



Visible Vocal Valuable



2020

ANNUAL REPORT



Faces & Voices of Recovery UK

ANNUAL REPORT 2019/20

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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

It is with pride that I present our report on the impact of the Charity in 2019-20.

Middlesbrough honoured us by hosting our annual UK Recovery Walk, the largest and most iconic event in Europe bringing together thousands of people to share the joy of recovery in unity and hope. We have seen our membership continue to expand and have somehow found the time to work on important new initiatives such as the Quality Index Toolkit, promoting best practice in employing people in recovery.

This last year has been particularly challenging for the treatment sector, as underfunded Local Authorities continue to disinvest in services, with residential treatment being particularly hard hit and the closure of many valued and essential rehabs. Even more worrying is the continued increase in drug related deaths, which has seen another shameful year and a record high. It is for this reason; driven by the conscience and voice of our recovery community that we have adopted a much more proactive approach to challenging drug policy and are now a leading voice through our #Youkeepalkingwekeepdying campaign.

We continue our important work as the country remains in partial lockdown, which makes it much more difficult for services and mutual aid organisations to deliver high quality support and treatment. Isolation is the enemy of recovery and whilst many of us have adapted to a new virtual and digital way of being, we need to remember that people experiencing drink and drug issues are some of those most likely to be excluded.

Already we are hearing that increasing numbers are relapsing, many of whom will not yet be appearing on official statistics and this should serve as a wakeup call for our leaders and politicians to anticipate exceptional levels of demand for services in the future.

Our organisation's services have never been more needed, as we continue to pursue our mission to advocate for recovery and fair and equitable treatment. This year, the walk will go on as we are planning an incredibly exciting, online 2 day event in Newcastle. Our people who make all this happen, have a huge breadth of expertise and specialist knowledge but is our collective lived experience and a deep and personal understanding of recovery that is our greatest asset. I want to thank all our members, sponsors, volunteers, staff and trustees for their passion, commitment, and support of the charity. In particular I want to thank Annemarie our chief executive who inspires us with her enormous energy and enthusiasm and Dot Turton, a long standing trustee who stepped down this year but will no doubt continue to be a great advocate and friend to the recovery movement. I also welcome Mark and Ronnie to our board, whose experience and wisdom will greatly strengthen our governance.

It is a privilege to Chair such a wonderful charity and I look forward to the day when we come through this crisis and can reconnect face to face, in authentic human relationships through our groups, communities and gatherings which are at the heart of our recovery.

CEO Report



Annemarie Ward

Welcome everyone to the 12th UK Recovery Walk. As you know we will be posting Newcastle 2020 till 2021 but we will be having an amazing 2-day online event which we hope you will take part in with us to celebrate recovery on the 18th & 19th of September.

Keep your eye on our social media platforms for more info about how you can get involved. On writing this year's report I have been asked to tell a little of our own story. You will throughout the report here from many others across the UK who have been involved in our work and get a feel for how things have been going in the year that changed all our life's. So, what happened, how did we come to being? What did it used to be like? & what is it like now.

Prior to 2009 there was very little recovery talk or action in the addiction field here in the UK. If it was spoken about it was recognised as something that

happened mainly out with services, over there, maybe in the local church, maybe in a faraway rehab down on the coast but not really in services – services were about helping people stay alive, minimising harm and often well-funded and resourced to do so. (The good old days).

2009/10 saw a shift in policy from both English & Scottish Governments to be what they described as more recovery focused. This policy never ever reached practice in any significant way, one fallacy we see cropping up is the idea that the UK has since 2010 had a treatment system focused on abstinence-based recovery.

It is not hard to find politicians, or treatment leaders, claiming that is what we have, but the reality is in what is funded and delivered on the ground. The story of the last 10 years is of all services being stretched and funding cut, at a time when drug problems were diversifying and deepening. Within

that overall picture, it is the recovery/abstinence services that have been most depleted - the vast majority of the £600 million spent by taxpayers on the treatment system is still spent on OST and very little case management. It's important to distinguish political rhetoric from reality.

However, although this policy was mostly rhetoric what it did do was it legitimised the voice of recovering people to, at the very least express their voice. (Its still debateable today whether or not that voice is listened too or taken seriously.) Two well known recovery saying/principles stick out here for us.

1. What other people think of us in none of our business and
2. To thine own self be true.

So, with the advent of these new policies some of us were inspired to start and organisation that would advocate for us to be more visible, vocal & valued.

As the years have gone on we believe that through the UK Recovery Walk we have definitely achieved visibility, now in its 12th Year & thousands attending annually, we celebrate our recovery together sharing our gratitude for those people & services who have helped us with a joyous fun filled day full of laughter, love and festivity.

We believe that this visibility has encouraged and inspired a variety of community based visible organisations and vehicles across the UK from smaller regional walks, dry bars, recovery cafes and hugely successful peer led services.

We are certainly more vocal in a very structured way, using the tools of government itself, some would say playing them at their own game. For instance organising & mobilising the recovery community & its supporters, conducting surveys, building consensus, encouraging unity,

holding conferences, producing reports, making recommendations and encouraging other organisations and individual's to raise & develop their voice etc but again it still debatable whether any of that is having any real effect more than a niggling annoying conscience.

Valuable? it is our belief that our true value as recovering people has not yet been fully recognised by the addiction industry or governments of the UK and that it is currently being acknowledged only in a tokenistic & perfunctory way. We know what value we can bring to influence & change for the better policy, strategy, & operations and but rarely get the chance to do so in any meaningful way. It is FAVOR UKs mission to change that.

We again call out for unity this year to help those who are suffering. 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.

We hope you enjoy reading about some of the work we chose to highlight in the report this year and always welcome your feedback and comments about how we are doing and especially how we can develop and do better.

Quality Index toolkit

Our work this year included ongoing development of Our Quality Index toolkit.

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

Work has definitely slowed on this primarily because of Covid19 as we have been unable to do the site visit workshops so there is still time 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.

FAVOR UK Conference 2019

FACES AND VOICES OF RECOVERY UK ANNUAL CONFERENCE 2019

Supported by



Tony Mercer



Clifford Johnson



Daniel Ahmed



Donald McDonald



Dot Turton



Mark Moody



Prof. John Stoner

SEPT 06 2019 | **BAR ZERO**
133 LINTHORPE ROAD, MIDDLESBROUGH
TS1 5DE

THERE ARE MANY PATHWAYS TO RECOVERY - AND ALL ARE A CAUSE FOR CELEBRATION!

