 to recruit a team of "Champions" in every neonatal unit in England. Champions are senior healthcare professionals, mostly neonatal nurses, midwives and neonatologists, who are committed to helping ensure the Small Wonders DVD is effectively used amongst parents and staff on their neonatal unit.

By the end of July 2012 our network of champions had reached 412, covering 158 of the 171 neonatal units in England, and we were in discussions with the Welsh, Scottish and Northern Ireland Governments about how to roll out Small Wonders in their nations

Through a 'planning form that Champions were required to complete prior to receiving free DVDs for their hospital, we enabled them to structure their plans for embedding the DVD. This included considering how they would encourage staff to watch the DVD and how they would

instil processes to ensure parents receive the DVD in the context of a conversation and early on in their baby's stay on the neonatal unit, and whenever appropriate antenatally

Two regional 'pre-liunch' events held in March 2012 prepared the Champions to roll out the DVDs and facilitated sharing of ideas. The champions have also been supported on an ongoing basis with email updates and phone calls that continue to share ideas, feedback and learning amongst the network.

The London pre-launch day for Champions was attended by over 100 people. The majority were Small Wonders Champions, including several Neonatal Unit Clinical Leads. The day evaluated incredibly well-from example when asked "Did you feel todays' event had prepared you to roll out Small Wonders within your unit?" 100% of delegates answered "Yes".

Our Small Wonders Champions benefit from a range of more than 20 resources that are available on our website. These include, for example, I-AQ sheets for staff, a presentation to promote the DVD to staff, posters to promote the DVDs to parents and a 'monitoring form' designed to help staff keep track of when a family has received the DVD.

Progress on embedding the DVDs for staff and parents

Informal feedback on the DVDs from healthcare professionals has been extremely positive

I would like to thank you for providing such a valuable tool to assist in supporting the parents of premature and sick infants. I have just watched the DVD in its entirety prior to its roll out next month. It not only informed my practice as a neonatal nurse, but I feel strongly that it will inform parents of their baby's journey. I applicable the effort that went into making this DVD in such detail and explaining medical terminology in such an understanding manner. I wholeheartedly believe this will be an invaluable tool for me and my colleagues to use in supporting parents of premature and sick babies. Thank you' Robin Harrower, Senior Nurse, Southend University Hospital NHS.

In July 2012 we launched a survey to monitor the progress that hospitals had made towards embedding the DVD. The full results of this survey will be available in the next financial year

Rigorous independent evaluation of Small Wonders in three hospitals

Best Beginnings is committed to establishing the effectiveness of our resources and interventions. At Guy's and St. Homas' Hospital, King's College Hospital and Liverpool Women's NHS Trust, Best Beginnings are undertaking an intensive intervention to embed the Small Wonders Change Programme. Two nurses are specifically employed to manage the roll-out of the programme and Coventry University has been commissioned to undertake a robust, independent evaluation.

Getting it Right from the Start, Small Wonders Neonatal Workshop

During the year, Best Beginnings worked closely with Julie Watson at the Mother and Infant Research Unit, University of York, which hosts the Yorkshire and Humber Health Innovation & Education Cluster (Y&H HIEC), to co-develop the Getting it Right from the Start, Small Wonders Neonatal Workshop. This workshop was delivered at the three intensive intervention sites. Guy's and St. Thomas' Hospital, King's College Hospital and Liverpool Women's NHS Trust following piloting in Northwick Park.

These one-day workshops are attended by multidisciplinary professionals predominantly from midwifery neonatal care, and aspects of the day are facilitated by staff from within the hospitals with expertise in family-centred care. The workshops aim to

- increase understanding of the evidence for encouraging the use of breast milk, skin-to-skin/kangaroo care and family-centred care for premature and sick babies,
- enhance practice and the communication skills of and confidence so staff so that they can more effectively encourage parents to become more directly involved in the care of their premature or sick baby,
- provide an opportunity to reflect on current practice and plan tangible goals for change, and,
- increase understanding of how the Small Wonders DVD can be most effectively used to help achieve the above

Statistical analysis was carried out of the in-house evaluation data collected from Neonatal Clinical Workshops delivered across the three sites (and one delivered at Northwick Park Hospital) between April and July 2012. The evaluation, assessed participants' self-reported knowledge pre- and post-attendance at the workshop on a scale of 1-10, and showed that post-attendance scores were significantly higher for all 10 areas of knowledge surveyed (p< 001, paired t-tests). The areas surveyed included confidence to communicate with families of sick and premature babies around breast milk expression and breastfeeding, and knowledge of the evidence of the benefits of kangaroo care for sick and premature babies

Practitioner Parent Champions Programme

As part of the intensive intervention programme and thanks to funding from the Department of Health, between May and July 2012 a team of 10 parent champions (parents who have previously had babies on the neonatal unit) were trained to support other parents at Liverpool Women's NHS Trust through the Practitioner Parent Champions Programme. This programme comprises a 10-week course during which parents work together and are facilitated by a counsellor to debrief from their experiences of having had a premature or sick baby and are trained to support, inform and empower parents of babies currently on the neonatal unit. Isarly evaluation of the training programme has been positive and we await the findings from the full evaluation being undertaken by Coventry University.

