

Respect
Hope
Dedication
Improvement
Partnerships



12,360
people
supported

37,623
sessions
delivered

“
They didn't
give up on
me...even
when I had.
”



Impact report
2024-25

About us

We are a registered charity providing mental health and wellbeing support across Bradford, Airedale, Wharfedale and Craven. We offer a range of services and approaches to meet the needs of our people and communities, where and when they need us.

Working in partnership with other organisations, we provide support to help people live positively and independently, to build a brighter future. A number of our services are delivered by peer support workers who have their own lived experience of mental ill-health. Our teams mainly work with people with a severe mental illness (SMI) or multiple complex needs.

Our services

- HOPE
- Modality Peer Support Service
- MAST
- Pathways to Employment
- Talking Therapies Employment
- Trust Therapies
- Reach
- CORE
- Enablement and Recovery
- Safe Spaces
- Craven Connect
- Keighley Pathways



I didn't have to explain everything. They just got it. I've never felt safe and understood like that before. That was the most helpful part of my healing journey.



■ Paul, HOPE client

Contents

Summary	3-7
A year in review	4
Our insights	6
Our services	7-28
HOPE	8
Modality Peer Support Service	10
MAST	12
Pathways to Employment	14
Talking Therapies Employment	16
Trust Therapies	18
Reach	20
CORE	22
Enablement and Recovery	24
Safe Spaces	25
Our smaller services	28
Our organisation	29-37
Farfield	30
Our people	32
Who we support	35
Jargon buster	37
Report of the Trustees	38-43
Independent Auditor's Report to the Trustees of The Cellar Trust	44-51
Statement of financial activities	52-73

Summary

By our CEO, Kim Shutler, MBE



This past year has brought continued and growing challenges for the people and communities we are here to serve. The cost-of-living crisis remains relentless, and the inequalities we work to address are becoming more entrenched. The people we support, many living in some of the most deprived areas in the country, are being hit hardest with rising levels of poverty, poor health, and emotional distress.

In the context of extremely pressurised statutory services, with growing waiting lists, our services continue to see increasing levels of mental health crisis and complexity – and sadly a level of demand that we struggle to meet despite our continued efforts to develop and grow our support.

This year, we have continued to step up, building on our collaborations with our brilliant partners across the voluntary, community, social enterprise sector (VCSE), the NHS and local government. We were also incredibly proud to receive the Charity Times Cross Sector Collaboration Award for our MAST (Multi-Agency Support Team) partnership. This is just one example of our passion for integrated, joined-up working that puts people and relationships at the centre.

In 2024-25, we delivered almost 38,000 support sessions, a 9% increase on the previous year, to over 12,000 people. We launched four new services, including innovative peer support within residential accommodation, expanding our existing areas of specialism to respond directly to unmet need and gaps in provision.

A significant focus this year has been the build of Farfield: our new integrated health and wellbeing facility in Shipley, which opened in July 2025. After a number of years in the making, we are proud to move back into our beautiful new headquarters alongside other partners – and opening this brilliant new space for people and communities. Alongside this, we've kept a strong focus on ensuring that our organisation, which has grown in size and complexity, is operating efficiently and effectively; making the best use of resources in a tough financial climate.

We continue to place equity, diversity and inclusion at the heart of our work. In the face of rising inequality, racism and other forms of discrimination, we remain intentional in our efforts, both in how we operate as an organisation and in the services we deliver. There is more to do, and we are fully committed to the journey.

As we look ahead, the current changes in health and care will pose both a major challenge and opportunity for our organisation, and we know that the impact on communities is showing no sign of letting up. In the face of this we remain focused, ambitious, and hopeful. We will keep adapting and innovating, and focusing on quality and impact.

To our incredible team, volunteers, funders, and partners: thank you. Your commitment and belief in our work continue to make everything we do possible.

2024-25



We supported **12,360** people. **↑4%**



We delivered **37,623** sessions of support. **↑9%**



We delivered over **730** sessions of support per week on site in Shipley and Keighley, in our hospitals, GP surgeries and out in the community.

4

New services were launched this year with our partners:

- CORE
- Enablement and Recovery
- Talking Therapies Employment
- Craven Connect

MAST won a national award for 'Charity Collaboration of the Year' at this year's **Charity Times Awards** celebrating the service and the gap it fills in providing the non-clinical interventions that people need.

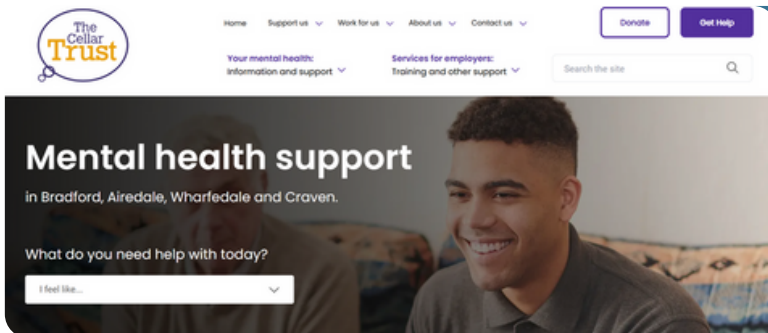


96%

of people would recommend us to their friends and family.



A year in review...



In March 2025 we launched our new website! The new site offers easier navigation, quick links to important content, improved referral process, and fully digitalised job application process to improve recruitment.



We have adapted our Children, Young People and Family provision to an outreach model, supporting our young people where they need us. We are looking forward to providing urgent support alongside education and mental health teams.



We are proud to meet people when and where they need us; in our communities and across the district.

We work in our GP surgeries, hospitals, mental health settings, community centres, job centres, in our independent living accommodation and anywhere our clients feel comfortable.



The redevelopment of our site commenced this year and is complete on schedule. We opened our doors on 4th July 2025 and we look forward to many years of welcoming people to this wonderful place.

Our insights

Our staff have 'on the ground' experience providing valuable insights into mental health and service challenges. These insights help to inform our service development and delivery.

Each service has unique insights specific to them but there are some organisation-wide themes we have gathered here:

Demand exceeding capacity

Demand for mental health services, and especially SMI services, remains high in our district. Our teams work hard to meet this demand in what can sometimes be very challenging circumstances.

One-time crisis model vs complex needs

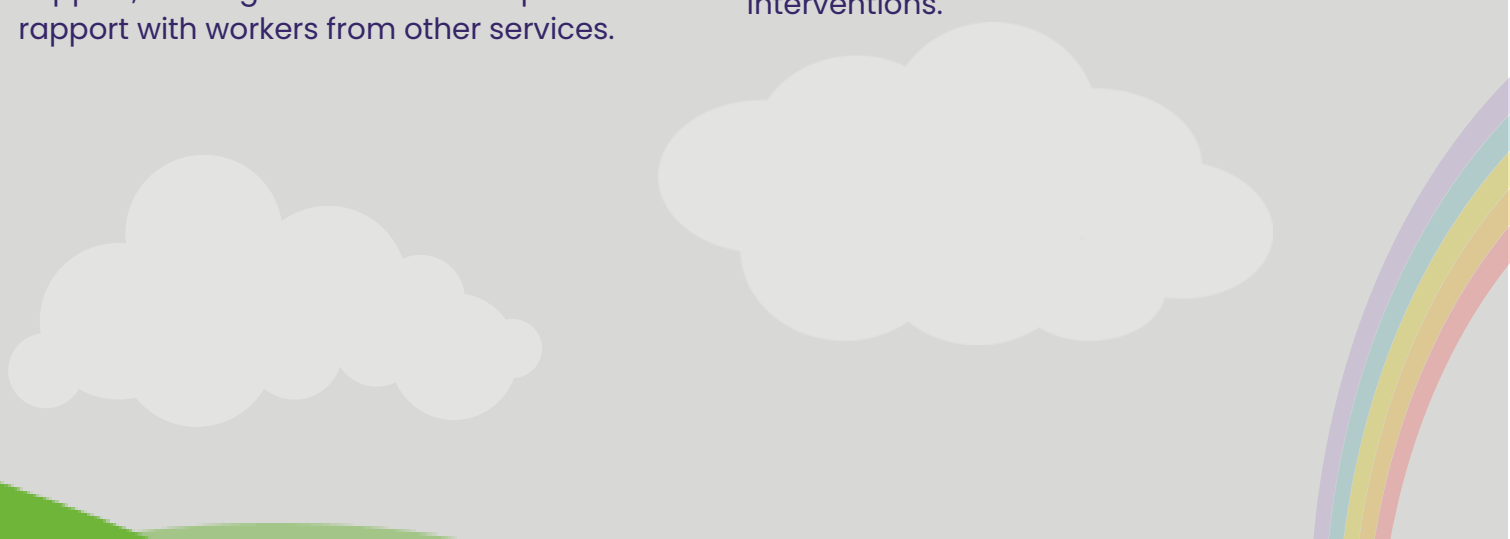
Urgent crisis support remains a short term model in the context of complex needs. A consistent theme seen with support is that people have needs that aren't currently being met by other services. A challenge for Safe Spaces, being a one-time support session, has been to take detailed notes of people's situations and refer into longer term and more appropriate community-based support, offering 2:1 sessions to help build rapport with workers from other services.

Support for severe mental illness

We support a high percentage of individuals with a SMI who are not under secondary mental health services and are struggling to coordinate their care. This can often contribute to individuals feeling that they are not having their needs fully met, and they can often find themselves in and out of crisis.

Barriers to transition

Barriers to transition are a challenge for the people we support who often face long-term, enduring mental health conditions, which makes transition to mainstream services difficult. Traditional signposting is not always appropriate. This highlights the system-wide need for longer-term, relationship-based models that extend beyond time-limited interventions.



Our services

Take a look in more detail at our range of services and the impact they have.



For once, I wasn't too complicated. I was just human.



HOPE

In 2024–25 we supported **387** people on their mental health journey through **1,245** sessions of support.



Service explainer

Who we support: People who have experienced long term and/or complex trauma and have had difficulty engaging with other services or find they do not meet their needs. This can mean people who often access A&E or other blue light services on a regular basis.

What we do: Intensive peer support, for up to 12 weeks, with a focus on early engagement to build a trusting relationship and help people to achieve their goals.

Where to find us: Our person-centred approach means our work ranges from visiting people's homes and community spaces to supporting people to attend local activities, as well as telephone support.

How the service is funded: Big Lottery Reaching Communities, NHS.



I didn't want to die, I just didn't know how to live with the pain. HOPE sat with me when no one else knew how.



■ Ben, HOPE client



Highlights

- **88%** of people showed measurable improvement in wellbeing and Goals Based Outcomes (average progress score: 5/10).
- **100%** of people with SMI (e.g. schizophrenia, borderline personality disorder) reported improved emotional and self-management.
- **97%** of people with trauma or abuse histories experienced increased emotional safety and day-to-day stability.
- **99%** of individuals in crisis reported reduced stress, increased safety, and improved coping mechanisms.



Insights

A challenge for HOPE is often in signposting clients to other services following their time with us. Due to the enduring and often complex nature of their mental health conditions, many individuals are not able to transition smoothly into mainstream support or structured recovery pathways. This highlights a broader systemic gap: the need for ongoing, relationship-based support beyond time-limited interventions. It reinforces the importance of longer-term, flexible models for those living with chronic trauma and SMI.

Peter's story



They didn't give up on me...even when I had.



When Peter was referred to HOPE, they were at their lowest point. Living with schizophrenia, constantly hearing voices, struggling with suicidal thoughts and self-harm, Peter had been rejected by nearly every service meant to help. He had been banned from support teams, labelled "too risky," "too chaotic," "too much." He was about to be kicked out of his accommodation, alone and overwhelmed.

"The more suicidal I got, the more I pushed people away. I wasn't trying to be difficult, I was trying to protect myself. When I lashed out, it was fear. I was waiting to be let down, again. I didn't trust that anyone would stay."

HOPE stayed.

When Peter cancelled appointments, HOPE checked in. When he shouted, HOPE listened. When he felt isolated, HOPE gently reached out: again and again. "They didn't give up on me...even when I had. They didn't walk away. They walked beside me. No one had ever responded to my pain with care. When I pushed them away, they came back, not angry, just kind. That's when something shifted."

HOPE staff worked with Peter to build small and steady tools: breathing techniques for distress, ways to explain what was happening inside, and language to name feelings that had once only come out as rage or withdrawal. They also worked behind the scenes helping other professionals understand that Peter's behaviour was a trauma response, not aggression.

With time, safety, and patience, everything changed. Peter has now gone over a year without self-harming, he can ask for help when he needs it, instead of spiralling he's reconnecting with other services, in his own way.

Most of all, he now believes something he never thought possible:

"I'm not too much. I'm not too broken. I just needed someone to stay. HOPE didn't try to fix me. They made space for me. And in that space, I started to feel human again."



Modality Peer Support Service

In 2024–25 we supported **165** people overcome challenges through **1,079** sessions of support.



Service explainer

Who we support: Modality Peer Support Service is a responsive, peer-delivered support service designed to engage individuals living with enduring severe mental health difficulties, long-term complex trauma, and high emotional need.

What we do: Unlike traditional models, Modality Peer Support Service works with people who frequently attend GP services but often fall through the cracks of statutory mental health care. The service is low-barrier and high-impact delivering measurable improvements in wellbeing, reduced reliance on statutory care, and engages those often left behind. It fills a critical gap in the system by offering relational, trauma-informed care at the earliest point of need. Delivered through a flexible, 12-week, 1:1 support framework, Modality Peer Support Service offers trauma-informed, practical support from trained peer workers. It is grounded in connection, regulation, and recovery readiness. Critically, this service does not require clients to be 'stable' before accessing support. Instead, it meets people in moments of crisis and distress, helping them build insight, self-regulation, and safer daily routines over time.

