



Visible Vocal Valuable

Annual Report 2018/19



Faces & Voices of Recovery UK

ANNUAL REPORT 2018/19

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To find out more about the UK Recovery Walk, to register for it, to see what's on during Recovery Month, or simply find out more about how to get involved, please visit:

www.facesandvoicesofrecoveryuk.org

A Message from our Chair of Trustees



John Royle

On behalf of the Trustees I am pleased to report another year of positive achievement for the charity. Despite a challenging year personally for our Chief Executive Anne-Marie, she has delivered an ambitious programme of work, ensuring our iconic annual walk was an immense success for our 10th anniversary and designing a Quality Index Tool that will enhance the treatment sector.

As the leading recovery advocacy organisation in the UK, it is right that we comment on the structural and financial challenges facing the treatment system. Each year we see evidence of further decline, such as rising numbers of drug related deaths and unless central government acts we cannot envisage this trajectory will change. On behalf of our recovery community, we will continue to use our influence to lobby our government to learn from past mistakes and have the courage and wisdom to create a world class treatment and recovery system. In the meantime, we will continue to be inspired by our central message of hope, that people can recover from the despair of addiction and the thousands of people who walk with us each year are the visible manifestation of this.

Recovery is about change and the charity is not immune from this. This year, we have lost the services of some long-standing trustees Mark, Simon and John whose wisdom and experience is greatly missed. On a positive note, our new trustees Jo, Rondine and Paul bring new ideas, energy and enthusiasm and their contribution is already making a big impact. I would also to thank our wonderful volunteers, sponsors and supporters who give so much of their time and resources each year, without them our work would not be possible.

I hope you enjoy reading this year's report and would encourage you to find out more about our work. One of the principles of recovery is service and that can manifest in many ways, for example getting involved with supporting the walk or volunteering for the charity. Please get in touch with us if you would like to know more – and join us for a wonderful day of unity and celebration walking the walk at this year's host city Middlesbrough.

What reinforces my belief in our work is the thousands of individuals who join us on the walk

CEO Report



Annemarie Ward

On behalf of the board, I am proud to present the Trustees' Annual Report, which sets out, for our supporters, members and the general public, what we have achieved and to give sight and opportunity for our members to influence our work going forward over the next year.

Welcome everyone to the 11th UK Recovery Walk. On writing this introduction I have been reflecting on how far we have come as an organisation and also as a community. There have been many losses and gains in our field this year, echoing my own personal journey which has seen the death of my mother this year. Her loss to me and my family has undoubtedly impacted the pace of the Charities works this year. I have also seen great leaps of growth with my other family relationships as life slowly but inevitably moves on. We all come to the walk each year to celebrate our recovery and no doubt have a joyous fun filled day I can't help but think about the difficulties we face as a field and would like to take the opportunity in this year's annual report to highlight my main areas of concern.

Although overall drug use is declining, drug related harms are not. Drug related deaths have increased significantly during the last ten years since we started walking together. In 2017 there were 2,503 drug related deaths registered in England and Wales 934 in Scotland and 136 in Northern Ireland. Figures released this week now

in 2018 in Scotland 1187 drug deaths 3 times that of England, the worst in Europe bring despair. Our sincere condolences to everyone affected.

The prevalence of hepatitis C in the UK particularly England remains high among people who inject drugs with a quarter currently infected, while nearly half of those currently infected do not know that they are. Around one percent of people who inject drugs are living with HIV and in 2017 there were 140 people newly diagnosed cases.

Being here in Middlesbrough this year we see Heroin Assisted Treatment (HAT) which we know is a clinically effective treatment for people who inject "street" heroin daily but do not respond to oral methadone and buprenorphine treatments, and we know they will achieve health improvement and crime reduction outcomes. Despite the international evidence base for HAT, it is only available for a few dozen individuals in a small number of local areas.