Thanks

The trustees of Best Beginnings would like to thank the following organisations for their financial support of the Small Wonders project in this financial year

- Miller Philanthropy
- Maurice Wohl Foundation
- Guy's & St Thomas' Trust
- Department of Health
- NHS Health Scotland

The trustees would also like to thank the following for the time, gifts-in-kind and support they have given to the Small Wonders project in this financial year

- Heirloom Media
- Nimmy March
- Annemarie Lean-Vercoe
- Finn Curry
- Lahta Laylor
- Gill Weiser
- Myah Caro

2 Charitable activity - Creating the next generation of resources for parents and parents-to-be

Our mobile apps

Young parents and their children are at increased risk of poor outcomes (low birthweight, premature birth, postnatal depression, relationship problems, difficulties bonding), because of a combination of social disadvantage (poverty, poor housing, low literacy, experience of abuse), lower uptake of health services (late booking for antenatal care, low attendance at antenatal classes) and poor health choices (more likely to smoke in pregnancy, less likely to breastfeed). This suggests that these young parents have a greater need than older parents for high quality information, support and encouragement in their transition to parenthood, but are less likely to receive this support through traditional methods of engagement.

To help overcome these inequalities, we are creating interactive mobile smartphone apps specifically designed for young parents during pregnancy and until their child is six months old. If funding allows we plan to produce six different apps to cover

- pregnancy (separate apps for mothers and fathers)
- looking after baby 0-6 months (separate apps for mothers and fathers)
- baby from 6 months to 2 years (separate apps for mothers and fathers)

These apps aim to improve young parents' health choices, self-efficacy and wellbeing, increase their confidence and knowledge, encourage effective use of health services, and support the emotional transition to parenthood, strong couple relationships and warm and confident parenting. The apps deliver a drily 'push' of information, embedded in a suite of fun-to-use functions including a weekly bump/baby photos that can turn into a video, a tracker for personal goals, frequently asked questions and geolocation for local services.

Although there are numerous commercial pregnancy/parenthood apps available, there are none that speak to young people. Existing apps assume that the mother is supported by a loving partner and make middle class lifestyle assumptions that are irrelevant to many young parents. Our evidence-based apps focus on young people in four key ways

- Visually the interface is stylish and cool, and information comes from an avatar that the user creates,
- Lone the app delivers health information and prompts for reflection or action in the tone of a chatty, informal, knowledgeable friend
- Content the app addresses the possibility that the user may be working, studying, at school or out of work, may live with partner parents, foster parents, etc, may need to cope with prejudice against young parents, and,
- Social networking the apps offer the user the opportunity to share their thoughts, photos and goals with others via Facebook 1 witter

The apps are also highly personalised to the user. The mums' app that is already in development addresses her, her bump or baby, and her partner (if she has one) by name. If she has a partner she will receive messages that include him, and if she is not with the child's father she will receive messages relevant to being a single parent. If she is breastfeeding, the postnatal app will send her messages of support and encouragement. If she is not breastfeeding, the postnatal app will send her messages about safe bottlefeeding and other relevant information.

During the year we have begun work on the young mother's apps. We have

- convened a group of experts including representatives from five royal colleges and UNICLE to guide the project,
- commissioned development of the technical and visual aspects of the apps,
- carried out user testing with young parents on the 'look and feel' of the apps as well as the tone of the content, and changed them in response to feedback,
- drafted daily messages for pregnancy and 0-6 months, and submitted these to experts for review,
- · identified film clips to enhance the daily messages, primarily from Best Beginnings' films and the NHS Choices website
- drafted FAQs and a glossary, and,
- secured funding for independent evaluation of the trial versions of the apps by researchers at Kings College London

The Best Beginnings phone apps are designed to

- make free, high quality, portable healthcare information available to the 762,000 families who have a baby in the UK each year
- break cycles of disadvantage by reaching audiences who may not otherwise engage with healthcare information, and increase their
 awareness of and access to existing services, and,
- become self-sustaining, as revenue from corporate sponsors and appropriate advertising will fund increased functionality and new content as the community grows

Thanks

The trustees of Best Beginnings would like to thank the following organisations for their financial support of the mobile apps project in this financial year

- Guy's & St Thomas' Charity
- The Ledworth Charitable Lrust

3 Charitable activity - Improving infant nutrition through education and support

"Infants who are not breastfed, for whatever reason should receive special attention from the health and social welfare system since they constitute a risk group," advises the World Health Organisation. Breastfeeding is a natural safety net against the worst effects that child poverty has on health and yet, despite government and WHO recommendations, less than 2% of UK mothers exclusively breastfeed to six months.

