



Annual Report 2022

Using play as a force for inclusion and
to deliver essential social, medical,
education and family support services

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DISABILITY AFRICA ANNUAL REPORT 2022

The trustees present their report with the financial statements of the charity for the period from 1 January 2022 to 31 December 2022. The financial statements have been prepared in accordance with the accounting policies set out in *Notes to the Financial Statements* (p 26) comply with the charity's governing document, the Charities Act 2011 and *Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)* (effective 1 January 2019).

REFERENCE AND ADMINISTRATIVE DETAILS

Registered Charity number 1172163

Principal address: Albany House, 6-8 Woodbridge Meadows, Guildford, Surrey, GU1 1BA

Trustees

Mr. Ric Law (Chair)
Mr. Adrian Abbott (Hon Treasurer)
Mr. Adam Edwards
Dr. Penny Gibson
Mrs. Sue Haworth-Edwards
Mr. Andrew Nowak

Patrons

Mr. Christopher Brewer MBE
Mr. Damon Hill OBE
Mr. Ken Tyrrell

Hon Independent Accounts Examiner

Mr. Samuel Spriggs

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing document

The charity is controlled by its governing document, a deed of trust, and constitutes a charitable incorporated organisation.

Risk management

The trustees have a duty to identify and review the risks to which the charity is exposed and to ensure appropriate controls are in place to provide reasonable assurance against fraud and error.

Employees

The charity employs two paid Development Officers in the UK in 2022 who reported to the Chair of trustees. In 2022 Disability Africa trialled and (at time of writing) made permanent a 4-day working week.

Project Partnerships

The charity establishes working partnerships with independent community organisations in Africa who recruit and employ local staff to deliver services to disabled children in their communities. These partnerships are described by Memorandum of Understanding (MOU) to deliver projects and promote the Disability Africa model.

OBJECTIVES AND ACTIVITIES

The charitable objects as set out in the Trust Deed are:

1. To advance education and promote and protect health among people living in Africa, in particular children and young people with disabilities, through the provision of grants, items and services and by such other means as the trustees may determine.
2. To provide or assist in the provision of facilities in the interests of social welfare for recreation or other leisure time occupation of individuals who have need of such facilities by reason of their youth, age, infirmity or disability, financial hardship or social circumstances with the object of improving their conditions of life.

Statement of trustees' responsibilities

The trustees are responsible for preparing the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice.

Charity law requires the trustees to prepare financial statements for each financial year. Under that law the trustees have elected to prepare the financial statements in accordance with the United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law.) The financial statements are required by law to give a true and fair view of the state of affairs of the charity and of the surplus or deficit of the charity for that period. In preparing those financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the Charity SORP.
- Make judgements and estimates that are reasonable and prudent.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the Trust Deed. 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.

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

The trustees are content that the activities of the charity during the reporting period comply with the requirement for those activities to be of public benefit.

Trustees are recruited in accordance with Charity Commission guidelines laid out in document CC30. As vacancies arise, new trustees are sought and recruited with regard to skills and experience and the appropriate vetting and interview procedures are applied. All new trustees will be given a full induction prior to assuming their duties.

RIC LAW ON BEHALF OF THE BOARD



Date: 20/07/2023

OUR MISSION

To work with communities to explore causes which exclude disabled young people. To challenge conventional attitudes and practice, to inform, inspire and deliver change because we believe that an approach that includes disabled children will be better for all children.

OUR VISION

Disability Africa is working towards an inclusive global society in which the attitudes of the non-disabled are no longer barriers to the life-chances of those with impairments, where equity of opportunity exists for disabled people and societies recognise the benefits to all of inclusive thinking and action.



WHY WE EXIST...

For children to achieve their full potential, they need different facilitators, ranging from good nutrition, protection from harm, opportunities for early learning, and the support of parents and caregivers, to access to timely and good quality health care...¹

¹ WHO (2022) *Global report on health equity for persons with disabilities*. Available at: <https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/global-report-on-health-equity-for-persons-with-disabilities>. (Accessed 2023.)



Disabled children are vulnerable

Disabled children are more vulnerable to harm and exploitation across the world but especially so in low-income African communities.

A combination of harmful negative attitudes, poverty and lack of information mean that disabled children are excluded and actively isolated from their local community and, in turn, are at risk of significant harm. Communities are simply used to disabled children being *invisible* and the stigma is perpetuated. The impact of this is that disabled children's health, welfare and education are not prioritised or provided for. The greater a disabled child's exclusion

from schools, family and health-care agencies, the greater the risk that they will experience abuse, neglect and significant harm. Their exclusion and invisibility mean they do not have access to protective resources or people who might keep them safe. Neither are they learning how to protect themselves from harm. They are often unaware that they have the right to protection.

Communities are poorer for this exclusion. The exclusion of disabled children from education means that they will be excluded from making a contribution as adults to their community and the economy.²

A community which includes disabled children will automatically have services which are superior. Through inclusion, the quality of health, education and family services are improved.

Project partners report concerns that many parents are not be able to prioritise the care of their disabled child because of these attitudinal and material factors. They simply do not have the information or local practical resources to ensure that their disabled child thrives.

- Disabled children are 4 times more likely to be abused compared to non-disabled children.³
- Disabled children are 10 times more likely to be out of school.⁴
- Literacy rates for people with impairments is 3% worldwide - just 1% when considering women and girls.⁵

Data invisibility – another form of exclusion

Data invisibility is just another form of exclusion – exclusion from local service planning and provision.

When absent from official statistics, children and adults with disabilities remain politically and socially 'invisible', increasing their marginalization and exposure to rights violations.⁶

² WHO (2023) *Addressing health inequities faced by persons with disabilities to advance universal health coverage*. Available at: <https://www.who.int/publications/m/item/addressing-health-inequities-faced-by-persons-with-disabilities-to-advance-universal-health-coverage>. (Accessed 2023.)

³ WHO (2022) *Key Facts on Disability*. Available at: <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>. (Accessed 2023.)

^{4,3} United Nations Office for the Coordination of Humanitarian Affairs (2017) *Still left behind: Pathways to inclusive education for girls with disabilities*. Available at: <https://reliefweb.int/report/world/still-left-behind-pathways-inclusive-education-girls-disabilities>. (Accessed 2023.)