Similarly, Social Network Interventions, particularly Facilitated Access to Mutual Aid, is an evidenced based intervention too which supports long term recovery in the community. Despite being recommended by the National Institute for Clinical Excellence and Public Health England, it is still not consistently provided across all drug treatment services. On a positive note we will also hopefully see the newly approved drug Buvidal introduced

as another potential choice of treatment and alternative pathway to recovery be available across the UK.

Since 2014/15 public health budgets to local authorities has been reduced by £700 million which has had an impact on the capacity of local drugs treatment services and their ability to retain an experienced and expert workforce. Mandating local authorities to commission drugs treatment services alongside other mandated public health services will protect them against disinvestment following the discontinuation of the ring-fenced Public Health Grant. (drugs and alcohol treatment are not currently “mandated services”, that is, there is no legal duty for local authorities to invest in them).

The debate continues around Supervised Injecting Facilities (SIFs), sometimes referred to as Drug Consumption Rooms, which we know are effective in attracting vulnerable people who inject drugs, reducing drug related deaths, HIV transmission, drug related litter and improving access to drugs treatment. There is no evidence that they increase drug use or supply in the areas that they are located. Drug testing services, alongside other multi-agency safety initiatives, have the potential to reduce health harms by influencing drug using behaviour and improving intelligence.

Despite the international evidence base for Supervised Injecting Facilities, the Home Office continues to refuse to allow such facilities anywhere in the UK to allow a comprehensive evaluation of their effectiveness in a UK context. Giving local areas the flexibility to meet local need for a Supervised Injecting Facilities could potentially have a significant impact on reducing drug related harm.

Unity across our field is essential if we are to be effective advocates for a range of harm reduction and recovery support services. We cannot allow

ourselves to be divided and must advocate for the complete range of interventions that keep people alive who are still in active addiction, reduce the societal impact of their substance use and support them in long term recovery. This begins with the recognition that there are many pathways to recovery and all are a cause for celebration. This year the FAVORUK annual conference will be celebrating the many pathways to recovery with a combination of professional and peer presentations from the different recovery pathways.

For the last 10 years national strategies and policies are now focused on recovery as the guiding principle, very little has actually changed on the ground in professional services. The majority of support for individuals in long term recovery continues to come from mutual aid and community recovery organisations, though some professional services now recognise the benefits of positive social networks in recovery and facilitate their clients joining them. We continue to receive reports of appalling practices by services trying to improve their “successful completion” rates and these practices are contrary to clinical guidance and the evidence base and result from ignorance of what “recovery” is.

We highlighted this year and watched on with bemusement as Directors of Public Health in England grabbed the Pooled Treatment Budget for alcohol and other drugs in 2013 to boost their Public Health Grant allocations by another 50% when they transferred to local authorities, and we have watched with dismay the managed decline of alcohol and other drug services for the last five years. If transferring the commissioning of alcohol and other drug treatment to the NHS means that substance use disorders are taken seriously as a disease and all the interventions recommended by NICE will be available in every area in England, then many in our field will be jumping up and down shouting “Mr Hancock pick us!” with the same enthusiasm as 10-year-old boys trying to get

picked for a football team.

We continue to assert that apart from a handful of notable exceptions, public health has become a hostile environment for the commissioning of harm reduction, treatment and recovery support services. We acknowledge that their Public Health Grants have been cut, but not to the same extent as the savage cuts to treatment budgets for alcohol and other drugs in most areas of England. The cuts have been so severe in some areas that despite only a quarter of alcohol dependent people and half of crack and heroin dependent people being in treatment programmes in England, some areas are actually suggesting capping the number of places available in treatment.

We suggested rather than advocating for retaining control of alcohol and other drug budgets, maybe you could advocate for local Pooled Treatment Budgets that are jointly commissioned by local authorities, NHS, police and probation. This is the way we used to do things before 2013, when for 10 years we were able to build up some of the best treatment systems in the world.

