

# Against the odds

A year of challenges and successes



**DementiaUK**

Helping families face dementia



For the year ended 31<sup>st</sup> March 2021

Trustees' report and consolidated financial statements





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# About Dementia UK

**Our mission:** to lead and deliver high quality, expert and accessible dementia care through Admiral Nursing.

**Our vision:** specialist and compassionate dementia support for all families that need it.

**Our values:**

- We listen, learn and collaborate
- We are empowering, supportive and respectful
- We act with integrity, transparency and accountability
- We encourage creativity and innovation

Dementia UK is the specialist dementia nurse charity.

Dementia is a huge and growing health crisis. Almost all of us will know someone with dementia – whether it's a family member or a friend.

There is no cure for dementia. But there is care. And care can change lives.

That's why Dementia UK is here. Our nurses, called Admiral Nurses, who we continually support and develop, provide life-changing care for families living with all forms of dementia – including Alzheimer's disease.

For families affected by dementia, they can be a lifeline.

When you support our charity, you're helping us grow the number of specialist dementia nurses. With your help, no one will have to face dementia alone.



**“The support from the Admiral Nurses was amazing: they listened, gave me time and understood completely what I was going through. They were professional and personal.”**

Carer



# Chair and Chief Admiral Nurse/Chief Executive Officer's report

## Who would have predicted that a pandemic would cause such widespread devastation throughout 2020-21?

Covid-19 has had a disproportionately negative effect on families living with dementia, with services and support stopping suddenly and, in many cases, not restarting. This has caused immense distress for families trying to cope not only with the Covid-19 restrictions on their own lives, but also on the lives of their loved ones with dementia.

Many people with dementia could not understand the restrictions and the reasons for them, leading to conflict within the family or the wider community. We received an increase in calls to the Helpline asking for information on how to access advice and support, and how to explain Covid-19 restrictions to their loved one.

As a result of the pandemic, many referrals to memory assessment services were postponed or cancelled. Callers to our Helpline were desperate to get an assessment and diagnosis of their family member, and in need of our Admiral Nurses' advice on how best to approach their GP for a referral.

Covid-19 affected our working practices, and with the lockdown announcement, we had to make rapid plans for how we could still work effectively as a charity. All of our staff had to start working from home, and the necessary adaptations and equipment were put into place at a moment's notice.

Community and Events fundraising, for instance, had to stop abruptly and move to a virtual environment. As a charity, we depend on income from these events, so we had to rethink our strategy and budgeting for the year in order to cut expenditure and maximise income.

I am pleased to say we succeeded in trying new approaches to raising funds. The 'March Dog-Walking Challenge' was a particular success, raising over £2 million: a record amount for the charity from one event.

Increasing the number of Admiral Nurses in a time of national crisis was a challenge, but we remained committed to making sure that all families who needed their specialist advice and support could access it through local services and the Admiral Nurse Dementia Helpline. On the Helpline alone, we supported over 29,000 families living with dementia during 2020-21 – an increase of 31%.

All Admiral Nurses are supported and developed by Dementia UK, and we have been able to continue this online during the pandemic. This has been essential for our nurses, who have had to cope with the distress of families trying to cope with a lack of support and services, and, in some cases, with the death of loved ones who they were unable to visit at the end of life or for many months previously.

In November 2020, Dementia UK and YoungDementia UK merged to form one stronger, more influential organisation providing information, support and advice for people with young onset dementia –

a diagnosis of dementia at the age of 65 or under. As a result of the merger, we now have six specialist young onset dementia Admiral Nurses and plan to expand the team further in the year ahead.

We significantly raised our profile with the Government, other charities and the media during 2020-21. We started to work together with other charities as 'One Dementia Voice', developing clear strategies to provide the best possible support to people living with dementia and their families with minimal overlap. As a group, we delivered and supported a campaign on safe care home visiting during 2020-21, which attracted media and Government attention.

In the year ahead, we plan to develop additional Admiral Nurse services and support throughout the UK by increasing shifts on the Helpline, rolling out new Admiral Nurse clinics, and investing in new Admiral Nurse posts in primary and acute care and diverse communities.

This has been our most challenging year ever, but nevertheless, our success has been phenomenal. None of this would have been possible without the hard work and dedication of our many supporters, donors, and, of course, our wonderful Admiral Nurses and Dementia UK staff.

Thank you all so much for your support.

**Professor David Croisdale-Appleby, Chair of Trustees, and Dr Hilda Hayo, Chief Admiral Nurse/CEO**



# Meet our Admiral Nurses

**Admiral Nurses are specialist dementia nurses who are continually supported and developed by Dementia UK. They provide life-changing support for families affected by all forms of dementia.**

Our nurses are here when people need help. They have the time to listen and the knowledge to solve problems.

Admiral Nurses help families manage complex needs. They consider the individual

circumstances of the person living with dementia and the people around them. They can also advise other healthcare professionals.

When people are struggling, our nurses help them take back control. When friends and family are worried about a loved one, they give them confidence to manage their future with dementia.

Our nurses help people living with dementia stay independent for longer. They support the people who care for them so they have the strength to cope with the bad days, and the energy to enjoy the good days.





# Dementia facts and figures

**Dementia is the term used to describe a range of neurological conditions affecting the brain that get worse over time. It can affect people's ability to remember, speak and think, and to do everyday activities.**

There are **850,000 people** with dementia in the UK. This will increase to over one million by 2025 and **1.6 million** by 2040



Dementia, including Alzheimer's disease, is the leading cause of death in the UK, **responsible for more than 12% of all deaths**



**One in three people** born in the UK this year will develop dementia in their lifetime

## 20%

**of hospital admissions** of people living with dementia are for preventable conditions



## Young onset dementia

**“My Admiral Nurse has been amazing in helping our two girls understand my husband's [young onset dementia] diagnosis.”**

Carer

- Young onset dementia affects people aged 65 and under
- Over 42,300 people, or 5.2% of the total number of people with dementia, are estimated to have a diagnosis of young onset dementia, although the actual number may be much higher
- Awareness of young onset dementia among GPs is still relatively low, and symptoms are often attributed to stress or depression.
- It can take twice as long for a person living with young onset dementia to get a diagnosis compared to people who develop dementia later in life
- Rates of young onset dementia in Black and ethnic minority groups are higher than in the rest of the population
- People with a learning disability are also at greater risk of developing dementia at a younger age

# Rising to the challenge

At the start of the year, it became evident that we would face many challenges over the months ahead due to the Covid-19 pandemic. These included:

**Adjusting** to homeworking online or by phone for the majority of staff. This resulted in the pressure of juggling private home space with workspace, along with occasional technology issues, and led to a very intense period of work for many teams.

As restrictions eased, we introduced a new, hybrid arrangement where the team could access the office safely.

**Navigating** the complexities of working with other Dementia UK teams remotely. Some projects that involved teams collaborating to create and develop resources took longer than they would have face to face, although others were unaffected due to the effectiveness of online tools.

**Implementing** new projects at speed. Projects like a Covid-19 survey became a priority for our Research and Publications Team.

**Launching** alternative fundraising campaigns such as Facebook and virtual challenges, and moving others, including ‘Time for a Cuppa’, online (many of our existing mass participation fundraising events became impossible because of Covid-19 restrictions.)

**Responding** to an increase of 31% in contacts to our Admiral Nurse Dementia Helpline compared to the year ending March 2020. Many of these calls related directly to the impact of Covid-19.

With a diagnosis backlog resulting from the pandemic, we expect to see more families needing the specialist advice and support of our Admiral Nurses – on our Helpline, in the community and in primary care settings.

**Postponing** some of our planned activity, such as the launch of ‘Only together’ – a campaign highlighting the shortcomings in dementia care, and calling for better access to quality care.