This year's conference will be celebrating the many pathways to recovery. A mixture of professional speakers and local people in recovery will be talking about their work and personal recovery stories, celebrating medically assisted, harm minimisation and abstinence pathways to recovery.

10.00am	INTRO - TONY MERCER Tony Mercer, Public Health England	12.35pm	RECOVERY PATHWAYS IN HIGHER EDUCATION Dot Turton, Recovery Connections
10.05am	KEYNOTE SPEECH - CLIFFORD JOHNSON Clifford Johnson	1.00pm	LUNCH
10.45am	MEDICALLY ASSISTED TREATMENT AND HARM MINIMISATION ROADS TO RECOVERY Daniel Ahmed	2.00pm	MANY PATHWAYS TO RECOVERY IN TREATMENT Mark Moody, Change Grow Live
11.10am	RECOVERY SHARES	2.20pm	ABSTINENT PATHWAYS TO RECOVERY Prof. John Stoner, University of Chester
11.40am	BREAK	2.45pm	RECOVERY CONNECTIONS SHARES
12.10pm	MANY PATHWAYS TO RECOVERY Donald McDonald	3.15pm	Q&A SESSION

For tickets visit www.tickettailor.com/events/facesvoicesofrecoveryuk

Our Conference in 2019 as always was hailed as an “essential landmark to attend” in the recovery community calendar. The theme, celebrated the many pathways to recovery.

A mixture of professional speakers and local people in recovery spoke about their work and

personal recovery stories, celebrating medically assisted, harm minimisation and abstinence pathways to recovery.

Follow the link below to watch the conference.

<https://www.pscp.tv/FAVORUK/1ZkKzAwzMkZxv>



The UK Recovery Walk 2019 saw thousands of people in recovery, their families and friends got together for biggest gathering of recovering people in Europe as we walked through Middlesbrough, starting and finishing at Centre Square, celebrating and advocating for recovery.

Each September in the UK thousands of people in recovery as well as projects and services celebrate their successes and recovery itself by organising and taking part in events that are hosted up and down the UK.

Loads of us wore something purple to show our affinity with recovering people. Last year's walk officially commenced at 12 noon. We walked From Centre Square right through the city centre proudly celebrating and advocating for recovery. Following the walk, there was lots of free food and live entertainment on our specially erected stage.

For many the highlight of the day was an incredibly moving performance from fallen angels who trained local people from the recovery connections service to deliver an awe inspiring performance on the day. We thank everyone who contributed

to all the fundraising efforts throughout the year that went into making the UK Recovery Walk in Middlesbrough the massive success that it was.

Every year some of the addiction fields CEOs from the big charities come along and this year was no different, its always great to see them there enjoying the day too and their presence and support also mean a lot to us.

There was a real collective effort from many volunteers, organisations and various Middleborough Council departments, who contributed to both the organising and the running of the walk but a special thanks has to go to Dot Turton and the staff and residents of Recovery connections who turned up tirelessly every planning meeting and went well above & beyond the call of duty in their contribution across the whole years planning .

We would like to thank each and every person involved. We know it has been a priority for Middleborough 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 and we were proud to host & highlight the ground breaking service from Foundations-Heroin Assisted Treatment programme at our conference & to share their work as a vibrant & essential part of the recovery community, and I'm sure of which is now the richer for helping organise & taking part in the 2019 UK Recovery Walk.

You can watch our short film about the walk [here](#).

And also see the mazing performance from fallen angels in the link below;

<https://www.facebook.com/FAVORUK/videos/2601080213284004/>.





UK Recovery Walk Middlesbrough 2019 Stage running order



11AM DJ Feat Cav Cavendish.
BBC Tees Presenter Gary Philipson.
11.30 Steelworks Band
12noon Walk commences.
1pm Official welcome
1.15 Fallen Angels Dance Theatre performance
1.30 Emily Freya Wilton
1.40 Recovery Choir
2pm Annie Lince
2.25 UK Recovery Walk handover to Newcastle
2.35 James Prior
3pm Miss Tess Tickle will take over as presenter
3.05 Jamie Gray of The Voice fame
3.30 Miss Tess Tickle
3.35 Mandi Lee

There are many
paths to recovery



All are a cause
for celebration



www.facesandvoicesofrecoveryuk.org

The Step Down



Dot Smith

It was a sad decision to step down as a trustee of FAVORUK this year after serving 5 years on the board. The pressure of the day job and a decision to do a Masters in Business Administration left me little choice as my available time was drastically reduced. I thoroughly enjoyed my time on the board contributing in a small way to the recovery advocacy movement in the UK.

I have been fortunate to be involved in the planning of two recovery walks both in my home city of Durham and in 2019 my place of work Middlesbrough. The recovery walk leaves a legacy of hope wherever its been and Middlesbrough was no exception. Unlike Durham, we had a glorious day and Centre Square created a natural amphitheatre.

Middlesbrough is an area of high deprivation but the community spirit is overflowing. The involvement in planning the walk is a great honour

and huge learning curve, everyone gains so much, from managing stress to feeling immense joy on the day.

One of the highlights for me was Fallen Angels Dance Theatre, the group were local to Middlesbrough and Gateshead and gave us a courageous and emotional performance. After having a preview the day before at the pre-walk conference I knew how good it was going to be but to see the crowd reaction especially family members completely blew me away.

It's such a shame there is no 2020 walk-in Newcastle but I know 2021 will give the planning committee the additional time to fine-tune and deliver a spectacular day. I hope the walks continue year on year as they really do leave a mark on the host town or city, the legacy of visible recovery can't be underestimated.

The Declaration of Rights

The UK Recovery Declaration of Rights continues to draw and gain support now with 121 services & 41 MPs having endorsed & signed up to it.

This piece of work is unprecedented in a field that works constantly in isolation conflict & Competition in its in itself a piece of unity & focus.

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 Westminster 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 in the link below:

<http://www.facesandvoicesofrecoveryuk.org/wp-content/uploads/2018/03/DOR.pdf>

Download the latest list of endorsements in the link below:

http://www.facesandvoicesofrecoveryuk.org/wp-content/uploads/2018/03/DOROCT18Endorsments-DoR_.xlsx

The UK Recovery Declaration of Rights



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.

With thanks to Indivior who provided sponsorship, enabling this project to go ahead. Content and editorial control remains with FAVOR.



Visible Vocal Valuable

Working
together to
challenge
stigma and
save lives

#YouKeepTalking
#WeKeepDying

The Monthly Drug Death Awareness Events



Faces and voices of recovery Scotland started to organise and mobilise those affected by the soaring amount of drug deaths in Scotland during August 2019, shortly after the 2019 abhorrent rise in death numbers came out.

