



The Albert Centre

Alcohol & Drug Advice, Treatment Support,
Counselling and Training Services

Annual Report

2010-2011

147 Albert Road

MIDDLESBROUGH

TS1 2PS

Telephone: (01642) 218361

Email: admin@thealbertcentre.co.uk

Website: www.thealbertcentre.co.uk

Enhancing the quality of life to people in the North East by promoting sensible drinking patterns, raising the awareness of drugs and their effects and by offering help to those suffering from the effects of alcohol and drug misuse.

Registered Charity No: 1103901

Company Ltd by Guarantee No: 5069305

THE ALBERT CENTRE



CHAIRS REPORT

The Albert Centre has faced some considerable challenges over the past year with the financial recession resulting in substantial cuts in funding for all of our services; whilst fuel costs, rent and rates continue to rise well above the inflation rate. With no end in sight for the recession there is a clear message that charities will be expected to deliver services with less money. In addition contracts are going to be structured so that finance is based on measurable outcomes-‘payment by results’. This creates additional demands on the charity as we will need to monitor and report more regularly to commissioners, collect and collate more evidence of outcomes and be more effective and efficient in our service delivery

The reorganisation of the NHS and health structures is resulting in the ending of the Primary Care Trusts and transferring their functions over to new bodies. As we are not clear on how the new Public Health structures will work, it creates uncertainty on how services will be commissioned and funded in the future.

However the greatest challenge the Albert Centre has to face is that national charities tendering for small local contracts. For example, last year, the Stockton contract went to a Manchester-based national organisation. These larger organisations have central, policy, procedural and contracting departments, which puts them at a significant advantage compared with a small local charity. As a response to this the Trustees have supported restructuring the charity’s financial systems and investing in a permanent finance officer. This will allow us to develop stronger budget management information. Secondly the Trustees have supported the appointment of a fixed term Quality Assurance and Business Development officer, building on existing standards to ensure that we maintain the highest standard of service delivery and helping create a more focused and professional image. The post holder has significant contracting experience within the mental health field and will be able to work with the two senior managers at the Albert Centre in preparing and submitting all the new tender bids.

I am certain that The Albert Centre can rise to the challenges ahead and are lucky to have such dedicated staff. On behalf of the Management Executive Committee I would like to thank all the staff and volunteers for their hard work

Finally, I would like to thank my fellow committee members for their contribution over the past twelve months and look forward to working with them in the year ahead.

John Lynch

Chief Executives Report

This 2010-11 year has been an interesting and full one with many changes, developments and challenges. Alcohol and its effects were again high on the agenda, with the acknowledgement that there are at least three times more people dependent upon alcohol than drugs in the North East. Alcohol related hospital admissions across the country continue to increase at an alarming rate, liver cirrhosis has trebled in the past 10 years and the culture of binge drinking shows little signs of abating. There is now a clear recognition that alcohol plays an important role in domestic assaults, sexual violence and is nearly always a contributing factor in violent crime and disorder incidents on an evening.



The Albert Centre Services have responded by evidencing more people than ever accessing our services and being discharged with positive outcomes. The care coordination model is now firmly embedded across the area with the referral pathways, roles and responsibilities of services and providers working in unison. We now have the services and care pathways that interlink from the hospital, criminal justice services, mental health and of course the drug services.

The Albert Centre charity has owned the property on Albert Terrace for over 30 years; the property is over 100 years old and is showing its age. Five years ago we invested in a new roof, double glazed windows and a new boiler. This year we have built a new access to the cellar, board it out (so we can use the room for storage), replace the old toilets, replace the back door and sort out the damp problems on the back wall.

Last year we invested in 147 Albert Road. By purchasing this building it has provided us with our own training venue and offices for the senior managers. The training room is used for the delivery for Drink Drive Rehabilitation training courses in Middlesbrough, three weeks out of four and have the facilities to continue to deliver a comprehensive internal training programme for all our staff and volunteers; continuing the investment in our staff and ensuring that we have the skills, tools and knowledge to provide services second to none. Furthermore, over the next year, the training department will be looking at accrediting our training packages with the Open College Network (OCN), in order generate more income for the charity by providing training to external organisations.



With the recession taking hold, all the Safety Partnerships were struggling to find funding for alcohol services for this next year and many have had to cut posts in order to save money. Whilst we were waiting for clarification around funding we decided not to recruit into vacant posts, earmarking them for staff whose posts were at risk and as a result we were able to

minimise the number of staff we lost. Many small charities lost funding and sadly, we saw the closure of the First Step residential rehabilitation centre charity.