These activities were replaced by others in response to the pandemic, including our ‘Lives on Hold’ campaign and a digital survey of Helpline callers.

**“Thank goodness for the Admiral Nurse Helpline. They have helped me as a carer keep my sanity and filled the gaps left by [pandemic restrictions].”**  
Carer





# Marilyn's story

## Marilyn explains how an Admiral Nurse helped prepare for her husband to return home after a spell in hospital.

David was diagnosed with vascular dementia in February 2018 at the age of 74. As David's dementia progressed, Marilyn – his wife of 56 years – supported him at home through his daily challenges.

“When David lost his ability to swallow, I was there to reassure him whenever he got distressed,” Marilyn says. “When he lost his ability to drive, I supported him by driving him to medical appointments.”

In December 2020, David contracted sepsis. He became semi-conscious and very agitated. Their doctor immediately called an ambulance to their home.

### “David wouldn't have thought to ring me”

Covid-19 restrictions meant that Marilyn couldn't go with David in the ambulance or visit him in hospital. “Given David's dementia, he wouldn't have thought to ring me – he just couldn't,” says Marilyn.

Thankfully, Marilyn could rely on Kerry Lyons, Admiral Nurse for Royal Bolton Hospital, who she had met previously through a dementia support group.

After an 8am phone call from Marilyn, Kerry visited the hospital wards to find out about David's health and where he was. Every morning, she set up a FaceTime call for Marilyn to check in on David; she shaved and cleaned him before the calls.

### “An endoscopy revealed advanced sepsis”

Kerry's close bond with David meant she could anticipate problems with his health.

“Kerry told me once that David's health looked like it was deteriorating,” explains Marilyn. “Her intervention meant that he was taken down for an endoscopy, which revealed advanced sepsis.”

**“I needed David back so I could care for him in our home.”**





**“It was a worrying time, of course, but I knew what was happening through Kerry.”**

The next 24 hours were critical, according to the doctors. “It was a worrying time, of course, but I knew what was happening through Kerry,” says Marilyn.

David’s health soon stabilised with close monitoring of his fluid intake and antibiotics. However, Marilyn and Kerry feared that the longer he was away from home, the more he would deteriorate.

“I needed David back so I could care for him in our home,” says Marilyn.

Kerry knew how important home life was to both David and Marilyn, so she met with a social worker based in the hospital to make plans to bring David home. She arranged a care package, with physiotherapists to aid his mobility, speech therapists to help with his difficulty in swallowing, and nutritionists to help decide the foods he could eat.

All of this meant that David could be discharged and supported at home, and that Marilyn could care for him confidently.

**“Kerry knew how much home meant to us”**

For Marilyn, the benefits of David being back at home are clear.

“When David came home from hospital, he couldn’t do anything, but within a week he was able to walk with his Zimmer frame. Now, I love being at home with him. We have everything in place for him, including an indoor wheelchair,” says Marilyn.

“Without Kerry, I think David would have been readmitted to hospital unnecessarily, or he simply wouldn’t be here. Kerry knew how much home meant to us, and we are so grateful to her for bringing David back.”

For Kerry, it is a privilege to support families like Marilyn’s in this way.

“As a hospital-based Admiral Nurse, I help staff to understand how dementia affects patients,” she says. “I also act as a vital communication link to families, and coordinate care plans for a return to home. All of this has increased in urgency due to Covid-19.”

# Here when people need us most

Ensuring families facing dementia have the advice and compassion they need is central to our work. Our Admiral Nurses provide the life-changing support they need to face the future with confidence.

## What we said we would do...

**Increase** the number of Admiral Nurses on the Dementia Helpline each weekday, so that more people could get through to us first time without leaving a message. If a message is left, we aim to call back within 24 hours.

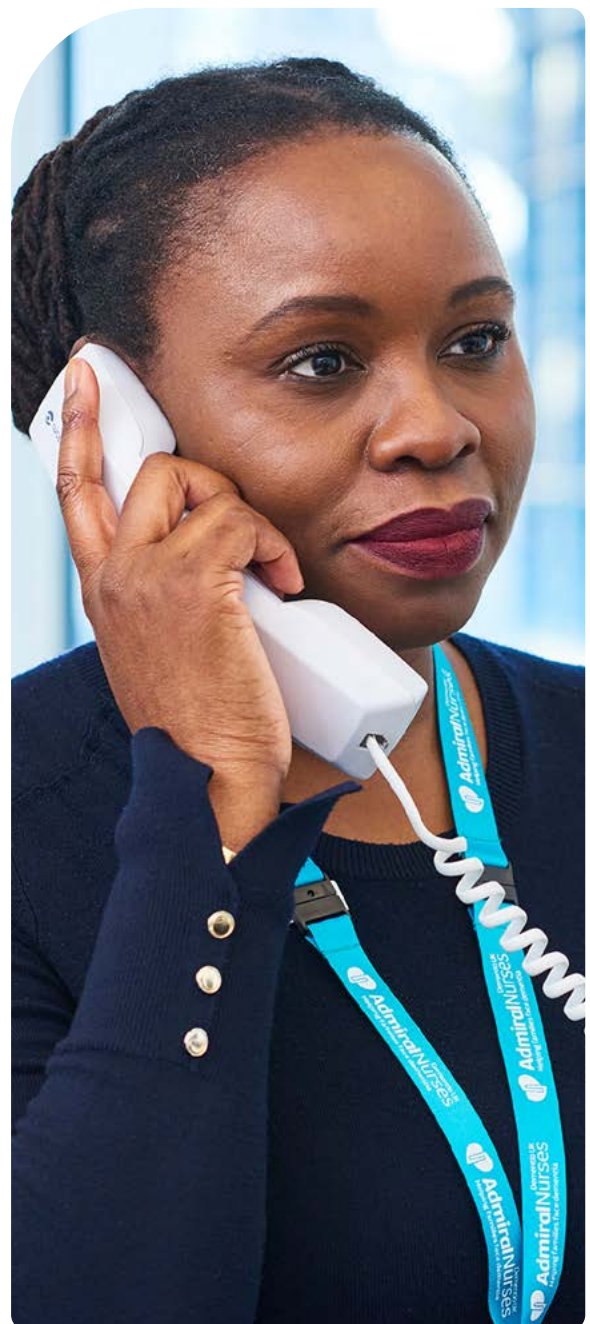
## What we did

**Extended** the opening hours of our Admiral Nurse Dementia Helpline. From April 2020, we opened the Helpline seven days a week: Monday to Friday 9am-9pm, and Saturday and Sunday 9am-5pm, including all Bank Holidays (except 25<sup>th</sup> December.) Previously, the Helpline was closed on Bank Holidays. We also recruited five new Helpline nurses.

Sixty-four percent of callers got through to us on their first try. Of those who didn't, 79% were called back within 12 hours, and 95% within 24 hours.

**Gave** vital support during the year to more than 29,000 families affected by dementia through our Helpline. That's a 31% increase on the previous year. Our nurses' expertise and care brought hope and comfort to some of the UK's most vulnerable people in difficult circumstances during the pandemic.

Ninety-six percent of people who responded to our carers' survey said they would be 'extremely likely' or 'likely' to recommend our Helpline to someone who needed similar support.







## What we said we would do...

**Focus** on developing and increasing the number of Admiral Nurses working in acute care, GP practices and other primary care settings, including opening new Admiral Nurse services in areas that don't currently have one.

## What we did

**Opened** 20 new Admiral Nurse services in eight new areas. This includes our West Wales service, which has eight new nurses covering Carmarthenshire, Ceredigion and Pembrokeshire. They will support people in this region through an exciting collaboration with our partners: the Hywel Dda University Health Board and local authorities. The initiative is in line with the Welsh Government's Dementia Action Plan for Wales 2018-2022.