Where to find us: We meet people in the community in areas covered by Modality Primary Care Network (PCN).

How the service is funded: Modality PCN.



Highlights

- **99%** of people improved in wellbeing with a **52%** average increase in WEMWBS scores (See Jargon Buster on page 39).
- Peer-led, relational support drives engagement and change. The low Did Not Attend (DNA) rate, at 5%, demonstrates the value of peer-delivered support and relational consistency.
- Clients report strong therapeutic alliance and emotional safety: **100%** felt supported and listened to, **67%** developed tools to manage crisis.
- Goal Based Outcome Score: 7/10, indicating meaningful progress.



Thank you for being my umbrella.



■ Modality Peer Support Service client



Insights

People supported by Modality Peer Support Service often face long-term, enduring mental health conditions, which makes transition to mainstream services difficult. Traditional signposting is not always appropriate. This highlights the system-wide need for longer-term, relationship-based models that extend beyond time limited interventions.

Zeina's story



Every time I cancelled or panicked, you stayed calm. That's what built the trust. No pressure. Just care.



When Zeina was first referred to Modality Peer Support Service, she had already given up. Carrying the weight of multiple traumas from childhood, she was trapped in cycles of flashbacks, suicidal thoughts, and isolation. Every time she tried to reach out, she was told to 'just focus on one issue at a time' but trauma doesn't happen one issue at a time.

Zeina had been told too many times that they were 'too complex' or 'too much'. Standard advice like 'go for a walk' felt meaningless when she was afraid to leave the house or terrified she might not come back.

Modality Peer Support Service didn't offer surface-level solutions. They offered presence, patience, and lived understanding.

"They didn't freak out when I said I didn't want to be here. They heard me. They gave me space, and they understood; I didn't want to die. I just didn't know how to live with the pain anymore."

Instead of shutting the conversation down, Modality Peer Support Service stayed with it. They made it safe to talk about suicidal thoughts without fear or judgement.

"They didn't just hand me a worksheet. They gave me real, human things that helped things you only know if you've sat in the dark yourself."

And over time, something shifted.

"I never thought I'd be able to talk openly about suicidal thoughts... never mind come out laughing."

Modality Peer Support Service didn't just help Zeina cope. They helped her reconnect to safety, to support, and to hope.

MAST

Multi-Agency Support Team

In 2024–25 we delivered **5,866** sessions of support in hospital and **2,132** sessions in our communities and supporting **3,232** people.

Service explainer

Who we support: We support people via A&E and as in-patients at either Bradford Royal Infirmary or Airedale General Hospital. Our support can continue in the community upon discharge.

What we do: Our peer support workers provide people with the help they need to get to the root of the challenges they face, seeking to lessen repeat attendance at A&E or longer stays in hospital. Our multi-agency approach means we can provide specialist support around mental health, alcohol, frailty and social prescribing.

Where to find us: In Bradford Royal Infirmary and Airedale General Hospital and out in the community close to where people need us.

How the service is funded: NHS and Bradford Council Adult Social Care.

Highlights

- **90%** of people supported by MAST were not re-admitted to hospital, highlighting the effectiveness of the service in reducing reliance on acute care.
- **87%** of people showed improved wellbeing, with an average wellbeing score improvement of **34%** (WEMWBS), demonstrating a measurable uplift in mental health.
- The average feedback score was a perfect **5 out of 5** – **up 4%** from the previous period – reflecting high satisfaction levels even during a time of reduced capacity.
- **92%** of people agreed they were supported to overcome challenges impacting their mental health.
- **77%** felt more hopeful about the future and better able to seek support independently.

Our partners:



Cassie's story



I am so grateful for the support I received from MAST. I looked forward to my weekly sessions with my support worker and always felt cheerful at the end of our calls.



Cassie was admitted to hospital following an intentional overdose. She had been feeling very low and isolated. Suffering with anxiety and depression, Cassie had been prescribed Diazepam.

A member of our MAST team met with Cassie, and during their conversation she opened up about the past, she described this as being very traumatic for her. She had a history of alcohol misuse, and she said this has been going on since her 20's and now uses alcohol to leave the house for confidence and to manage her anxiety. Cassie needed our support to engage in community activities as she felt this would help her feel more uplifted and positive, however due to her drinking habits and low mood she had little motivation to engage.

When Cassie was discharged from hospital we provided one hour emotional support sessions. During the session the patient spoke at length about her triggers for low mood and how she managed her anxiety with alcohol. Together we looked at her goals and how we could support these.

After leaving hospital, she wanted to remain abstinent from alcohol and found healthier coping strategies to deal with her emotions. One of her main goals was to rebuild her relationship with her daughters and grandchildren.

Today, Cassie has been alcohol free for six months. She is now able to leave the house to complete tasks in her local town without using alcohol. She is in regular contact with her two daughters and they recently took her out for lunch to celebrate her birthday. We signposted Cassie to a local mental health support group and she regularly attends once a week, making new friends connecting her to others and the wider community.

"I am so grateful for the support I received from MAST. I looked forward to my weekly sessions with my support worker and always felt cheerful at the end of our calls. I have built a strong relationship with my children and grandchildren after missing them for so long due to the alcohol I was drinking. Now I am alcohol free and can start enjoying my life again with my family."

Pathways to Employment

In 2024-25 we supported **317** people in their employment journey through **1,819** sessions of support.



Service explainer

Who we support: People aged 16+ with SMI or whose mental illness affects their ability to find or sustain employment.

What we do: Working with people for up to 12 months we offer:

- **Pre-employment support** to help people overcome the barriers stopping them from moving into employment.
- **Employment and retention support** to help people find, or return to, work and liaising with employers.
- **A Youth Employment Specialist**

Where to find us: In community venues close to where people live as well as drop-in sessions and in-reach into community hubs, CMHTs and Job Centres.

How the service is funded: NHS and Bradford Council Adult Social Care.



Highlights

- Pathways to Employment had **275** referrals, a **49%** increase on last year.
- **79%** of referrals were assessed within two weeks, showing the service is responsive and minimising barriers to entry for individuals seeking support.
- **100%** of people felt supported and listened to by their support worker and were satisfied with the service.
- **91%** of people said they had been supported to overcome challenges in their lives that were impacting their mental health.
- There was a **47% increase** in people achieving positive employment-related outcomes - whether through jobs, placements, or volunteering.
- Youth referrals increased by **118%**, showing rising demand and relevance for younger people.



Insights

- **35%** of the caseload comprised individuals with SMI, and **9%** had a care coordinator, highlighting the service's reach into more complex and high-needs populations.
- **100%** of people felt that being supported by someone with lived experience was an important part of their recovery, reinforcing the continued value of peer-based models.





Jamie's story



She enabled me to finally have hope and used her own lived experience of mental health to be empathetic to my needs.



I was referred to The Cellar Trust by the local community mental health team whilst suffering from severe mental health issues and under the care of both a psychiatrist and psychologist. I have bi-polar disorder and Complex PTSD due to having served in the military and the Police force for my entire working life. At the time, I had suicidal ideation and I was classed as being very high risk.

I was under immense pressure at work being at risk of unemployment and having nowhere to turn for help regarding my mental health problems, other than the CMHT but my care co-ordinator was constantly being changed.

I found myself having to explain my circumstances and often found this triggering. I was introduced to Jodie by a member of the CMHT with a view to helping me with my mental health and my employment situation.

As soon as I met Jodie I felt extremely comfortable with her due to her personality and being a good listener. She was compassionate. I knew that I could be open with her and we quickly developed a trusting relationship.

I continued to see Jodie regularly. At times, it was weekly when I was bordering on crisis, other times I would see her fortnightly.

I had little interest in finding work at the time, but Jodie looked and found courses for me to take part in. One in particular, run by the The Cellar Trust, was the 'peer support training'. I found it helped me in a big way and greatly improved my mental health and my confidence was growing.

I continued to see Jodie on a regular basis and she was always there for me throughout this time and never let me down when we had appointments. I have never felt as supported with anyone as I had with Jodie.

I felt able to 'offload' anything that was troubling me. We would meet for a coffee, in my location, where Jodie would listen and offer advice on how to deal with any issues.

At one point, during this period I had a crisis, where I contacted First Response as I was suicidal. During this period I met Jodie several times and her support saw me through that very difficult time.

I genuinely do not think I could ask anything more than the support Jodie offered. She was constant throughout this time and I feel like I formed a close bond with her. She enabled me to finally have hope and used her own lived experience of mental health to be empathetic to my needs.

Talking Therapies Employment

In 2024–25 we supported **753** people in their employment journey through **1,936** sessions of support.

Service explainer

Who we support: People who are accessing Bradford District and Craven Talking Therapies who need support to find, return to or remain in work.

What we do: We provide up to 6 sessions of support for people on their employment journey:

- Support with work retention
- Support with reasonable adjustments returning from sickness absence
- Practical help with CV writing, interview techniques and job searching
- Support to address any barriers to employment

Where to find us: In community hubs in Bradford, Shipley and Keighley, and job centres.

How the service is funded: Department of Work and Pensions (DWP).

Highlights

- **100%** of people felt supported and listened to by their support worker and were satisfied with the support they received.
- **267** people were discharged from the service having successfully moved into, returned to, or remained in work.
- Of these, **34** people moved into employment for the first time, **32** returned to work, and **201** sustained employment—highlighting the service’s positive impact on job retention as well as access.

Insights

- While **50%** of people felt confident they had developed skills to apply for employment in future, this highlights an opportunity to strengthen this area and extend the impact beyond immediate outcomes.
- Similarly, **50%** felt hopeful and optimistic about their future, pointing to the importance of ongoing support in building resilience and self-belief.



Zain's story



Work, or lack of it, can play a huge part in how a person is feeling.



Zain was on long term sickness leave due to depression. Struggling financially as he was not receiving sick pay, his personal and work challenges left him feeling low, and he urgently needed paid employment but did not want to return to his previous role.

Although he applied for multiple jobs, particularly in peer support, his lack of experience led to frequent rejections, further impacting his self esteem.

Our approach was persistent and supportive, building trust through regular communication and face-to-face meetings. We helped him focus on areas where he could be more successful, reworked his CV, and guided him through job applications and interviews. Despite setbacks, he built resilience and remained positive.

As a result, Zain secured a job as a driver with a local authority, improving his financial situation and wellbeing. He expressed gratitude for the support, noting that it gave him something to be positive about. He's now considering future roles in peer support, with plans to explore voluntary work as well.



Employment and health are very closely linked, so having Employment Advisors collaborating with therapists has helped address more practical, work-related issues, which allows the therapist to look at either helping behavioural activation or changing thought patterns, which will naturally reduce the symptoms of low mood or anxiety.

Work, or lack of it, can play a huge part in how a person is feeling. Having the Employment Advisor work alongside a therapist, specifically on work issues, not only allows good partnership working, but allows the client to have a clear idea of what they can talk about in each session.

Since the start of the employment service, we have seen an improvement in recovery rates, and this can only be good for everyone.



■ Simon White, Locality Team 3 Manager

Trust Therapies

In 2024-25 we supported **895** people overcome challenges through **4,775** sessions of support.



Service explainer

Who we support: We support people across Bradford, Airedale, Wharfedale and Craven, from aged 13 and upwards.

What we do: Our counselling and psychotherapy offers a variety of different therapies to help clients explore, and cope with, a range of emotional challenges. People can access between 6 and 12 sessions. Some people may be eligible for NHS fully-funded sessions, whilst others will contribute on a means tested basis. Sessions are delivered by a mix of qualified therapists and volunteers, as well as supervised placement students.

Where to find us: Sessions are delivered at our sites in Shipley and Keighley as well as online.

How the service is funded: NHS, Earned income.



Insights

As a result of the increasing complexity and severity of cases, we implemented rapid-access pathways into services like HOPE and Safe Spaces, providing stabilisation support to over **28%** of those individuals, helping to prevent escalation. This has been a challenging balance between offering depth of care and maintaining access and responsiveness. A key lesson we've learned is flexibility in service planning, working collaboratively with partner services, advocating for increased resources to ensure we can meet the growing complexity of need within our community without compromising accessibility.



Highlights

- **92%** of people felt therapy had improved their mental wellbeing.
- **100%** of people with a paired Goal Based Outcome had an average improvement of **+3.8**.
- **83%** of clients felt that therapy had reduced anxiety and depression.
- Alongside a **40% increase** in people presenting with complex mental health needs, we have deepened collaboration with The Cellar Trust's Modality Peer Support Service. Feedback from clinicians and clients suggests this integrated approach improved readiness for therapy, with **92%** reporting feeling more prepared to engage in therapeutic work.
- To address the high levels of loneliness and isolation reported by **35%** of our clients, we co-developed therapeutic walking groups with peer support workers. **100%** of walkers reported improved mental wellbeing. These sessions not only fostered connection but also acted as a bridge into broader community engagement and therapeutic services.
- This year, we extended our impact by supporting **Reflective Practice Supervision** across The Cellar Trust and Safe Spaces, reaching over **85** staff members. Feedback highlighted increased confidence, insight and support. We also provided reflective supervision to three regional trauma-informed services, enhancing the quality and consistency of care across the system.

Sam's story



Trust Therapies was a turning point, where our path changed fundamentally. Where my child found strength to be himself.