The health benefits of breastfeeding to mother and child are huge. Research shows that breastfeeding is extremely important for child health and wellbeing

- Babies who are not breastfed are more likely to develop a range of short, medium and long-term health problems including early respiratory infections, gastrointestinal illness, type 2 diabetes, higher blood pressure and raised cholesterol
- Children who are breastfed for four months or longer have a significantly lower chance of having socio-emotional difficulties at five years compared to those who had never been breastfed
- Mothers who do not breastfeed will have an increased risk of breast cancer and gallbladder disease
- There remain huge inequalities in infant nutrition, with families from lower socio-economic groups being significantly less
 likely to start and continue breastfeeding. For example only 5% of babies born to mothers under 20 are receiving any breast
 milk at six weeks compared to 30% of mothers in managerial and professional occupations.

From bump to breastfeeding DVD

In Autumn 2008, Best Beginnings launched the UK's first national DVD on breastfeeding, From bump to breastfeeding. This 'fly-on-the-wall' style documentary follows several families including young parents and those from lower socio-economic groups, putting accurate, practical breastfeeding information straight into the hands of parents who otherwise might never become or continue as breastfeeding families. Our DVD shows parents how to start breastfeeding and provides practical information on how to continue.

Independent evaluation of the DVD by Bournemouth University suggests that this resource has played a part in the national increase in breastfeeding. Key findings from the evaluation are that

- 71% of women who received the DVD watched it this figure rises to 88% amongst those who left school with no qualifications
- Of the women who watched the DVD before their baby was born, 99% said that they found it useful and 84% felt that it
 covered all they wanted to know
- 60% of those who watched the DVD were still breastfeeding at six weeks, compared to 48% of those who did not watch it

Over 1.6 million copies of From bump to breastfeeding were distributed by the four UK governments between November 2008 and November 2010. The Frighsh Government then decided to no longer distribute the DVD and this task was passed to Best Beginnings, which unfortunately has meant that we have to charge for each copy. The price of ordering DVDs for use in the NHS and local authorities is £1 per copy, whilst individual orders are £3 per copy. These prices represent excellent value for such a high quality product and provides an income for the charity in difficult fin incial climes. The DVD continues to be given out free in Scotland, Northern Ireland and Wales.

Significant progress from August 2011 to July 2012

From August 2011 to the end of the July 2012, Best Beginnings distributed just under 48,000 copies of the From bump to breastfeeding DVD to healthcare organisations, children's centres and individuals in England. In addition, 60,000 copies were produced for NHS Scotland.

At the end of 2011, Harrow Community Services and Northwick Park Hospital asked Best Beginnings to produce a bespoke version of From bump to breastfeeding as part of their joint investment in breastfeeding support services. Their logo was added to the front cover of the DVD and details of their local support services were put on the back cover. Midwives and health visitors can now give out these DVDs to families, fulfilling two goals, ensuring that local people have details of their support services and that expectant families receive a copy of From bump to breastfeeding, as recommended in best practice guidance outlined in the Department of Health, UNICEE and Start4Lafe breastfeeding care pathways.

Best Beginnings' staff have been to several conferences throughout the financial year at which they have promoted the DVD and the best ways to distribute it. The DVD is now used to educate student midwives and doctors in best-practice breastfeeding.

The DVD content is accessible to people from all socio-economic backgrounds and various clips will feature in the smartphone apps we are developing. In addition, From bump to breastfeeding is still available to view for free on the Best Beginnings website and NHS Choices.

The RCM has worked collaboratively with Best Beginnings for the last few years. It is wonderful to be able to support a charity with objectives that are so aligned with our own. It is crucial that every family receives the highest quality of maternity care but achieving this is particularly challenging when there is disadvantage or when families are faced with particular issues such as their baby needing special care at birth. Best Beginnings recognises that midwives have a major part to play in ensuring these challenges can be met and so it has been fantastic that the RCM has been involved in developing a range of products helping to ensure that they will be used and promoted by midwives working with families. Best Beginnings as a charity seems to go from strength to strength. Its products are of real relevance and of the highest quality. The RCM values our collaboration and expects to continue to work closely with Best Beginnings in the future. Keep up the good work!