## What we said we would do...

**Increase** the number of Admiral Nurse clinics, enabling more people to see an Admiral Nurse in the workplace or in a GP clinic. Admiral Nurse clinic appointments give families the opportunity to seek specialist advice, support and clinical guidance about dementia, in confidence.

## What we did

**Started** five new Admiral Nurse clinic pilot projects, partnering with primary care networks (GP clinics) across the UK. These are based in East Sussex, Derbyshire, Nottingham, Staffordshire and Edinburgh, and hosted by GP practices.



## What we said we would do...

**Increase** the number of Admiral Nurses working with under-served communities, such as Black, Asian and ethnic minority groups, younger people, and people with learning disabilities. Our aim is to develop more accessible services for these groups.

## What we did

**Introduced** a specialism-focused approach to our work, rather than one based on geography. Previously, clients received help only from Admiral Nurses in their region, who gave support and advice across all specialisms. We now have specific team members who apply their expertise in the following areas to help clients:

- learning disabilities
- young onset dementia
- social care: care homes, domiciliary care, social services

- primary care
- end of life
- community services
- diverse and under-served communities
- acute care

**Appointed** our first learning disabilities Admiral Nurse in June 2020 through a partnership with MacIntyre. This national charity supports around 1,200 children, young people and adults with learning disabilities and/or autism. The role, funded through a MacIntyre award, promotes best practice and education, raises awareness of dementia, and directly supports clients.





**“I was reluctant and sceptical [about changing to virtual supervision] initially as I always enjoyed the in-person clinical supervision. I now realise I was wrong and this method has been hugely beneficial to me.”**

**Admiral Nurse**

## **What we said we would do...**

**Develop** new ways of offering professional and practice development through a new Admiral Nurse Academy, online and in service locations.

## **What we did**

**Held** ‘Resilience and Wellbeing’: our first live virtual Admiral Nurse forum. This annual conference for Admiral Nurses was previously held face to face but moved online due to Covid-19 restrictions.

More than 250 Admiral Nurses attended this Zoom event dedicated to supporting them with the increasing challenges and emotional distress presented by their work. Ninety-six percent rated the forum ‘excellent’ or ‘good’.

**Moved** the clinical supervision of our Admiral Nurses in-house and online. Clinical supervision is essential in providing support to our nurses and allowing them to reflect

on their practice. Our in-house experts were trained to facilitate the process and work with the nurses through clinical supervision and Practice Action Learning Sets (PALS.)

By September 2020, 18 facilitators were trained and 34 supervision groups were running. We have achieved an attendance rate of 74% and many positive evaluations.

**Launched** our new learning and development platform, Blackboard. This university-based system has enabled us to shift to more online learning and create bespoke courses and 14 learning units.

**Ran** a programme of 11 webinars for Admiral Nurses on topics including domestic abuse, caring from a distance and supporting families with young onset dementia. Our session on supporting families affected by Lewy body dementia attracted the most attendees.







## We also...

**Welcomed** a total of 38 new Admiral Nurses throughout the year, bringing our team total to 306.

**Attracted** 831 attendees to the first sessions of our joint project with the Charity for Civil Servants, 'Talk Dementia'. The project offers civil servants and their families specialist emotional, practical and psychological support and general information on dementia. They can engage with the help we offer through a bespoke website, virtual chat and group sessions, and telephone consultations with Admiral Nurses.

The virtual 'Talk Dementia' sessions were so popular that 18 more have been commissioned for 2021.

**Adapted** our entire way of working, quickly and innovatively, to cope with the pandemic. We adjusted our structure and rethought the way we supported our clients. This ensured our teams could continue to give people living with dementia and their families the compassion and support they urgently needed.

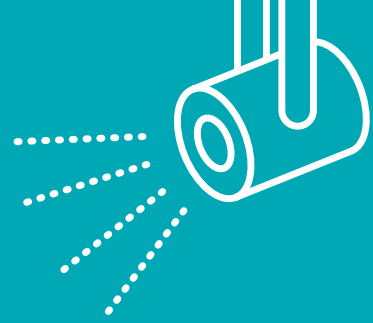
We enabled many of our Admiral Nurses to handle their cases by telephone and online from home. We ensured they had the necessary equipment such as monitors, keyboards and printers, and provided technical support to enable them to work efficiently from home.

**Issued** 19 editions of our Admiral Nurse bulletin. We launched this initiative at the beginning of the first lockdown in March 2020 to support our nurses during the pandemic.

The bulletin, received by 357 Admiral Nurses and Dementia UK employees, covers important topics around dementia care and shares updates and resources from teams across Dementia UK.

**Celebrated** the recognition of our professional development work for our nurses during the pandemic at the National Dementia Care Awards 2020. We were named finalists in the Best Dementia Training Initiative category.

**We welcomed a total of 38 new Admiral Nurses throughout the year, bringing our team total to 306.**



# Spotlight

## Our merger with YoungDementia UK

We merged with YoungDementia UK to become one charity in November 2020. This exciting venture was agreed by both Boards of Trustees after careful consideration, and in recognition of our organisations' effective collaboration over several years.

The merger will help us create a much stronger, more influential organisation providing help for people living with young onset dementia – that is, anyone diagnosed with dementia aged 65 or under.

The combination of our two charities is especially timely and important to tackle the devastating and disproportionate impact of Covid-19 on people of all ages who are affected by dementia.

Our powerful union will give people living with young onset dementia and their families a louder voice and allow us to develop more specialist support. It will also enable Dementia UK to become a leading centre of expertise for young onset dementia.

“The timely union of our charities sets up an amazing and deeply satisfying opportunity for us,” says Tessa Gutteridge, Young Onset Dementia Programme Director. “We have the potential to offer younger people with

dementia and their families the accessible, reassuring expertise that they desperately need. The impact of dementia in mid-life can be devastating without support. We can change that now, and help people affected to have a more positive future.”

We now have six specialist young onset dementia Admiral Nurses and plan to recruit a seventh this year. We are also supporting our other Admiral Nurses to develop and enhance their young onset dementia knowledge and skills. More than 70 Admiral Nurses joined our young onset dementia webinar at the beginning of March 2021.

Three Young Onset Dementia Advisors based in Oxfordshire have joined the Dementia UK team from YoungDementia UK. Their work includes offering post-diagnostic support through a programme called Adapt. They also offer a wealth of social, creative and practical sessions and activities to families in the county experiencing dementia.





Samantha and her husband Edward, who has young onset dementia, have been supported by the Young Dementia Oxfordshire service. She says: “It’s not been the greatest year for us (along with a lot of other people), and we have found it really tough at times. However, the Zoom groups you have organised have been a lifesaver – something to look forward to, and for Edward to feel involved in something important. Without [the] groups and support, I really don’t know how we would have got through this year.”

Dementia UK also now hosts the Young Dementia Network, formed by YoungDementia UK in 2016. The Network is a collaboration between people affected by and working in the field of young onset dementia, and has over 4,000 members. The Network campaigns to bring about improvements for people living with young onset dementia now and in the future.

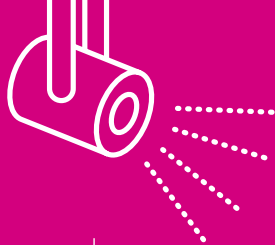
**An estimated 42,300 people – 5.2% of the total number living with dementia – have a diagnosis of young onset dementia, although the actual figure may be much higher.**





**Rachel Thompson,**  
Consultant Admiral Nurse  
for Lewy body dementia





# Spotlight

## “The most common disease you’ve never heard of”

Since starting her two-year post in November 2019, Rachel Thompson, our first Consultant Admiral Nurse for Lewy body dementia, has delivered training to more than 180 Admiral Nurses.