The reduction in funding will undoubtedly cause the commissioners to look at ways to save money; one suggestion is to merge alcohol services with drug service, as this is supposed to be most cost effective. I believe this would be a great mistake as individuals with alcohol problems do not regard themselves as having a substance misuse problem and the majority do not want to be treated within a drug service. In the long term this might deter members of the general public seeking help for their alcohol problem.

Looking forward, the 2011-12 year will see sweeping changes and challenges with the controversial proposed changes to the Health Service, the decommissioning process of the Primary Care Trusts, the formation of G.P Consortiums, the absorption of the National Treatment Agency into the new Public Health body and the proposal for the public sector to deliver more NHS services. How these changes will affect us is uncertain.

One thing that is for sure, the world within which The Albert Centre operates continues to change at an alarming rate. Local charities like ourselves have increasing demands placed upon us and struggle to compete with the private sector and national organisations.

The introduction of Payment by Results (PbR) for providers is somewhat controversial and a further challenge; whilst I understand the need for service providers to focus on positive outcomes, helping clients, progress through treatment, overcome their addictions and remain abstinent, I have anxieties about how payment by results will affect local smaller organisations.

There is a danger that this system may prevent smaller charities competing to provide services as they may have to wait for their final payments (which may depend upon long term outcomes), borrowing money based on forecasted future outcomes may not be an option for some smaller providers, especially where relapse is a common occurrence.

I can also see the procedure to measure people's progress through treatment as being complex and resource intensive, putting a further strain on staff to collect more data, giving them less time to see clients; on top of this there are the electronic data collection/ client management file systems that are complicated and extremely expensive to run and update.

As the PbB system rewards service providers for positive outcomes for clients, another concern has been voiced regarding 'cherry picking' clients, whereby individual with complex needs are avoided in favour for clients with less severe problems.



Despite these concerns, The Albert Centre has put itself forward to pilot the PbR Outcome monitoring tools for alcohol services, ensuring that these concerns are addressed with commissioners whilst giving us a full understanding of how the system works and a competitive edge when competing for tenders.

We welcome the implementation of the recovery agenda within all substance misuse services, where full recovery is not just regarded as an achievable outcome but an expected and realistic outcome for every client. Within alcohol services a recovery model is not a new approach; individuals with alcohol misuse problems have been supporting and helping each other to get their lives back on track since the 1930s. The most famous of these being Alcoholics Anonymous with over 2 million members and where citizenship and helping other 'addicts' is part of its 12 step principles.

The Albert Centre has been running self-help peer support groups, in one form or another for as long as I have worked here. (10 years!) The members have always supported one another to overcome their dependency and make a full recovery.

The Albert Centre is forging ahead with the recovery agenda and our peer support groups continue to grow, giving clients the extra support they need, helping them avoid relapsing and maintaining their recovery. We intend to build upon this, helping to create a recovery community ensuring the recovery process and support systems continue to be in place long after the client has completed their treatment.



Our staff have already taken up this challenge; Several staff members have organised and completed a coast to coast cycle ride in order to raise funds for our peer support groups. They now have a pool of money put aside in order that they can participate in recovery orientated activities, helping them to build up their self-confidence and helping prevent a relapse. A big thank you to Derek and Reiner for organising this event, Tanya, Lynne and Linda for the back up support and well done to all of the riders: John, Chris, Derek , Reiner, Linsey, Vicky and Anton.



With all of the changes taking place and the recession causing funding cuts, it is more important than ever to evidence the value, outcomes and achievements of our services. We do this by the statistical information we submit to the local and national data sets. This alone does not evidence the quality of our services, client satisfaction or positive user experience. To do this we need to

ensure our procedures and interventions are following best practice and everything we do is quality driven on a continuous improvement cycle.

To evidence the quality of our services, we have decided to submit an application for external accreditation; this is a long lengthy application and a process which involves collecting all of our documentation, describing our service delivery procedures from referral to discharge, ensuring we have effective quality assurance methods, and follow best practice. To oversee this process we have invested in a new post; I would like to take this opportunity to welcome Mark Graham as our Business Development and Quality Assurance Officer.