This work was inspired by Natalie Logan Mclean who got in touch with us after the 6th member of her family died of a drug related death. Natalie came on board as a member of staff and helped us build the campaign. Her anger and grief were the catalyst that started the monthly drug death gatherings.

Since then over 80 volunteers have been mobilised and so far, and 12 monthly gatherings have been taken place. Through our weekly steering group meetings, in Glasgow the decision to create

FAVOR Scotland was made to take forward the work of the group. All of this work has been done with very little money and very little or support from commissioned and funded services.

Two organisations stand out though. Phoenix Futures & Abbeycare gave us a meeting place, shown support for our work and helped with encouraging their volunteers to lend a hand throughout the campaign & monthly events. We thank them for their courage & ongoing support.

We created a report for Scottish government with 23 recommendations as a result of the first 3 monthly gatherings. The first two events being open speaker public meetings, the third a conference to address the public grief and ask for a list of the problems and the solutions as the

communities who are suffering most see it.

Over 2000 people have taken part in our events so far and it is our intention to continue to organise and mobilise those who are most affected as we head into 2021. We presented this report to the health minister at our 5th monthly event in Springburn Parish church during December 2019 where he assured us, he would forward it to his strategic group (The drug death taskforce) for consideration. It is now July 2020 and we haven't even received an acknowledgment from the drug death taskforce that they received it. This is what we mean by tokenistic engagement.

Download our report in the link below:

<http://www.facesandvoicesofrecoveryuk.org/wp-content/uploads/2019/10/Working-Together-report-2019-final.pdf>

Special thanks to everyone who contributed including The Corra Foundation, Sharon Graham,

Donnie Balloch, Michelle Kearney, James Docherty, Darren McGarvey, Donna Boyd, Mark Robb, Sam Hutcheson, John Hamilton, Peter Kyant, Karen Gillen, Lana Hunter, Tara Bruno, Derek McCabe, Jed Brady, Dougie McMillian, Tracy Lundie, Ria Din, JooJo Kyei, Barry Sheridan, Prof David Best, Anne Lawrence, Scott Mulligan, Andy Moore, Stephen Murphy, Patrick Grady MP, Monica Lennon MSP, Bob Doris MSP, Paul Sweeney MP, Miles Briggs MSP, Annie Wells MSP, Alison Thewliss MP, The Rev Brian Casey, all the twitterers who continue to support our Campaign #youkeepalkingwekeepdying , all the staff & residents from Phoenix Futures & and everyone who came along to our events and who continue to inspire and engage with us on a daily basis.

Hugs & Thanks to you all. (Especially anyone we have forgotten) We have had a lot of help & couldn't have done it without you all.

Annemarie & Natalie and the trustees from @FAVORUK .



A final word for the moment about the continued rise in drug deaths



Each & every one of the UKs drug deaths are an avoidable tragedy, and the failure of our treatment systems, politicians in Westminster and Holyrood to act is an abhorrent catastrophe.

This public health crisis is a consequence of a one size fits all, woefully inadequately funded treatment system, socially inadequate conditions, poverty, and a class issue. It is predominantly our poor people from poor neighbourhoods who are losing their lives.

The figures released in Scotland last year showed 1187 drug deaths 3 times that of England, the worst in Europe brings absolute despair across our nation. We would like to offer our sincere condolences to everyone affected.

No part of the UK should be the drug-death capital of Europe – let alone of the developed world. It is in the hands of the UK and Scottish Governments to stop this catastrophe continuing, and they need to act now.



WHAT DO WE WANT?

All we want is a day when:

- people are offered the full array of services
- in adequate duration, intensity, and quality
- by people who believe they can achieve full recovery.

Provide accurate information and let them choose. (And, change their mind.)

IT'S OK TO BE ON MAT.
 IT'S OK TO BE ABSTINENT.
 IT'S OK TO WORK 12 STEP.
 IT'S OK TO USE RELIGION.
 IT'S OK TO TAKE ANY PATH THAT
 LEADS YOU TO RECOVERY.
 IT'S NOT OK TO BE A SH*TTY PERSON
 AND JUDGE OTHERS FOR THE PATH
 THEY TOOK TO GET THERE.



Dear Elected Member

I send this letter in response to the recent, unacceptable rise in the number of drug deaths (1,187). That's **one thousand one hundred and eighty seven** human beings. This was the last official figure given but we already know that this number will have increased by the time the next set of figures are released to the public.

Unless we take drastic steps to combat these drug deaths immediately, more of our mums, dads, brothers, sisters, partners, sons and daughters will die.

Make no mistake this is a crisis that isn't going away and to know that Scotland is the No.1 for drug deaths in the Western world, is horrific. For this to be the case in the 21st century is nothing short of a national disgrace. As a very proud country I feel we should all hang our heads in shame.