“Lewy body dementia is sometimes described as ‘the most common disease you have never heard of’,” says Rachel. This complex, challenging and often misdiagnosed condition, caused by abnormal clumps of protein (Lewy bodies) gathering in the brain, affects around 100,000 people in the UK. It is the third most common cause of dementia, thought to account for 10-15% of cases, but is frequently misdiagnosed.

Lewy body dementia is an umbrella term for two different types of dementia: dementia with Lewy bodies and Parkinson’s disease dementia.

Lewy bodies build up in brain areas responsible for thought, movement, and visual perception, and in those regulating sleep and alertness. Its distressing symptoms can include hallucinations, delusions, and changes in alertness and sleep.

Rachel’s role includes supporting professionals working with people affected by Lewy body dementia, and encouraging links between research and practice. She is also developing new materials. These include new resources in collaboration with the Lewy Body Society, educational resources for healthcare professionals to raise awareness and improve diagnosis, and a Lewy body dementia leaflet for families.

“Having worked in dementia care for over 20 years, I am pleased to be able to highlight the needs of those who are facing perhaps one of the most complex types of dementia,” Rachel says. “I have received some lovely feedback from the people I have supported, and knowing that I can offer support and guidance, especially when families have been so greatly impacted by the pandemic, is hugely rewarding.”

Dementia UK works in partnership with the Lewy Body Society, which funds research into Lewy body dementia and raises awareness of the disease. The Society funds Rachel’s post and makes referrals to the Admiral Nurse Dementia Helpline.

**“Having worked in dementia care for over 20 years, I am pleased to be able to highlight the needs of those who are facing perhaps one of the most complex types of dementia.”**

## What we'll do next – our priorities for 2021-22

**Ensure** our Admiral Nurse Dementia Helpline reaches and supports even more families living with dementia. We will continue its expansion to ensure more callers get through on their first attempt by recruiting more dementia specialist Admiral Nurses.

**Increase** the number of new Admiral Nurses in primary care by at least 22. We'll also increase the number of new nurses in acute care by at least eight.

**Recruit** at least four more nurses to support people from under-served communities, such as those with young onset dementia and people from ethnic minority communities. We will also recruit specialist nurses for specific areas including care homes and hospitals.

**Deliver** our first ever virtual summer school for health and social care staff who care for people with dementia and their families at all levels. It will involve a series of webinars looking at topics including telephone skills, assessment and diagnosis, distressed behaviour, and planning.

**Plan** and develop our Admiral Nurse Academy to ensure it supports the increasing number of nurses who would like to join the Admiral Nurse team. It will also be a resource for other nurses who want to improve their knowledge and skills in dementia. We will extend the learning units, modules and opportunities we offer on Blackboard.







# Julie's story

## Julie explains how the Admiral Nurse Dementia Helpline supported her in seeking a dementia diagnosis for her aunt.

"Dolores was the most beloved and glamorous aunt," says her niece, Julie. "She was a terrific watercolour artist – better than her teacher – and was able to sell her work. Her painting took her to Holland with her art groups, and she painted boats while based in Bristol."

Dolores and Julie had a very close relationship. "I was like her surrogate daughter, and she came to live near me in Kent when she was 70 in around 2004. This was after her second husband died."

In 2017, Julie began to notice that her aunt was experiencing memory problems. "She became increasingly forgetful," Julie says. "She didn't recognise herself after she had done her hair, and she was constantly losing the house keys."

### "My concern for her safety increased"

Julie found herself worrying that Dolores's behaviours were putting her at risk. "My concern for her safety increased when I'd get phone calls from neighbours saying that Dolores was outside. She was telling everyone she was waiting to go shopping with her family – there were no shopping trips planned. I quickly saw dementia as the likely cause for her behaviour changes."

It took some time for Julie to pluck up the courage to ring the Admiral Nurse Dementia Helpline. "I remember seeing the number for

the Helpline but it took a long time for me to contact them," she explains. "I think ringing would have made me feel inadequate. In reality, I wish I had phoned sooner."

Julie rang the Helpline after the GP referred her aunt for a brain scan. "I knew that this would be a huge effort for her, and she would be confused. I asked the nurse what the point was of having a diagnosis when it was so clear to me that it was dementia."

The Helpline nurse helped Julie understand the benefits of seeking a dementia diagnosis for her aunt. "In such a kind, understanding and compassionate way, the Admiral Nurse confirmed that a diagnosis would give my aunt better access to local services to help her stay at home longer. This included someone from the council making improvements to the bathroom. Without this advice, there would have been more pressure."

Eventually, in June 2019, Dolores was diagnosed with mixed dementia (vascular and Alzheimer's.) She was 85 years old.

Julie turned to the Admiral Nurse Dementia Helpline again when she needed information and support. "That first call to the Helpline encouraged me to ring again when I needed advice," Julie explains.

"For example, right in the middle of the pandemic when I was out shopping, a store worker said I couldn't take two packs of toilet rolls. I said it



## **“The Admiral Nurses gave me the confidence to contact the GP.”**

was for my aunt. Their response was: ‘Well, she should be here!’

When I spoke to the Admiral Nurses, they advised that I should take a letter of her diagnosis round with me, pointing to the fact that I was a carer. They gave me guidance when everything was too overwhelming.”

## **“The Admiral Nurse knew who I should contact”**

The Helpline continued to support Julie as her aunt’s condition deteriorated. “My final contact with the Helpline was when Dolores had a water infection,” she explains. “The Admiral Nurses knew who I should contact to expedite my aunt’s care. In this case, it was the GP.

With all the pressure facing services due to Covid-19, I wouldn’t have thought to contact the GP, but the Admiral Nurses gave me the confidence to do that.

I truly believe that call made me see that my aunt was at the end of her life. I arranged carers and the delivery of a hospital bed to her home soon after.”

The advice from the Helpline helped Julie care for Dolores at home until the end. “My aunt died on 10<sup>th</sup> October 2020 in her own home, which is what she wanted,” Julie says. “The support from the Helpline was vital in allowing this to happen and making us live confidently throughout the stages of the condition. I wish I had phoned sooner.”



# Recording our impact: evaluating the effectiveness of our Admiral Nurses and Dementia Helpline

Collecting evidence of the effectiveness of our Admiral Nurse service and Helpline through surveys of carers and professionals is crucial in helping us improve our service.

## What we said we would do...

**Continue** to collect feedback from families and professionals, with a particular focus on the work of Admiral Nurses on the Helpline and in primary and acute healthcare settings. This would enable us to better understand the needs and experiences of families living with dementia and help us to improve the specialist dementia support offered by Admiral Nurses.

## What we did

**Surveyed** 76 carers and 93 professional partners, including GPs, Consultants, Social Workers and Occupational Therapists, about the work of our Helpline and Admiral Nurse services. Although these figures were lower than usual due to Covid-19, every response gave us an important insight into the impact of the Helpline.