Cathy Warwick CBL, General Secretary of the Royal College of Midwives (RCM)

4 Charitable activity - other efforts to tackle child health inequalities

National Teenage Pregnancy Midwifery Network

Throughout the 2011-12 financial year, Best Beginnings has continued to host the National Teenage Pregnancy Midwifery Network – an informal network of midwives working with young parents that includes health visitors, academics, students, teenage pregnancy co-ordinators and other professionals. The network is open to anyone with an interest in improving outcomes for young parents and their children by developing maternity services to meet their needs. It collects and shares good practice, research, policy and resources through termly newsletters.

This year has seen a higher profile for the network with membership increasing by 25% to over 500 members. The London and South Last regions hosted a very successful information sharing and networking day that brought together 18 midwives to discuss young mums and breastfeeding, cot death and the Family Nurse Partnership

Conferences & events

Best Beginnings CLO Alison Baum attended 14 conference events from August 2011 to July 2012 and spoke at several of them, including the Royal College of Midwives annual conference where Alison told midwives about the upcoming Small Wonders DVD and national change programme. The Best Beginnings 'Cect Britain Breastfeeding Art Exhibition' was displayed at this conference and enjoyed by the delegates

In November 2011, Best Beginnings organised an event in partnership with the Royal College of Pacdiatries and Child Health and Royal College of Speech and Language. Therapists. The event focused on the payment-by-results model and how it can be used by local authorities and other organisations to improve health outcomes for children.

Part of a wider network

Best Beginnings CEO Alison Baum has been a member of several advisory boards throughout the year

- Yorkshire and Humber Health Innovation and Education Cluster Advisory Board a collaborative partnership between NHS organisations, academia and industry aiming to transform healthcare and drive up quality in order to continually improve patient care, safety, outcomes and experience
- 2 Big Society Spring Network Advisory Board, which aims to realise the potential of technology to enable people to make smarter choices in giving their time and money

Alison is also a 'Nexter'. Nexters is the Big Society network's programme to support the UK's best social entrepreneurs

5 Building for the future activities undertaken from 1st August 2011 to 31st July 2012

In March 2012. Best Beginnings moved to a new office near Kings Cross. The office has four times the space of Best Beginnings' previous office giving the organisation space to grow with a separate area for meetings and allowing considerably increased input from volunteers and interns. Despite being four times the size, the new office saw only a 50% increase in rent with no service charge.

Best Beginnings appointed two new members of staff in the 2011-12 financial year, a Project Coordinator and an Administrator, both at the beginning of 2012. These new posts have allowed us to expand the capacity of our team

The trustees would like to thank The A Team Foundation for funding the Policy and Development Manager post for two years. The trustees would also like to thank the following for their contribution to core costs over the 2011-12 period.

- Garfield Weston Foundation
- Tedworth Chantable Frust
- Headley Trust
- The Monument Trust

The trustees of Best Beginnings would like to thank Jones Day for their generous legal support and consultancy work. The pro-bono legal work that Jones Day have given to Best Beginnings has allowed us to step up in the professionalism of our projects in a way that would not have been possible without their support. Jones Day have given legal support to all of the various types of charitable activity mentioned in this report and we are deeply touched by their commitment to helping give UK babies a better start in life.

In June 2012, Best Beginnings won the prestigious 2012 ICALW Charities Online Financial Reporting and Accounts Awards. The awards celebrate the success of charities that have demonstrated excellence and innovation in online financial reporting. The awards are structured into five different categories based on charitable income. Best Beginnings won in the 'Income between £250k and £1m' category. The online version of the accounts was created pro-bono for Best Beginnings by Jinne Stiksma and Andrew Nash from OpenUmbrella. The trustees would like to thank Jinne and Andrew for their hard work and generous support.

In November 2011, Best Beginnings began a collaborative scheme with Mct Film School where the school provides film students to undertake intern programmes at Best Beginnings. The students have the opportunity to work on Best Beginnings' film projects and gain some valuable experience. The trustees would like to thank Marta Savina and Florinda Frisardi for undertaking the intership in the 2011-12 financial year. The trustees would also like to thank Jonny Persey and Maureen Hascoet from Met Julm School for their support

Best Beginnings is fortunate enough to have the support of fantastic volunteers who help us with all aspects of our work from filmmaking to fundraising. The trustees would particularly like to thank Charlotte Lawson for her support in strategy and communications and Lalita. I aylor for her support in film-making and social media.

Best Beginnings is proud to have long standing relationships with our existing donors who stay with us because they see the impressive social return we give on their philanthropic investment. We would like to welcome new supporters into the Best Beginnings Framily and would greatly welcome any help as an individual, as trustee of a grant giving trust or as someone who can help us secure corporate support for our work. Together we can reduce health inequalities for babies and children in the UK.