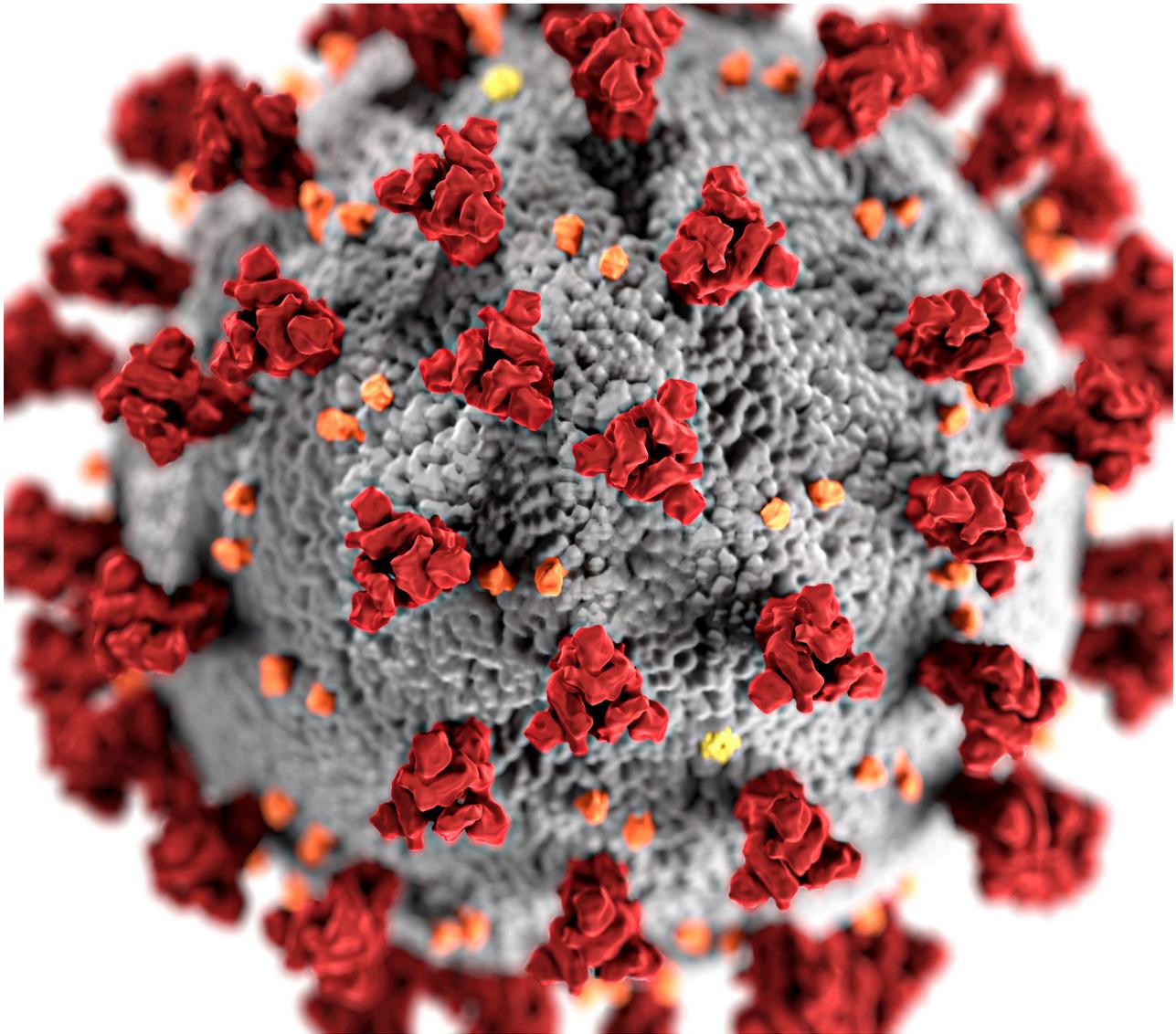
This epidemic is ravaging my community which is also your community. This loss is devastating families and communities and depriving us of the future potential we lose through these deaths – that can be prevented.

As you are an elected representative, I am keen to know what you are doing to highlight this epidemic and any action that you are taking to prevent further drug deaths. Also, is there something we can all do as a community?

I look forward to hearing from you soon.

Yours sincerely

COVID-19



Compared to the general population, Our treatment population is older and usually have higher rates of co-occurring health conditions. We believe that although there has been a tremendous amount of incredible courage & work in these last few months, the true toll of how our treatment community has suffered will not be exposed for some time. As Bill White said “When the viral dust settles and the body count is complete, the health disparities between Black and White and between the wealthy and poor and working class people will expose wrenching realities we as a culture can no longer ignore.”

For some of us in early recovery, have had difficulties coping with the emotional, relational, and financial distress imposed by the pandemic. The biggest loss that people in recovery have faced is the loss of meetings in the community. This social support has so central to our recovery has been swept away suddenly from under our feet. We would normally meet regularly, sometimes daily face-to-face with recovery friends, sponsors. The all important aspect of socializing with others in recovery has gone and as a community we have deeply felt that loss & we know it has had an impact on the vulnerability of our members and the wider recovery community. But also

there have been remarkable examples of resilient people in recovery and communities of recovery as they continue to face the threats posed by the pandemic.

For many of us the pandemic has been an opportunity for reflection, growth, service to others, and prioritizing our lives. People in recovery also work in the emergency services, we are your nurses, doctors, ambulance drivers, police men etc and we know that they have risen to the challenge with great courage and love. Those people in recovery on the frontline too such as teachers, drug workers counsellors, social workers will too have made a major impact on not just those they serve but their colleagues too, bringing the principles, serenity and strength of recovery into the workplace.

We saw very quickly within hours and days of going into lock down how communities of recovery sprung up all over the world moved online. The impact of those meetings and that sharing of healing from the different continents has been profound and will no doubt have changed the mutual aid communities and fellowships for the better. I personally have witnessed huge

growth for individuals because of the ease of accessibility to learning knowledge & healing that wasn't as available at every hour of the day from their own homes. It is now, and we believe it is here to stay. We believe that in time we will see because of the increased international contact among people in recovery sharing digital recovery support platforms and improved digital language translation technologies this will contribute to the rise of a global recovery community.

One thing we have seen beyond doubt is massive change in our field. Change can be regressive or progressive, and change always carries the shadow of unexpected consequences. It is important that our leadership both in the recovery community and the treatment field move gently with courage and honesty into new world that is upon us, it will not be enough to put positive spin on how we are coping as organisations or individuals as the consequences of this pandemic unfold. We must take care that we do not abandon long-held core values in our efforts to survive, at the same time we capitalize on new opportunities to expand the reach of recovery.

Your Voice

Jobs, Friends & Houses:

Our recovery houses went into lockdown as soon as we were told to stay at home, no visitors, no workmen, no one leaving to stay with partners or family for the night and coming back. Anyone who wanted to visit a partner or family was asked to move in with them, until the guidance changed. The safety of our residents was our number one priority.

We very quickly embraced ZOOM from week one, daily check ins with us all in a group, just to connect. Weekly one to one sessions on ZOOM, so we could gauge where people were at. Once a week group therapy with our resilience lead, topics from core beliefs to contempt prior to investigation. We kept structure and some sort of normality. And we encouraged residents to explore meetings in other parts of the country and abroad, open their horizons.

Working from home and not an office is more productive, when working with individuals and communities. The world of 9 till 5, doesn't work well for recovery communities, we did much better at supporting people when we worked when we were needed, and funnily enough the staffs mental wellbeing improved also.

For the wider community, we sat on garden walls and had face to face time with them. We started a community baking challenge so that each week the community could bake something new, learn to cook and feel connected, people wanted to feel connected, so they joined in, whole families, they

joined in.

The main learning for us, was that when it came to it, we were ready and able as a recovery organisation to very quickly respond to the communities need, which in its basic form consisted of connecting and being kind to each other, it was that simple for us.

Our slogan – Kindness, Care & Connecting, got our community through this.