## Our key findings

### Surveying the impact of Covid-19

**169** family carers responded to this survey which was sent out in August and September 2020.

#### We found...

- **85%** of carers felt lonely and 89% felt isolated
- **86%** hadn't been able to access all the care and support services the person with dementia needed
- **88%** couldn't access all the care and support services they needed for themselves as a carer
- **78%** said there had been a negative impact on the wellbeing of the person with dementia
- **86%** of carers said there had been a negative impact on their own wellbeing





**“Ever since lockdown,  
[my father] has gone back  
to that glazed look and I’m  
just not sure he knows  
who I am anymore.”**

**Carer**

# Contacting our Admiral Nurse Dementia Helpline

**We asked carers about their experiences of contacting our Helpline.**

- **100%** of respondents said the Helpline Admiral Nurse they spoke to was helpful in sharing information and explaining the impact of dementia
- **99%** of carers said that the Admiral Nurse was good at listening to them, showing compassion and explaining things in a way they could easily understand
- **99%** who received a personalised letter or email from the Admiral Nurse following their call found this helpful
- **97%** said the Admiral Nurse was helpful in providing them with emotional support
- **96%** said that the Admiral Nurse was helpful in providing support to manage risk and prevent possible crisis
- **96%** said they would recommend Admiral Nurses to family and friends
- **94%** said the Admiral Nurse had made a positive difference to their ability to take care of the person they look after
- **90%** said the Admiral Nurse had made a positive difference to their ability to communicate with the person they look after





# Why did people contact our Helpline?

There are 33 categories that our Admiral Nurses can use to record reasons for contact. A total of 59,185 reasons were recorded in these categories, with over 29,000 cases handled this year. This represents an average of two reasons per case.



The most common reasons people contacted the Helpline in the year to March 2021 were:

- **accessing support**
- **Covid-19**
- **behavioural issues**
- **psychological and emotional support**
- **getting a diagnosis**
- **dementia understanding and support**
- **requesting an Admiral Nurse**

# Evaluating our Admiral Nurse services



We collected feedback from professionals such as GPs and paid carers who have had contact with an Admiral Nurse service via an online survey. In 2020-21 we collated the results of cumulative feedback from 285 professionals. Most said the Admiral Nurse service had:

- improved case management/coordination for families living with dementia (96%)
- increased their understanding of dementia and its effects (91%)
- increased their confidence in assessing the needs of families living with dementia (89%)

We also asked health and social care professionals how the Admiral Nurse service

had made a difference to people living with dementia.

- **99%** said the Admiral Nurse service had improved care and quality of life for families
- **98%** said the service had enabled families to be included in decisions about care
- **97%** said the service had the potential to delay long-term care home placements
- **96%** said the service had the potential to reduce unplanned hospital admissions
- **94%** said the service had helped avoid crisis points for families

**“The Admiral Nurses have been invaluable as a source of information, preventing crisis and enabling me to find the best possible outcome.”**

Social Worker

## What we said we would do...

**Collate** and analyse larger collections of data to make our surveys and evaluations more robust and representative.

## What we did

**Assessed** the impact of Covid-19 on families affected by dementia by surveying carers through channels including the website, social media and newsletters.

**Carried out** a Dementia UK digital survey about our clients' digital use to better inform our future online work.



# Understanding digital use



In March 2021 we launched an online digital survey. Our objective was to find out about people's experiences of accessing dementia information, care and support digitally during the pandemic. This will enable us to develop and improve our digital services.

We also asked people living with young onset dementia and their carers to complete our digital survey. We are using these results to consider how we can develop our digital offer for people and families affected by young onset dementia, for example through webinars and online support groups.

## Some of our findings...

- **95%** of respondents said they were online at least once every day
- **75%** said they were confident in using digital technology to access health information, care or support
- **75%** said they had used digital services to access dementia information, care or support during the pandemic
- **73%** said they had accessed resources or support on the Dementia UK website



## What we'll do next – our priorities for 2021-2022

**Ensure** that our insights and evaluation work effectively supports Dementia UK's strategy. We'll do this by collecting, analysing and reporting evidence of the impact of Admiral Nurses and wider Dementia UK activities, and using this information to develop campaign activities.

**Publish** external reports and resources on Dementia UK surveys of carers and professionals. These reports will show the impact that our nurses are having and help us to build the evidence base for Admiral Nursing.

# Researching dementia care

**Our respected research inspires best practice nationally to help people with dementia and their families get the support they need.**

**We contribute our expertise to the wider field of research into the optimum care for people affected by dementia, and we are partners and collaborators in a range of research studies. We offer expert advice, support participant recruitment and support dissemination of research across a wide range of stakeholders.**

## What we said we would do...

**Increase** the capacity of our Research and Publications Team so it could offer more support to Admiral Nurses as they move from practice development projects to more formal research.

## What we did

**Developed** the research capacity of our Research and Publications Team through our two Admiral Nurse Research Fellows. One will complete their doctoral studies with De Montfort University this year. The other is in their first year of combined MSc and PhD degrees at University College London.

## What we said we would do...

**Develop** 'Dementia FAQs for family and friends: what you really want to know about life with dementia' – a book of questions asked by families and answered by Admiral Nurses.

## What we did

**Postponed the book project** due to the pandemic – it is now scheduled for early 2022.

## We also...

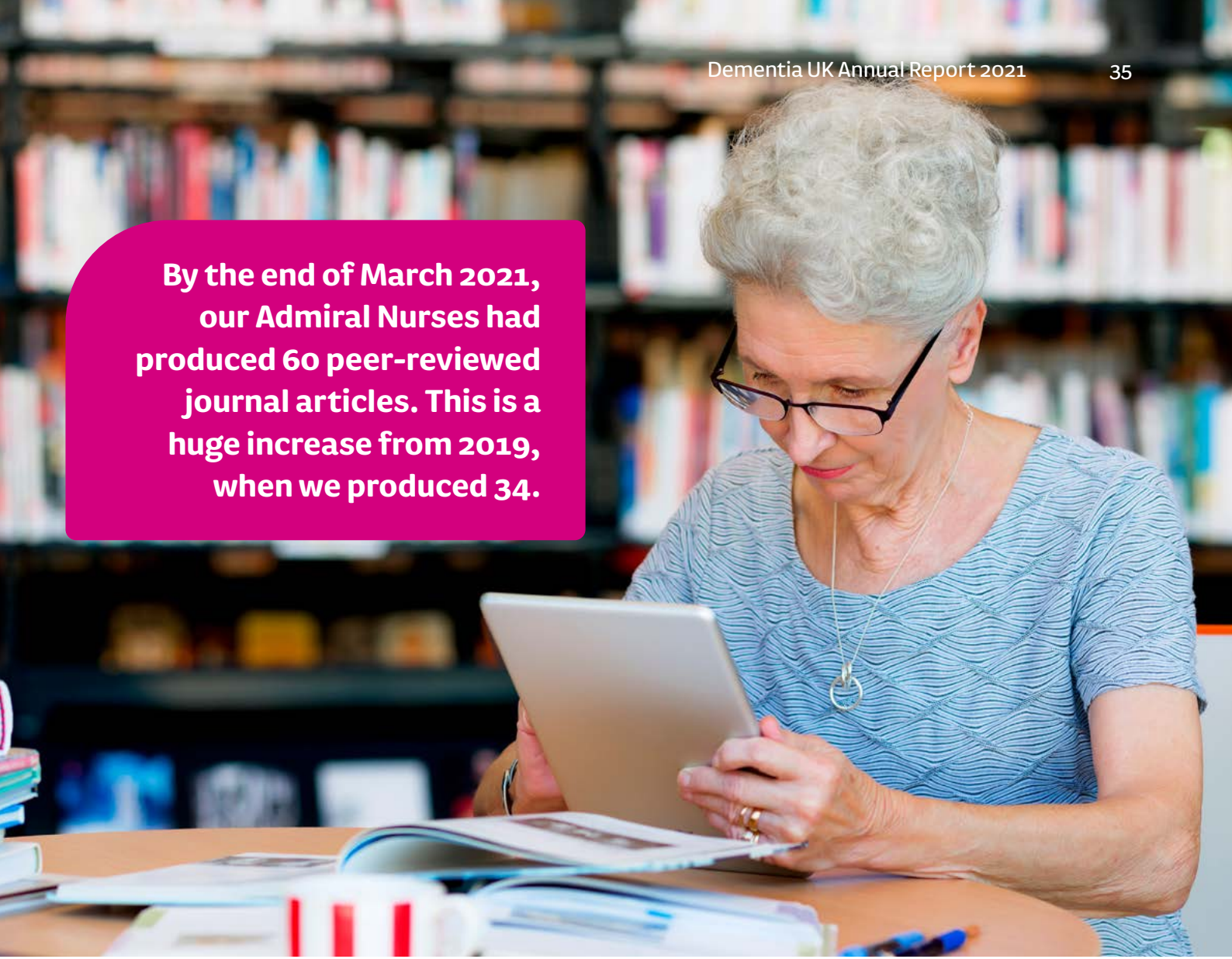
**Supported** our nurses to write and disseminate their work to audiences outside Dementia UK. By the end of March 2021, they had produced 60 peer-reviewed journal articles. This is a huge increase from 2019, when we produced 34. The subjects mainly evolved from practice development projects and illustrative practice case studies.