6 Raising funds activities undertaken from 1st August 2011 to 31st July 2012

Despite a difficult economic climate, the strength of Best Beginnings' projects and mission, as well as our recognition as a significant player in the infant health field, has made it possible to increase our income by 15.8% increase on the previous year to £659,386

We have achieved funding for additional staff, and fully funded the duplication and distribution of the Small Wonders DVD as well as rolling out the accompanying National Change Programme

We have been successful in securing significant funding from trusts and foundations, and have received the second portion of a substantial 3-year grant from the I'hird Sector Investment Programme. We have also funded a significant portion of the first phase of our smartphone apps project

Our team at the 2012 British 10K London Run was our largest so far with 23 runners. Nearly £9,000 was raised. The trustees would like to thank the following for their support of the event

- . Joe Bloom for stills photography
- · Jonathan Allan of Batfish Media for filming Team Best Beginnings
- Royal Horseguards Hotel, a 5 star hotel near the race finish line that provided Best Beginnings with a function room where runners could meet before and after the run

In September 2011, the Wyndham Grand Hotel kindly donated the use of a room with lunch provided so that Best Beginnings could raise money for the Small Wonders project. Parents who were filmed for the Small Wonders project shared their stories with around 30 attendees. Several thousand pounds were raised to help sick and premature babies. The trustees would like to thank the Wyndham Grand for their generous support.

7 Financial review

Despite the unfavourable financial climate, Best Beginnings' total incoming resources showed substantial growth with a 15.8% increase on the previous year to £659,391. The growth is principally due to the generous support of our funders and contributors, as well as the continued hard work undertaken by our staff.

By the end of the 2011-12 accounting year, the overall balance on restricted funds was showing a negative value of £13,621. Included within this is an unspent balance of £6,991 for the "Small Wonders" project and an overspend of £20,612 on the Phone. Apps project. This is because of advance expenditure on the phone apps technology that will be covered by a grant in the next financial year. Best Beginnings is committed to launching our first phone apps in early 2013, which means that expenditure had to go ahead even though the income was not received until September 2012 (see note 12).

Total resource expenditure for the year was £823,434. The charity had an excess of expenditure over income as it had spent £164,048 more than it raised in this year. This is because the charity had an excess of income over expenditure at the end of the previous accounting year due to funding which had been secured for Small Wonders but not yet spent, as Small Wonders is a multi-year project.

£770,077, or 93.5% of expenditure, was spent on charitable activity for the public benefit 4.6% of expenditure was spent on fundraising with the remaining 1.9% being spent on governance.

At the end of this accounting year the charity has a surplus on unrestricted funds of £111,920, which represents the charity's assets. Best Beginnings has no investments or substantial assets at the time of this report.

Reserves Policy

During the year the Reserves Policy of the charity was to run with a minimum of 6 months running costs (£150,000) in the bank to ensure continuity of services in the event of a loss or delay of funding, and to maintuin the ability to meet unforescen costs. During the year the reserves dipped to 3 months but due to a consolidated fundraising effort, recovered to five months by the year end. As of July 31st 2012, there was £125,541 in unrestricted reserves, representing five months running costs, and a deficit of £13 621 on restricted reserves, resulting in overall reserves of £111,920.

Relevant organisations

Bink The Co-operative Bank, PO Box 250, Delf House, Southway, Skelmersdale, WN8 6WI Solicitor Jones Day, 21 Tudor Street, London, EC4Y 0DJ Auditors TIW Fisher, Acre House, 11-15 William Road, London, NWI 3LR

Trustees

The trustees who served during the year were David Boyd
Morag Campbell
Francesca Entwistle
Janet Fyle
Julien Haves (Appointed 20th March 2012)
Alan Maryon-Davis (Chair)
Hannah Mindel (Treasurer)
Andrew Moss
Sharon Walker

Subsequent to the year end Hannah Mindel resigned as Treasurer and Andrew Harris was appointed in her place. Additionally, Rachel Fllison and Angus Morrison were appointed trustees.

None of the trustees have any beneficial interest in the company. All are directors of the company and guarantee to contribute £1 in the event of a winding up. Trustees are elected by the existing board of trustees. A Trustee Policy is in the process of being created, stating the induction and training to be received by new trustees, the process of selecting new trustees and the continuum policy for existing trustees.

Risk management

The trustees consider risk as part of their quarterly meetings and are confident that systems are in place to mitigate the impact of key risks

Organisational structure

CTO Alison Baum and her senior management team during the year of Operations Manager Lee Hall and Policy and Development Manager Sust Farnworth manage the day-to-day running of the charity. Strategy and major decisions are decided by the Board of Trustees.

Charity details

Best Beginnings is a company limited by guarantee, company number 5866886, and a registered charity, number 1120054 Best Beginnings' principal address and registered office is 12 Vale Royal, London, N7 9AP

Disclosure of information to auditors

Each of the directors has confirmed that there is no information of which they are aware which is relevant to the audit, but of which the auditor is unaware. They have further confirmed that they have taken appropriate steps to identify such relevant information and to establish that the auditors are aware of such information.