Our Conference in 2018 was hailed as an “essential landmark to attend” in the recovery community calendar. The theme, Sustainable Recovery Friends Homes and Jobs attracted esteemed speakers from across the UK and further afield too. Highlighting and taking into consideration that The National Drugs Strategy states that “We know recovery is only achievable through a partnership-based approach with action taken across a range of services” and highlights the crucial role of “jobs, friends and homes” in recovery from addiction:

“access to employment and meaningful activity is a critical element of recovering from substance misuse and dependence and sustaining recovery”

“peer support is an essential component of effective recovery and should be easily accessible before, during and after formal structured treatment”

“stable and appropriate housing is crucial to enabling sustained recovery from drug misuse”

The conference examined the role of employment and meaningful activity, positive social networks and stable housing in recovery from addiction and how local leadership and partnership working are essential to create an environment in which recovery capital can flourish. We heard from national speakers, local services and service users themselves. The audience for the conference was made up of local & national leaders, practitioners and advocates who were able to take home the message that they can mobilise recovery capital resources to support individuals and build recovery communities.

The UK Recovery Declaration of Rights continues to draw and gain support now with over 112 organisational endorsements and thousands of signatures from individuals.

THE UK DOR is a statement of the principle that all people have a right to recover from addiction to alcohol & other drugs. We called on all our friends, family, loved ones and our many of our elected officials at west minister to act to build communities of recovery that will support those people and their families still needing help and to end discrimination.

We will continue to invite you, your organisation and your local elected representative to endorse The UK Recovery Declaration of Rights.

or email annemarie@facesandvoicesofrecoveryuk.org

Please also pass on to any organisations you think will be interested in endorsing.

Download the latest version of the poster [here](#).

Download the latest list of endorsements [here](#).

FACES AND VOICES OF RECOVERY UK spent a year travelling through England, Northern Ireland, Scotland and Wales, holding consultations with many varied groups. Those in treatment, Harm Reduction and Mutual Aid communities, professionals and families, people who currently and formerly used substances; together we created this Declaration of Rights.

In response to funding restrictions and increasing drug related deaths we feel a need to step forward and to make our voices heard. Our collective hope is that this Declaration of Rights will galvanise all concerned, and contribute to improving the lives and health of those with Substance Use Disorder.

To add your organisation or name to the Declaration of Rights please email: annemarie@facesandvoicesofrecoveryuk.org

FREE FROM STIGMA

We have the right to be **free from the social stigma** imposed upon us, which we experience within the healthcare system and wider community, fuelled by media stereotypes and a lack of understanding of the root causes of addiction.

Stigma attached to substance use disorder makes it harder to seek help and to recover. We call for a **public awareness campaign** on stigma reduction for those of us with substance use disorder, as has been successfully seen with mental health.

ACCESS TO CARE

We have the right to fully resourced, **easily accessible effective and specialist care**; entry into which is non-punitive and non-discriminatory.

Assertive outreach, out-of-hours support and provision of family-friendly and culturally appropriate services, will increase engagement and outcomes.

INFORMED CHOICE

We have the right to be given clear, objective and up to date information on all evidence-based pathways; their advantages and disadvantages and suitability for us as autonomous competent individuals at different stages of our recovery and with differing lifestyles and needs. The **principle of informed choice and consent** empowers us to participate fully in our own health and care.

QUALITY OF CARE

We have the right to investment in the **highest standards of effective, and specialist care**, delivered by a fully trained and competent workforce. We have the right to individualised, patient-centred care. We call for collaborative and integrated physical, mental and social healthcare pathways which are associated with better cost effectiveness and improved outcomes. Best practice treatment, consistency of care, a non-punitive approach and to be treated with respect are vital to our recovery.

PRISON

We have the right to **health and recovery within the criminal justice system**; to have the same access to quality specialist care and informed choice of pathways as in the community. Continuity of care prior to and on leaving the criminal justice system is an essential part of our recovery.

POLITICAL REPRESENTATION

We have a right to **meaningful political representation**. People with Substance Use Disorder and their families are a constituency of consequence, deserving of support, commitment to positive change and accountability from our elected representatives. We invite policy-makers to work together with us to actively promote the removal of all barriers to treatment, educational, housing and employment opportunities.