We expect our peer-reviewed articles to powerfully inform and influence policy, practice and research that will change the lives of people affected by dementia.

**Contributed** to more than 20 research studies concerning dementia care on topics ranging from continence to the anticipatory grief of family members. We are developing a comprehensive portfolio of collaborative research with many UK – and several international – universities.

**Developed** ideas for new publications to support under-served populations such as people living with dementia in prison and people with dementia in LGBTQi populations. We will be supporting Admiral Nurses to write these based on their own practice and experience.





**By the end of March 2021, our Admiral Nurses had produced 60 peer-reviewed journal articles. This is a huge increase from 2019, when we produced 34.**

## What we'll do next – our priorities for 2021-2022

**Continue** with our plans to publish 'Dementia FAQs for family and friends: what you really want to know about life with dementia'.

**Develop** a research plan for Dementia UK focused on commissioning the research needed to support our strategy. We aim to hold a focus group to plan the direction of our future research.

**Help** Admiral Nurses turn their projects and activities into compelling research. We will

support and guide them from the outset to help them produce projects that result in new evidence, extending the organisation's research capability beyond the Research and Publications Team.

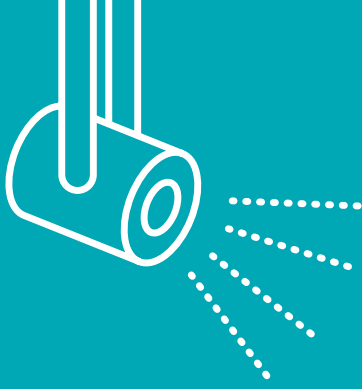
**Produce** even more peer-reviewed publications to disseminate the activity of Admiral Nurses and evidence of how best to help people with dementia.

**Zena Aldridge**

Admiral Nurse Research  
Fellow at Dementia UK







# Spotlight

## Vital support during the pandemic

In March 2020, Zena Aldridge, Admiral Nurse Research Fellow at Dementia UK, temporarily returned to the Central Norfolk Admiral Nurse Team. Zena was the first Admiral Nurse appointed to the area in 2014. Her return, for two days a week until June 2020, was supported by NHS Norfolk and Waveney Clinical Commissioning Group and Dementia UK.

Zena's responsibilities included triaging the waiting list of families affected by dementia who needed help, and responding to calls where people were experiencing significant distress. She ensured families had a supply of essential items like food and medication and checked in on those who were feeling isolated.

She was also a vital touchstone for health and social care professionals needing more information about the implications of Covid-19 for people with dementia, and how to support them.

"It was so important for me to be able to return to the Admiral Nurse team in Norfolk," says Zena. "The compassion and willingness of all of the team to help families affected by dementia, however much they could, was a shining beacon of positivity in very trying times. It was great to be able to support them during this difficult time, too."

Liz Waddy, Clinical Lead for Dementia in Norfolk and Waveney, worked with Zena during her secondment. "Zena was highly effective in reducing the waiting list and assisted tirelessly in triaging incoming calls," says Liz. "Her input led to a revision of the referral form and a clearer plan of integrated working with the dementia support workers going forward."

**"The compassion and willingness of all of the team to help families affected by dementia, however much they could, was a shining beacon of positivity in very trying times."**

# Raising awareness and sharing information

Highlighting the difficulties faced by people with dementia and their family members is central to our work. We also publicise our life-changing support and expertise, and produce extensive resources for families facing dementia.

## What we said we would do...

**Deepen** the public's understanding of Dementia UK's work through strategic media opportunities, our social media networks and our work with Celebrity Ambassadors and partnerships.

## What we did

**Focused** our media work on highlighting the issues that families affected by dementia have faced throughout the pandemic. Our Chief Admiral Nurse/CEO, Dr Hilda Hayo, appeared on BBC Breakfast in September 2020. She discussed the distressing lack of visitation rights for families with relatives in care facilities.

Our Director of Clinical Services, Paul Edwards, featured in more than 200 pieces of media coverage after commenting on last-minute lockdown guidance updates and the impact on the vulnerable.

**Gave** a voice to individual families affected by dementia who felt left behind by the

pandemic. We supported several to tell their stories to the media. These included Hannah Riches from our Lived Experience Advisory Panel (LEAP.)

Hannah's appearance in a Sky News broadcast and online feature revealed the difficulties of looking after her husband, who has young onset dementia, as well as their school-age children in the pandemic.

Her story prompted an increase in calls to our Admiral Nurse Dementia Helpline and led to 52 pieces of additional coverage in regional and broadcast media. These included Heart Radio, Capital Radio and Classic FM.

**Launched** our 'Lives on Hold' campaign in June, which achieved extensive media coverage. This included our Celebrity Ambassador Naughty Boy featuring on ITV's Lorraine, an interview with Celebrity Supporter Georgia Kousoulou in the Mail Online, coverage in the Journal of Dementia Care, and numerous items in the regional press. The campaign also featured on the Government's Let's Talk Loneliness website.

## Social media in numbers – 2020-21

- Instagram followers: **28,445 – up 59%**
- LinkedIn followers: **20,365 – up 106%**
- Facebook likes: **61,509 – up 29%**
- Twitter followers: **109,949 – up 3%**



**Increased** our social media engagement over the year by introducing our existing and new followers to a wider range of lively and original content. This included poems written by Volunteer Ambassadors and other supporters, and slideshows on subjects ranging from dementia risk factors to exercise.

We also increased our use of videos and infographics to build our social media presence and drive engagement.

During the 'Lives on Hold' campaign we shared 38 posts across our four social media channels. Some of our Celebrity Ambassadors and Celebrity Supporters also posted on their channels.

Other social media successes included Neville Southall's Twitter takeover in November 2020 and our monthly quizzes.

## What we said we would do...

**Develop** further our supportive and expert information through a range of new advice leaflets and videos, ensuring that all the advice they give is of the highest standard and informed by the feedback we have received.

**Increase** significantly our delivery of impactful and relevant content highlighting the difference our Admiral Nurses make.

## What we did

**Published** new information leaflets, working towards our goal of publishing advice on every topic facing families living with dementia.

Titles published this year include: Getting the most out of a remote consultation; Practical guide to getting the best out of GP and other health appointments; Next steps checklist; Lewy body dementia; and our Admiral Nurse Clinics leaflet.

## What we said we would do...

**Develop** our campaigning and influencing work to promote the needs of people with dementia and their families to inform national policy and guidance.

## What we did

**Delivered** our first campaign – 'Only together' – to improve local support for families following a diagnosis of dementia. This campaign placed the voices and experiences of families and other key stakeholders, such as GPs and health and social care professionals, at its core.

**Built** relationships with MPs to support the development of local Admiral Nurse services.

**Continued** our representation in the National Dementia Action Alliance: a group of organisations across England that connect, share best practice and take action on dementia. We also ensured we were members of key charity alliances including the Care and Support Alliance and Continuing Healthcare Alliance.