Some of our service contracts will be coming up for retendering this year; I believe The Albert Centre has proven time and time again that we deliver a first class service to our clients and have the passion, commitment, motivation and flexibility to deliver above and beyond what the commissioners have requested.

Over the past two pages I have briefly outlined some of the challenges ahead of us, however the charity would never be as successful as it is today without the hard work of the staff. I would like to pay tribute to all those who work for The Albert Centre services who have once

again worked with professionalism and dedication to ensure that we have delivered the best services possible to people who really need them. To all those staff I would once again like to say a heartfelt well done for your commitment, determination and sheer hard work and for making a real difference to people's lives.

Kevin Wilson

Chief Executive Officer



The Training Department 2010 - 2011

The Training Department has once again had a busy year. The Drink Drive Rehabilitation Course has continued to do well, indeed, bucking the national trend of falling numbers. Whilst our court referrals have seen a decrease, the uptake for the course has stayed the same. The course continues to receive excellent feedback, many believe that the course is life changing. People who have attended the course, know others who have also committed the same offence and the general comment is 'go on the course, you'll learn loads!'

The dedicated training room on Albert Road has allowed the Drink Drive capacity in Middlesbrough to be increased to 3 courses per month.

For the first time since we became a Home Office approved provider of

Drink Drive Rehabilitation Courses, we will be required to tender along with any other interested parties for the contract to continue, for a period of up to 7 years. The exact period is yet to be announced by the Driving Standards Agency. We are optimistic that we will retain the contract. We have a highly respected reputation and our recidivism rates are one



of the lowest in the country, however, we are not taking anything for granted and obviously doing everything possible to ensure that the tender will be belt and braces secure.

AREA	MALE	FEMALE	TOTAL
MIDDLESBROUGH	211	52	263
DARLINGTON	112	31	143
BISHOP AUCKLAND	20	9	29
HARTLEPOOL	36	10	46
CATERICK GARRISON	34	9	43
HARROGATE	60	13	73
SCARBOROUGH	33	14	47
YORK	134	43	177
TOTAL	640	181	821

Drink Banning Orders

A drink banning order is a specific order from a civil court imposed on an individual who has behaved in a disorderly manner or who has committed a criminal



offence while under the influence of alcohol. They were introduced on the 31 August 2009 and are covered by the Violent Crime Reduction Act 2006 and the Violent Crime Reduction Act 2006 (Drinking Banning Orders) (Approved Courses) Regulations 2009.

A drink banning order can be put in place to prevent an individual from doing the following:

- Entering premises that sell alcohol
- Entering pubs / clubs in a specified area or vicinity

A drink banning order is a civil order meaning that it does not carry criminal penalties and will be dealt with by a civil court so will not appear on an already existing criminal record or create a new criminal record. If however, the terms are breached then that person will have committed a criminal offence.

This year The Albert Centre has received 9 referral orders from the courts, none of the individuals who have had these orders imposed have made contact with the Albert Centre. We are obliged to contact each person 3 times, and even after 3 separate letters have been sent, offering to provide training or 1:1 sessions and reduce their ban by up to 50%, they are reluctant to attend. It suggests they are either unwilling or unable perhaps due to financial constraints or are they drinking in areas outside the area that they were banned from and therefore saving the £220 if they are employed, or £150 for concessions, that they would have had to pay if they attended the course.

Initially, Middlesbrough Magistrates Court were reluctant to issue DBO's saying they were an infringement on the individual's human rights. The Government were quick to issue guidance to the Magistrates, stating the any person committing offences under the influence of alcohol a DBO must be considered in the punishment .

Regardless of the directive, the police have found it difficult to seek DBO's when attending courts because of the detailed criteria required.

Internal Training

The Albert Centre's management team have focussed training commitments firmly with an emphasis on safety and quality of service provision. We have run a number of training sessions, including:

- Non Abusive Physical Psychological Interventions (NAPPI)
- Boundaries and Personal Safety
- Policies
- Fire Safety and Health & Safety at work
- Motivational Interviewing and Skills Workshops
- Alcohol Awareness and Identification and Brief Advice
- Basic Drug Awareness
- Diversity – 2 day programme

In total, 259 staff and volunteers have attended internal training courses.

This year we have developed new internal training sessions, Customer Service and a new Boundaries and Personal Safety course. Both are now part of Core Competency training.

We have also collaborated with other colleagues from across the organisation and Mind from Hartlepool to overhaul the Alcohol Specified Activity Requirement (ASAR) as requested from Probation.