⁶ UNICEF (2022) *Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities*. Available at: <https://data.unicef.org/resources/children-with-disabilities-report-2021/>. (Accessed 2023.)

Monitoring the inclusion of children with disabilities in development efforts has long been held back by the lack of reliable and comprehensive data... (UNICEF 2022 *Children with Disabilities in the Middle East and North Africa: A statistical overview of their well-being.*)

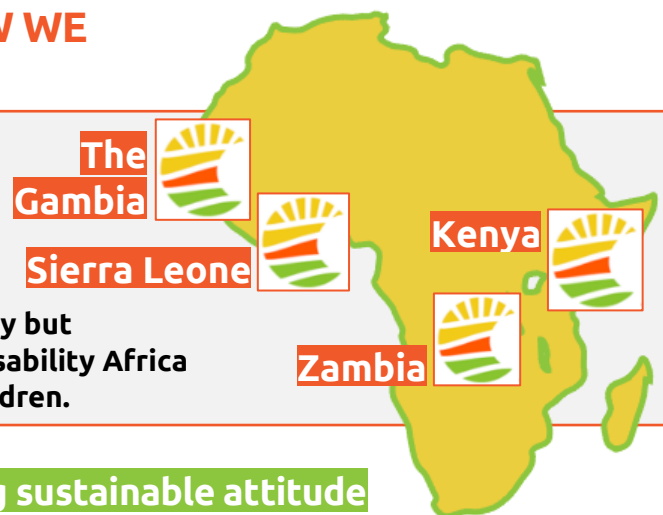
The 'serious absence' of data about disabled children means that measurement on the progress of Sustainable Development Goals for disabled children is difficult.⁷ **Our projects contribute to many of the UN SDGs** – directly addressing the goals of *No Poverty, Zero Hunger, Good Health and Well-being, Reduced Inequalities, Sustainable Communities and Peace, Justice and Strong Institutions.*

Poverty

Poverty is complex and systemic but disabled young people have poverty imposed on to them because they are excluded from so many levels of society – employment, education and health. Until disabled children are included, they will have no chance of thriving. We help to change this by promoting inclusion and providing real solutions. Our most important work to alleviate poverty is ending the child's isolation and raising awareness of the rights and needs of disabled children – this is systematically encouraging communities to think about how they can include disabled children and improve services for everyone.

THE DISABILITY AFRICA MODEL – HOW WE WORK, WHAT WE DO

Since 2011 we have developed a model and approach that aims to end the exclusion of disabled children in low-income African communities. We are actively working in Kenya, The Gambia, Sierra Leone and Zambia – the model is adapted by project partners to work in each community but the aim and vision of project partners, UK staff and Disability Africa trustees is clear – to end the exclusion of disabled children.



Working with local project partners creating sustainable attitude change in the middle of the community

We choose Project partners who can demonstrate an attitude and capacity to engage with the Disability Africa approach and model. We mobilise sustainable local management of our projects so that change is led from within the community. Our projects are all delivered by locally registered community organisations with whom we establish partnerships to:

- Understand and improve the local experience of disabled children.
- Ensure good practice.
- Deliver locally relevant services.
- Work to dismantle barriers to inclusion where and when they see them.



⁷ United Nations (2022) *The Sustainable Development Goals Report 2022*. Available at <https://unstats.un.org/sdgs/report/2022/The-Sustainable-Development-Goals-Report-2022.pdf>. (Accessed 2023.)

Sustainability means different things to different people. Disability Africa and our project partners will always need to generate income to pay for service delivery, so for us, sustainability is about creating local systems and opportunities for projects to ultimately take charge of their own fundraising. But even without this, the *changes in attitudes* and the *development experience* within the communities in which our projects thrive *will be sustained*. Staff who have worked on our Inclusion Projects may go on to choose roles where they can affect decisions about how disabled children are included. Staff will have acquired work experience and represent a local resource of insight and expertise regarding the support and inclusion of disabled people in their communities. Overall, we would expect that higher expectations of inclusion within a community would be sustained – the disabled children (and their parents) who use the project, the local staff employed on projects, local teachers, medical staff, right through to local Chiefs will be more inclusive as a result of their engagement with the Disability Africa Template. **The good practice and organisational governance developed will be key to any practical version of sustainability especially as partners generate income independently of Disability Africa.**

CHALLENGING NEGATIVE ATTITUDES AND LEARNING

A range of practical steps make up the work to understand then challenge negative attitudes about disabled children, but it all happens at a community level and includes:

- Delivery of training using the social model of disability, prioritising the value of play and introducing safeguarding and child protection measures.
- Delivery of a playful and joyful service where children and staff are seen together in a practical and visual way to challenge and change how disabled children are perceived.
- Project partners deliver training and awareness-raising events for other community organisations including schools.
- Nurturing and *open management culture* that allows project partner staff and Disability Africa to reflect on practice so that we understand better how to deliver the model in different contexts.

Playschemes as hubs of inclusion

Disability Africa uses play delivered by local people as an effective way to end the exclusion of disabled children. Playwork is inclusive - *if you're doing it right* – so it is the best way to include any child, requiring us (the Playworker) to get to know the child and be interested in what's going right and wrong in their world. In this way, a Play Team is ideally placed to assess the needs of disabled young people who are a neglected group – this can range from creating friendship groups, supporting relatives to interact with a disabled child in their family to treating old wounds or spotting undiagnosed epilepsy.

HERE'S WHY WE THINK PLAYSCHMES ARE POWERFUL AND THE BEST WAY TO INCLUDE DISABLED CHILDREN...

- **Playschemes immediately bring disabled children out of isolation and into a clean, caring and safe environment.**
- They can be run easily by local people, with little expertise, at a minimal cost.
- Staff use play as a natural child centred way to assess what support individual disabled children need and then build a local picture of services needed at a community level.
- Playschemes become *hubs* to respond to assessed need with the development and then delivery of social, education and medical support – in addition to the many proven benefits of play for disabled children.
- Play Work role models a relationship of equality and an *on-the-ground/real world* appreciation of the rights of the child.