I approached Trust Therapies when I was at a low ebb worrying about my daughter. My daughter had experienced low mood from quite a young age, and in hindsight, I think this stemmed from neurodiversity and a feeling of being somehow “other”.

The noticeable problems began in years 5 and 6 of primary school. She became more insular, more sullen. She expressed she wanted to use another name, and that she may have different sexual preferences. I accepted these changes in her but assigned it to preteen angst. But there were mutterings at school about neurodiversity also.

With the move to upper school, things really took a turn for the worst. She hated school – she was all out insisting that her gender was not her preference. So, from here on I will refer to her as him/my son.

One day, as I got myself ready for work and my children were getting ready for school, my son took a knife to himself. We managed to stop any harm, but it was a wake-up call. I then began the horrendous task of try to get help for him.

Months and months of doctor's appointments, phone calls, school meetings – it went on and on and round and round in circles.

It was overwhelming; not just trying to get help but trying to understand and navigate a world of social media, sexual orientation, gender and school pressure. How do you juggle a combination of issues – what's the root cause, where do you start?

It was at that point I approached Trust Therapies. From the very beginning they were so understanding, responsive and clear. Within a couple of weeks, we had regular appointments around school and my work – a set time and place with someone who was gentle and considered.

During the first appointment I sat and waited for my son – an hour of hoping that this was the right thing. When he came out of that first session, he had a spring in his step like I hadn't seen before. It was like a weight had been lifted. He would come out with strategies and plans. I could see him pushing back on things that made him unhappy and having the strength to say no which is so hard for young people. There was a sense of purpose and peace at the same time which I can't really describe any better.

Today my child is thriving, his grades are amazing, he's talking about getting into the best university he can and how he's going to get there. For both of us, Trust Therapies was a turning point, where our path changed fundamentally. Where my child found strength to be himself.

Reach

In 2024-25 we supported **324** people towards their goals through **2,682** sessions of support.

Service explainer

Who we support: People struggling with SMI who are currently being supported in secondary mental health services in Bradford District.

What we do: 1:1 support for up to six months; identifying personal goals and working together towards achieving them. The goals people identify are very varied depending on where they are in their recovery journey. Alongside our partner, HALE, we can offer a range of specialist expertise within the team including:

- dual diagnosis workers
- 'transition' supporting people who are moving i.e. from hospital to supported accommodation or private rental.

Where to find us: The service is co-located with the CMHTs, however, we deliver our work in the community close to where people live.

How the service is funded: Bradford Council Adult Social Care.

Highlights

- **94%** of people felt that having a peer support worker with lived experience was an important factor in their recovery.
- An average impact score of **5.4** reflects that support was meaningful for individuals and that Reach has been a positive intervention in their recovery journey.
- **89%** of people felt that they had been supported to overcome challenges in their life that had been impacting their mental health. Examples of this include, being more confident on public transport, accessing local support services, reducing social isolation, and being supported into volunteering.
- Based on the 5 ways to wellbeing model, **77%** of clients answered yes to our discharge questions, with most clients reporting improvements in mindfulness, connection, and day-to-day emotional wellbeing at the point of discharge.



I have learnt to look at myself in a different way and do things for myself, become more independent and focused in being creative again and thinking about my future.



■ Reach client



Tanif's story



I have found peace in my good and bad days thanks to my worker's supportive approaches, and I now believe I have a place in this world and that my life matters.



Tanif had been hospitalised after becoming unwell whilst studying at university. When she was referred to the Reach service, Tanif spent most of her time in her room and rarely left the house. She would occasionally venture outside with a family member but said she often preferred to stay in. She found it difficult to use the bus and relied on her parents for lifts.

During the initial assessment, we explored Tanif's interests. She had been to classes at HIVE in the past so felt she was familiar with the service. I had suggested MIND, as they also offer creative groups, and we referred her very early on. I supported Tanif to attend an informal peer support group in Shipley which she continued attending independently. We attended a creative writing group at MIND on a number of occasions and she became more confident in leaving the house independently to meet me, at first in Shipley, then in Bradford.

As Tanif experienced a very similar situation to me in becoming ill during university, I found by using my peer support training, I was able to support her in a way she could relate to. We could discuss the pressures of university study and family expectations, and Tanif told me that it helped her to have someone who understands.

At the discharge review, we went through the goals she had set during our initial assessment. Tanif has reached every goal and is currently in part-time work with the support of the IPS service at Somerset House. She has become a member of HIVE and is regularly attending a pottery class and knitting/crochet groups. She is now able to travel into the city independently for work and for leisure.

"For the first time I felt I was being seen and heard. I managed to open up more than I ever thought possible, more than I did to anyone. My speech, expressing myself has improved, I've finally found my own voice. I no longer feel alone. Together, we shared my ups and downs, my failures and successes. Session by session my self-respect, self-confidence and my self-belief grew. From having the visits in my bedroom, to supporting me to move downstairs to meet in my living room, to coming out of the isolation into the community, all this wouldn't be possible without the support from my worker."

"I am not fully healed, my mental health challenges are not gone, however I now have a better understanding of my daily challenges, I have the essential self-knowledge, my coping methods, and most importantly I learned to be kind to myself and to keep going step by step..."

CORE

In 2024–25 we supported **150** people through **645** sessions of support.

Service explainer

Who we support: People with diagnosed with SMI who are either being discharged from, or do not meet the threshold for, clinical CMHT support in Bradford.

What we do: Through 12 sessions of 1:1, goals-based support, this service helps individuals build independence, improve wellbeing, and connect to community-based networks.

Where to find us: Delivered in partnership with 3 PCNs and statutory services.

How is this service delivered: CORE uses flexible delivery methods to provide tailored support. Peer support workers bring lived experience, and graded exposure techniques are used to promote confidence and recovery.

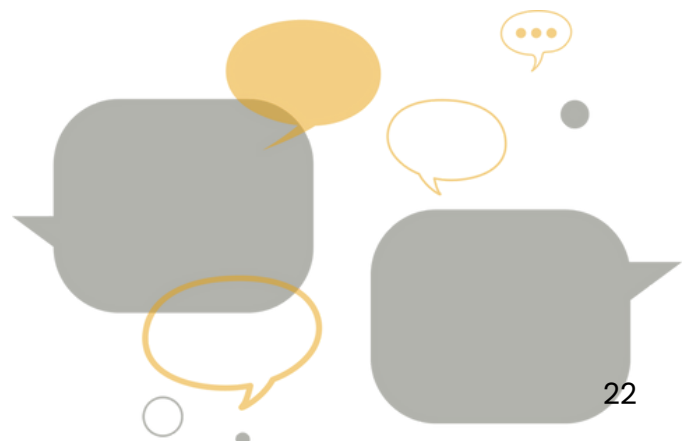
How the service is funded: NHS

Insights

- The 12 session limit can be challenging for some individuals with complex or long-standing needs, particularly when building trust or addressing entrenched isolation.
- Availability and accessibility of peer and voluntary sector networks vary across PCNs. This has highlighted the need for stronger, consistent partnerships and improved mapping of local offers to ensure equitable support across the district and neighbourhoods.

Highlights

- CORE has supported over **150** individuals with SMI who were either transitioning out of CMHT or did not meet its threshold. **83** clients were referred directly from CMHT, reinforcing the service's role in providing a safe and structured transition between clinical and community care.
- Offering **12** sessions of 1:1, goals-focused support, clients had an average impact score of **3.3** across Goal Based Outcomes. This reflects meaningful progress made during this short intervention period.
- CORE's peer-led and person-centred model focuses on reducing isolation, increasing wellbeing, and connecting clients to ongoing community networks. Support is delivered flexibly – in person, online, or by phone – and often co-designed with clients. By embedding itself in PCNs, engaging in personalised introductions and guided transitions with statutory services, the service ensures clients receive timely, relevant support that fits their lives.
- **83%** of people reported feeling more able to manage their mental wellbeing and more hopeful about their future.



Shaun's story



It's really nice to have someone to speak to who actually listens to me. Out of all of the professionals I've been to, you're the only one who hasn't told me that you can't help me or tried to send me anywhere else.



Shaun was diagnosed with depression and anxiety when he was referred into CORE. He had suffered significant abuse during childhood, including neglect, physical and emotional abuse.

During his childhood, he felt responsible for finding food to feed his younger sisters and for protecting them from physical abuse. As a consequence, Shaun struggled to talk to others about his feelings and emotions, as he felt he always needed to 'be strong for everyone else'. He struggled to deal with and discuss his emotions in a healthy way.

As a result, he would turn to cocaine and alcohol when he felt his personal life had become 'too much', or following arguments with his wife. He often felt that he would start arguments when his anxiety was high, so that he could use it as a reason to indulge in substance abuse.

Initially, Shaun felt uncomfortable talking about his feelings, and struggled to identify what the feelings were, and why he was feeling them. He felt he had put his childhood abuse behind him but, in sessions he would return to this subject frequently. He began to identify that his unresolved emotions were causing him to feel the need to abuse substances. Shaun felt he didn't know how to open up and begin talking to his wife.

In a joint session with his wife, they discussed signs and key words and phrases that Shaun could use to signal that he felt overwhelmed and needed space, and words he could use to signify that he wanted to talk about his mental health.

Using distraction techniques Shaun was able to avoid the urge to abuse substances- this has included more involvement in cooking; transferring to a new department at work to distance himself from colleagues who encourage substance use; and talking about feelings when they arise to avoid them from becoming 'bottled up' and overwhelming.

Shaun is now thriving at work. He has confided in his manager about his depression and anxiety, and now feels better supported.

He has not used cocaine in 5 months and no longer abuses alcohol. His wife has commented that their relationship feels completely different, and his children feel his temper has improved and that he now spends more time with them.

Shaun's relationship with both his wife and children has significantly improved, and he feels this has happened as a result of improved communication about his feelings.

Enablement and Recovery

In 2024–25 we supported **12** residents through **1,798** sessions of support.

Service explainer

Who we support: People with enduring and SMI who are transitioning from inpatient or residential care to independent living.

What we do: Through 18-month tenancies, we provide structured, goal-based support focused on recovery, independence, and reduced reliance on statutory services.

How is this service delivered: Using the Care Act domains and lived-experience peer support, we empower clients to build confidence, develop life skills, and manage their wellbeing.

How the service is funded: NHS and Bradford council.



I definitely think living here has had a positive impact on my mental and physical health. Having somewhere stable to live has helped me feel more secure and less stressed. The staff have been really supportive which has helped me feel like I can cope.

 ■ Resident, Enablement and Recovery

Highlights

- **100%** of residents agreed that being supported by staff with lived experience has been an important factor in their recovery, highlighting the crucial role of peer support in building trust, empathy, and hope throughout their rehabilitation journey.
- **75%** reported a reduced need for statutory mental health services — a key aim of the service. By focusing on recovery and independence within the Care Act domains, our team is helping people transition from inpatient and residential settings to community-based living with confidence.
- **88%** said they felt able to manage their own mental wellbeing, and **75%** felt equipped to handle crisis situations. This shows a significant shift towards self-management and resilience.

Insights

- While only **38%** currently feel able to live independently, this highlights the value of the 18-month rehabilitation period in gradually building the confidence and skills needed for sustainable, independent living.

Safe Spaces

In 2024–25 we supported **4,995** people in crisis through **13,646** sessions of support across our hubs and drop-ins.



Service explainer

Who we support: Children, Young People and Families (CYPF) and adults in emotional distress or crisis.

What we do: Safe Spaces, which is jointly led with Bradford District and Craven Mind, offers urgent mental health support, 365 days a year, from our trained crisis support workers. People can access Safe Spaces by calling First Response or Guide-Line to get a same-day appointment or turn-up to our regular drop-ins. We also provide crisis support for children and young people 7 days a week from 3pm–9pm. This service has recently developed from a hub to an outreach model to meet children and young people where they are.

Where to find us: All age hubs in Bradford and Keighley and a CYPF outreach team. We also have 14 drop-in locations across the District delivered by our partner organisations.

How is this service delivered: Led in partnership with Bradford District and Craven Mind and delivered by Brathay, Pioneer Projects, Touchstone, SELFA, Khidmat Centre, Girlington Centre, Project 6 and Missing Peace.

How the service is funded: NHS



Highlights

- We have supported more people this year, a **93%** increase on last year. We have worked hard to increase reach into referring organisations and strengthening relationships with stakeholders across the district such as food banks, wellbeing hubs, libraries and community centres.
- A **36%** increase in referrals from Yorkshire Ambulance Service this year has resulted in good outcomes for people accessing this service and reduced admissions to A&E for mental health distress.
- **Volunteer development** has continued to add value to the service. At the end of the year Safe Spaces had 7 active volunteers, supporting Crisis Workers and Team Leaders, following up on Safeguarding concerns, providing wrap-around support for people accessing the hubs and collecting missing demographic data. The strengthening of the volunteer roles has helped create a culture of training **'the Crisis Workers of tomorrow'** and has contributed to making clients feel welcome and supported in their time of need.



Insights

- Our challenge, being a one-time support session, has been to take detailed notes of people's situations and refer into longer term and more appropriate community-based support. We offer 2:1 sessions to help build rapport with workers from other services.
- Throughout 2024–25 our CYPF provision has changed to meet the needs of local communities. We responded to our client base and have redesigned our CYPF provision to an outreach model and look forward to promoting our new offer for 2025–26.



My session went really well, I am struggling a little bit today with anxiety and stress. The lady I spoke to yesterday was amazing and I just needed to offload!