Shughie

I need to start this with a caveat and what i can provide you with is a helicopter view based on my contact with recovery and treatment services.

What is clear is that recovery groups and services have been far more innovative and creative, on the whole, than structured treatment providers, with more efficient moves to online provision and more support for their clients to enable them to benefit from these options. Treatment services have struggled to provide more than the most basic forms of support, and there are major concerns that there will be significant upturns in need for alcohol and mental health support when the crisis abates.

Crucially, i hope that the crisis has provided a

clarity about the limitations of much provision. The standard model of 'script and chat' was never evidence based (what evidence there is involves intensive case work, individualised dosing where medication is required, and effective psychological interventions). The under-funding of treatment and its inability to aspire to more than keeping people alive and out of jail has never been more clearly in focus than now.

So this is an opportunity to redefine treatment as something that needs to happen with families, in communities and with the voice of Lived Experience loud and clear. A small group of doctors with formulaic prescriptions and an equally small band of over-worked, under-qualified and poorly resourced 'keyworkers' is not adequate nor sufficient"

David Best

The Covid 19 pandemic has brought many people in society to a crisis point. People who were already struggling to access the health and social care they desperately need.

This health crisis has layered vulnerability on an already vulnerable group, it has isolated already isolated people, it is threatening to erode the connectivity and support that has kept people safe in the most desperate of circumstances.

My staff are seeing the most heart wrenching experiences of people trying to cope through the lockdown. Isolation is the enemy of recovery.

What has been inspiring to see is the commitment of the sector to work together to innovate and

reach people who need our help.

And whilst the advice for most of the treatment sector has been to find ways to support people without face to face contact, in our care homes and our homelessness services we have maintained that vital face to face contact.

Many of the sector's Residential Rehabs, have stayed open throughout the crisis and many of those have continued to take referrals. That has meant filtering through the myriad of care home guidance to create protocols and processes to keep residents and staff safe.

Residential Rehab services aren't commissioned, income isn't guaranteed, prices can't be negotiated to cover additional costs, charities that provide them can't and wouldn't decide to close their service and divert staff to other work.

But the whole Residential Rehab sector has kept services running through the dedication and commitment of their staff who have gone to work everyday, like all care home workers, to provide the very best care they can to people who need their help.

And we are doing this silently because we know this crisis and newfound compassion for our neighbours probably hasn't reached us yet. We are used to falling on the wrong side of decisions about how to use scarce resources. Its not the time to point to specific examples of this, just enough I think to say the coronavirus and the response is discriminating against the most vulnerable.

When society opens its doors again it will reveal a tsunami of need which we should be ready to meet.

Karen Biggs

We have had to go online with services, meetings etc,

Our recovery coaches were on placement when the Pandemic hit Ireland.

Therefore, we have had to adapt to the situation and like many services have been providing engagement, training and support online, with our Recovery coaches mainly. You may be aware that many services were redeployed to support the homeless population and has worked well for that cohort of people.

Recovery having been difficult enough to get on the agenda at a political and national level, will need to have its voice heard collectively once again.

Unfortunately, our annual recovery walk 2020 has been cancelled due to the current crisis, this is a symbolic event in 'Making Recovery Visible' that will need some recognition via online. Over recovery month I have requested some support in having some of Dublin's prominent buildings lit up for International recovery Day. Starting with the lord mayor of Dublin's mansion house, this was verbally agreed but the lord mayor has changed and will change again with the reshuffling of Irish government.

I'm currently working on having the Custom House, GPO and Spire in Dublin lit up purple, it's a big ask but 'if you don't ask the answer is always a no'... Brian Pennies uses this Quote, I've borrowed, he's a really interesting guy worth a follow, has written a book on addiction and his recovery, Bonus Time, really good, I'm not a promoter just a bit of a fan as some of his story resonates.

Stephen @ Soilse

Even before the pandemic, we have seen systemic, structural and political failures which have resulted in a housing emergency.

This has meant that the reality, for lots of people we support, is a never-ending cycle of poverty, addiction and homelessness, the "revolving door". The pandemic was only ever going to make this worse and all the more obvious.

Despite often touted "landmark pieces of legislation" across many different sectors to combat these, they often remain unused pieces of paper, rights need to be enforced to become someone's reality.

In 2020, as a society, we often still fail our most vulnerable people in their time of need.

Having worked in the housing/homeless sector for years now I find that without a safe place to sleep and a place to call home, all other interventions become more difficult, if not impossible – addressing addictions, mental and physical health issues for example.

It's not rocket science. How can we even begin to help tackle someone's issues if we are unable to provide a safe base for them to do so?

A chronic shortage of suitable social sector tenancies and the lack of suitable temporary accommodation only add to all of this. Like many sectors these have been massively underfunded by successive governments over decades – neglected almost.

We must strive to do better all the time, not just when wider society and political opinion could have been adversely affected by any inaction – as would have been the case if nothing was done during the current pandemic. Lessons need to be learned, or we risk going back to the unacceptable.

We need to move to acting the same towards all our client groups issues all the time, and not just when it suits the majority. Homelessness is up, suicide is up, drug deaths are up – what else is needed to bring each of these to the top of everyone’s agenda – all year round?

Coronavirus Lockdown

It’s always hard witnessing the hardships faced by people face to face, but it allows us to build a relationship easier – building relationships and trust is the first step on the road to any successful intervention or recovery.

With the pandemic, as with many other organisations, decisions were made to protect staff and our services users alike.

It would have been difficult to continue our office and outreach-based offers and so we began working from home. We did not close our services and instead thought about how a new approach could be taken for people to access our help. From what we lost, we gained by moving online and ensuring that we could still support our clients and the positive from this will be taken and added to our offer when the new “normal” resumes.

Our services became more easily accessible – more email referrals, telephone referrals. No having to come to the office, no having to wait until an outreach day to come along.

This does mean those who could only come to the office, with no digital access, who didn’t engage with services would lose that access – so an increase in partnership working was sought. So, we tried to outweigh the enforced negatives with the positives. But these negatives will of course sadly remain negatives for some.

We also saw a drive to get people off the streets. Rough sleepers, sofa surfers, those who are destitute and denied access to public funds were (almost overnight) taken into hotels. Almost overnight we have seen something happen that for years we had been told was a “wish” or something we were always “working towards”.

So why now was this all possible? Why don’t we do this all the time? Who is actually creating the barriers?

Are we really going to continue to insist that this group are “hard to reach”, “hard to engage with” as a barrier to getting them off the streets?