- Significantly improve the mental health of disabled young people.
- Ease pressure on their families by providing psycho-social support or allowing time to work or attend education.
- Children learn through play – the playscheme and Play Teams provide disabled children with crucial early childhood development that they may otherwise be missing out on either at home or in school. Primary education is now considered an essential tool for achieving Universal Primary Education and the SDGs⁸ and as a right for all children.⁹

- **A safe place where disabled children's health, welfare and happiness is prioritised.**

PLAYSCHEMES
INEXPENSIVE, ACCESSIBLE &
INSTANTANEOUS MEANS TO END A CHILD'S ISOLATION;
CHANGE ATTITUDES
& DEVELOP A FRAMEWORK FOR LOCAL
SERVICE DEVELOPMENT.

Playschemes as hubs for essential services

Once disabled children are registered, playing, having fun at the playscheme the Play Team also has the opportunity to provide wider support to the child and their family. Often for the first time there is a team of local people who have the capacity and the *model* to focus on the assessment of the needs of a neglected group of disabled children – to look at their education, health, nutrition and protection.



MEDICAL SUPPORT

There is a lack of affordable, accessible, quality healthcare in most African countries. Playschemes allow staff to informally assess children's health and offer a safe child-friendly place for the delivery of outreach medical services. Our model of support has experience supporting disabled children with first aid as well as access to vital life-saving medical treatment – for example referring to surgery and then the aftercare required, collecting medicines and attending appointments with children. We also work with local healthcare professionals, like General Practitioners, Surgeons, and Physiotherapists to ensure children receive the support they need.

Practically this is delivered by employing local people to the team as Medical Support Officers (MSO). This role does not have to have a medical qualification – we describe them as needing the same qualities as a caring sensible adult who has professional curiosity to challenge the barriers to healthcare for disabled children. The MSO will work out of the playscheme providing primary care alongside the Play Team but they will also visit children in their homes – especially if they are not able to attend playscheme.

**We supported
1,382 medical
support
sessions in
2022...**

⁸ UNICEF (2018) *Learning through play*. Available at: <https://www.unicef.org/sites/default/files/2018-12/UNICEF-Lego-Foundation-Learning-through-Play.pdf>. (Accessed 2023.)

⁹ UNICEF (2018) *Early childhood development For every child, early moments matter*. Available at: <https://www.unicef.org/early-childhood-development>. (Accessed 2023.)



FOOD SUPPORT

It's simple – every day every child gets a meal. This means that their nutrition is maintained and that children have the energy to get the most out of the play day. Project partners report that this is a crucial area of work and is an obvious need among the community of disabled children we work with while we continue to receive reports of neglect and malnutrition of disabled children. This support is a practical response to the real pressure families face with increasing costs and environmental pressures – for example drought in Kenya – alongside the real vulnerability of disabled children. Malnutrition is also a reported reason for some disabled children not progressing with certain medical procedures they have been referred for.

For children who the teams are particularly concerned about, we will target additional food support in the form of ingredients and food supplements sent to the family to be used for the child. This is in addition to the meals at playscheme.

...and more than 33,000 meals were provided to disabled children at a cost of £22,440 – just 68p for each meal.



PARENT SUPPORT

Parents of disabled children may also be vulnerable in their communities. Women in particular are left to be the sole care provider and if their child needs constant supervision it will put her in a very difficult position in terms of her ability to have respite or leave the home to work or attend education. Project partners report that it is often the father whose attitude towards their disabled child needs to be understood and challenged so that the welfare of the child is protected, **so we work to make sure that parents have companionship, information and support so that they may reconnect with their community.** Our parent support programmes include meetings and social work-style home visits. Information about impairments and available services are shared in a safe forum to reassure parents and, in turn, parents can share experiences, supporting each other. Playschemes also give parents, especially mums and sisters, breaks from caring and time to pursue education or employment, helping alleviate poverty.

EDUCATION AND SCHOOL SUPPORT



By running playschemes, we impact the non-existent participation of disabled children in education. We know that Playschemes are fun, stimulating and immersive educational environments.

We also work with schools...

- Supporting disabled children with classroom assistants (who are often also their playworkers).
- Helping to train teachers to include disabled children in the school environment.
- Providing school materials for disabled children who cannot afford them.
- Demonstrating a replicable model for Inclusive Education.

We are realistic – the schools where we work are resource poor – school and parents alike struggle with the material resources needed for a disabled (and non-disabled) child to attend mainstream education. Where this is the case, the playscheme is an effective and practical place for disabled children to learn through play so that they do not miss out on essential skills – social, physical, communication, creative and Early Childhood Development. This is recognised by UNICEF – ***'the early years of childhood is a time of great opportunity, but also great risk' and that disabled children are particularly vulnerable to missing out on early development.***¹⁰

DATA COLLECTION AND REGISTERING DISABLED CHILDREN

Not enough is known about the experience of disabled children in low-income countries.¹¹ So, alongside the delivery of services to disabled children that are focussed on assessed local need, we also collect accurate data about the children and families registered to projects. This provides data which we use to reflect on the delivery of the model, to understand the communities better and to share data to help with local government planning.



Monitoring and evaluation

Over 2021 and 2022 we introduced some new, simple systems with project partners to capture the work delivered and the impact of that work. We continue with the most effective ways to capture the delivery and the impact of what we do so that we can use the data to start conversations that encourage reflection on our practice and share impact with supporters of our model. Some examples of how we use data:

- Identify disabled children who are registered with projects but whom we have not seen for a while.
- Follow up on contacts made by the Medical Support Officers with children and families – for example post-surgery care, child protection concerns, looking for themes/trends like malnutrition or malaria that require response.
- Understand the capacity that a team has to take children off waiting lists, but to also challenge the quality of delivery. For example, understanding when the numbers of children attending may negatively impact the quality of service.
- Projects in Kenya and Zambia expanded in 2022 so delivery data allowed teams to track and monitor this planned growth.

¹⁰ UNICEF (2022) *Early childhood development For every child, early moments matter*. Available at: <https://www.unicef.org/early-childhood-development>. (Accessed 2023.)

¹¹ UNICEF (2022) *Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities*. Available at: <https://data.unicef.org/resources/children-with-disabilities-report-2021>. (Accessed 2023.)

Key targets for the UK team and African project partners

Disability Africa aims to create an effective replicable template which improves outcomes for disabled young people primarily by promoting their inclusion in their communities and delivering or supporting local services to meet that primary objective.