■ Mark, Safe Spaces client

I'm out and about today, which feels refreshing, and I'm really grateful to be feeling better.

■ Aisha, Safe Spaces client

I found the session incredibly helpful. I'm trying to implement the advice I've received, which includes practicing meditation and listening to calming music. The session really helped me gain perspective.



■ Helen, Safe Spaces client



I had a victim of domestic abuse who was suffering with her own mental health and when I contacted the service, they were really quick at getting the ball rolling. The staff also gave us time to speak with the victim in private when we arrived so that we could complete a DASH which was great.

■ West Yorkshire Police

I was lucky enough to speak to a service user in Keighley, who told me what Safe Spaces meant to her, and she said that the support given to her, the way staff made her feel comfortable despite severe and chronic social anxiety, was testament to the skills and dedication the staff had in supporting her. My colleagues and I are very grateful that Safe Spaces is available to us for patient referrals.



■ Yorkshire Ambulance Service

Chloe's story



It was really helpful, the person I spoke to was really nice and took me seriously which I appreciate. I was really afraid I'd have to go to A&E so it was a nice surprise.



Chloe was referred into Safe Spaces by the Yorkshire Ambulance Service. She had called 999 as she had been experiencing severe panic attacks and paranoia and did not know what else to do. The ambulance crew said that after explaining that Safe Spaces was an option, she immediately began to calm down, as the thought of being taken to A&E and sectioned was a major fear for her. They brought her directly to the Safe Spaces Bradford Hub with her partner.

At first, Chloe was still shaken from her panic attack, and needed some time. We reassured her about what she could expect from Safe Spaces; that she could come back any time she needed to without calling an ambulance.

Once calm, Chloe explained that she has struggled with anxiety and depression her whole life, after being subject to the loss of both her dad and stepdad to suicide, the latter of which she witnessed. Both her mum and her late dad were diagnosed with Bipolar type 1, and though not diagnosed yet, her GP strongly suspects she has Bipolar also.

Chloe said that since the age of 15 she used alcohol to cope with her mental health issues and engaged in risk-taking behaviours as a form of self-harm. After the loss of her stepdad last year, she decided this wasn't helping her and spoke about the fear of repeating a cycle of poor mental health.

Chloe also talked about the impact of her mental health on her partner, who she explained was well meaning, but struggled to know how best to support her, often making her feel worse. We were able to have an engaging discussion about the meaning of recovery and what made her situation different to that of her parents. We offered some insights into how her partner might feel when she is in distress, and gave advice on how she could help herself and him by communicating what she needs from him when she is in crisis. We developed some basic signals and a crisis plan they could both refer to and breathing exercises they could practice together.

We also signposted her to Leeds Mind's Suicide Bereavement service, and to crisis and drug and alcohol resources.

By the end of the session, Chloe was speaking positively about herself and expressed confidence in her ability to have a happy life in spite of having a severe mental illness. She said she felt more prepared having developed a plan for how she could better manage anxiety and panic, and that it was reassuring to know Safe Spaces is always there if she needs it.

"It was really helpful, the person I spoke to was really nice and took me seriously which I appreciate. I was really afraid I'd have to go to A&E so it was a nice surprise". She rated her distress as having been at an 8 out of 10 before attending, and a 3 the day after.

Our smaller services

Craven Connect

Working collaboratively and in a client-led way we offer peer support through 1:1 sessions and an 8-week peer support group in the Craven area.



It has been so nice to talk to somebody who understands.



■ Holly, Craven Connect client



It has been such an eye opener of how powerful peer support can be for people. I love the ways our services have been able to come together to support people in our community.



■ Sarah Wilson, Skipton Step Into Action

Keighley Pathways

Mental health and employment support working with a range of different VCSE organisations including Keighley Healthy Living and Project 6.



I can't believe how far I have come since engaging in this support.



■ Mike, Keighley Pathways client



I can't thank you enough for what you've done for me. I was really struggling but now I have a plan for how to move forward.

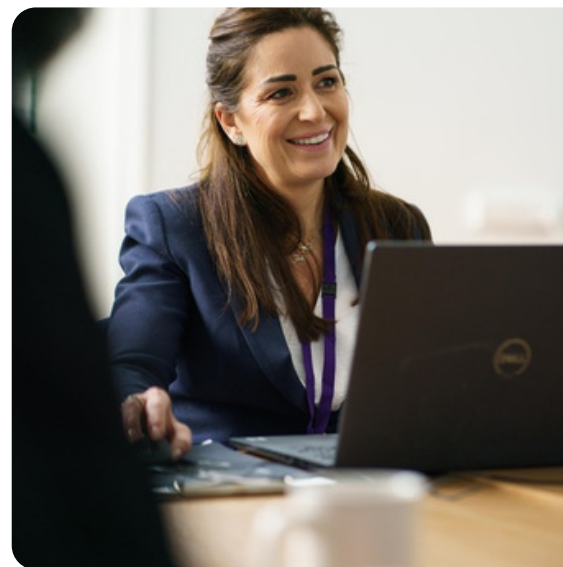


■ Shaz, Keighley Pathways client



Our organisation

Our people, place and finances.



If you find it in your heart to care for somebody else, you will have succeeded.



Maya Angelou





Farfield

A space for wellbeing, connection and opportunity

Farfield began with a simple but powerful belief – that everyone deserves access to safe, inclusive and inspiring spaces.

What was once the old St Walburga's School, a familiar feature in the neighbourhood for generations, has been transformed into a welcoming hub for wellbeing, connection and opportunity right at the heart of Shipley.

Led by The Cellar Trust and made possible through the support of the Shipley Towns Fund, this project has been a deeply collaborative effort, shaped by the voices of our clients, staff and wider community. From quiet therapy rooms and dedicated workspaces to peaceful gardens and accessible design throughout, every detail has been considered with care.

Purposeful design for people and community

Farfield has been thoughtfully designed to be warm, inclusive and accessible throughout. Inside, it features co-working spaces, calming therapy and 1-1 rooms, flexible meeting areas, a multi-faith room, gender-neutral toilets and a bright central atrium.

Outside, there's a fully bound path around the building, accessible parking, and toilets with baby change facilities.

A new accessible lift, wider front and meeting room doors and portable hearing loops all help create a space that works for everyone. We've also included a contemplation space and chosen a calming and accessible colour palette throughout.

Peaceful green areas provide space to recharge, connect and reflect, including a Memory Garden, created in partnership with a local business to honour a much-loved colleague.

Sustainability is at the heart of Farfield's development, supporting not just the people who use it, but the environment we all share.

We've expanded green space on site and integrated energy-efficient infrastructure, including solar panels, an air source heat pump, new boilers and plumbing, and EV charging points. A water bottle refill station in reception also encourages low-waste habits among staff, clients and visitors.

Every part of Farfield has been designed with purpose, offering practical facilities and spaces that nurture people, community and the planet.

Championing collaboration and local talent

Farfield's success is a true team effort – shaped by collaboration with local businesses, staff, suppliers and the wider community.

Trusted local partners like Whittaker and Leach have brought the build to life, with architecture led by Rance Booth Smith, both based near Salts Mill.

Our signage comes courtesy of Jess Wright Graphics in Shipley, and branding by This is Chemistry, also local. Together, these partnerships have ensured Farfield is deeply rooted in the community it serves.

We've prioritised sustainability, inclusivity and co-production throughout – involving local suppliers and lived experience groups at every step. It's a reflection of our values: Hope, People, Partnership and Integrity.

Farfield embodies our mission to support mental health and wellbeing while driving social value and local economic resilience.

A whole team effort

Behind the scenes, delivering Farfield has required an extraordinary amount of dedication, flexibility and hard work from our team. As an organisation, we've juggled the demands of a major capital redevelopment alongside the day-to-day running of our services.

In June 2024, we temporarily relocated to Park View Business Park in two nearby units to stay accessible and familiar to our community.

Despite the challenges, from planning to relocation, our team's resilience and commitment have ensured a smooth transition and continued support for those who need us.

A shared vision for the future

Farfield wouldn't exist without the support of the UK Government's Towns Fund and Shipley Towns Board. Their belief in its potential as a hub for wellbeing and renewal has been key to making it happen.

Their investment has helped us create a space that strengthens local infrastructure and supports lasting regeneration in Shipley.

We're proud to welcome Bradford District Care Trust as our core tenants and look forward to working with others who share our vision.

Over time, we hope Farfield becomes a vibrant, community-shaped space, supporting wellbeing through shared activity and opportunity.

Looking ahead

Farfield is a symbol of what's possible when we invest in people and place. We will continue to build on this vision, embedding it as a vibrant and nurturing space for all, for many years to come.

We're excited for what's ahead and we can't wait to welcome everyone.

To enquire about room rentals or other opportunities at Farfield, email: helen.horsman@thecellartrust.org



Our people

We are an organisation of **101** employees and **20** associates.

Our people are at the heart of what we do. They bring with them a breadth of experience without which we wouldn't be able to deliver the life-changing work we do.

We know that our staff must truly reflect the people we serve, both in terms of demographics and lived experience. We also want to build a culture of Equity, Diversity and Inclusion through our values, behaviours and training to allow all our colleagues to thrive, feel valued and deliver high-quality services across our communities.

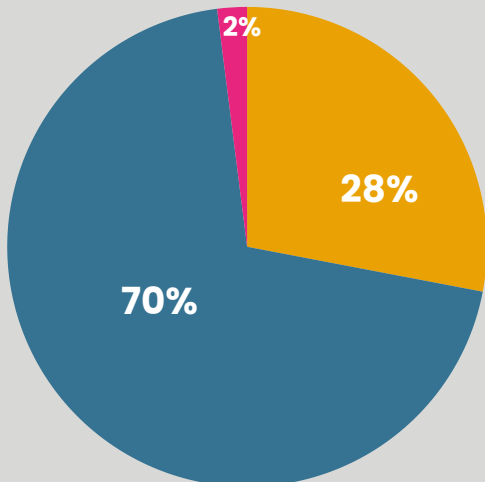


Our staff:



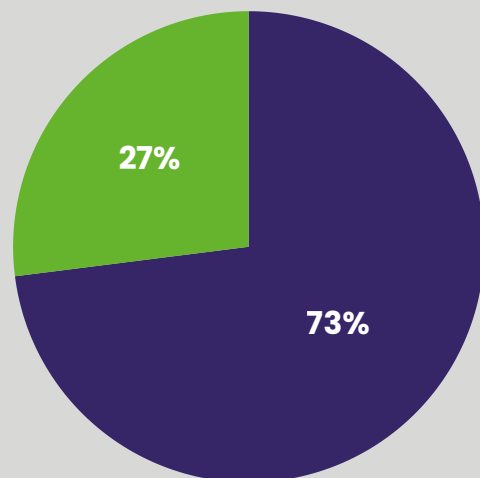
10% of our colleagues are LGBTQ+ which compares to **3.3%** of the population identified as LGB in the 2022 Annual Population Survey

Gender

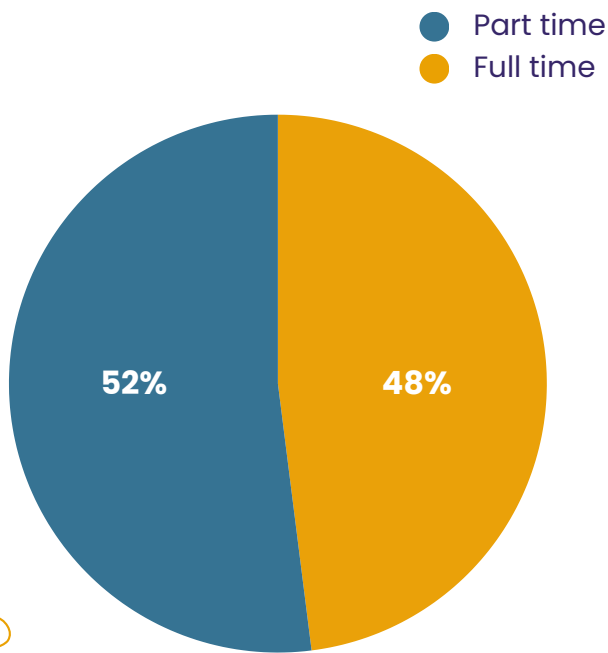


- Non-binary
- Male
- Female

Ethnicity



- Ethnically/culturally diverse
- White British



You will be supported, valued, and pushed to develop towards a career you have always wanted to achieve.



■ Staff member, The Cellar Trust

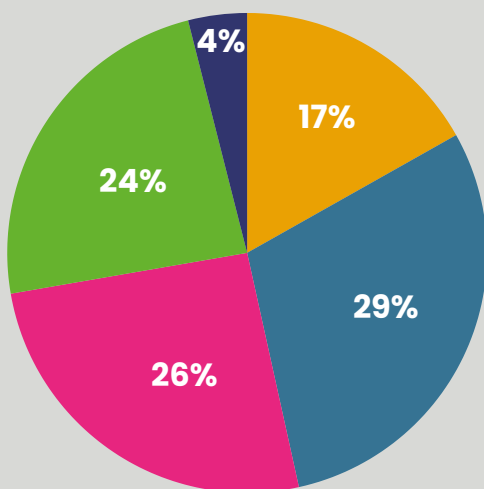


Learning and Development

We train 100% of our frontline or service delivery staff in peer support. This year we have embarked on an ambitious program of training delivered by our Learning and Development Team.