Auditors

In accordance with section 485 of the Companies Act 2006, a resolution proposing that HW Fisher & Company be re-appointed as auditors of the company will be put to the Annual General Meeting

On behalf of the Board of Trustees

Professor Alan Maryon-Davis

12 Deale 2012

Chair of Trustees

BEST BEGINNINGS (A COMPANY LIMITED BY GUARANTEE) STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees, who are also the directors of Best Beginnings for the purpose of company law, are responsible for preparing the Trustees' Report and the accounts in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accounting Practice)

Company law requires the trustees to prepare accounts for each financial year which give a true and fair view of the state of affairs of the chanty and of the incoming resources and application of resources, including the income and expenditure, of the chantable company for that year

In preparing these accounts, 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, and
- prepare the accounts on the going concern basis unless it is inappropriate to presume that the charity will continue in operation

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

BEST BEGINNINGS (A COMPANY LIMITED BY GUARANTEE) INDEPENDENT AUDITORS' REPORT

TO THE MEMBERS OF BEST BEGINNINGS

We have audited the accounts of Best Beginnings for the year ended 31 July 2012 set out on pages 15 to 23. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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 auditors' 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 its members as a body, for our audit work, for this report, or for the opinions we have formed

Respective responsibilities of trustees and auditors

As explained more fully in the Trustees' Responsibilities Statement on page 13, the trustees, who are also the directors of the charitable company for the purposes of company law, are responsible for the preparation of the accounts, and for being satisfied that they give a true and fair view

Our responsibility is to audit and express an opinion on the accounts in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors

Scope of the audit of the accounts

An audit involves obtaining evidence about the amounts and disclosures in the accounts sufficient to give reasonable assurance that the accounts are free from material misstatement, whether caused by fraud or error. This includes an assessment of whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed, the reasonableness of significant accounting estimates made by the trustees, and the overall presentation of the accounts. In addition, we read all the financial and non-financial information in the Trustees' Report to identify material inconsistencies with the audited accounts If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report

Opinion on accounts

In our opinion the accounts

- give a true and fair view of the state of the charitable company's affairs as at 31 July 2012, 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, and
- have been prepared in accordance with the Companies Act 2006

Opinion on other matter prescribed by the Companies Act 2006

In our opinion the information given in the Trustees' Report for the financial year for which the accounts are prepared is consistent with the accounts

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where 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 accounts 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

Andrew Rich (Senior Statutory Auditor) for and on behalf of H W Fisher & Company

Chartered Accountants

Statutory Auditor

Acre House 11-15 William Road London NW1 3ER

Dated 17/12/12

BEST BEGINNINGS (A COMPANY LIMITED BY GUARANTEE) STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 JULY 2012

	.	Unrestricted funds	Restricted funds	Total 2012	1 otal 2011
Income account from concepted funds	Notes	£	£	£	£
Incoming resources from generated funds		200 007	10.060	228 7//	174 770
Voluntary income Activities for generating funds	2	280,897 24,381	39,869 3,381	320,766 27,762	174,770 36,374
Investment income	3	962	J,361 -	962	836
		306,240	43,250	349,490	211,980
Incoming resources from charitable activities	4	101,513	208,383	309,896	357,606
Total incoming resources		407,753	251,633	659,386	569,586
Resources expended	5				
Costs of generating funds					
Costs of generating voluntary income and activities for generating funds		37,852		37,852	51,555
Charitable activities					
Campaigning, awareness and other charitable activity		412,383	357,694	770,077	443,406
Governance costs		15,505	-	15,505	16,855
Total resources expended		465,740	357,694	823,434	511,816
Net (outgoing)/incoming resources before transfers		(57,987)	(106,061)	(164,048)	57,770
Gross transfers between funds	8	65,992	(65,992)	-	•
Net income/(expenditure) for the year and Net movement in funds		8,005	(172,053)	(164,048)	57,770
Fund balances at 1 August 2011		117,536	158,432	275,968	218,198
Fund balances at 31 July 2012		125,541	(13,621)	111,920	275,968

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006

BEST BEGINNINGS (A COMPANY LIMITED BY GUARANTEE) BALANCE SHEET

AS AT 31 JULY 2012

		201	12	2011	
	Notes	£	£	£	£
Fixed assets					
Tangible assets	9		3,562		1,525
Current assets					
Debtors	10	41,219		38,877	
Cash at bank and in hand		122,674		305,744	
		163,893	_	344,621	
Creditors amounts falling due within one					
year	11	(55,535)		(70,178)	
Net current assets			108,358	_	274,443
Total assets less current liabilities			111,920	_	275,968
				_	
Income funds					
Restricted funds	12		(13,621)		158,432
Unrestricted funds			125,541		117,536
				_	
			111,920		275,968
			111,920	=	