Of course, some will need more support than others, but getting them to a safe, secure place where this support is possible is achievable when the will is there, like I said above – build relationships and connection, not barriers and excuses.

We have seen the benefits of digital appointments, for example GP’s (almost same day appointments) but the loss of seeing a Doctor in person (not all). We’ve seen assertive outreach becoming a mainstay of the epidemic – a “go to them” and not “come to us” attitude. We have seen some people benefit from take home methadone prescriptions and not having to stand at the chemist every day, after all, the shoe doesn’t fit everyone.

We need to take an evidence-based approach on what has worked during the lockdown and add it to the new “normal” offer post-lockdown. The days of “throwing the baby out with the bathwater” need to be left in the past, we must keep all the measures that have worked and we need to recognise that what works for one person is not what will work for the next.

This is no time to step back and admire the work

we've done during the pandemic. We need to stand back and look at why we needed these interventions in the first place.

One thing is for sure – we can't allow it all to go back to the way it was. The old "normal" did not work and we need to be prepared, feel empowered, to challenge the "status quo" and ensure we move forwards with no return to rough sleeping and the support and services to meet people's needs.

This isn't one person's job or one organisations job. This is ALL our jobs.

Stephen Wishart

Abbeycare

The COVID-19 pandemic had a really disruptive impact on us operationally in terms of facilitating admissions due to quarantine restrictions and not being able to deliver specific interventions through the process of isolation. We all know the negative impact of isolation in recovery but even more so during detoxification.

On a positive note the pandemic has shown however how Government, local authorities along with recovery services and recovery communities can be more responsive in tackling issues related to homelessness, addiction, mental health and community justice. It has also shown how services can come together for the greater good to work

more collaboratively to make swifter and necessary interventions.

The pandemic has also enabled us to introduce new interventions which we plan to continue post COVID-19 making greater use of technology such as virtual aftercare support and programmes. The growth of mutual aid through platforms such as zoom is something I think will continue to be utilised in recovery communities post COVID-19 which I feel will continue to be greatly appreciated all, but in particular by those in remote communities having access to greater mutual aid options.

We also hope that a lasting legacy will be a greater empathy for all our vulnerable in society and a greater appreciation and value of the valuable role all key workers play in caring for our society.

On a cautionary note I feel we are still to experience the impact the whole pandemic has had on many peoples mental health and addiction. I hope we can maintain a more can do attitude that can continue to be more responsive, compassionate and continue to work more collaboratively. I also hope that despite the economic strain the country will experience as a result of the pandemic we continue to prioritise and fund healing our society from the pandemic and most importantly those most vulnerable.

Liam Mehigan

A view from PHE

It has been an extraordinary few months for drugs and alcohol treatment services. The World Health Organization called for drug and alcohol treatment services to remain accessible during the COVID-19 crisis, acknowledging that in times of crisis many people turn to drugs and alcohol and that those who are dependent are at greater risk of relapse and death. They may also be at increased risk of becoming infected, and infecting others, with COVID-19. The increased pressure on hospitals has meant that alcohol dependent people may not be admitted to hospital if they are withdrawing or may be discharged earlier than normal. There have also been concerns that disruptions to the illicit drug market, particularly the heroin market, could lead to an increase in fentanyl supply.

Many people deserve a lot of credit for their response over the last few months. Treatment services have continued to provide essential services to their clients in different ways and in different settings, such as emergency accommodation, often with reduced staffing levels and with increased costs, for example providing safety storage boxes for substitute prescribing clients and mobile phones for rough sleepers in emergency accommodation. At the same time there has been a significant increase in new clients using heroin starting treatment. Commissioners have had to work under pressure with a wide

range of other professionals in ways that they haven't had to previously. The PHE national Drugs and Alcohol Team has had to respond to a fast changing situation with new clinical guidance and provide advice and support to regional drugs and alcohol leads such as myself. Within the recovery community, mutual aid organisations responded quickly by moving meetings online and dealing with significant increases in calls to their helplines, peer support groups have played a key role in supporting others in treatment and some have also been of service to their local communities, for example delivering food parcels.

It's too early to tell what the "new normal" for drugs and alcohol services will look like but we do know that we won't be returning to the same levels of supervised consumption and that digital psychosocial interventions will be more mainstream. We have a structured debrief process planned in September for services in the Midlands so we can take stock and assess what we have learnt from last few months but I know that I have been inspired by the commitment and enthusiasm of many of the people I have worked with recently, both professionals and members of the recovery community.

Tony Mercer
PHE Midlands

The pandemic has created unparalleled change in our services. From the home delivery of Methadone and rollout of long-acting treatment Buprenorphine, to the large scale acquisition of PPE from China – it's been all change at Kaleidoscope.

Our efforts to expand our provision of buprenorphine injection Buprenorphine has been notable. While we have been using the treatment with specific client groups for some time, it has helped us to address many COVID related challenges and it's expansion has been supported by Welsh Government. As a result, less of our service users have had to make frequent trips to the pharmacy, therefore reducing the risk of both catching and spreading the infection. The treatment helped ease the burden on service delivery and overwhelmed pharmacies.

Keeping our staff and service users safe during this time has been paramount, and we successfully imported 100,000 surgical masks and 50,000 aprons from China, along with personal bottles of hand sanitiser for all our service users.

We have adapted at pace to offer increased virtual support, to ensure the people we help remain connected. For some of our most vulnerable

service users, such as our residential patients in the Wirral's treatment centre Birchwood, the complex needs residents we support in Kingston's Cairn House, and the older people who rely on our day centre Alfriston, connection has been of greater importance. We are thrilled to have had our application to Mind's Coronavirus Mental Health Response Fund scheme accepted, meaning laptops, tablets and Eco Shows will be made available to the most isolated. We know that for those without access to digital support lockdown has created more challenges, and we've endeavoured to find solutions to these problems.

Collaborating with partners has been critical, and Favor UK has been central in creating better working practices. We have been delighted to be part of the online debates chaired by Annemarie challenging us to be better. A crisis such as this forces pressing issues to the foreground, and times of change are a gateway for learning. We have been reminded of our mutual dependence, our fragility and indeed our ingenuity, and I have no doubt we'll emerge with solutions and innovative new ways of serving our community.

Martin Blakebrough
Kaleidoscope

Summarised figures for 2019/20

Our summarised figures for 2019/20:

1. 869 Incoming Telephone contacts
2. 2128 Website Downloads
3. Over 3000 email correspondences
4. 125 Workforce trained
5. 30,102 Website views
6. 282 Mailing list subscribers
7. 110 Community contacts added
8. 12 Workshop events
9. 12 Drug death events
10. Over 1million social media interactions
11. £55,921 raised through fundraising

Thank you to all our funders, sponsors and volunteers! We literally could not function without you.