FAMILIES

We have the right for our families to be recognised as stakeholders in our recovery journey, and to be involved in our path where appropriate.

Families, including children, also need independent professional support in their own right.

AFTERCARE

We have the right to access a comprehensive range of aftercare options so that we may nurture our recovery, lessen the chance of relapse and maintain a healthy and fulfilling life. The ongoing building of connections and recovery capital are important to our survival and wellbeing, and enable us to transition from **dependence to independence**.

SERVICE USER INVOLVEMENT

We have the right as individuals with lived experience to inform the development, delivery and review of policies and services that affect us. Barriers to effective service user involvement must be addressed. Putting the **service user perspective** at the heart of the decision-making process has been shown to enhance the quality of healthcare, improve patient satisfaction, working relationships and outcomes.

HUMAN RIGHT TO HEALTH

We have the right to health. 'The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. When people are marginalised or face stigma or discrimination, their physical and mental health suffers. **Discrimination in healthcare is unacceptable** and is a major barrier to development.'

World Health Organisation

Endorsed by: • Abbeycare • Adfam • Alcohol Concern • Alcohol Research UK • APPG • Blenheim • Bridge • Camurus • CGL • CSARS Group • Disc • Discovering Health • DrugFAM • DrugWise • Federation of Drug & Alcohol Practitioners • Get into Recovery • The Hepatitis Trust • Indivior • Lancashire User Forum • The National Association for Children of Alcoholics • National Needle Exchange Forum • Reach Advocacy • Recovery Cymru • Recovery Connections • Red Rose Recovery • Scottish Families Affected by Alcohol & Drugs • Scottish Recovery Consortium • SMMGP.

Visit our website www.facesandvoicesofrecovery.org and see who else has endorsed the UK Recovery Declaration of Rights.



The UK Recovery Walk 2018 Shrewsbury

Last year's walk saw us gather in the wonderful town of Shrewsbury. As always people in recovery and their families and supporters travelled from all over the UK to take part in the wonderful life affirming day.

There were a variety of excellent entertainers performing, including the local stars and choirs. The food vendors on the day graciously gave back 10% of their profit to our charity which raised a few hundred much needed pounds. As always, every year every single penny we raise starting from scratch get spent in the local area where the walk is hosted.

We thank everyone who contributed to all the fundraising efforts throughout the year that went into making the UK Recovery Walk in Shrewsbury the massive success that it was. We want to thank everyone who makes the effort from across the UK to come and support the walk every year. It was also great to see some of the addiction fields CEOs from the big charities there enjoying the day too and their presence and support also mean a

lot to us too.

There was a real collective effort from many volunteers, organisations and various Shropshire Council departments, who contributed to both the organising and the running of the walk. we would like to thank each and every person involved. Special thanks must also go to the University Centre Shrewsbury who provided the use of the Guildhall for planning meetings and the annual conference free of charge, and also our colleagues at Shrewsbury Town Council who provided the use of Quarry Park free of charge for the day of the walk.

It has been a priority for Shrewsbury to challenge the stigma that surrounds substance use disorders, and to raise awareness about the benefits that recovery brings for the individual and the whole community. Shrewsbury has a vibrant recovery community, which is now the richer for organising & taking part in the 2012 UK recovery Walk.

Our Quality Index toolkit

Work began in January 2019 to put together a quality index toolkit for employers employing people on recovery.

Consortium and Reach Advocacy. If you or your organisation would like to be involved in developing this exciting piece of work please do not hesitate to get in touch.

This toolkit will ensure that people in recovery are being treated fairly and employers are held to the highest account in doing so. The toolkit will provide employers with guidance on what to expect from people on recovery and How best to nurture support and respect the individual's recovery journey.