The accounts were approved by the Board on 12 December 2012

An Maryon-Davis

Chair of Trustees

FOR THE YEAR ENDED 31 JULY 2012

1 Accounting policies

11 Basis of preparation

The accounts have been prepared under the historical cost convention

The accounts have been prepared in accordance with applicable accounting standards, the Statement of Recommended Practice, "Accounting and Reporting by Charities", issued in March 2005 and the Companies Act 2006

12 Incoming resources

Donations, legacies and other forms of voluntary income are recognised as incoming resources when receivable, except insofar as they are incapable of financial measurement. Donated services are valued and brought in as income and the appropriate expenditure at the price that Best Beginnings estimates it would pay in the open market for an equivalent service.

Grants, including grants for the purchase of fixed assets, are recognised in full in the Statement of Financial Activities in the year in which they are receivable

13 Resources expended

I xpenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

- Costs of generating funds are those costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds
- Costs of charitable activities comprise all expenditure identified as wholly or mainly attributable to achieving the objectives of the charity. These costs include staff costs, wholly or mainly attributable support costs and an apportionment of general overheads.
- Governance costs include those incurred in the governance of the charity and its assets and are primarily associated with constitutional and statutory requirements

14 Tangible fixed assets and depreciation

Tangible fixed assets are stated at cost less depreciation. Depreciation is provided at a rate calculated to write off the cost less estimated residual value of each asset over its expected useful life, as follows

Fixtures, fittings & equipment

33% Straight I inc

15 Leasing and hire purchase commitments

Rentals payable under operating leases are charged against income on a straight line basis over the period of the lease

16 Taxation

The charity is exempt from corporation tax on its charitable activities

17 Accumulated funds

Restricted funds are subject to specific conditions by donors as to how they may be used. The purposes and uses of the restricted funds are set out in the notes to the accounts

FOR THE YEAR ENDED 31 JULY 2012

Voluntary income				
	Unrestricted funds £	Restricted funds £	Total 2012 £	Total 2011 <i>L</i>
Donations and gifts	280,897	39,869	320,766	174,770
Donations and gifts				
Unrestricted funds				
Donations			31,215	4,716
Grants			168,000	95,000
Donated services			81,682	31,720
		=	280,897	131,436
Restricted funds				
Donations			31,859	6,712
Donated services			8,010	36,622
			39,869	43,334
		=		

Included within unrestricted grants is £25,000 (2011 £25,000) from The Headley Frust, £10,000 (2011 £30,000) from The Fedworth Charitable Trust, £20,000 (2011 £30,000) from Garfield Weston Foundation and £100,000 (2011 £nil) from The Monument Trust

Unrestricted donated services consists of £75,000 (2011 £18,358) from Jones Day, £1,600 (2011 £nil) from Heirloom Media and £5,082 (2011 £2,362) in other gifts. Restricted donated services is made up of £5,810 (2011 £20,382) from Heirloom Media and £2,200 (2011 £5,740) in other gifts.

3 Investment income

201	2 2011 & £
Interest receivable 962	836

FOR THE YEAR ENDED 31 JULY 2012

4

	Unrestricted	Restricted	Total	7 otal
	funds	funds	2012	201
	£	£	£	ž
Grants for charitable activity, sales of educational material and				
related income	101,513	208,383	309,896	357,606
		27.		
Included within income relating to campaigning and awareness	are the following gra	1115		
Included within income relating to campaigning and awareness Grants receivable	are the following gra	iits	124,629	7 0,173
	are the following gra	iiis	124,629 83,754	70,173 114,293

Included within grants receivable is £8,000 (2011 £20,000) from Miller Philanthropy, £25,000 (2011 £nil) from The Ledworth Charitable Frust, £10,000 (2011 £10,000) from Maurice Wohl Loundation, £33,580 (2011 £18,173) from Λ Γeam Foundation, and £45,299 (2011 £nil) from the Guy's and St Thomas' Charity. The remaining £2,750 (2011 £12,000) comprises other small grants.