1. Support partners in Africa to improve and expand skills and good governance so that they are confident to and have capacity to deliver, grow and initiate new Inclusion Projects that are relevant and effective for disabled children in the local area.
2. Make sure that there are systems in place to monitor all aspects of delivery and behaviours so that UK staff and project partners learn and collect evidence to support replication.
3. Promote a demonstrably successful 'template' to other development actors and support them to replicate the template.
4. Expand rollout of Inclusion Projects to other countries and engage new project partners.
5. Support project partners to become sustainable so that projects can function independently of Disability Africa with established and demonstrable good governance, capacity to raise income and to maintain delivery of projects to include disabled children.



IMPACT – WHAT WE DID IN 2022...

In 2022 we delivered 20,380 visits to disabled children across 4 projects. This is 32% more than in 2021. The increase is largely because of expansion in Kenya and Zambia but also returning to full capacity as we *return from* COVID and work with families so that we see as many children as possible.

Working with Project Partners, evaluation and learning

We spent time with Project Partners to improve how we collect data to better capture all the work delivered and use that data to improve our understanding of the communities we work with and the impact of the Disability Africa approach. Routine monitoring includes:

- Monthly monitoring meeting with project partners.
- Quarterly reports from project partners.
- Monthly financial reports.
- Day-to-day messaging including reporting of safeguarding concerns.
- Collection of case studies about the experience of disabled children that highlight the impact of work or the challenges they face.

We make sure that there is a regular exchange of ideas, concerns and successes that in turn characterises a genuine open partnership between project partners and Disability Africa. This is an important part of our model and a desired impact – that project partners are allowed to develop the capacity to use their local experience to shape the project while at the same time adopting the Disability Africa model of inclusion.

In 2022 UK staff made 3 monitoring trips – 2 to Kenya and 1 to Zambia – when we were able to observe delivery, complete audits, give feedback as well as support the setup of a new project in Zambia. Monitoring trips are also an important means to give our donors and other supporters confidence that we are *doing what we say we do*.

KENYA – Malanga Inclusion Project

The Malanga Inclusion Project started in 2017 and now runs playschemes 5 days a week from 4 local schools – which means we're in the heart of a community. Kenya is still our busiest project delivering 10,584 visits in 2022 for 130 disabled children living in Kilifi County – a very rural area effected by drought putting extra strain on already scarce local resources.

RELATIONSHIPS WITH LOCAL SCHOOLS

The playschemes run from 4 local schools. The team have a small online message group that allows the schools and the Malanga Inclusion Project team to share questions, ask for help and send and receive referrals of disabled children. Because of the playscheme, disabled children are part of the daily scene at each school and are enjoying an appropriate, accessible *play-based curriculum*. **Without the playschemes none of these children would be attending school.**



An example of the Kenya team's impact on disabled children is the story of 'L'...

Visits by the team to L's house showed that she is living in very poor conditions. Her mother has left the home and area to work so L (age 5) is being looked after by her 13-year-old sister. Grace – the Medical Support Officer – reports that living conditions are very poor and they are concerned for the child's welfare even though L does attend playscheme. Elders and the local Chief are also concerned for the child's safety and have even met with the mother and told her to stay to care for her children but she has left the area again. For now we agreed that the playscheme was a very important and positive part of L's life – she attends playscheme every day where she receives two meals and social care in a happy, stimulating environment. The community elders are aware that the playscheme and the associated care it provides to 'L' is a good thing. Without the playscheme L would be extremely vulnerable and her life in danger.

PLANNED GROWTH IN 2022 – 23% MORE...

In 2022, we worked with the team in Kenya to increase the days we open from 3 days to 5 days a week. This means that the team delivered 10,584 visits to 130 disabled children - a 23% increase on delivery in 2021. A fourth playscheme at Yembe still opens 3 days a week. The playschemes are based in local schools creating a highly visible presence for disabled children in the heart of their community.

Being located in schools also allows the team to develop a day-to-day working relationship with school staff so the team can make and receive referrals to and from the school as appropriate for individual children. We are gradually establishing a model where the playscheme is the schools' *inclusion*

department – so all children who approach the school have a realistic choice to be included and are not turned away.

What the Malanga Inclusion Project achieves in a rural, challenging environment shows how local attitudes is a primary driver of inclusion even more than the availability of resources (although we still need those too!).

EVERYDAY PHYSIO

We have reported in the past on the work of Grace – our Medical Support Officer (MSO) and qualified Physiotherapist. Grace visits playschemes every day through the week giving children regular physiotherapy to improve flexibility and mobility – children who once only crawled can now walk! In 2022 Grace delivered 780 physio sessions to disabled children. During this contact, Grace can also monitor children's welfare – in particular their nutrition, weight and any known health conditions like epilepsy.



MONITORING VISITS TO OBSERVE DELIVERY

UK staff visited Kenya twice in 2022 when we delivered training, observed delivery and completed a financial audit. In training we explored what a good playscheme would really look like for a child. We also refreshed reporting systems and safeguarding procedures. Areas covered were signs of abuse/harm, how to report harm, vulnerability of disabled children, open working cultures and how they protect children and foster learning.

THE GAMBIA – Gunjur Inclusion Project

The team at the Gunjur Inclusion Project started work in 2012 in the Kombo South area – it is our first project. 157 disabled children are registered and come to play at our own purpose-built play centre 5 days a week.

PREPARING TO RUN AT FULL CAPACITY AT THE CENTRE IN GUNJUR

In 2021 there was significant rain damage which needed essential repairs to the roof and to most areas of the building. We also installed solar power and a sustainable, fresh-water bore hole. These works certainly made the team's life difficult – while this work was done a majority of playschemes were delivered at community sites local to the centre and we expect to retain elements of this practice in the future. The team are thinking how to keep one day each week as a community based playscheme as well as looking at ways that the centre will be a resource for the local community to use alongside playschemes – for example community meetings.

The team are not back to full capacity but we expect to achieve this by end of 2023. From August children started to return to the playcentre which was wonderful to see and the team – lead by Lamin and Anchu – are planning how to set up the centre to be a hub of inclusion.

OUTREACH AND CHECKING IN ON VULNERABLE CHILDREN IN THE GAMBIA

We were concerned that 'T' was losing weight so were visiting her home regularly. We were also aware that she was being kept at home and not allowed out. Bue – the Assistant Medical Support Officer – decided to take T to hospital for a check-up and was seen by Dr Kante who gave advice. The problem the outreach team have is persuading the family to let T come to the playscheme as we know she's being isolated, so we work with the parents and keep in touch with home visits until that changes.