Probation wanted all the sessions to be alcohol focussed. Probation are delighted with the end product and the Albert Centre staff, also felt that it helped them stay focussed and achieve consistency in the sessions.



External Training

We have provided a number of training courses to external organisations, these include:

Systems Training for alcohol awareness and basic drug training

Stages, Alcohol Awareness and Identification & Brief Advice

NHS

Teesside University

SMP Middlesbrough

SMP Redcar

In total 120 people have attended AA and IBA courses

Occasionally we require training to be provided that cannot be delivered by our internal trainers. In order for the organisation to continue to develop, training was commissioned for 20 staff to attend Anger Management training.

Tanya Scott, Operations Manager, was the driving force behind the whole organisation receiving Clinical Supervision. This is recognised as good practice in NICE Clinical Guidelines, however, it is an enormous undertaking and as such few organisations even attempt it. Clinical Supervision is in addition to line management supervision, that every employee receives every 6 weeks. Where Line Management Supervision concentrates on performance and competence, Clinical Supervision concentrates on feelings and well being.

To enable this vision to be realised, 15 senior members of staff were asked to attend the Certificate in Workplace Supervision. This is a recognised qualification in the care sector. All staff passed and it is envisaged that the Clinical Supervision Programme will be rolled out across the organisation in August.

First Aid training was also provided to 21 members of staff.

Other News

In December, we welcomed Audrey Green as our part time training officer. Audrey has a wealth of experience, mostly from an educational background, colleges etc. This we hope to utilise in the accreditation of Albert Centre courses. One of Audrey's tasks is to get the Albert Centre recognised as an Open College Network Accredited Centre. This will enable the training department to offer initially Alcohol Awareness to a level III award. We hope to expand our range of accredited courses rapidly. We see this as something that is missing locally, a gap in the market!! This would also help us to provide added value to the volunteers experience, that work with us.

The first course will be available for staff in August 2011 and in September for paying clients. We intend to market our courses to other local providers, who offer similar services to ours but also to organisations that traditionally wouldn't purchase accredited alcohol training.

Finally, I would like to thank all the services for their continued support of the training department.

Middlesbrough Alcohol Coordination Service

The Albert Centre has been delivering the Alcohol Coordination Service scheme since 2009 and has recently secured funding until March 2012

The Service continues to offer a way of managing alcohol referrals across Middlesbrough, by providing a simplified pathway of two routes into treatment, either via the Middlesbrough Alcohol Treatment Service (MATS) or the Alcohol Coordination Service (ACS). The AUDIT screening tool is used to indicate which service is appropriate.

This report covers the last twelve months where we have recently added more focus on data recording, performance related stats, as well as improving DATA collections. In addition we have had some changes with some staff moving onto new prospects, as well as some cuts in funding e.g aftercare/education and counselling.

This period has been concerned on continuing to meet SLA requirements whilst still promoting the service, and also strengthening links between existing agencies e.g MATS, My Sisters Place.



Looking Back

The Alcohol service has been consistent with the amount of referrals received over the last year, the only considerable lull being in December which is historically always a low referral period. Looking at the SLA's around referrals for this period the Activity levels/ targets were to see 700 Tier 3 clients in 2010-2011 as you can see from the table 1 below over this period the Albert Centre had 776 clients referred during this period.

TABLE 1

As well as this the SMP early last year started to focus on the Planned v Unplanned discharges therefore we worked together as a team to look at how we could improve this area. As a result we now chase clients up more proactively by telephoning, sending letters, talking to carers or other agencies involved in that clients care and also by carrying out visits with assertive outreach to try to re-engage them. Looking at the table above you can see that over this period we had 241 planned exits v 93 unplanned exits, therefore planned

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Albert Centre Alcohol Stats													
No. of clients currently in treatment	161	165	191	219	209	189	194	184	193	203	189	129	2226
No. treatment naive clients entering service	21	44	43	39	58	52	51	39	26	42	50	31	496
No. of Initial assessments offered & declined	6	5	3	19	21	17	18	9	6	19	28		151
No. of planned exits	30	19	21	29	11	27	19	26	13	17	15	14	241
No. of unplanned exits	6	10	3	6	2	17	4	5	6	13	8	13	93
Total no. of referrals received	54	85	71	69	72	64	64	60	32	74	70	61	776

discharges accounted for 72% of all discharges. In comparison to the last quarter of 2009 in table 2 you can see the improvements as in this period 52% of all discharges were unplanned.