The guidance once completed will also offer a variety of best practice guidelines on promotion, discipline, relapse, and a variety of other topics that are starting to be discussed at workshop level. As with everything we create we are talking to a wide variety of stakeholders including people in recovery treatment & their friends and family. Workers in and out of the addiction field including input so far from Arriva, PHE, CGL, Recovery connections, Humankind, Bridge Project and going forward into this year with Scottish Recovery

Our summarised figures for 2018/19:

- 661 Incoming Telephone contacts
- 2338 Website Downloads
- Over 3000 email correspondences
- 298 Workforce trained
- 22,192 Website views
- 332 Mailing list subscribers
- 220 Community contacts added
- 396 Workshop events
- over 400,000 social media interactions
- 212 New Members
- £67,087 raised through fundraising

Trustee's Annual Report

The Trustees, who are also directors of the charity for the purposes of the Companies Act 2006, present their report with the unaudited financial statements of the charity for the year ended 30 April 2019.

REFERENCE AND ADMINISTRATIVE DETAILS

Company No.

Charity No. SC043961

Registered Office

3 Kelvinside Grove

Glasgow

G20 6PL

Directors and Trustees

The Directors of the charitable company are its Trustees for the purposes of charity law.

The following Directors and Trustees served during the year:

Dot Turton

Jo Bryden

John Elford (Resigned 27 July 2018)

Jon Royle

Louise Smith (Resigned 27 July 2018)

Paul Bowley

Rondine Molinaro

Simon Jenkins (Resigned 27 July 2018)

Accountants

GN Accounting Services Ltd

272 Bath Street

Glasgow

G2 4JR

OBJECTIVES AND ACTIVITIES

The principal purpose of the charity in the year under review was to promote the advancement of education the advancement of health, the saving of lives, the relief of those in need by reason of age, ill health, disability and financial hardship or other disadvantage

STRUCTURE, GOVERNANCE AND MANAGEMENT

The charity was registered on 24 April 2013 as UK Recovery Walk Charity. The name of the charity was changed to Faces & Voices of Recovery UK on 1 May 2015. The charity became active on 24 April 2013.

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

Trustee's Annual Report

The above report has been prepared in accordance with the provisions applicable to companies subject to the small companies regime as set out in Part 15 of the Companies Act 2006 and in accordance with the Charities SORP (FRS 102).

Signed on behalf of the board

Jon Royle
Trustee
18 July 2019

Independent Examiner's Report

Independent Examiner's Report to the trustees of Faces & Voices of Recovery UK

I report to the charity trustees on my examination of the accounts of Faces & Voices of Recovery UK for the year ended 30 April 2019 which comprise the Statement of Financial Activities, the Summary Income and Expenditure Account, the Balance Sheet and the related notes.

Responsibilities and basis of report

As the trustees of the charity (and also its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act).

Having satisfied myself that the accounts of the charity are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity's accounts as carried out under section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

Independent examiner's statement

I have completed my examination. I can confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that:

- accounting records were not kept in accordance with section 386 of the 2006 Act ; or
- the accounts do not accord with those records; or
- the accounts do not comply with the accounting requirements under section 396 of the 2006 Act other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination; or
- the accounts have not been prepared in accordance with the Charities SORP (FRS 102).

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

John Kerr
Institute of Chartered Accountants Scotland
9 Haining Wynd
Muirhead
G69 9FH

18 July 2019

Statement of Financial Activities

for the year ended 30 April 2019

	Notes	Unrestricted funds 2019 £	Total funds 2019 £	Total funds 2018 £
Income and endowments from:				
Donations and legacies	4	4,696	4,696	3,717
Charitable activities	5	100	100	1,870
Investments	6	5	5	7
Other	7	51,120	51,120	61,493
Total		55,921	55,921	67,087
Expenditure on:				
Other	8	43,717	43,717	64,146
Total		43,717	43,717	64,146
Net gains on investments		-	-	-
Net income	9	12,204	12,204	2,941
Net income before other gains/(losses)		12,204	12,204	2,941
Other gains and losses:				
Net movement in funds		12,204	12,204	2,941
Reconciliation of funds:				
Total funds brought forward		12,041	12,041	9,100
Total funds carried forward		24,245	24,245	12,041