MEDICAL SUPPORT IN ACTION

The Medical Support and Community Officers (Buba and Bue) use a mix of time at the playscheme and family visits to monitor health and welfare of 75 disabled children through the year. This is a simple but crucial element of the project – being a consistent presence and an advocate for disabled children's health so that they have the chance to be healthy and strong enough to thrive like other children in their community.

These examples of work are collected from monitoring meetings and the messages exchanged with Disability Africa...



'M' is a happy chatty child aged 4 who the team know well and visit his home every month but over the course of the year M has not been well – in January he had pneumonia and later in the year has had various appointments to arrange an operation on his tummy. Buba has coordinated these appointments with M's family including – when necessary – being assertive about the care that M needs and follow up appointments so that he got the medical attention he needed. Buba's regular visits mean that the family feel supported and cared for, M's health and welfare is monitored and he receives extra food support –

it also means that Buba and Bue can play with M and have a some fun!

SOME SIMPLE BUT IMPORTANT FIRST AID...

'A' got a swollen knee so the team took him to a clinic for attention – A has haemophilia so any injury or bleeding could be serious. Later in the year the team got a call from A's mum – he was vomiting and bleeding from his mouth. On each occasion the team took A to the local clinic for prescribed medication and advice. It is not that the health agencies do not exist locally but that without the Play Team's attention A's health may not be prioritised.

PLAYSCHEMES AS A SAFE CARING PLACE...

'N' was not attending playschemes after the death of father so the Family Support Officer – Danno – visited the family to check on her and found that she is not attending school either because she gets bullied. So right now the team make sure that N is collected from home to attend playscheme - the happiest place for her at the moment and mum is reassured that the playscheme is a place where N is safe and cared for. Danno has also made contact with school for advice and plan.

SIERRA LEONE Sierra Leone Inclusion Project

Our project partners have run a playscheme in Makeni (central Sierra Leone) since 2019 for 109 disabled children and in 2022 delivered 6,368 visits. Our project partners – the Sierra Leone Autistic Society (SLAS) – already run a school for disabled children in Freetown so they understand the experience of disabled children and their families.

PARENT TEACHER INCLUSION WORKSHOP

The team have a routine of home visits and group parent meetings but this year there was an event that brought together parents, teachers and other local community groups to talk about the barriers facing disabled children particularly in education.

The event involved the whole team facilitating sessions that covered the stigma of disability, teaching strategies in the classroom, abuse of disabled children and practical ways that parents and teachers can

work together. SLAS operate a school for disabled children in Freetown so are well placed and have the credibility to deliver this sort of event where parents and teachers alike felt able to contribute and get involved. SLAS founder and Project Director – Mary and Gibril – have reported that since the event they do not have to step in to mediate disputes and teachers have reported that parents visit the school with their child more often. This work will be reinforced in the routine visits and relationships that the team have with 8 local schools.



VISITS FROM DR ROGERS AND THE PHYSIO TEAM

The work of the Medical Support Programme in Sierra Leone is made up of a locally employed Medical Support Officer (Sembu), quarterly visits from Dr Rogers and a team of physiotherapists. Together this means that disabled children have access to a team of people who give advice, prescribe, make referrals and provide primary health care so that disabled children are healthy and their welfare is protected. This is a strong part of the project in Sierra Leone because this sort of health-care is rare in Makeni.

As well as the management of existing health conditions of registered children, the areas of concern for the medical support team are malnutrition, typhoid and malaria. The risk and vulnerability of disabled children is real – sadly, 2 of our registered children died from malaria this year. The team make sure that parents understand the signs of malaria and how to treat fever and Sembu is on call to go to the family home to help and when necessary, take the child to hospital.

The Medical Support Officer follows up all of this work in between Dr Rogers' visits. Sembu gives advice and checks in with families at their homes. He also works with the Play Team, monitoring the welfare of children at playscheme – looking out for signs of fever, malnutrition and everyday bumps and bruises.



ZAMBIA Kawama Inclusion Project

The Kawama Inclusion Project opened the playscheme in February this year with new project partners – The Ex-Mayors Association. The team have immediately registered 40 disabled children to the playscheme running 3 days a week in Kawama (a district of Ndola in the north of Zambia). At time of writing we are very pleased to say that the team have increased to running 4 days a week.

FIRST, WE SET UP A PLAYScheme...

True to the Disability Africa model and established successful practice, **the team set up the playscheme and registered 40 disabled children**. Leaders (Esther and Gregory), three Play Workers and 2 cooks all lead by Samuel and Alfred who are the volunteer Project Coordinators form the local staff team. We previously funded the construction of a small building next to a market and church so we're in the heart of the

community where everyone can see the work the team do – a really quick and simple way to start changing a community's perceptions with the happy joyous sounds and images of disabled children playing and having fun. It also means that the Play Team need to employ their crowd management skills when non-disabled come to play as well – which is great!

We know that the playscheme allows staff to get to know the children in a very natural way. You could call it *child centred*. We call it play work – finding out what children are good at, what makes them giggle, what help they need, see how they make friends. The Play Team start to work with parents and talk about their observations. The Leaders have experience working with disabled children so there is a confidence and attitude that's really helpful and they know what to be alert to.



Mike and Jon travelled to Zambia to get to know our new project partners, and deliver some basic introductory training including play work, safeguarding, inclusion and the Disability Africa model as well as to hand over some basic management systems.

In 2022 the Kawama team delivered 1,974 visits – a great start in the first year and only running 3 days a week. The team have a strong idea of how they want to grow and improve the site – for example getting adapted equipment for children, toilet facilities, improved weather protection as well as employing a Medical Support Officer early 2023.

THE CHALLENGES



Sustainability

Part of the Disability Africa model is that project partners become independent and achieve some independence and sustainability. As soon as they start, a project begins to impact the attitudes of the staff team and the community around. Disabled young people begin to be seen in a more positive light and to this extent sustainable change has already happened. Project partners have also demonstrated that they quickly develop the capacity to deliver complex projects for a vulnerable and neglected group of children. These skills will endure and create a sustained change. But services will always need to generate income and we know that this is not easy. Project partners will always have to use some sort of external sources of income, including European streams of income for targeted grant funding ideally alongside some sort of local income generation. Disability Africa will work with project partners to make this step towards sustainability. It is key that we test this particular stage of the Disability Africa model when partners demonstrate and express their readiness to become more self-sufficient.