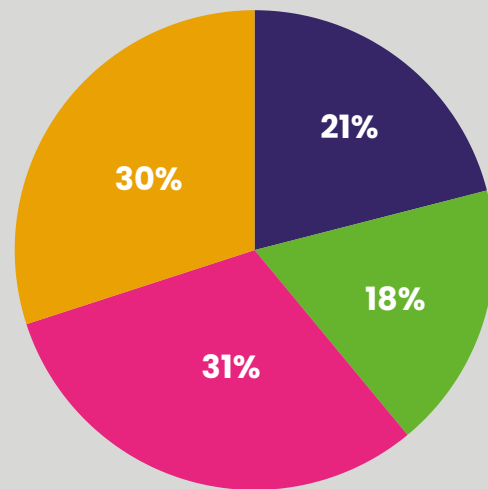
We know confidence, competency and wellbeing are vital when working in mental health. Spending time together to explore and share experiences, learning and building confidence supports staff in their vital role especially when embarking on a career in mental health. We also believe in developing the mental health workforce of the future and being trusted and competent systems partners.

Age



- Aged 24-30
- Aged 31-40
- Aged 41-50
- Aged 51-60
- Aged 61-70

Length of service



- Over 5 years
- 0-12 months
- 1-2 years
- 3-4 years

Polly's story



How did this happen?! I have the word manager in my job title! If someone told me in 2018 I would be doing this role, AND succeeding in it AND loving it, I would say 'never in a million years.'



I joined The Cellar Trust 8 years ago. I was 38, and I felt like a failure work wise. Since leaving university with two degrees, I had mostly worked in low-grade administrative or retail roles. There is nothing wrong with either, but for me it was because I knew I wasn't capable of anything else, despite wishing I was.

I have always struggled with poor mental health. Then in 2020 aged 41, I was diagnosed with autism. A light bulb moment that explained so many of the difficulties I had faced all my life. I burst into tears the minute I was told. A mixture of relief and the release of years of feeling useless.

Fast forward to 2025. I write this whilst on maternity leave from a job I love. How things have changed in 8 years! I started at The Cellar Trust in an admin role focused on HR and governance. I am now the People Manager, helping to coordinate our fabulous People Team, providing a professional HR function that has completely transformed how we operate over the years. All whilst having two babies!

How did this happen?! I have the word manager in my job title! If someone told me in 2018 I would be doing this role, AND succeeding in it AND loving it I would say 'never in a million years.'

It happened because The Cellar Trust gave me the opportunity to develop in a safe and flexible way. The skills and abilities I had were noticed, valued and nurtured and I was given the training, tools and support to find my own individual path to success and a working life I could finally be proud of.



It wasn't just handed to me though. I've worked really hard and pushed myself to do things I find uncomfortable, even scary. In turn, The Cellar Trust has helped me thrive.

It's not all been plain sailing; I've had two significant episodes of mental ill health with time off work. I have had two babies as an older parent and I have ongoing caring responsibilities for my disabled mum; throughout these life challenges I've felt supported and valued.

In fact all these things - my mental health, being neurodivergent, being a mum and a carer, have made me better at my job. That's because The Cellar Trust recognises and values the complexities of our whole lives, not just who we are at work.

I can be authentic at work and I'm able to negotiate the right level of adjustments which have given me the courage to challenge myself in ways I never dreamed possible. I still struggle and I have days when life or work or both are really tough. I'm usually exhausted from pushing myself and existing in a world I didn't think was for me and I still have many limitations that won't ever budge. But I get so much back from my job and such a feeling of pride and achievement, its worth every cringe moment.

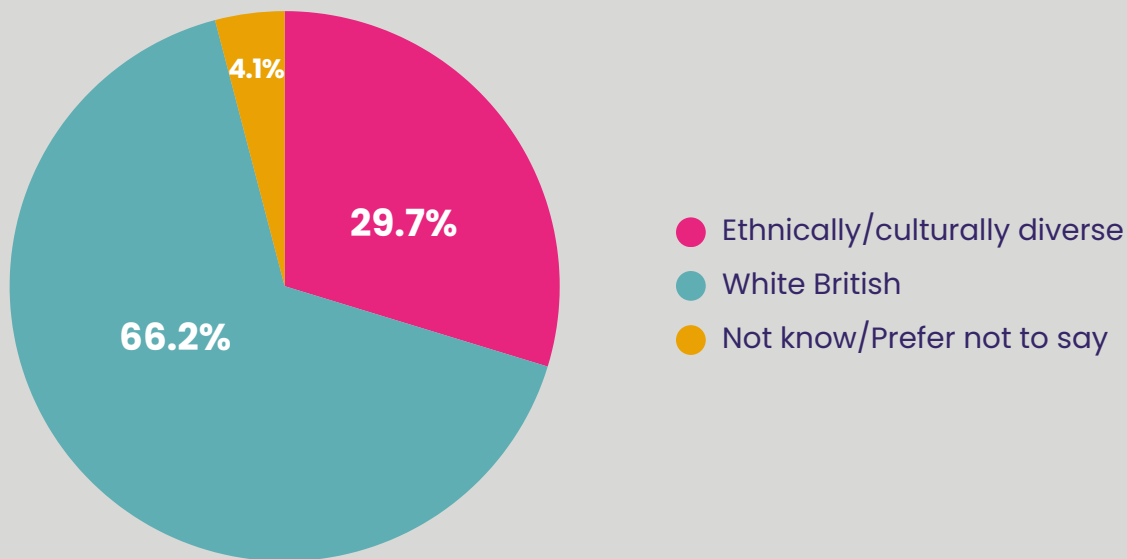
So, I keep showing up and doing my best for an organisation that really has people and it's values at its heart.

Who we support

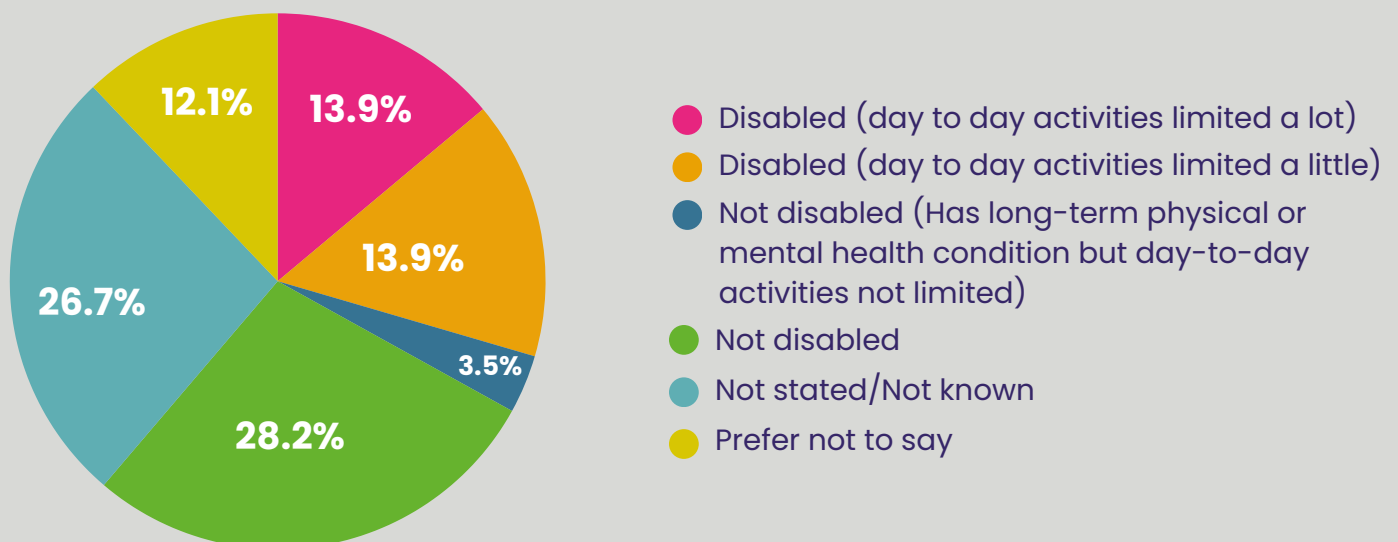
Our overall vision when it comes to Equity, Diversity and Inclusion is twofold. We want to ensure that our services are accessible, safe and inclusive for everyone at all times. We also aspire to be a genuinely inclusive organisation; we want a workforce with diverse representation at all levels with a workplace culture that supports staff and volunteers to reach their full potential whilst being their true selves.

We aim to become a charity that is anti-discrimination and anti-oppression; we want to be able to demonstrate how we have removed structural barriers that perpetuate racism, ableism and other discriminatory behaviours.

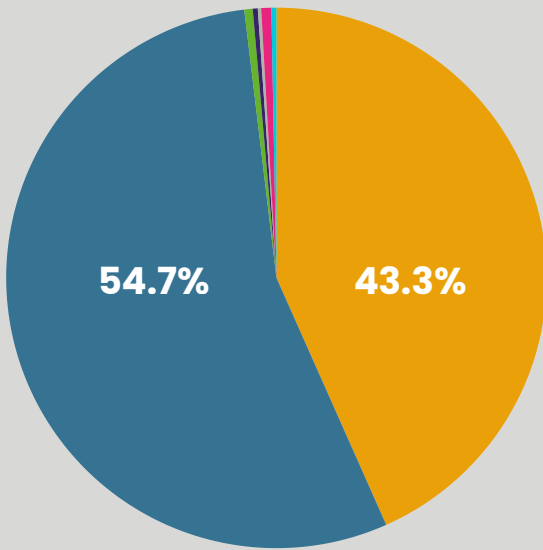
Culture and ethnicity



Disability

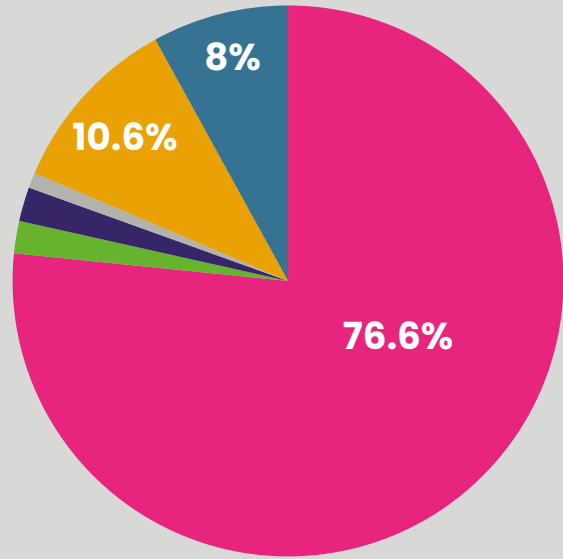


Gender identity



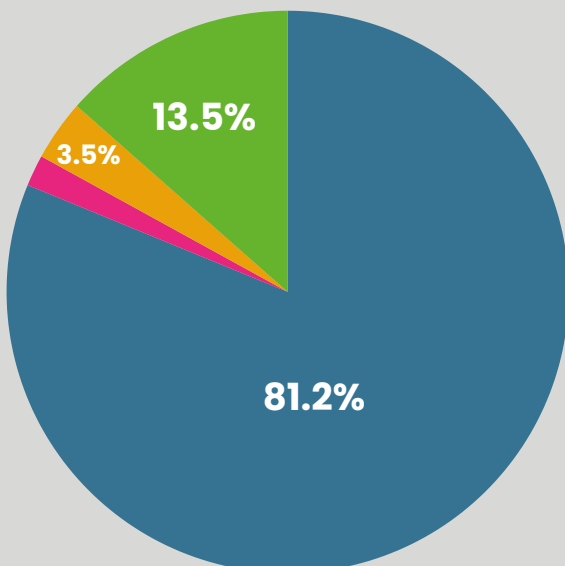
- Male (including transgender male)
- Female (including transgender female)
- Transgender individual (0.5%)
- Non-binary (0.3%)
- Other gender identity (0.2%)
- Not stated/Not known (0.6%)
- Prefer not to say (0.3%)

Sexuality



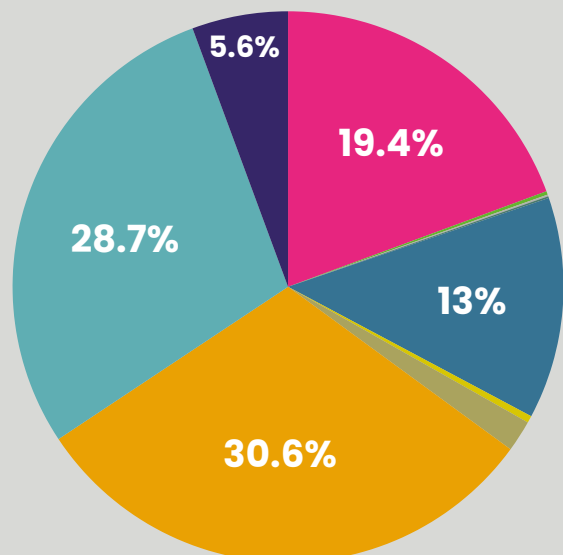
- Heterosexual
- Gay or Lesbian (1.9%)
- Bisexual (2%)
- Other (0.9%)
- Not stated/Not known (0.6%)
- Prefer not to say (0.3%)

Language



- Main language is English
- Main language is not English (No interpreter needed)
- Main language is not English (Interpreter needed)
- Not stated/Not known

Religion



- Christian
- Muslim
- Hindu
- Jewish
- No religion
- Sikh (0.4%)
- Buddhist (0.2%)
- Other religion (1.8%)
- Not stated/Not known
- Prefer not to say

Jargon buster

We use some terms and abbreviations that might not be clear to everyone. Here's a few:



CYPF

Children, Young People and Families.