Summary Income and Expenditure Account

for the year ended 30 April 2019

	2019 £	2018 £
Income	55,916	67,080
Interest and investment income	5	7
Gross income for the year	<u>55,921</u>	<u>67,087</u>
Expenditure	42,478	64,071
Depreciation and charges for impairment of fixed assets	1,239	75
Total expenditure for the year	<u>43,717</u>	<u>64,146</u>
Net income before tax for the year	12,204	2,941
Net income for the year	<u>12,204</u>	<u>2,941</u>

Balance Sheet

at 30 April 2019

Company No.	Notes	2019 £	2018 £
Fixed assets			
Tangible assets	11	<u>2,483</u>	<u>-</u>
		2,483	-
Current assets			
Cash at bank and in hand		<u>21,763</u>	<u>12,041</u>
		21,763	12,041
Creditors: Amount falling due within one year	12	<u>(1)</u>	<u>-</u>
		(1)	-
Net current assets		<u>21,762</u>	<u>12,041</u>
		21,762	12,041
Total assets less current liabilities		<u>24,245</u>	<u>12,041</u>
		24,245	12,041
Net assets excluding pension asset or liability		<u>24,245</u>	<u>12,041</u>
		24,245	12,041
Total net assets		<u>24,245</u>	<u>12,041</u>
		24,245	12,041
The funds of the charity			
Restricted funds	13		
Unrestricted funds	13		
General funds		<u>24,245</u>	<u>12,041</u>
		24,245	12,041
Reserves	13		
Total funds		<u>24,245</u>	<u>12,041</u>
		24,245	12,041

These accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

For the year ended 30 April 2019 the company was entitled to exemption under section 477 of the Companies Act 2006 relating to small companies.

The members have not required the company to obtain an audit in accordance with section 476 of the Companies Act 2006.

The directors acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of accounts.

Approved by the board on 18 July 2019

And signed on its behalf by:

Jon Royle
Trustee
18 July 2019

Notes to the Accounts

for the year ended 30 April 2019

1 Accounting policies

Basis of preparation

These accounts have been prepared on the Receipts & Payment basis in accordance with the Charities & Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) regulations 2006 (as amended).

Change in basis of accounting or to previous accounts

There has been no change to the accounting policies (valuation rules and method of accounting) since last year and no changes have been made to accounts for previous years.

Fund accounting

Unrestricted funds These are available for use at the discretion of the trustees in furtherance of the general objects of the charity.

Designated funds These are unrestricted funds earmarked by the trustees for particular purposes.

Revaluation funds These are unrestricted funds which include a revaluation reserve representing the restatement of investment assets at their market values.

Restricted funds These are available for use subject to restrictions imposed by the donor or through terms of an appeal.

Taxation

The charity is exempt from corporation tax on its charitable activities.

Tangible fixed assets and depreciation

Depreciation is provided at the following annual rates in order to write off each asset over its estimated useful life:

Fixture and Equipment	25 & 33.3% Straight Line
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2 Company status

The company is a private company limited by guarantee and consequently does not have share capital.

Notes to the Accounts

3 Statement of Financial Activities - prior year

	Unrestricted funds 2018 £	Total funds 2018 £
Income and endowments from:		
Donations and legacies	3,717	3,717
Charitable activities	1,870	1,870
Investments	7	7
Other	61,493	61,493
Total	<u>67,087</u>	<u>67,087</u>
Expenditure on:		
Other	64,146	64,146
Total	<u>64,146</u>	<u>64,146</u>
Net income	<u>2,941</u>	<u>2,941</u>
Net income before other gains/(losses)	2,941	2,941
Other gains and losses:		
Net movement in funds	<u>2,941</u>	<u>2,941</u>
Reconciliation of funds:		
Total funds brought forward	9,100	9,100
Total funds carried forward	<u><u>12,041</u></u>	<u><u>12,041</u></u>