The rest of our report is dedicated to some of the most dedicated organisations and individual in our field. We chose to amplify their voices this year to highlight what we are all going through.

We hope you enjoy reading & are inspired by their contributions.



Trustee's Annual Report

30 April 2020.

REFERENCE AND ADMINISTRATIVE DETAILS

Charity No. SC043961

Registered Office

3 Kelvinside Grove
Glasgow
G20 6PL

Trustees

The following Trustees served during the year:

Dot Turton (Resigned 30 October 2019)
Jo Bryden
Jon Royle
Paul Bowley
Rondine Molinaro
Ronnie McIntyre

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 at any time the financial position of the charity and to enable them to ensure that the financial statements comply with the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended) and the 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 (FRS102).

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.

Signed on behalf of the board

Trustee's Annual Report

Faces & Voices of Recovery UK
Trustees Annual Report

Jon Royle
Trustee
04 July 2020

Independent Examiner's Report

Independent Examiners Report

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

I report on the accounts of Faces & Voices of Recovery UK for the year ended 30 April 2020 which comprise the Statement of Financial Activities, the Summary Income and Expenditure Account, the Balance Sheet and the related notes.

Respective responsibilities of trustees and examiner

As the trustees you are responsible for the preparation of the accounts in accordance with the terms of the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006. The trustees consider that an audit is not required for this year under the Regulation 10(1) (a) to (c) of the 2006 Accounts Regulations.

As examiner it is my responsibility to:

- examine the accounts under s.44(1) (c) of the Charities and Trustee Investment (Scotland) Act 2005;
- to state whether particular matters have come to my attention.

Basis of independent examiner's report

My examination was carried out in accordance with Regulation 11 of the 2006 Accounts Regulations. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently I do not express an audit opinion on the view given by the accounts.

Independent examiner's statement

In connection with my examination, no matter has come to my attention:

- (1) which gives me reasonable cause to believe that in any material respect the requirements:
 - to keep accounting records in accordance with section 44(1) (a) of the 2005 Act and Regulation 4 of the 2006 Accounts Regulations
 - to prepare accounts which accord with the accounting records, comply with Regulation 8 of the 2006 Accounts Regulations

have not been met: or

- (2) to which, in my opinion, attention should be drawn 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
04 July 2020

Statement of Financial Activities

for the year ended 30 April 2020

	Notes	Unrestricted funds 2020 £	Total funds 2020 £	Total funds 2019 £
Income and endowments from:				
Donations and legacies	4	3,126	3,126	4,696
Charitable activities	5	-	-	100
Investments	6	6	6	5
Other	7	49,159	49,159	51,120
Total		52,291	52,291	55,921
Expenditure on:				
Other	8	52,222	52,222	43,717
Total		52,222	52,222	43,717
Net gains on investments		-	-	-
Net income	9	69	69	12,204
Transfers between funds		-	-	-
Net income before other gains/(losses)		69	69	12,204
Other gains and losses				
Net movement in funds		69	69	12,204
Reconciliation of funds:				
Total funds brought forward		24,245	24,245	12,041
Total funds carried forward		24,314	24,314	24,245

Summary Income and Expenditure Account

	2020 £	2019 £
Income	52,285	55,916
Interest and investment income	6	5
Gross income for the year	<u>52,291</u>	<u>55,921</u>
Expenditure	50,983	42,478
Depreciation and charges for impairment of fixed assets	1,239	1,239
Total expenditure for the year	<u>52,222</u>	<u>43,717</u>
Net income before tax for the year	69	12,204
Net income for the year	<u><u>69</u></u>	<u><u>12,204</u></u>

Balance Sheet

Charity No.	SC043961	Notes	2020 £	2019 £
Fixed assets				
	Tangible assets	11	1,244	2,483
			<u>1,244</u>	<u>2,483</u>
Current assets				
	Cash at bank and in hand		23,070	21,763
			<u>23,070</u>	<u>21,763</u>
	Creditors: Amount falling due within one year	12	-	(1)
	Net current assets		23,070	21,762
	Total assets less current liabilities		<u>24,314</u>	<u>24,245</u>
	Net assets excluding pension asset or liability		<u>24,314</u>	<u>24,245</u>
	Total net assets		<u><u>24,314</u></u>	<u><u>24,245</u></u>
The funds of the charity				
	Restricted funds	13		
	Unrestricted funds	13		
	General funds		24,314	24,245
			<u>24,314</u>	<u>24,245</u>
	Reserves	13		
	Total funds		<u><u>24,314</u></u>	<u><u>24,245</u></u>

The trustees have prepared the accounts in accordance with section 44 of the Charities and Trustee Investment (Scotland) Act.

Approved by the board on 04 July 2020

And signed on its behalf by:

Jon Royle
Trustee
04 July 2020

Notes to the Accounts

for the year ended 30 April 2020

1 Accounting policies

Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities and 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.

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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Cash and cash equivalents

Cash and cash equivalents comprise cash at bank and on hand, demand deposits with banks and other short-term highly liquid investments with original maturities of three months or less and bank overdrafts. In the statement of financial position, bank overdrafts are shown within borrowings or current liabilities. In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and form an integral part of the company's cash management.

2 Charitable status

The Charity is a Scottish Charitable Incorporated Organisation (SCIO), governed by a constitution.

Notes to the Accounts

3 Statement of Financial Activities - prior year

	Unrestricted funds 2019 £	Total funds 2019 £
Income and endowments from:		
Donations and legacies	4,696	4,696
Charitable activities	100	100
Investments	5	5
Other	51,120	51,120
Total	<u>55,921</u>	<u>55,921</u>
Expenditure on:		
Other	43,717	43,717
Total	<u>43,717</u>	<u>43,717</u>
Net income	<u>12,204</u>	<u>12,204</u>
Net income before other gains/(losses)	12,204	12,204
Other gains and losses:		
Net movement in funds	<u>12,204</u>	<u>12,204</u>
Reconciliation of funds:		
Total funds brought forward	12,041	12,041
Total funds carried forward	<u><u>24,245</u></u>	<u><u>24,245</u></u>

4 Income from donations and legacies

	Unrestricted £	Total 2020 £	Total 2019 £
Donations	3,126	3,126	4,696
	<u>3,126</u>	<u>3,126</u>	<u>4,696</u>