CMHT

Community Mental Health Teams.

Complex trauma

Traumatic experiences involving multiple events with interpersonal threats during childhood or adolescence. (UK Trauma Council)

Co-production

As defined by the Social Care Institute for Excellence: "Co-production is not just a word, it's not just a concept, it is a meeting of minds coming together to find a shared solution. In practice, it involves people who use services being consulted, included and working together from the start to the end of any project that affects them."

DNA rate

Did not attend rate for clients who missed appointments.

Dual Diagnosis or Co-Occurring Conditions

Where people have another diagnosis alongside their mental health disorder, such as a substance use disorder or autism diagnosis.

Frailty

In medicine, frailty defines people who are at highest risk of adverse outcomes such as falls, disability, admission to hospital, or the need for long-term care. (NHS England)

PCN

Primary Care Network

PIP

Personal Independence Payments.

PTSD

Post-traumatic stress disorder. It's defined by the NHS as a mental health condition caused by very stressful, frightening or distressing events.

Reflective Practice

A group setting support mechanism for our client-facing staff. Discussions include problem solving, sharing learning and challenges.

Signposting

We're not always the best people to help but we can point clients in the right direction to get the help they need. Sometimes, this may also include a referral to another service.

SMI

Severe Mental Illness, defined as people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. (gov.uk)

Social Prescribing

An approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing. (NHS England)

WEMWBS

Warwick-Edinburgh Mental Well-being Scale: a 14 point scale used to measure impact and improvement.

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT) FOR THE YEAR ENDED 31 MARCH 2025

The trustees who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the financial statements of the charity for the year ended 31st March 2025. The trustees have adopted the provisions of 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).

Objectives and activities

The objectives of the Charity are:

- To promote, protect and safeguard good mental health amongst and support the rehabilitation of people in the district of Bradford and elsewhere ("the area of benefit") who are or have been mentally ill or who are at risk of becoming mentally ill ("the beneficiaries").
- To relieve poverty and distress arising among the beneficiaries.

The objectives will be achieved by providing education and training facilities, workshop facilities, crisis response and psychological therapy services and other appropriate assistance to assist the beneficiaries in increasing their independence and enhancing their quality of life, and improving their employment prospects.

Public benefit

The Charity was constituted in October 1988 as a company limited by guarantee and is therefore governed by a memorandum and articles of association. These were updated in 2016 when the organisation made some minor adjustments to the articles of association.

The aims, objectives and activities of the Charity are reviewed annually and assessed. When reviewing the aims and objectives of the Charity and in planning future activities, the trustees have complied with the duty in section 17 of the Charities Act 2011 to have due respect to public benefit guidance published by the Commission.

Summary of main activities

The Cellar Trust delivers in 3 main areas:

- **Employment:** a range of support for people on their journey towards employment including employer engagement and training, and job retention.
- **Crisis, acute and specialist support:** a range of support for people in emotional distress or crisis, as well as goal focused recovery work for people with a serious mental illness and/or experiences of trauma.
- **Psychological therapies:** delivering counselling and psychotherapy to help clients explore and cope with a range of emotional challenges.

The Cellar Trust vision

Our vision is to deliver joined up, high quality mental health support for people when they need it.

The Cellar Trust mission

Our mission is to give people struggling with their mental health the support they need, so that they can live positively and independently, and build their own brighter future.

Our values

Our values underpin everything that we do:

- Respect
- Hope
- Partnership
- Improvement
- Dedication

Recruitment and appointment of new trustees

The year saw changes at Board level. Laura Flatman, Deputy Chair and former Acting Chair stood down after 9 years of service. Following a skills and experience audit, we have appointed three new Board members: Lorna Dunsire, Muhammed Patel and Melissa George who bring excellent additionality to our Board including clinical, digital and equity, diversity and inclusion skills.

All directors give their time voluntarily. Any expenses reclaimed by directors from the Charity are set out in note 9 to the accounts.

All directors of the business are also trustees of the Charity and members of the Board of Trustees. They are listed on page 42.

Organisational structure

Trustees retain overall responsibility for the business affairs of the organisation with roles and responsibilities clearly laid out in the Board Roles and Competencies.

The Chief Executive Officer is responsible to Board for matters that are delegated to management. The following is a list of matters not delegated to management. Unless prevented by law, regulatory requirement, or The Cellar Trust's own Memorandum and Articles, the Board may choose to delegate matters to Committees or individual Trustees including the specific responsibilities of the Chair, Vice-Chair and Treasurer.

The CEO and members of the senior leadership team have day to day responsibility for the leadership and operational delivery of the Charity.

Board development including induction and training of trustees

The induction program for new trustees includes a formal briefing with the Chief Executive and Chair of the Board. An induction pack is also available for new trustees.

The ongoing development needs of the trustees are reviewed on an annual basis, or as appropriate to ensure that the trustees are familiar with any new development or legislation affecting their role, and that the Board is developed to ensure high performance and strong governance.

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.

Liability of Members

Every member of the Charity undertakes to contribute to the assets of the Charity in the event of it being wound up during the time he/she is a member, or within one year afterwards, for the payment of the debts and liabilities of the Charity contracted before the time at which he/she ceases to be a member and of the costs, charges and expenses of winding up the Charity, and for the adjustments of the rights of the contributors among themselves such amount as may be required, not exceeding £1.

Financial review

Overview of Financial Performance

The organisation's headline turnover increased significantly from £3,600,271 to £6,872,916 during the reporting period. This uplift is primarily attributable to capital funding of £2,622,815 received in relation to the Farfield development project, which was processed through the Income and Expenditure account.

Capital Project Completion

The Farfield project reached practical completion in June 2025, with formal opening in July 2025. The Trustees acknowledge the successful delivery of this major capital initiative, which was completed on time and within budget. The resulting Health and Wellbeing campus provides a modern, energy-efficient facility for service delivery and partnership working. A portion of the site remains undeveloped and available for future strategic use.

Operational Income and Expenditure

The capital build necessitated temporary relocation of staff into rental premises, resulting in changes to both income and expenditure profiles. However, effective management of cash reserves associated with the build enabled the organisation to generate interest income which offset the loss of rental income. Excluding capital income, underlying income from service delivery increased by 14% year-on-year. This growth supported a breakeven position on unrestricted funding.

Contractual Developments

Core service delivery areas continued to perform strongly. New contracts were secured with Bradford Care Trust for Talking Therapies Employment and with Bradford Metropolitan District Council for Enablement and Rehabilitation services. These additions have expanded the scope of service provision. Despite ongoing structural changes within the NHS, existing contracts for 2025/26 provide a stable financial base. Furthermore, the organisation was successful in securing an NHS contract to lead local Adult Psychological Therapies delivery from January 2026, ensuring continuity and growth of service in this area.

Charitable and Pro Bono Support

The organisation has continued to benefit from sustained investment by charitable funders, including the Stone Family Foundation, Garfield Weston Foundation, and Henry Smith Charity. These contributions, focused on core funding, have enabled ongoing investment in continuous improvement and operational efficiency. In addition, the organisation received substantial pro bono support valued at £50,828 from GSK and £3,000 from Stephen Harwood.

Going concern

Trustees and the Executive team have reviewed the current financial position of The Cellar Trust, prepared a detailed budget for 2024/2025 based on known sources of income, looked at 3 years forecasts and after due consideration consider of the current levels of secured funding and cash reserves that it is appropriate to prepare financial statements on a going concern basis.

Reserves policy

Reserves remain strong. The Trustees are pleased, therefore, to report that The Cellar Trust is in a robust financial position to meet the growing needs across the spectrum for mental health and wellbeing services across the Bradford District, Craven and West Yorkshire.

The trustees have reviewed the reserves policy during the financial year to ensure that there is a clear basis to ensure financial strength and sustainability of the organisation and that the rationale is easy to understand and can be monitored.

In setting the policy, the trustees have considered the following:

- (1) The need to meet the charity's financial commitments and cover expenditure
- (2) The need to cover salaries and redundancy liabilities
- (3) The ability to fund new projects and activities and bridge funding gaps
- (4) Funds to repair and replace charity assets as required
- (5) Sufficient funds to build resilience and respond to unexpected opportunities or difficulties

Restricted Reserves

£3,232,544 This includes £2,808,531 for the Shipley Town redevelopment of the Farfield site, and the balance of other restricted funds we have received.

Unrestricted Reserves

£1,188,366 These largely held as cash to meet priorities as above. This includes £488,231 held in fixed assets, leaving a balance of £700,135, which is free reserves.

The trustees, having considered the identified risks, have agreed that a reserves figure that represents 3-6 months budgeted expenditure is considered appropriate.

Unrestricted Reserves represent 4.48 months expenditure, based on the 2025/26 operating budget. Free reserves represents 2.67 months expenditure, based on the 2025/26 operational budget. We are working towards target reserves.

Principal funding sources

The single largest fund this year was the £2,622,815 provided from Central Government via Bradford Metropolitan District Council for the redevelopment of the site. The three other largest providers of various funds were Bradford District Care Trust, City of Bradford Metropolitan District Council and NHS West Yorkshire ICB who provided a further £2,919,269 of funding.

Major risks

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.

Plans for future periods

Now that Farfield has opened, the focus for the coming year will be on settling into the new building and developing a diverse group of tenancies to realise the vision of an integrated neighbourhood hub.

In August 2025, The Cellar Trust was awarded the new contract for Bradford District and Craven Adult Psychological Therapies, which will begin in January 2026 and bring significant growth to our Trust Therapies services. This new provision will centre on specialist support in four key areas: trauma, chronic physical health conditions, complex grief and loss, and relationships and psychological therapies.

Alongside this, we will undertake a major strategic review to inform a new strategy from April 2026, responding to increasing health inequalities, rising demand for mental health services, ongoing financial pressures, and significant changes within the NHS and local government, as well as anticipating a growing emphasis on digital developments.

The Cellar Trust will be redeveloping its strategy in the coming year with a key focus on organisational sustainability and continuing to meet the growing needs of people and communities.

Structure, governance and management

The Cellar Trust is constituted as a company limited by guarantee, registered number 02304802, and is governed by its Memorandum and Articles of Association, the company limited by guarantee was incorporated on 13 October 1988.

The charity is registered with the Charity Commission, registered number 701982, the charity was registered on 19 September 1989.

The trustees, who are also the directors for the purpose of company law, and who served during the year and up to the date of signature of the financial statements were:

U E Archibong	
R J Carroll	(Resigned 2 July 2024)
L Flatman	(Resigned 15 October 2024)
M J Ingleson	
S Khalid	
S McLean	
H M Rolo OBE	
A G Voinea	
A J Waddington	
L F Dunsire	(Appointed 3 December 2024)
M Patel	(Appointed 3 December 2024)
M J George	(Appointed 3 December 2024)

Auditor

In accordance with the company's articles, a resolution proposing that BK Plus Audit Limited be reappointed as auditor of the company will be put at a General Meeting.

Disclosure of information to auditor

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

The trustees' report was approved by the Board of Trustees.



A J Waddington
Trustee

Date: 30/09/2025

STATEMENT OF TRUSTEES' RESPONSIBILITIES FOR THE YEAR ENDED 31 MARCH 2025

The trustees, who are also the directors of The Cellar Trust for the purpose of company law, are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

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

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE CELLAR TRUST

Opinion

We have audited the financial statements of The Cellar Trust (the 'charity') for the year ended 31 March 2025 which comprise the statement of financial activities, the balance sheet, the statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2025 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion..

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of our audit:

- the information given in the trustees' report for the financial year for which the financial statements are prepared, which includes the directors' report prepared for the purposes of company law, is consistent with the financial statements; and
- the directors' report included within the trustees' report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charity and its environment obtained in the course of the audit, we have not identified material misstatements in the directors' report included within the trustees' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
 - the financial statements are not in agreement with the accounting records and returns; or
 - certain disclosures of trustees' remuneration specified by law are not made; or
 - we have not received all the information and explanations we require for our audit;
- or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies' exemptions in preparing the trustees' report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities, the trustees, who are also the directors of the charity for the purpose of company law, are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

A further description of our responsibilities is available on the Financial Reporting Council's website at:

[https:// www.frc.org.uk/auditorsresponsibilities](https://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report,

Other matters

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- The engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- We identified the laws and regulations applicable to the company through discussions with directors and other management, and from our commercial knowledge and experience of the industry sector;
- We focused on specific laws and regulations which we considered may have a direct material effect on the financial statements or the operations of the company, including the Companies Act 2006, taxation legislation and data protection, anti-bribery, employment, environmental and health and safety legislation;
- We assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and inspecting legal correspondence; and
- Ensured laws and regulations were communicated within the audit team regularly and the team remained alert to instances of non-compliance throughout the audit.

We assessed the susceptibility of the company's financial statements to material misstatement, including obtaining an understanding of how fraud might occur, by:

- Making enquiries of management as to where they considered there was a susceptibility to fraud, their knowledge of actual, suspected and alleged fraud;
- Considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations; and
- Understanding the design of the company's remuneration policies.

To address the risk of fraud through management bias and override of controls, we;

- Performed analytical procedures to identify any unusual or unexpected relationships;
- Tested journal entries to identify unusual transactions
- Assessed whether judgements and assumptions made in determining the accounting estimates set out in note 2 were indicative of potential bias; and
- Investigated the rationale behind significant or unusual transactions.