4 Income from donations and legacies

	Unrestricted £	Total 2019 £	Total 2018 £
Donations	4,696	4,696	3,717
	<u>4,696</u>	<u>4,696</u>	<u>3,717</u>

5 Income from charitable activities

	Unrestricted £	Total 2019 £	Total 2018 £
Training	100	100	1,870
	<u>100</u>	<u>100</u>	<u>1,870</u>

Notes to the Accounts

6 Income from investments

	Unrestricted	Total 2019	Total 2018
	£	£	£
Bank Interest	5	5	7
	<u>5</u>	<u>5</u>	<u>7</u>

7 Other income

	Unrestricted	Total 2019	Total 2018
	£	£	£
Sponsorship	47,320	47,320	61,493
Grants	3,800	3,800	-
	<u>51,120</u>	<u>51,120</u>	<u>61,493</u>

8 Other expenditure

	Unrestricted	Total 2019	Total 2018
	£	£	£
Employee costs	21,705	21,705	26,258
Motor and travel costs	4,234	4,234	6,141
Premises costs	1,322	1,322	5,266
Amortisation, depreciation, impairment, profit/loss on disposal of fixed assets	1,239	1,239	75
General administrative costs	13,021	13,021	23,337
Legal and professional costs	2,196	2,196	3,069
	<u>43,717</u>	<u>43,717</u>	<u>64,146</u>

9 Net income before transfers

	2019	2018
	£	£
This is stated after charging:		
Depreciation of owned fixed assets	1,239	75

10 Staff costs

Salaries and wages	20,448	24,857
	<u>20,448</u>	<u>24,857</u>

No employee received emoluments in excess of £60,000.

The average monthly number of full time equivalent employees during the year was as follows:

	2019	2018
	Number	Number
	1	1
	<u>1</u>	<u>1</u>

Notes to the Accounts

11 Tangible fixed assets

	TFA 2	TFA 3	Fixture and Equipment	Total
	£	£	£	£
Cost or revaluation				
At 1 May 2018	-	-	300	300
Additions	-	-	3,722	3,722
At 30 April 2019	<u>-</u>	<u>-</u>	<u>4,022</u>	<u>4,022</u>
Depreciation and impairment				
At 1 May 2018	-	-	300	300
Depreciation charge for the year	-	-	1,239	1,239
At 30 April 2019	<u>-</u>	<u>-</u>	<u>1,539</u>	<u>1,539</u>
Net book values				
At 30 April 2019	<u>-</u>	<u>-</u>	<u>2,483</u>	<u>2,483</u>
At 30 April 2018	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

12 Creditors:

amounts falling due within one year

	2019	2018
	£	£
Accruals and deferred income	<u>1</u>	<u>-</u>
	<u>1</u>	<u>-</u>

13 Movement in funds

	At 1 May 2018	Incoming resources (including other gains/losses)	Resources expended	At 30 April 2019
	£	£	£	£
Restricted funds:				
Unrestricted funds:				
General funds	12,041	55,921	(43,717)	24,245
Revaluation Reserves:				
Total funds	<u>12,041</u>	<u>55,921</u>	<u>(43,717)</u>	<u>24,245</u>

Notes to the Accounts

14 Analysis of net assets between funds

	Unrestricted funds £	Total £
Fixed assets	2,483	2,483
Net current assets	21,762	21,762
	<u>24,245</u>	<u>24,245</u>

15 Related party disclosures

Controlling party

The company is limited by guarantee and has no share capital; thus no single party controls the company.