TABLE 2

PI	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
Substance Misuse Planning Group Stats							
No. of clients currently in treatment				134	158	163	455

No. treatment naïve clients entering service					40	53	93
No. of Initial assessments offered & declined					14	45	59
No. of planned exits	32	17	32	17	24	12	134
No. of unplanned exits	27	29	27	49	10	7	149
Total no. of referrals received	52	60	56	92	78	94	432

All of the work carried out to re-engage clients who drop out, retaining clients within the service longer and also identifying the chaotic clients from the referral data and passing these to outreach workers has paid off too, by looking at the tables above you can see that in April '11 only 21 out of 54 referrals were naïve to service meaning that 61% were repeat attendees to The Albert Centre, however if you looking further down the table you can see that treatment naïve clients increased for instance: in February of 70 referrals made 50 were treatment naïve meaning that only 28% were repeat attendees. By looking at the tables you can also see that numbers in treatment consistently stayed around the 200 mark in accordance with the SLA's.

In addition over the last year we have consistently kept waiting times down to a maximum of 5 days, as well as this we search each newly referred client to see how many times they have previously accessed the service, if they are repeat attendees and do not attend the Initial assessment then we pass these over to the assertive outreach team to try and engage them, cutting down on repeat attendees. Meanwhile all clients referred into the service are given a telephone call to arrange an appointment within 5 days with a confirmation letter, as well as phoning clients to remind them of their Initial assessment prior to their appointment what has helped reduce the number of Initial assessments offered and declined.

Collecting data in the past for the Albert Centre has been very difficult to obtain (as illustrated in Table 2 above and more significantly mentioned in last years annual report) to improve this we introduced individual stats for all staff members to complete as well as finding ways to use the data from NDTMS submissions to complete more stats. These stats are now recorded monthly both as a hard copy and electronically so that we can refer back to them when needed.

Likewise POPPIE has always created immense amounts of errors and warnings in the past (as many as 18 pages) most of the reasons were unknown/unresolved therefore ever since POPPIE was installed in 2003 the Albert Centre has never been able to submit successful submissions, even more importantly every client that had an error or warning against them were not counted for in the submissions. For that reason we needed to find out why this was not working to try and resolve it, as a result of lots of working with NTA, SMP and Blithe we

eventually got it working and successfully entered submissions in November 2010 without these errors and warnings and have done so every month since.

Finally this past year we have also focused on the recording in clients files, when given the feedback from the last care plan audit we realised that much work needed to be done around this area, therefore we did an internal audit to see what the problems were and feed this back to the team pointing out where some really good work was being done in terms of worksheets and where we needed to improve, since then we introduced regular audits within line management supervision. We changed some of the contents sheets so that the files were more organised, and also did an internal presentation to show how we could achieve this. Since then files are a lot better with paperwork for clients being recorded better than ever before and we are confident that the next external audit will show vast improvements in this area.

In addition over the last month both Geoff Harrison and John Brodie have been taking over running the Peer led Groups from Rainer. The groups have embraced the decision that the peer led group is now going to be run by Albert Centre Volunteers and especially Volunteers that have experienced their own issues around addiction. The Volunteers have a lot of ideas in terms of how they see the group developing, they have also come up with the new leaflets and have also invited a different member of staff into the group each week so that they can have more knowledge of what goes on in the meetings so that they might encourage their own clients to attend more.



The Albert Centre Redcar

The year began with a move from the Wise Group to the new offices in Station Rd, Redcar. The extra space and general ambience at Station Rd has provided a good place to work and the staff have spent time updating and decorating the client rooms.

The referral base has continued to grow with all staff contributing to marketing the service with external agencies. Redcar continues to make use of external venues and has good relationships with a variety of primary care facilities.



Redcar and Cleveland has seen many changes over the year, the most prominent, was the introduction of a pilot year for the payment by results system. Whilst R&C was not selected for the official pilot scheme, the commissioning team has opted to pursue this option in preparation for any future changes. This system has not yet affected alcohol services, however, our drugs counsellors are settling into the changes nicely. The R&C Alcohol Stakeholder event hinted at a similar model being introduced to alcohol services. The main change is that a brokerage service is in place to assess clients, manage care plans, appointments and outcomes. This service is currently hosted by CRI in the drug model. Presently it is thought that all services, drug and alcohol will go out to tender at the end of the year.