In response to the risks of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- Agreeing financial statement disclosures to underlying supporting documentation;
- Reading the minutes of meetings of those charged with governance;
- Enquiring of management as to actual and potential litigation and claims; and
- Reviewing correspondence with HMRC, relevant regulators and the company's legal advisors.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from the financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the directors and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Victoria Atkinson FCA (Senior Statutory Auditor)
For and on behalf of BK Plus Audit Limited,
Statutory Auditor Chartered Certified Accountants
52 St Johns Lane
Halifax
West Yorkshire
HX1 2BW
England

Signature.....

Date:

Statement of financial activities including income and expenditure
Account for the year ended 31 March 2025

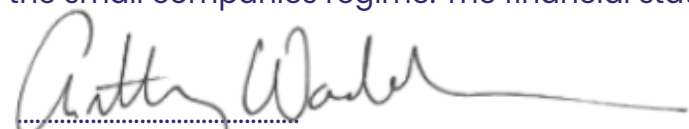
Income from:	Notes	Unrestricted Funds 2025 £	Restricted Funds 2025 £	Total 2025 £	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total 2024 £
Donations and legacies	3	1,827,350	4,574,854	6,402,204	1,022,060	2,065,490	3,087,550
Charitable activities	4	318,994	31,690	350,684	372,734	48,896	421,630
Investments	5	120,028	-	120,028	91,091	-	91,091
Total income		2,266,372	4,606,544	6,872,916	1,485,885	2,114,386	3,600,271
Expenditure on: Raising Funds	Notes	Unrestricted Funds 2025 £	Restricted Funds 2025 £	Total 2025 £	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total 2024 £
Fundraising and publicity	6	25,439		25,439	13,662	-	13,662
Charitable activities	7	2,247,801	1,881,640	4,129,441	1,567,626	1,897,031	3,464,657
Total expenditure		2,273,240	1,881,640	4,154,880	1,581,288	1,897,031	3,478,319
Net income/ expenditure		(6,868)	2,724,904	2,718,036	(95,403)	217,355	121,952
Transfers between funds		(282)	282	-	(22,216)	22,216	-
Net movement in funds	9	(7,150)	2,725,186	2,718,036	(117,619)	239,571	121,952
Reconciliation of funds: Fund balances at 1 April 2024		1,195,516	507,358	1,702,874	1,313,135	267,787	1,580,922
Fund balances at 31 March 2025		1,188,366	3,232,544	4,420,910	1,195,516	507,358	1,702,874

The statement of financial activities includes all gains and losses recognised in the year. All income and expenditure derive from continuing activities. The notes on pages 52 to 73 form part of these financial statements.

Balance Sheet as at 31 March 2025

		2025		2024	
	Notes	£	£	£	£
Fixed assets					
Tangible assets	13		2,758,372		716,512
Current assets					
Stocks	14			-	
Debtors	15	619,882		971,775	
Cash at bank and in hand		2,532,563		1,072,686	
		3,152,445		2,044,461	
Creditors: amounts falling due within one year	16	(1,489,907)		(1,058,099)	
Net current assets			1,662,538		986,362
Total assets less current liabilities			4,420,910		1,702,874
The funds of the charity					
Restricted income funds	19		3,232,544		507,358
Unrestricted funds			1,188,366		1,195,516
			4,420,910		1,702,874

The notes on pages 52 to 73 form part of these financial statements. The company is entitled to the exemption from the audit requirement contained in section 477 of the Companies Act 2006, for the year ended 31 March 2025, although an audit is required under section 144 of the Charities Act 2011. The directors acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements. These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime. The financial statements were approved by the trustees on 30/09/2025.



A J Waddington
Trustee

Company registration number 02304802

Statement of cash flows for the year ended 31 March 2025

		2025		2024	
	Notes	£	£	£	£
Cash flows from operating activities					
Cash generated from operations	24		3,383,892		52,338
Investing activities					
Purchase of tangible fixed assets		(2,044,043)		(237,016)	
Investment income received		120,028		91,091	
Net cash generated from investing activities			(1,924,015)		(145,925)
Net cash used in financing activities			-		-
Net increase/(decrease) in cash and cash equivalents			1,459,877		(93,587)
Cash and cash equivalents at beginning of year			1,072,686		1,166,273
Cash and cash equivalents at end of year			2,532,563		1,072,686

The notes on pages 52 to 73 form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2025

1 Accounting policies

Charity information

The Cellar Trust is a private company limited by guarantee incorporated in England and Wales. The registered office is The Old School, Fairfield Road, Shipley, West Yorkshire, BD18 4QP.

1.1 Basis of preparation

The financial statements have been prepared in accordance with the charity's governing document, the Companies Act 2006, FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" and the Charities SORP "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)". The charity is a Public Benefit Entity as defined by FRS 102.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention, [modified to include the revaluation of freehold properties and to include investment properties and certain financial instruments at fair value]. The principal accounting policies adopted are set out below.

1.2 Going concern

At the time of approving the financial statements, the trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

1.3 Charitable funds

Unrestricted funds are available for use at the discretion of the trustees in furtherance of their charitable objectives.

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

Endowment funds are subject to specific conditions by donors that the capital must be maintained by the charity.

1.4 Income

Income is recognised when the charity is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably, and it is probable that income will be received.

Cash donations are recognised on receipt. Other donations are recognised once the charity has been notified of the donation, unless performance conditions require deferral of the amount.

Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Legacies are recognised on receipt or otherwise if the charity has been notified of an impending distribution, the amount is known, and receipt is expected. If the amount is not known, the legacy is treated as a contingent asset.

1 Accounting policies (Continued)

1.5 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement, and the amount of the obligation can be measured reliably.

Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges are allocated on the portion of the asset's use.

1.6 Tangible fixed assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Freehold land and buildings	Straight line over 30/50 years
Freehold improvements	Not depreciated until completion
Fixtures and fittings	Straight line over 4 years
Computers	Straight line over 3 years

Assets in the course of construction are not depreciated.

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is recognised in the statement of financial activities.

1.7 Impairment of fixed assets

At each reporting end date, the charity reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

1.8 Cash and cash equivalents Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

1.9 Financial instruments

The charity has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the charity's balance sheet when the charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

1 Accounting policies (Continued)

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Basic financial liabilities

Basic financial liabilities, including creditors and bank loans are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities

Financial liabilities are derecognised when the charity's contractual obligations expire or are discharged or cancelled.

1.10 Employee benefits

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received. Termination benefits are recognised immediately as an expense when the charity is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

1.11 Retirement benefits

Payments to defined contribution retirement benefit schemes are charged as an expense as they fall due.

2 Critical accounting estimates and judgements

In the application of the charity's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

Notes to the Financial Statements (continued)

3 Income from donations and legacies

Income from:	Unrestricted Funds 2025 £	Restricted Funds 2025 £	Total 2025 £	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total 2024 £
Donations and gifts	16,029	-	16,029	25,192	-	25,192
Grants received	1,757,493	4,574,854	6,332,347	996,868	2,065,490	3,062,358
Donated goods and services	53,828	-	53,828			
Total	1,827,350	4,574,854	6,402,204	1,022,060	2,065,490	3,087,550

Notes to the Financial Statements (continued)

3 Income from donations and legacies (continued)

Income from: Grants receivable	Unrestricted Funds 2025 £	Restricted Funds 2025 £	Total 2025 £	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total 2024 £
Bradford District Care Foundation Trust - My Wellbeing College: Assessment hub	23,490	-	23,490	33,930	-	33,930
Bradford District Care Trust- Talking Therapies Employment	317,253	-	317,253	-	-	-
City of Bradford MDC - Complex Support Reach	-	550,089	550,089	-	520,543	520,543
City of Bradford MDC - Disability grants	-	9,880	9,880	-	-	-
City of Bradford MDC - Shipley Towns Fund	-	2,622,815	2,622,815	-	227,185	227,185
City Of Bradford MDC Rehabilitation Service	249,000	-	249,000	-	-	-
Garfield Weston Foundation	33,000	-	33,000	33,000	-	33,000
GSK Impact	-	-	-	40,000	-	40,000
Ken and Edna Morrison Charitable Trust	5,000	-	5,000	-	-	-
MIND	600	-	600	7,650	-	7,650
Modality Partnership	85,820	-	85,820	83,838	-	83,838
NHS West Yorkshire - ICB	-	1,200,000	1,200,000	-	1,185,000	1,185,000
NHS West Yorkshire - ICB Crises Alternatives Breathing Space	27,411	-	27,411	-	-	-
NHS West Yorkshire ICB Community Mental Health Crises	-	132,000	132,000	-	-	-
NHS West Yorkshire ICB HOPE Service	125,000	-	125,000	50,000	-	50,000
NHS West Yorkshire ICB Pathways To Employment	285,146	-	285,146	286,527	-	286,527
Project 6 Mast A&E	166,880	-	166,880	194,716	-	194,716
Project 6 Keighley Pathways	16,487	-	16,487	11,688	-	11,688

Notes to the Financial Statements (continued)

3 Income from donations and legacies (continued)

Income from: Grants receivable (continued)	Unrestricted Funds 2025 £	Restricted Funds 2025 £	Total 2025 £	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total 2024 £
Project 6 Wharfedale Pathways	-	-	-	7,500	-	7,500
The Forrester Family Trust	-	-	-	25,000	-	25,000
The Henry Smith Charity	59,900	-	59,900	57,000	-	57,000
The National Lottery Community Fund - Reaching Communities (ID: 20167786)	-	60,070	60,070	-	124,762	124,762
The Power to Change Trust	-	-	-	-	8,000	8,000
The Stone Family Foundation	143,841	-	143,841	125,269	-	125,269
The VCS Alliance Community Mental Health Peripatetic Service	177,983	-	177,983	11,822	-	11,822
The VCS Alliance Craven Connect Partnership	12,875	-	12,875	-	-	-
West Yorkshire Police	4,947	-	4,947	28,928	-	28,928
Yorkshire Building Society - Building Bradford Skills Fund	22,860	-	22,860	-	-	-
Total	1,757,493	4,574,854	6,332,347	996,868	2,065,490	3,062,358

Donated goods and services

During the year, the charity received professional services from GSK worth £50,828 and Stephenson Harwood worth £3,000.

Notes to the Financial Statements (continued)

4 Income from charitable activities

Income from: charitable activities	Unrestricted Funds 2025 £	Restricted Funds 2025 £	Total	Unrestricted Funds 2024 £	Restricted Funds 2024	Total
General charitable activities						
Sale of goods	1,236	-	1,236	2,465	-	2,465
Services provided under contract	57,087	-	57,087	34,200	-	34,200
Ancillary trading income				3,890	-	3,890
Other income	3,358	-	3,358	-	-	-
Crises Specialist Support						
Ancillary trading income	2,113	31,690	33,803	-	48,896	48,896
Therapy Services						
Sales of services by beneficiaries	246,560	-	246,560	332,179	-	332,179
Training and Digital Delivery						
Services provided under contract	8,640	-	8,640	-	-	-
Total	318,994	31,690	350,684	372,734	48,896	421,630

5 Income from investments

	Unrestricted Funds 2025 £	Unrestricted Funds 2024 £
Rental income	40,654	48,693
Interest receivable	79,374	42,398
Total	120,028	91,091

Notes to the Financial Statements (continued)

6 Expenditure on raising funds

Expenditure on: raising funds	Unrestricted Funds 2025 £	Unrestricted Funds 2024 £
Fundraising and publicity		
Other fundraising costs	21,463	8,578
Staff costs	3,976	5,083
	25,439	13,661

Notes to the Financial Statements (continued)

7 Expenditure on charitable activities

Direct costs	General charitable activities 2025 £	Communities and peer support 2025 £	Complex support 2025 £	Crisis specialist support 2025 £	Pathway to Employment 2025 £	Therapy services 2025 £	Training and digital delivery 2025 £	Total 2025 £
Staff costs	665,288	231,338	882,465	286,125	438,909	110,465	12,017	2,626,607
Depreciation/impairment	2,182	-	-	-	-	-	-	2,182
Premises costs	161,920	2,960	15,568	23,178	3,402	4,434	-	211,462
Cleaning, maintenance and repairs costs	43,603	-	1,784	2,454	2,481	114	-	50,436
Office costs	16,085	802	7,550	4,116	1,512	3,196	1,795	35,056
Marketing and PR costs	1,730	-	54	3,189	-	-	569	5,542
Staff and volunteer costs	1,143	25	3	768	-	112	-	2,051
Training costs	3,170	4,630	-	2,467	1,680	240	-	12,187
Motor and travel costs	2,013	381	6,393	85	2,599	26	46	11,543
Legal and professional costs	96,795	516	16,770	5,278	1,269	315	(43)	120,900
Sub Contractors and Clinical Supervision	314	270	71,096	799,873	16,821	101,339	690	990,403
Internal recharges	(452,163)	57,025	202,629	73,609	109,898	14,317	(2,809)	2,506
Bad debts	-	-	-	-	-	(90)	-	(90)
Irrecoverable VAT	38,952	277	-	7	6	607	202	40,051
Other costs	3,682	55	4,013	596	1,353	14	-	9,713
	584,714	298,279	1,208,325	1,201,745	579,930	235,089	12,467	4,120,549

Notes to the Financial Statements (continued)

7 Expenditure on charitable activities

Share of support and governance costs (see note 8)	General charitable activities 2025 £	Communities and peer support 2025 £	Complex support 2025 £	Crisis specialist support 2025 £	Pathway to Employment 2025 £	Therapy services 2025 £	Training and digital delivery 2025 £	Total 2025 £
Governance	8,208	-	-	191	-	493	-	8,892
	592,922	298,279	1,208,325	1,201,936	579,930	235,582	12,467	4,129,441