Personal care and toileting

The speed and enthusiasm that project partners set up and sustain delivery is impressive. A mix of a critical attitude and a real lack of materials and resources mean that teams quickly want to improve the play environments and grow the project. One common area of need is the availability of adapted toilet facilities. We know that most of the sites we operate from do not have running water but we are looking at how local technology and

methods can be used so that simple adaptations can be installed so that there are clean toilets near to the playscheme.

Rising costs

The challenges seen in the global economy are reflected in increased costs of our projects in Africa – particularly in fuel and food costs. Projects report that costs rise through the year so this makes planning budgets difficult and makes vulnerable families and their children at further risk of malnutrition and going without essentials. Despite this we still provide every child who comes to playscheme with a breakfast and lunch. We also provide targeted additional food support for specific children whose health is at risk – making the playscheme a safe and protective force for disabled children.



WE COULDN'T MANAGE WITHOUT OUR SUPPORTERS

Priscilla and Chris Brewer MBE and their family have supported Disability Africa since the charity was registered in 2011 and we couldn't have done it without them. The ongoing support of the Brewer family funds much of our core costs in the UK and allows the vast majority of other donors' funds to be directed to our Africa projects.

We are so pleased to congratulate Chris on being awarded the MBE in 2022 for his charitable services to young people – we know that Chris and his family support many causes in the UK and abroad. We are proud to have Chris as such an engaged and supportive patron.



Thank you to our supporters in 2022...

We are enormously grateful to all those trusts who have given grants or pledged grants in 2022 which allow us to plan ahead and develop projects with confidence despite these financially challenging times.

ARCAID	James and Grace Anderson Trust	The Allan & Nesta Ferguson
Ashworth Charitable Trust	John and Susan Bowers Fund	Charitable Trust
Beatrice Laing Trust	Lambury Charitable Trust	The Casey Trust
Brown Source Trust	Margaret McEwen Trust	The Cauda Trust
CP Trust	Marlborough Brandt Group	The Claremont Trust
CRH Trust	Maurice and Hilda Laing Charitable	The Gilander Foundation
Dorfred Trust	Trust	The Grace Trust
Dr Richard Solomons' Charitable	Mirianog Trust	The Green Room Charitable Trust
Trust	MJB Charitable Trust	The Haremead Trust
Eleanor Rathbone Charitable Trust	MPM Charitable Trust	The Marsh Charitable Trust
Ernest Ingham Trust	Pat Newman Memorial Trust	The Paulson-Ellis Charitable Trust
Hasluck Charitable Trust	Peter Storrs Trust	Tula Trust
Ian Askew Charitable Trust	Thalassa Charitable Trust	

THE FUTURE – WHAT'S NEXT?

A quick summary of what's coming up for Disability Africa.

- Continue to develop and **improve Monitoring and Evaluation** including producing a document that describes the impact of our work so far so that the model can be promoted and replicated.
- Work with the team at the Gunjur Inclusion Project (The Gambia) to **fully reopen the playcentre a Centre for Inclusion** now that essential works have been completed.
- Continue to **grow delivery with new project partners in Zambia** – including employing a full time Medical Support Officer in 2023, open 4 days a week in 2023 and increase to 5 days a week by 2024.
- Review the Disability Africa **strategic plan**.
- **What does sustainability look like?** Identify project partners as they are ready to critically investigate how partners could become increasingly independent of Disability Africa - what that should look like and the 'markers' that would characterise this stage of the model.

Please continue to support us in whatever way you can - Disability Africa and its partners commit to expanding the inclusion and thereby, improving the life-chances, of more & more disabled young people across Africa.

Thank you.

FINANCIAL REVIEW FOR THE YEAR ENDED 31 DECEMBER 2022

Income

The previous year had been a good year for fundraising with a combination of generous support from existing funders, and success in attracting new ones. In addition, there had been a special campaign to fund the refurbishment of the charity's children's centre in The Gambia which had been damaged by storms before the pandemic. However, the total income for 2022 was just under £150,000, some £39,000 less than in 2021. Several trusts continued to support us again, and two of them are funding three years' costs on specific projects, which is a tremendous help.

It was disappointing to have slipped behind, but further resources have been put into fundraising which are beginning to yield results in the current year.

Expenditure

The Covid pandemic continued to affect the number of children attending the playschemes to begin with, but the expansion of the schemes in Kenya and Zambia, boosted the number of visits to just under 20,400 - an overall increase of over 30% on the 2021 figures.

The Feeding programme was expanded so that every child had at least one good meal a day while they were at the playcentres. This doubled the cost of the scheme to over £20,000.

The Medical Support programme continued at a very similar cost to that in 2021.

Field trips were made by UK staff, (none in 2021 due to Covid), to monitor and evaluate progress in both Kenya and The Gambia. These were in addition to the monitoring of the regular reports from all the projects, which provide written, video and photographic evidence of activities taking place.

Result

The fall in Income generated, together with the increase in Expenditure resulted in a Deficit for the year of just under £40,000.

Total Bank balances at the year-end amounted to £100,000 with grants, received in advance, accounting for nearly £16,000.

Cash Balances

The end of year cash balances for 2022 of £100,000, (less £16,000 which relates to grants received in advance) represents a little over 6 months' expenditure based on the 2023 Budget. This is close to the target level, but the trustees believe that the charity's current financial situation, together with the anticipated results from future fundraising activities will maintain the charity's sustainability.

Reserves Policy

The trustees believe that the current policy of aiming to hold a minimum of 6 months' expenditure in reserves, is still appropriate for the charity.

Public Benefit Statement

The trustees have complied with their duty to have due regard to the guidance of public benefit published.

Independent Examination of Trustees Annual Report and Accounts

The trustees are satisfied that the charity meets the requirements for an Independent Examination.

INDEPENDENT EXAMINER'S REPORT ON THE ACCOUNTS YEAR ENDED 31ST DECEMBER 2022

I report to the trustees on my examination of the accounts of Disability Africa for the year ended 31st December 2022 set out on pages 24 to 29 below.

Responsibilities and basis of report

The charity's trustees are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ("the Act"). I report in respect of my examination of the Charity's accounts carried out under section 145 of the 2011 Act and in carrying out my examination, I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination which gives me cause to believe that in, any material respect:

- The accounting records were not kept in accordance with section 130 of the Charities Act; or
- The accounts did not accord with the accounting records; or
- The accounts did not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report to enable a proper understanding of the accounts to be reached.