Detailed Statement of Financial Activities

for the year ended 30 April 2019

	Unrestricted funds 2019 £	Total funds 2019 £	Total funds 2018 £
Income and endowments from:			
Donations and legacies			
Donations	4,696	4,696	3,717
	<u>4,696</u>	<u>4,696</u>	<u>3,717</u>
Charitable activities			
Training	100	100	1,870
	<u>100</u>	<u>100</u>	<u>1,870</u>
Investments			
Bank Interest	5	5	7
	<u>5</u>	<u>5</u>	<u>7</u>
Other			
Sponsorship	47,320	47,320	61,493
Grants	3,800	3,800	-
	<u>51,120</u>	<u>51,120</u>	<u>61,493</u>
Total income and endowments	55,921	55,921	67,087
Expenditure on:			
Employee costs			
Salaries/wages	20,448	20,448	24,857
Staff entertainment	-	-	444
Staff welfare	1,257	1,257	-
Temporary staff	-	-	957
	<u>21,705</u>	<u>21,705</u>	<u>26,258</u>
Motor and travel costs			
Travel and subsistence	4,234	4,234	4,221
Fares	-	-	1,920
	<u>4,234</u>	<u>4,234</u>	<u>6,141</u>
Premises costs			
Rent	560	560	5,266
Premises insurances	762	762	-
	<u>1,322</u>	<u>1,322</u>	<u>5,266</u>
General administrative costs, including depreciation and amortisation			
	-	-	75
Depreciation of Fixture and Equipment	1,239	1,239	-
Bank charges	15	15	11
Equipment leasing and hire charges	9,444	9,444	7,829
General insurances	-	-	618

Detailed Statement of Financial Activities

Software, IT support and related costs	715	715	8,800
Stationery and printing	270	270	360
Subscriptions	932	932	4,870
Sundry expenses	1,645	1,645	849
	<u>14,260</u>	<u>14,260</u>	<u>23,412</u>
Legal and professional costs			
Accountancy and bookkeeping	480	480	420
Consultancy fees	1,716	1,716	2,649
	<u>2,196</u>	<u>2,196</u>	<u>3,069</u>
Total of expenditure of other costs	<u>43,717</u>	<u>43,717</u>	<u>64,146</u>
Total expenditure	43,717	43,717	64,146
Net gains on investments	-	-	-
	<u>12,204</u>	<u>12,204</u>	<u>2,941</u>
Net income			
Net income before other gains/(losses)	12,204	12,204	2,941
Other Gains	-	-	-
	<u>12,204</u>	<u>12,204</u>	<u>2,941</u>
Net movement in funds	<u>12,204</u>	<u>12,204</u>	<u>2,941</u>

About Us

FACES & VOICES OF RECOVERY UK

We are a national charity, made up of individuals in recovery, their friends and families and Community Recovery Organisations. We are a policy advocacy movement that is taking on issues of discrimination, social justice and service access. A public and professional education movement, intent on challenging stigma.

OUR MISSION

Faces & Voices of Recovery UK is dedicated to organising and mobilising:

- the recovery community in recovery from addiction to alcohol and other drugs
- our families, friends and allies into recovery community organisations and networks.

To promote the right to recovery through advocacy and education, demonstrating the power and proof of long-term recovery.



OUR GOALS

1. Mobilise and organise to raise the profile of the organised recovery community.
2. Help more people find recovery by demonstrating that millions of people from all walks of life have found recovery.
3. Promote widespread understanding that long-term recovery is a reality and a process that takes time and support.
4. Build the capacity of recovery community organisations to thrive and participate in local, regional and national policy arenas, support and encourage the development of peer recovery support services; and mobilise the local recovery community.
5. Address public policy to reduce the discrimination that keeps people from seeking recovery or moving on to better lives; and support recovery-oriented policies and programs.

What we show via the walks and The Charity Faces & Voices of Recovery UK is;

1. There are viable and varied recovery solutions for alcohol and other drug problems.
2. We are examples of real people who illustrate the diversity of those recovery solutions.
3. We can challenge any public attempt to dehumanise, objectify and demonise those with alcohol and other drug problems.
4. Advocate for variety, availability, and quality of local/ regional treatment and recovery support services.
5. Advocate for barriers to recovery, including the promotion of laws and social policies that reduce alcohol and other drug problems and support recovery for those suffering from alcohol and other drug problems.



www.facesandvoicesofrecoveryuk.org