**“Carers that I meet through Dementia UK often tell me their life is on hold: the person they care for must come first.”**





# Spotlight

## ‘Lives on Hold’

Natalie Tomlinson, Head of Marketing and Communications, explains why Dementia UK launched ‘Lives on Hold’ during the pandemic.

It was two weeks into lockdown that the campaign idea for ‘Lives on Hold’ came to me. Talking to colleagues about our feelings, our missed freedoms and contacts, made me realise that lockdown for carers of people living with dementia was probably little different from their lives before.

Carers that I meet through Dementia UK often tell me their life is on hold: the person they care for must come first. Friendships, hobbies and free time fall by the wayside. I had also seen the impact of my dad’s dementia on my parents’ relationship.

I felt lockdown was the best time to help the general public understand why our Admiral Nurses are so vital. I sensed people would begin to understand social isolation and could start to empathise with the difficulties of life as a 24/7 carer. They would hopefully understand what it’s like to not be able to live the life you once had.

Our Marketing and Communications Team worked quickly and remotely to turn these thoughts into a campaign reflecting our organisation’s strategy and objectives. Video Producer Tony Lundon and Celebrity Manager Rachel Braier were key in identifying contributors and putting the plan into action.

All contributors, including Celebrity Ambassadors, Admiral Nurses, carers and members of Dementia UK staff, rose to the

occasion of online filming. They downloaded new apps, found quiet corners of lockdown locations, tweaked the lighting and recorded audio on their smartphones. And, trustingly, they opened up their lives and their hearts to a Video Producer they had only ever met on a screen.

Some amazing carers shared their stories. Their honesty and obvious admiration for the Admiral Nurses that support them made our jobs relatively easy.

After six weeks, six videos, three supporter stories, four new website pages, copy written, social media images created, and a great team effort, we launched ‘Lives on Hold’ on 15<sup>th</sup> June 2020. We chose this date because of non-essential shops re-opening and some children being back at school.

For many people, their lives would be getting back to normal, but we knew that for the more than 700,000 people across the UK caring for someone with dementia, their lives would still be on hold. Their isolation would continue and so would their need for our Admiral Nurses’ support.

Personally, I’ve dedicated this campaign to my dad, Barry Spencer. He lived with dementia for several years before he died from Covid-19 on 11<sup>th</sup> April 2020. My dad always taught me that if a job was worth doing, it was worth doing right. I think we did that with ‘Lives on Hold’.

## What we'll do next – our priorities for 2021-2022

**Strengthen** our social media presence through Facebook, Twitter, Instagram and LinkedIn to ensure that every post reaches the people who need to see it, and that our key messages are always clear.

**Provide** excellent, supportive information for people before and after a diagnosis of dementia. We'll do this by enshrining the expertise of Admiral Nurses through information on our website, in leaflets, on video, on social media and through other new and emerging channels.

**Deliver** excellent digital activity, and capitalise on new technology and technological trends in order to reach particular audiences in the way that best suits them.

**Raise awareness** of Dementia UK's clinical services, influencing work and fundraising by incorporating our new key messaging into all our communications and delivering a series of proactive integrated awareness campaigns.

**Ensure** we are delivering our messages effectively to under-served communities, for example people from ethnic minority and LGBTQi communities, by working with people with lived experience.

**Run** a series of campaigns throughout the year. These will be supported by our high quality content including compelling case studies, respected research and relevant spokespeople. Our main campaign will focus on continuing healthcare and will launch in November 2021. We will also start to work on an integrated awareness campaign to raise knowledge and understanding of the charity and the support our nurses can provide.

**Research** and further develop ways in which we can support people through digital services.





## Campaigning during the pandemic

Too often, families are left facing dementia alone, or with very limited access to support and information – a situation that was exacerbated by the pandemic. Clinically vulnerable people who were shielding found themselves without access to food; face to face medical appointments became remote; and families were unable to visit their loved ones in care homes or hospital.

To tackle these problems, we joined forces with other dementia charities to lobby MPs and other Parliamentarians about the needs of people with dementia and their families, raising awareness of how they were disproportionately affected by Covid-19.

## Our campaign actions included:

- giving evidence to the All-Party Parliamentary Group (APPG) on coronavirus about the impact of the pandemic on families affected by dementia
- sharing our recommended approach for safe care home visiting during the pandemic with the Government and other key Parliamentarians
- working collaboratively with the Government, supermarkets and other charities to ensure people who were clinically vulnerable and/or shielding had access to essential food supplies
- joining with other dementia charities including Alzheimer's Society, Alzheimer's Research UK and John's Campaign as One Dementia Voice to campaign on behalf of people with dementia and their families
- calling for national and local support for people affected by dementia on Coronavirus Action Day on 1<sup>st</sup> March 2021



# Neil's story

## Neil shares how Admiral Nurse Kerry supported the family when his dad was in hospital during the Covid-19 lockdown.

In 2014, Neil's dad David – a retired teacher, keen traveller and a lifelong sports fan – was diagnosed with Alzheimer's disease.

At first, David's dementia progressed slowly. "It wasn't really until 2018 that he began to need support with everyday living," explains Neil. "Then, during a hospital admission in 2019 for a suspected hernia, he suffered a minor stroke, as well as delirium, leading to a steep decline in his health once he returned home."

With the support of their family, friends and neighbours, Neil's parents were able to continue to do the things that mattered to them and keep connected, despite David's dementia. "While everyday life was challenging, my dad remained contented, often laughing with my mum when he forgot words or how to do various things, rather than becoming distressed."

### **"We waved him goodbye in the back of an ambulance"**

However, during the Covid-19 pandemic and lockdown, David's health and wellbeing deteriorated. "My mum was struggling to support my dad without outside help, and she had to call in paramedics on several occasions to help him get up after a fall," Neil remembers.

"He was also less and less willing to cooperate with us or with the paid carers we briefly brought in."

One morning, Neil and his mum noticed that David was struggling to stand or walk unaided. "We feared it may have been another stroke, so we called 999, and this time, the paramedics felt he should be admitted," says Neil. "We couldn't go with him because of a local lockdown, so we waved him goodbye in the back of an ambulance. We were worried sick."

During a previous hospital admission, Neil and his mum constantly had to remind the doctors that David had dementia, despite it being written in his notes – but this time, they were unable to visit and act as his advocate.

"When, after a few hours, an A&E doctor called my mum and said: 'Your husband appears very alert, but when I ask him questions he appears confused and struggles to answer', alarm bells began to ring," Neil says. "Sure enough, when my mum advised the doctor of my dad's Alzheimer's, she indicated that she had been unaware."

### **"Kerry brought my mum cups of tea when she stayed at my dad's bedside"**

Luckily, the hospital had a dementia specialist Admiral Nurse, Kerry. "The first thing she did was find out who my dad was and what

**“Our Admiral Nurse helped us feel that someone cared about my dad – and about us, too.”**

mattered to him, not what was wrong with him,” says Neil. “She gave us so much practical support and advice to help us understand what was happening in hospital, when sometimes the information was inconsistent, alarming or in short supply.”

Kerry supported the family as David’s dementia progressed. “She called us in the mornings to let us know how my dad was when we couldn’t be there, and brought my mum cups of tea when, towards the end, she’d stayed overnight to be by his bedside,” Neil remembers.

**“She made us feel like someone cared”**

“Kerry gave us honest, sensitive counsel about whether continued treatment was in my dad’s best interests, and helped ensure we could be with him at the end of his life. Above all, she made us all feel like someone cared about my dad – and about us, too.”