Analysis by fund

Unrestricted funds	561,238	298,279	576,645	-	579,930	219,242	12,467	2,247,801
Restricted funds	31,684	-	631,680	1,201,936	-	16,340	-	1,881,640
	592,922	298,279	1,208,325	1,201,936	579,930	235,582	12,467	4,129,441

Notes to the Financial Statements (continued)

7 Expenditure on charitable activities

Previous year: Direct costs	General charitable activities 2024 £	Communities and peer support 2024 £	Complex support 2024 £	Crisis specialist support 2024 £	Pathway to Employment 2024 £	Therapy services 2024 £	Training and digital delivery 2024 £	Total 2024 £
Staff costs	592,802	120,353	669,271	313,895	203,284	164,353	101,279	2,165,237
Depreciation/ impairment	8,181	-	-	-	-	-	-	8,181
Premises costs	70,914	2,712	20,166	29,750	3,140	3,857	69	130,608
Cleaning, maintenance and repairs costs	50,951	-	889	1,715	-	-	-	53,555
Office costs	24,482	1,038	7,071	2,708	1,943	1,722	5,277	44,241
Marketing and PR costs	3,518	102	4,436	5,969	-	890	883	15,798
Staff and volunteer costs	1,327	308	1,275	866	183	240	295	4,494
Training costs	15,738	-	-	100	55	55	-	15,948
Motor and travel costs	4,414	490	8,022	442	2,830	44	771	17,013
Legal and professional costs	28,719	80	6,143	4,680	85	(37)	-	39,670
Sub Contractors and Clinical Supervision	-	969	51,542	790,752	2	86,658	4,510	934,433
Internal recharges	(148,845)	300	92,260	46,660	955	-	(3,660)	(12,330)
Bad debts	(1,554)	-	-	-	-	48	-	(1,506)
Irrecoverable VAT	31,590	36	6	59	5	513	201	32,410
Other costs	2,424	18	336	4,950	281	527	-	8,536
	684,660	126,406	861,417	1,202,546	212,763	258,870	109,625	3,456,288

Notes to the Financial Statements (continued)

7 Expenditure on charitable activities

Previous year: Share of support and governance costs (see note 8)	General charitable activities 2024 £	Communities and peer support 2024 £	Complex support 2024 £	Crisis specialist support 2024 £	Pathway to Employment 2024 £	Therapy services 2024 £	Training and digital delivery 2024 £	Total 2024 £
Governance	8,370	-	-	-	-	-	-	8,370
	693,031	126,406	861,417	1,202,546	212,763	258,870	109,625	3,464,658

Analysis by fund

Unrestricted funds	600,108	126,406	220,916	46,646	205,162	258,764	109,625	1,567,627
Restricted funds	92,923	-	640,501	1,155,900	7,601	106	-	1,897,031
Total	693,031	126,406	861,417	1,202,546	212,763	258,870	109,625	3,464,658

Notes to the Financial Statements (continued)

8 Support costs allocated to activities

	General charitable activities 2025 £	Crises Specialist Support 2025 £	Total 2025 £	Total 2024 £
Governance	8,701	191	8,892	8,370

Governance costs comprise:	General charitable activities 2025 £	General charitable activities 2024 £
Audit fees	6,782	5,497
Finance costs	2,110	2,873
	8,892	8,370

9 Net movement in funds

The net movement in funds is stated after charging/(crediting):

Fees payable for the audit of the charity's financial statements	10,710	10,200
Depreciation of owned tangible fixed assets	2,182	8,181

10 Trustees

None of the trustees (or any persons connected with them) received any remuneration or benefits from the charity during the year.

11 Employees

The average monthly number of employees during the year was:

	2025 Number	2024 Number
Direct charitable work	80	78
Management / Administration	26	18
Total	106	96

Notes to the Financial Statements (continued)

8 Support costs allocated to activities

Employee costs	2025 £	2024 £
Wages and salaries	2,361,045	1,969,267
Social security costs	194,185	149,576
Other pension costs	75,353	51,477
	2,630,583	2,170,320

There were no employees whose annual remuneration was more than £60,000.

Remuneration of key management personnel

The remuneration of key management personnel was as follows:

Aggregate compensation	241,948	264,430
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12 Taxation

The charity is exempt from taxation on its activities because all its income is applied for charitable purposes.

Notes to the Financial Statements (continued)

13 Tangible fixed assets

	Freehold land and buildings £	Freehold improvements £	Fixtures and fittings £	Computers £	Total £
Cost or valuation					
At 1 April 2024	500,001	227,716	32,339	73,944	834,000
Additions	-	2,042,532	1,511	-	2,044,043
At 31 March 2025	500,001	2,270,248	33,850	73,944	2,878,043
Depreciation and impairment					
At 1 April 2024	19,445	-	25,831	72,213	117,489
Depreciation charged in the year	-	107	1,214	861	2,182
At 31 March 2025	19,445	107	27,045	73,074	119,671
Carrying amount					
At 31 March 2025	480,556	2,270,141	6,805	870	2,758,372
At 31 March 2024	480,556	227,716	6,508	1,732	716,512

Land and buildings with a carrying amount of £485,900 were revalued at 11 March 2022 by Hayfield Robinson Property Consultants, independent valuers not connected with the charity on the basis of market value. The valuation conforms to International Valuation Standards and was based on recent market transactions on arm's length terms for similar properties.

At 31 March 2025, had the revalued assets been carried at historic cost less accumulated depreciation and accumulated impairment losses, their carrying amount would have been approximately £342,642 (2024 - £349,825).

14 Debtors

Amounts falling due within one year:	2025 £	2024 £
Trade debtors	481,341	835,193
Other debtors	60	136,582
Prepayments and accrued income	619,882	971,775

Notes to the Financial Statements (continued)

15 Creditors

Amounts falling due within one year:	Notes	2025 £	2024 £
Other taxation and social security		(409)	4,466
Deferred income	16	1,125,303	861,209
Trade creditors		268,161	75,666
Accruals and deferred income		96,852	116,758
		1,489,907	1,058,099

16 Deferred income

	2025 £	2024 £
Other deferred income	1,125,303	861,209

Deferred income is included in the financial statements as follows:

Deferred income is included within

Current liabilities	1,125,303	861,209
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Movements in the year:

Deferred income at 1 April 2024	861,209	529,880
Released from previous periods	(1,297,612)	(1,112,104)
Resources deferred in the year	1,561,706	1,443,433
Deferred income at 31 March 2025	1,125,303	861,209

17 Retirement benefit schemes

Defined contribution schemes	2025 £	2024 £
Charge to profit or loss in respect of defined contribution schemes	75,353	51,477

The charity operates a defined contribution pension scheme for all qualifying employees. The assets of the scheme are held separately from those of the charity in an independently administered fund.

Notes to the Financial Statements (continued)

18 Restricted funds

The restricted funds of the charity comprise the unexpended balances of donations and grants held on trust subject to specific conditions by donors as to how they may be used.

	At 1 April 2024 £	Incoming resources £	Resources expended £	Transfers £	At 31 March 2025 £
AWC - Grief and Loss	29,440	-	(16,340)	-	13,100
Bradford MDC Disability Grants	9,880	9,880	-	(107)	19,653
Henry Smith Foundation	3,720	-	-	-	3,720
National Lottery Community Fund - Covid (ID: 20126573)	134	-	-	-	134
National Lottery Community Fund - Reaching Communities	32,439	60,070	(92,898)	389	-
Omicron	4,085	-	-	-	4,085
Power to Change	7,054	-	(7,600)	546	-
Reach	85,162	550,089	(533,816)	-	101,435
Safe Spaces	126,789	1,231,690	(1,203,627)	-	154,852
ShIPLEY Town - CDEL	192,682	2,556,800	-	-	2,749,482
ShIPLEY Town - RDEL	23,027	66,015	(29,993)	-	59,049
NHS West Yorkshire ICB Community Mental Health Crises	-	132,000	(4,966)	-	127,034
	507,358	4,606,544	(1,881,640)	282	3,232,544

Notes to the Financial Statements (continued)

18 Restricted funds

(continued)

	At 1 April 2023 £	Incoming resources £	Resources expended £	Transfers £	At 31 March 2024 £
AWC - Grief and Loss	29,390	-	50	-	29,440
Bradford MDC Disability Grants	9,880	-	-	-	9,880
Henry Smith Foundation	3,720	-	-	-	3,720
National Lottery Community Fund - Covid (ID: 20126573)	134	-	-	-	134
National Lottery Community Fund - Reaching Communities	29,906	124,762	(122,229)	-	32,439
Omicron	4,085	-	-	-	4,085
Power to Change	7,054	-	(7,600)	546	-
Reach	82,891	520,543	(518,272)	-	85,162
Safe Spaces	95,440	1,233,896	(1,202,547)	-	126,789
Shiopley Towns Fund	5,287	-	(26,957)	21,670	-
Shiopley Town - CDEL	-	193,200	(518)	-	192,682
Shiopley Town - RDEL	-	33,985	(10,958)	-	23,027
Leading the Way	-	8,000	(8,000)	-	-
	267,787	2,114,386	(1,897,031)	22,216	507,358

Notes to the Financial Statements (continued)

19 Unrestricted funds

The unrestricted funds of the charity comprise the unexpended balances of donations and grants which are not subject to specific conditions by donors and grantors as to how they may be used. These include designated funds which have been set aside out of unrestricted funds by the trustees for specific purposes.

	At 1 April 2024 £	Incoming resources £	Resources expended £	Transfers £	At 31 March 2025 £
General fund	403,044	2,266,372	(2,273,240)	792,190	1,188,366
Designated fund - Reinvestment	333,601	-	-	(333,601)	-
Designated fund - Redundancy	201,019	-	-	201,019	-
Designated fund - Infrastructure	50,000	-	-	50,000	-
Designated fund - Therapy	207,852	-	-	207,852	-
	1,195,516	2,266,372	(2,273,240)	(282)	1,188,366

Previous year:

	At 1 April 2023 £	Incoming resources £	Resources expended £	Transfers £	At 31 March 2024 £
General fund	557,038	1,485,885	(1,581,288)	(58,591)	403,044
Designated fund - Reinvestment	333,601	-	-	-	333,601
Designated fund - Redundancy	164,644	-	-	36,375	201,019
Designated fund - Infrastructure	50,000	-	-	-	50,000
Designated fund - Therapy	207,852	-	-	-	207,852
	1,313,135	1,485,885	(1,581,288)	(22,216)	1,195,516

Notes to the Financial Statements (continued)

20 Analysis of net assets between funds

At 31 March 2025:	Unrestricted Funds 2025 £	Restricted Funds 2025 £	Total 2025 £
Tangible assets	488,231	2,270,141	2,758,372
Current assets/(liabilities)	700,135	962,403	1,662,538
	1,188,366	3,232,544	4,420,910

At 31 March 2024:	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total 2024 £
Tangible assets	488,796	227,716	716,512
Current assets/(liabilities)	706,720	279,642	986,362
	1,195,516	507,358	1,702,874

21 Operating lease commitments

There were no disclosable related party transactions during the year (2023 - none).

Lessee

At the reporting end date the charity had outstanding commitments for future minimum lease payments under non-cancellable operating leases, which fall due as follows:

	2025 £	2024 £
Within one year	22,250	3,635
Between two and five years	4,046	-
	26,296	3,635

Notes to the Financial Statements (continued)

22 Related party transactions

During the year the charity entered into the following transactions with related parties:

Related Party	Nature of Relationship	Purchases £	Creditors £
SELFRA	Senior management is a trustee of	14,501.32	-
CWC Home & Garden Services	Family member of senior management	2,168.25	-
University of Bradford	Trustee is a director of	4,400.00	4,400.00

In the previous year there were no disclosable related party transactions.

23 Capital commitments

At the yearend there was £621,532 of capital commitments which includes builder's and architectural fees relating to freehold land and building improvements.

24 Contingent liability

Funding has been received during the year from The City of Bradford Metropolitan District Council relating to Project F - Health Wellbeing and Community Campus - Shipley. This funding forms part of a £3m capital grant under Shipley Towns Fund, of which the Council is an investment body.

A condition of the funding requires a legal charge to be established, in favour of the funder, which was registered with Companies House at 19 September 2023. The charge is a fixed charge over the land at Fairfield Road.

A further condition of the funding is that there is a 'restriction on title' following completion for a period of 10 years. The liability for default is limited over the period of 10 years as below, on the basis of percentage of property value:

- Up to 1 year 100%
- After 1 year and up to 3 years 75%
- After 3 years and up to 5 years 50%
- After 5 years and up to 10 years 25%
- After 10 years 0%

As at 31 March 2025, the value of asset created was £2,260,695 (2024: £222,372) and no default events have occurred which affect the restrictions in place during current and previous financial year, and therefore no financial liability is recognised in these financial statements.

Notes to the Financial Statements (continued)

25 Cash generated from operations

	2025 £	2024 £
Surplus/(deficit) for the year	2,718,036	121,952
Adjustments for:		
Investment income recognised in statement of financial activities	(120,028)	(91,091)
Depreciation and impairment of tangible fixed assets	2,182	8,181
Movements in working capital:		
Decrease/(increase) in stocks	-	918
(Increase) in debtors	351,894	(321,960)
Increase in creditors	167,714	3,009
Increase in deferred income	264,094	331,329
Cash generated from operations	3,383,892	52,338

26 Analysis of changes in net funds

The charity had no material debt during the year.

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