5 Income from charitable activities

	Total 2020 £	Total 2019 £
Training	-	100
	<u>-</u>	<u>100</u>

Notes to the Accounts

6 Income from investments

	Unrestricted	Total 2020	Total 2019
	£	£	£
Bank Interest	6	6	5
	<u>6</u>	<u>6</u>	<u>5</u>

7 Other income

	Unrestricted	Total 2020	Total 2019
	£	£	£
Sponsorship	37,500	37,500	47,320
Grants	11,659	11,659	3,800
	<u>49,159</u>	<u>49,159</u>	<u>51,120</u>

8 Other expenditure

	Unrestricted	Total 2020	Total 2019
	£	£	£
Employee costs	25,075	25,075	21,705
Motor and travel costs	2,180	2,180	4,234
Premises costs	434	434	1,322
Amortisation, depreciation, impairment, profit/loss on disposal of fixed assets	1,239	1,239	1,239
General administrative costs	13,406	13,406	13,021
Legal and professional costs	9,888	9,888	2,196
	<u>52,222</u>	<u>52,222</u>	<u>43,717</u>

9 Net income before transfers

	2020	2019
	£	£
This is stated after charging:		
Depreciation of owned fixed assets	1,239	1,239

10 Staff costs

Salaries and wages	24,775	20,448
	<u>24,775</u>	<u>20,448</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:

	2020	2019
	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 2019	-	-	4,022	4,022
At 30 April 2020	<u>-</u>	<u>-</u>	<u>4,022</u>	<u>4,022</u>
Depreciation and impairment				
At 1 May 2019	-	-	1,539	1,539
Depreciation charge for the year	-	-	1,239	1,239
At 30 April 2020	<u>-</u>	<u>-</u>	<u>2,778</u>	<u>2,778</u>
Net book values				
At 30 April 2020	<u>-</u>	<u>-</u>	<u>1,244</u>	<u>1,244</u>
At 30 April 2019	<u>-</u>	<u>-</u>	<u>2,483</u>	<u>2,483</u>

12 Creditors:

amounts falling due within one year

	2020	2019
	£	£
Accruals and deferred income	-	1
	<u>-</u>	<u>1</u>

13 Movement in funds

	At 1 May 2019	Incoming resources (including other gains/losses)	Resources expended	Gross transfers	At 30 April 2020
	£	£	£	£	£
Restricted funds:					
Unrestricted funds:					
General funds	24,245	52,291	(52,222)	-	24,314
Revaluation Reserves:					
Total funds	<u>24,245</u>	<u>52,291</u>	<u>(52,222)</u>	<u>-</u>	<u>24,314</u>

14 Analysis of net assets between funds

	Unrestricted funds	Total
	£	£
Fixed assets	1,244	1,244
Net current assets	23,070	23,070
	<u>24,314</u>	<u>24,314</u>

Notes to the Accounts

15 Reconciliation of net debt

	At 1 May 2019 £	Cash flows £	New HP/Finance leases £	At 30 April 2020 £
Cash and cash equivalents	21,763	1,307		23,070
	<u>21,763</u>	<u>1,307</u>	<u>-</u>	<u>23,070</u>
Net Debt	<u>21,763</u>	<u>1,307</u>	<u>-</u>	<u>23,070</u>

Detailed Statement of Financial Activities

for the year ended 30 April 2020

	Unrestricted funds 2020 £	Total funds 2020 £	Total funds 2019 £
Income and endowments from:			
Donations and legacies			
Donations	3,126	3,126	4,696
	<u>3,126</u>	<u>3,126</u>	<u>4,696</u>
Charitable activities			
Training	-	-	100
	<u>-</u>	<u>-</u>	<u>100</u>
Investments			
Bank Interest	6	6	5
	<u>6</u>	<u>6</u>	<u>5</u>
Other			
Sponsorship	37,500	37,500	47,320
Grants	11,659	11,659	3,800
	<u>49,159</u>	<u>49,159</u>	<u>51,120</u>
Total income and endowments	52,291	52,291	55,921
Expenditure on:			
Employee costs			
Salaries/wages	24,775	24,775	20,448
Staff welfare	300	300	1,257
	<u>25,075</u>	<u>25,075</u>	<u>21,705</u>
Motor and travel costs			
Travel and subsistence	2,180	2,180	4,234
	<u>2,180</u>	<u>2,180</u>	<u>4,234</u>
Premises costs			
Rent	-	-	560
Premises insurances	434	434	762
	<u>434</u>	<u>434</u>	<u>1,322</u>
General administrative costs, including depreciation and amortisation			
Depreciation of Fixture and Equipment	1,239	1,239	1,239
Bank charges	15	15	15
Equipment leasing and hire charges	4,881	4,881	9,444
Software, IT support and related costs	538	538	715
Stationery and printing	189	189	270
Subscriptions	5,342	5,342	932
Sundry expenses	2,441	2,441	1,645

Detailed Statement of Financial Activities

			14,645	<u>14,645</u>	<u>14,260</u>
Legal and professional costs					
Accountancy and bookkeeping			1,230	1,230	480
Consultancy fees			8,658	8,658	1,716
			<u>9,888</u>	<u>9,888</u>	<u>2,196</u>
Total of expenditure of other costs			<u>52,222</u>	<u>52,222</u>	<u>43,717</u>
Total expenditure			<u>52,222</u>	<u>52,222</u>	<u>43,717</u>
Net gains on investments			-	-	-
Net income			<u>69</u>	<u>69</u>	<u>12,204</u>
Net income before other gains/(losses)			<u>69</u>	<u>69</u>	<u>12,204</u>
Other Gains			-	-	-
Net movement in funds			<u>69</u>	<u>69</u>	<u>12,204</u>
Reconciliation of funds:					
Total funds brought forward	24,245	-	-	24,245	12,041
Total funds carried forward	<u>24,314</u>	<u>-</u>	<u>-</u>	<u>24,314</u>	<u>24,245</u>



You can donate to us: Online JustGiving

<https://www.justgiving.com/facesandvoicesofrecovery>

If you have a [Facebook](#) account you can set up a fundraiser on your birthday and choose us as your charity!

By cheque/post You can send a cheque directly to us made payable to Faces & Voices of Recovery UK and to the address:
FAVORUK 3 Kelvinside Grove 2/2 G206PL

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.



UK Recovery Walk

2021 Newcastle



Together we're stronger

Saturday 18th September 2021

Find out more
@

www.facesandvoicesofrecoveryuk.org



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