Nationally, we have seen many reductions in public service provision; this too has affected the Redcar Alcohol Service. We have taken a reduction just shy of £50,000 which has resulted in the loss of 1.5 counsellors and a 0.5 aftercare worker. As a service the Albert Centre will look too evidence the need for counselling within alcohol services by continuing to provide a small counselling service manned with volunteer staff.



The Alcohol Specified Activity Requirement (ASAR) continues to grow from strength to strength with a healthy number of referrals coming from probation. The format of the sessions were reviewed and added to and are now delivered via powerpoint presentation. The Redcar Service is also participating in an evaluation process using the Alcohol Star.

The star data is taken at the start and end of the ASAR sessions, early indications suggest improvements.

The Redcar service is also participating in the developments attached to the Dual Diagnosis Strategy. Two members of staff have completed a dual diagnosis diploma and C-Bit Training. Dual Diagnosis service leads in also receive clinical supervision from the Dual Diagnosis lead.

R & C have invested in two IBA workers, hosted by Lifeline and an IBA co-ordinator hosted by the Albert Centre. Janet Serginson – IBA Co-ordinator splits her week between the Middlesbrough and Redcar services promoting the use of the Audit C amongst the wider community and for services external to alcohol to undertake the alcohol e-learning module

available through the Alcohol Learning Centre. This will inevitably increase referrals into alcohol services, we are yet to see the effect of this.

Operationally, the service has seen a change in management with Ian Cornes stepping down as Team Leader to be replaced by Christine Rees as Service Manager.

The service is looking to the final six months of its contract with great developmental aspirations. The staff will soon undertake ITEP training and begin to work with the new Albert Centre model. The peer support groups will be co-ordinated with a pre-defined program developed from service user feedback.

Steven Swan has developed an inspirational DVD for use in the reception area whilst clients are waiting for appointments.

Liz Spoor is the first member of staff to take the new DRP role, this role will be for a fixed 12 week period and will rotate amongst members of staff who would like the experience.

The client base continues to remain steady and we receive good feedback from service users about our service. The Albert Centre Redcar will endeavor to continue to deliver a first class client centered service throughout 2011/2012.



**THE ALBERT CENTRE
STATEMENT OF FINANCIAL ACTIVITIES
(INCLUDING INCOME AND EXPENDITURE ACCOUNT)
FOR THE YEAR ENDED 31 MARCH 2011**

March 2011	March 2010
-----------------------	-----------------------

	Note	Unrestricted Funds £	Restricted Funds £	Total Funds £	Total Funds £
Incoming Resources					
Incoming resources from charitable activities					
Grants and contracts for advice and information, outreach work and training projects	2	1,633,145		1,633,145	1,280,989
Incoming resources from generated funds					
Investment income and interest		1,431	-	1,431	1,498
Total Incoming Resources		1,634,576		1,634,576	1,282,487
Resources Expended					
Charitable activities					
Direct charitable expenditure		1,171,153	-	1,171,153	978,338
Management and administration		266,953	-	266,953	247,913
Total Resources Expended	3	1,438,106	-	1,438,106	1,226,251
Net incoming resources for the period		196,470	-	196,470	56,236
Total funds brought forward		709,220	-	709,220	652,984
TOTAL FUNDS AS AT 31 MARCH 2011		905,690	-	905,690	709,220

The company had no recognised gains or losses other than the net resources for the above two financial periods. None of the company's activities were acquired or discontinued during the above two financial periods. The notes on pages 9 to 15 form part of these financial statements.

**THE ALBERT CENTRE
BALANCE SHEET AS AT 31 MARCH 2011**

	Notes	2011 £	2010 £
FIXED ASSETS			

Tangible fixed assets	6	466,188	449,806
CURRENT ASSETS			
Debtors	7	27,902	96,138
Cash at bank and in hand		511,384	542,290
		—————	—————
		539,286	638,428
CREDITORS: amounts falling due within one year	8	(99,784)	(379,014)
		—————	—————
NET CURRENT ASSETS		439,502	259,414
		—————	—————
NET ASSETS		905,690	709,220
		—————	—————
UNRESTRICTED FUNDS			
Unrestricted income fund	11	687,518	486,090
Revaluation reserve	11	218,172	223,130
		—————	—————
TOTAL CHARITY FUNDS	11	905,690	709,220
		—————	—————

These financial statements are prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