Signed:  Date: 09/08/2023

Name: Mr Samuel Spriggs

STATEMENT OF FINANCIAL ACTIVITIES AT 31 DECEMBER 2022

DISABILITY AFRICA								
REGISTRATION NUMBER 1172163								
STATEMENT OF FINANCIAL ACTIVITIES								
FOR THE YEAR ENDED 31st DECEMBER 2022								
	Notes	Unrestricted Funds £	Restricted Funds £	Total £	Unrestricted Funds £	2021 Restricted Funds £	Total £	
Income and endowments from:								
Grants	3	70,000	67,897	137,897	75,600	98,267	173,867	
Donations and Gift in Kind	4	11,273	-	11,273	14,980	-	14,980	
Total		£ 81,273	£ 67,897	£ 149,170	£ 90,580	£ 98,267	£ 188,847	
Expenditure on:								
Raising funds	5	14,229	-	14,229	10,800	-	10,800	
Charitable activities	6	6,171	168,226	174,397	5,976	147,554	153,530	
Total		£ 20,400	£ 168,226	£ 188,626	£ 16,776	£ 147,554	£ 164,330	
Net Income (Expenditure) before Transfers		60,873	(100,329)	(39,456)	73,804	(49,287)	24,517	
Transfers between funds	8	(92,494)	92,494	-	(58,163)	58,163	-	
Net movement in funds		£ (31,621)	£ (7,835)	£ (39,456)	£ 15,641	£ 8,876	£ 24,517	
Reconciliation of funds:								
Brought forward balances		116,242	8,876	125,118	100,601		100,601	
Fund balances carried forward		£ 84,621	£ 1,041	£ 85,662	£ 116,242	£ 8,876	£ 125,118	

BALANCE SHEET AT 31 DECEMBER 2022

DISABILITY AFRICA							
REGISTRATION NUMBER - 1172163							
BALANCE SHEET AT 31ST DECEMBER 2022							
							AS AT 31/12/2021
FIXED ASSETS							
Tangible Assets	2		320				180
CURRENT ASSETS							
Debtors	9	1,551			2,751		
Cash at Bank and in Hand		99,505			151,348		
		101,056			154,099		
CREDITORS (Amounts Falling Due Within One Year)	10	15,714			29,161		
NET CURRENT (LIABILITIES)/ASSETS			85,342				124,938
NET ASSETS			£85,662				£125,118
Represented by:							
Unrestricted Funds	8		£84,621				116,242
Restricted Funds	8		£1,041				8,876
			£85,662				£125,118

Signed: RIC LAW (CHAIR)



Date: 20/07/23

NOTES TO THE FINANCIAL STATEMENTS YEAR ENDED 31 DEC 2022

1 ACCOUNTING POLICIES

Accounting convention

(a) Basis of preparation and assessment of going concern

The accounts (financial statements) have been prepared under the historical cost convention with items recognised at cost or transaction value unless otherwise stated in the relevant note(s) to these accounts. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011.

The charity constitutes a public benefit entity as defined by FRS 102.

The trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern.

No material prior year errors have been identified in the reporting period (3.47 FRS 102 SORP).

(b) Reconciliation with previous Generally Accepted Accounting Practice

In preparing the accounts, the trustees have considered whether in applying the accounting policies required by FRS 102 and the Charities SORP FRS 102 a restatement of comparative items was needed. No restatements were required.

Income and Endowments

Voluntary income, including donations, gifts and legacies are recognised where there is entitlement, certainty of receipt and the amount can be measured with sufficient reliability.

Where the charity receives assistance in the form of donated services, such incoming resources are included in the Statement of Financial Activities where the benefit to the charity is reasonably quantifiable and measurable. Where donated services are recognised an equivalent amount is included as expenditure in the Statement of Financial Activities.

Income derived from events is recognised as earned (that is, when the event takes place). Amounts received in respect of events which have not taken place are deferred to future periods.

There has been no offsetting of assets and liabilities, or income and expenses.

Gift Aid receivable is included in income when there is a valid declaration from the donor. Any Gift Aid amount recovered on a donation is considered to be part of that gift and is treated as an addition to the same fund as the initial donation unless the donor or the terms of the appeal have specified otherwise.

Investment income is recognised on a receivable basis.

No government grants have been received.

Expenditure

Expenditure 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.

Grants are made to partner organisations in Africa with the requirement for full accountability of expenditure, the records for which are checked on a monthly or quarterly basis by the charity's staff, and audited during their periodic visits to the projects.

Costs of generating funds are those incurred in attracting voluntary income and incurred in trading activities that raise funds.

Charitable activities costs are those incurred in providing the services to disabled children in Africa.

All Governance requirements were dealt with by trustees on a voluntary basis, with no costs incurred.

The charity has incurred expenditure in respect of support costs which are allocated to activities on the bases set out in the Notes to the Accounts.

Assets and Liabilities

The charity has minimal fixed assets consisting of IT and office equipment and furniture. Items are written down over 3 years.

Taxation

The charity is exempt from tax on its charitable activities.

Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

DISABILITY AFRICA							
REGISTRATION NUMBER - 1172163							
NOTES TO THE FINANCIAL STATEMENTS							
FOR THE YEAR ENDED 31ST DECEMBER 2022							
						2021	
	Furniture & Equipment UK	Total				Furniture & Equipment UK	Total
	£	£				£	£
2 FIXED ASSETS							
Gross Book Value Balances at 1st January 2022	7,182	7,182				6,912	6,912
Additions in period	347	347				270	270
Gross Book Value Balances at 31st December 2022	£7,529	£7,529				£7,182	£7,182
Depreciation Balances at 1st January 2022	7,002	7,002				5,798	5,798
Depreciation charge for period	207	207				1,204	1,204
Depreciation Balances at 31st December 2022	£7,209	£7,209				£7,002	£7,002
Net Book Values at 31st December 2022	£320	£320				£180	£180