Statutory Funding comprises £67,859 (2011 £104,293) from The Department of Health and £15,895 (2011 £10,000) from NHS Health Scotland

FOR THE YEAR ENDED 31 JULY 2012

Staff	Depreciation	Other	Total	l otal
costs		costs	2012	2011
£	£	£	£	£
30,658	-	7,194	37,852	51,555
173,259	1,867	594,951	770,077	443,406
2,073	-	13,432	15,505	16,855
205,990	1,867	615,577	823,434	511,816
	2,073	costs £ £ 30,658 - 173,259 1,867 2,073 -	costs costs £ £ 30,658 - 173,259 1,867 594,951 2,073 - 13,432	Costs Costs 2012 £ £ £ £ 30,658 - 7,194 37,852 173,259 1,867 594,951 770,077 2,073 - 13,432 15,505

Included within other costs of campaigning and awareness are educational goods for resale of £94,147 (2011 £68,361), DVD production of £62,422 (2011 £139,162), Evaluation costs of £114,552 and legal costs of £75,796

In addition to auditors remuneration, other governance costs comprise legal costs of £3,850, trustee meeting costs (£975), governance support costs (£693) and sundry (£414)

Auditors' remuneration

Fees payable to the auditor for the audit of the charity's annual accounts

7,500 7,500

Trustees

None of the trustees (or any persons connected with them) received any remuneration during the year, but they were reimbursed a total of £975 relating to the cost of attending trustee meetings

7 Employees

The average number of employees during the year was seven (2011 four). There were no employees earning over £60,000 per

Employment costs	2012	2011
	£	£
Wages and salanes	186,006	125,950
Social security costs	19,984	12,458
	205,990	138,408

FOR THE YEAR ENDED 31 JULY 2012

8 Transfers

The charity uses transfers to administer full cost recovery (FCR) from restricted grants. For example, grants for the Small Wonders project were subject to 12.25% FCR, meaning of every £1 donated 12.25p was transferred into the unrestricted fund to pay for core costs such as rent, utilities, rates and travel that were incurred as part of the charitable activity that the grant was to pay for I ransfers are also used when income is restricted for expenditure on items that are paid for from unrestricted funds. For example, £18,000 was restricted for the Policy & Development Manager position over 6 months. £3,000 per month was transferred into unrestricted so that the Policy & Development Manager's contribution towards salary costs, rent etc. could be paid

Fixtures,

9 Tangible fixed assets

	fittings & equipment
	£
Cost	
At 1 August 2011	8,067
Additions	3,904
At 31 July 2012	11,971
Depreciation	
At 1 August 2011	6,542
Charge for the year	1,867
At 31 July 2012	8,409
Net book value at 31 July 2012	3,562
Net book value at 31 July 2011	1,525
	

All tangible fixed assets were used for chantable purposes

10	Debtors	2012	2011
		£	£
	Trade debtors	10,011	4,570
	Other debtors	31,208	34,307
		41,219	38,877

FOR THE YEAR ENDED 31 JULY 2012

11	Creditors amounts falling due within one year	2012 £	2011 £
	Laxes and social security costs Accruals and deferred income	143 55,392	143 70,035
		55,535	70,178

12 Restricted funds

The income funds of the charity include restricted funds comprising the following unexpended balances of donations and grants held on trust for specific purposes

	Balance at 1 August 2011	Mo Incoming resources	vement in funds Resources expended	Transfers	Balance at 31 July 2012
	£	£	£	£	£
'From bump to breastfeeding' project 'Small Wonders' project Policy and Development Manager Phone Apps Internship	42,698 115,734 - - -	189,503 33,580 25,800 2,750	(33,278) (275,254) - (46,412) (2,750)	(9,420) (22,992) (33,580)	6,991 - (20,612) -
	158,432	251,633	(357,694)	(65,992)	(13,621)

The reserved funds for the 'From bump to breastfeeding' project are for producing and distributing copies of the DVD in Lingland

The 'Small Wonders' project is the creation of a DVD and change programmes to place parents at the heart of their sick or premature baby's care

The Phone Apps' project is intending to create a free downloadable phone app for new parents, with helpful advice and tips from experts to support new parents in the emotional and physical transition to parenthood Subsequent to the year end, a grant was obtained for the project from St Guy's and St Thomas' Trust for £49,810 £42,339 of this grant was received on 28 September 2012

The Policy and Development Manager fund has been provided by The A-Learn charitable fund towards the salary of a Policy & Development Manager for 2 years. This role manages the Best Beginnings charitable projects and keeps abreast of policy issues to ensure interventions are up to date and effective.

Vodafone donated £2,750 to the chanty to fund the employment of a Vodafone World of Difference intern

Please see the Trustee Report for more information on these projects

FOR THE YEAR ENDED 31 JULY 2012

13	Analysis of net assets between funds			
		Unrestricted F funds	Restricted funds	Total
		£	£	£
	Fund balances at 31 July 2012 are represented by			
	Tangible fixed assets	3,562	•	3,562
	Current assets	156,284	7,609	163,893
	Creditors amounts falling due within one year	(34,305)	(21,230)	(55,535)
		125,541	(13,621)	111,920

14 Commitments under operating leases

At 31 July 2012 the company had annual commitments under non-cancellable operating leases as follows

	Land and b	Land and buildings	
	2012	2011	
	£	£	
Expiry date			
Within one year	-	7,089	
Between two and five years	16,000	-	
	16,000	7,089	