DISABILITY AFRICA REGISTRATION NUMBER - 1172163 NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31ST DECEMBER 2022								
	Unrestricted	Restricted	Total		Unrestricted	Restricted	Total	
3 INCOMING RESOURCES FROM CHARITABLE ACTIVITIES								
Grants received from Trusts and Foundations	70,000	67,897	137,897		75,600	98,267	173,867	
	£70,000	£67,897	£137,897		£75,600	£98,267	£173,867	
4 VOLUNTARY INCOME								
Donations from Individuals and other supporters *	11,273	-	11,273		14,980	-	14,980	
Totals	£11,273	£ -	£11,273		£14,980	£ -	£14,980	
* including Gift Aid								
	Unrestricted	Restricted	Total		Unrestricted	Restricted	Total	
5 COSTS OF GENERATING FUNDS								
Staff costs	12,997		12,997		9,530		9,530	
Support costs - Note 7	1,232		1,232		1,270		1,270	
Totals	£14,229	£ -	£14,229		£10,800	£ -	£10,800	
6 CHARITABLE ACTIVITIES								
Grants to Disability Africa (The Gambia)		32,077	32,077		-	58,214	58,214	
Grants to Other service providers		74,418	74,418		-	53,603	53,603	
Staff costs		48,737	48,737		-	35,737	35,737	
Field trips to African projects		12,994	12,994		-	-	-	
Support costs - Note 7	6,171		6,171		5,976	-	5,976	
	£6,171	£168,226	£174,397		£5,976	£147,554	£153,530	
All the grants to support the work in African countries are paid to our partner organisations in-country. These are either NGO's or CBO's who each have a Board of Trustees. The organisations are all formally registered according to the relevant laws.								
We agree budgets in advance and closely monitor how the money is spent but all expenditure is controlled by the local trustees.								
Staff costs are for the UK - based Project Development officers who develop, support, monitor and evaluate each of the projects.								
Staff trips to monitor projects 'on the ground', which had to be abandoned in 2021 due to the pandemic, were re-instated during the year. These trips are a crucial element of the Disability Africa methodology. Before we establish any project we visit the area under consideration and ensure that we meet the key personnel within our prospective partner organisations, together with relevant community leaders and local government officials wherever possible. We go through the proposed project in detail to ensure that our prospective partners fully understand the DA model and how it works. During this process the project leaders are made aware of the records and documentation that will be required to be scrutinised by us before grants will be confirmed. Field trips enable us to support our partners with further direction and training, and audit the supporting documentation behind the figures submitted by each project.								
As Restricted income was only for the direct costs of projects, all support costs, except for travel insurance, have been allocated against Unrestricted income.								
	Unrestricted	Restricted	Total		Unrestricted	Restricted	Total	
7 SUPPORT COSTS								
Property costs	Alloc'n							
Staff time		1,080	-	1,080		1,080	-	1,080
IT costs	Staff time	1,406	-	1,406		1,163	-	1,163
General office costs	Staff time	218	-	218		520	-	520
Staff costs and fees	Staff time	3,249	-	3,249		2,383	-	2,383
Insurances	Type	1,242	-	1,242		896	-	896
Depreciation	Time	208	-	208		1,204	-	1,204
		£7,403	£ -	£7,403		£7,246	£ -	£7,246
Allocated to:								
Charitable Activities		6,171	-	6,171		5,976	-	5,976
Generating Funds		1,232	-	1,232		1,270	-	1,270
		£7,403	£ -	£7,403		£7,246	£ -	£7,246

DISABILITY AFRICA								
REGISTRATION NUMBER - 1172163								
NOTES TO THE FINANCIAL STATEMENTS								
FOR THE YEAR ENDED 31ST DECEMBER 2022								
							2021	
		Unrestricted	Restricted			Unrestricted	Restricted	
8 FUNDS		Unrestricted Funds	Restricted Funds	Total		Unrestricted Funds	Restricted Funds	Total
Balances b/f		116,242	8,876	125,118		100,601	-	100,601
Movements in		81,273	67,897	149,170		90,580	98,267	188,847
Movements out		(20,400)	(168,226)	(188,626)		(16,776)	(147,554)	(164,330)
Transfers		(92,494)	92,494	-		(58,163)	58,163	-
Balances at 31st December 2022		£84,621	£1,041	£85,662		£116,242	£8,876	£125,118
Consisting of:								
Fixed Assets		320	-	320		180	-	180
Debtors		1,551	-	1,551		2,751	-	2,751
Cash at Bank		82,750	16,755	99,505		113,311	38,037	151,348
Creditors - Grants received in advance			(£15,714)	(15,714)			(29,161)	(29,161)
Totals		£84,621	£1,041	£85,662		£116,242	£8,876	£125,118
Funds Analysis								
	Balances b/f	Movements In	Movements Out	Transfers	Balances c/f			
The Gambia		11,972	(39,091)	27,119	0			
The Gambia - Refurbishment	8,876	0	(7,835)	0	1,041			
Kenya		34,058	(52,413)	18,355	0			
Sierra Leone		19,074	(38,342)	19,268	0			
Zambia		2,793	(30,544)	27,751	0			
Unrestricted	116,242	81,273	(20,401)	(92,494)	84,621			
Totals	£125,118	£149,170	(£188,626)	£ -	£85,662			
		Unrestricted	Restricted			Unrestricted	Restricted	
		Unrestricted Funds	Restricted Funds	Total		Unrestricted Funds	Restricted Funds	Total
9 DEBTORS								
Insurance prepayments		706		706		482		482
Gift Aid debtor		845		845		275		275
				-				
		£1,551	£ -	£1,551		£757	£ -	£757
10 CREDITORS								
Grants received in advance			15,714	15,714			29,161	29,161
		£0	£15,714	£15,714		£0	£ 29,161	£29,161
11 COMMITMENTS								
None								
12 DONATIONS IN KIND								
None								
13 TRUSTEE REMUNERATION AND BENEFITS								
None								
14 TRUSTEE EXPENSES								
None								
15 TRUSTEES DONATIONS								
A total of £1560 was donated by Trustees without conditions (2021 - £1260)								
16 INDEPENDENT EXAMINER FEES								
None								
17 RELATED PARTY TRANSACTIONS								
None								
18 STAFF COSTS AND NUMBERS								
Salaries (One/Two Staff)		61,498					45,086	
Social security costs - NEST		3,484					2,563	
Other employee benefits		-					-	
Total		£64,982					£47,649	
See Notes 5,6 & 7								
19 REMUNERATION OF KEY MANAGEMENT PERSONNEL		None					None	