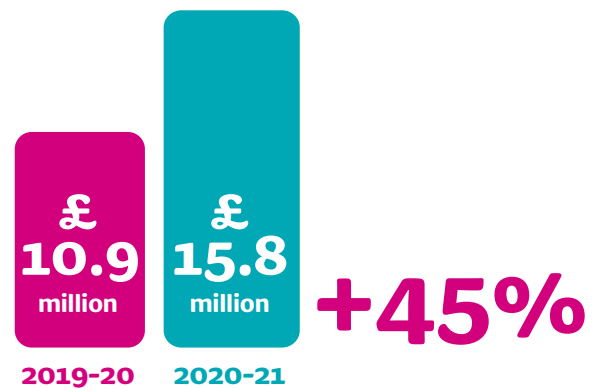
Throughout Kerry’s time supporting the family, her empathy shone through. “She came into our lives when it mattered most,” Neil says. “She helped my dad have the best possible end to his life, and gave us the strength we needed to be there for him.”



# Giving and fundraising: our amazing supporters

The incredible generosity of our supporters throughout the year helped us exceed our fundraising targets despite the challenges of Covid-19 restrictions.

We raised £15.8 million in 2020-21, compared to £10.9 million the previous year – an increase of 45%. This was an enormous collective effort by all our supporters, to whom we are extremely grateful.



## What we said we would do...

**Adapt** our fundraising in response to Covid-19 and social distancing, embedding virtual fundraising in all we do.

## What we did

**Created** a special fundraising appeal in place of our annual carol concert, which was cancelled due to Covid-19 restrictions. This was fronted by Glenda Jackson CBE, and raised £48,000.

**Shifted** our fundraising campaigns such as 'Time for a Cuppa' to online environments.

**Participated** in 'The 2.6 Challenge' when the London Marathon was cancelled. This was based on the principle that the London Marathon would have taken place on 26<sup>th</sup> April 2020. We asked our supporters to dream up a fundraising activity based around the numbers 2.6 or 26. Ideas ranged from children learning to say hello in different languages to a sponsored headstand.



## What we said we would do...

**Develop** existing and new fundraising ideas and activities that people would enjoy and that would raise valuable funds for Dementia UK.

## What we did

**Launched** three Facebook challenge events – ‘Walk 30 Challenge’ in September, ‘Jog 50 miles in November’, and our ‘100km March Dog-Walking Challenge’. These events have to date raised £3.4 million in total – an incredible £2.1 million through the dog walk alone, in which 25,000 supporters participated. This was the largest amount ever raised from a Dementia UK event.

## What we said we would do...

**Build** deeper long-term relationships with our current supporters and Volunteer Ambassadors, including through virtual events where they could meet our Admiral Nurses, while continuing to recruit new supporters.

## What we did

**Worked** with the Individual Giving Team to implement the first stage of our new supporter journey. This is a survey that enables new supporters to tell us what is most important to them, and what kind of communications and other contact they would prefer to receive in future. We also planned an online supporter event for May 2021.

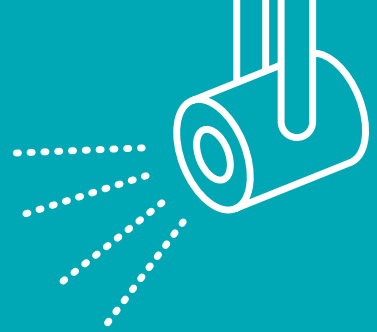
## What we said we would do...

**Continue** to raise awareness of the importance of gifts in Wills and In Memory donations, to ensure supporters and Admiral Nurses understand the difference these gifts make to Dementia UK.

## What we did

**Increased** the number of people pledging to leave a gift in their Will to Dementia UK by an amazing 328% in 2020-21, compared to the year before.





# Spotlight

## Celebrating Individual Giving

The number of people pledging to leave a gift in their Will to Dementia UK soared in 2020-2021. Their pledges represent £2.38 million – our highest amount ever. We are so grateful for their support.

Throughout the year, people also donated generously in memory of their loved ones. Our online tribute pages provided an invaluable source of support and comfort to families. They also facilitated many funeral collections during the pandemic. Donations raised through these pages have increased by 366%.

Poignantly, our Christmas ‘Remember a Star’ campaign offered supporters the opportunity to remember someone special to them and add their names to our online Christmas tree.

Their touching responses raised over £100,000 – our most successful Christmas campaign ever.

The campaign focused on the story of Marion, who cared for her husband Ian, who lived with young onset dementia and died in early 2020.

We are very thankful for all the supporters who raised money for us through their birthday fundraising on Facebook. During the year, their combined efforts led to a 127% increase in income on last year.

**“I found the experience of the creating the [memory] page to be therapeutic and comforting. I like that I can go back to it whenever I want, which I do regularly. I get a lot of comfort from looking at the posts, candles and photos.”**

Carer





## Growing giving in pandemic times

We were very concerned at the start of the pandemic that our income would drop, but we actually saw growth in Individual Giving, gifts in Wills, charitable trusts and challenge events. Our In Memory and corporate income was broadly the same as last year.

Our community fundraising did fall significantly due to the Covid-19 restrictions, but our challenge events fundraising was completely transformed as we pivoted to an online operation. In so doing, we attracted thousands and thousands of new supporters.

We also had a record year for gifts in Wills, the result, we believe, of highlighting to people over several years that Dementia UK relies on voluntary income including gifts in Wills.

We are so grateful to all the individuals and organisations that supported us through such a difficult time. Their generosity was incredible.

**“I’m leaving a gift in my Will to Dementia UK because no one should face dementia alone. It is an honour and privilege to support the vital work they do.”**

**Dementia UK supporter**





## What we'll do next – our priorities for 2021-2022

**Launch** our exciting project, 'Closer to Home' – funded by Leeds Building Society. This aims to bring the expertise of Admiral Nurses to families at a time and place that suits them, through access to dementia specialist clinics.

**Hold** online and in-person events including Facebook challenge events and our annual carol concert in December 2021 (subject to Covid-19 restrictions) to grow our fundraising and the involvement of our supporters.

**Extend** our 'Dementia at Work' offering for companies to help them support their employees and customers through the hardships of dementia.

**Recruit** our largest ever team for the London Marathon.

**Ensure** that our fundraising activities remain fully compliant with all regulations, and we continue to offer supporters as much ownership as possible over how their data is used. We want to ensure everyone has the best experience possible of supporting Dementia UK.

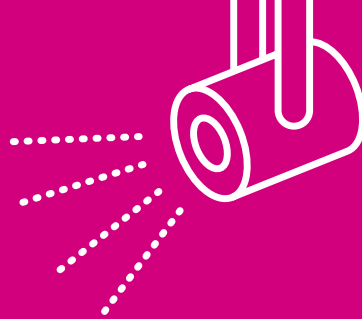




**“Becoming a Volunteer Ambassador, you get to share your experiences with others who may never get the opportunity or even know how to get involved. Volunteering is a wonderful thing to do and benefits my wellbeing, as well as making a huge difference to so many others.”**

**Manny, Volunteer Ambassador**





# Spotlight

## Amazing partnerships – corporate and trusts

Despite the unprecedented challenges that we faced in the year to March 2021, our corporate and trust partnerships helped us beat many of our fundraising targets.

At the beginning of the pandemic, we launched an emergency appeal to increase the number of Admiral Nurses working on our Helpline. It raised £750,000, thanks to our corporate partners, trusts, and individuals.

Their support enabled us to increase the number of nurses on each weekday shift from 10 to 14, and from three to five on each weekend shift, to cope with increased demand.

Our partner **Central England Co-operative** worked tirelessly to raise funds for Dementia UK. Individual stores and staff took on challenges such as litter-picking, running the virtual London Marathon, and 'Time for a Cuppa' events. In spring 2020, their fundraising for us hit an incredible £1.5 million.

We found out in April 2021 that our new partnership with **Leeds Building Society** raised

£200,000 during its first year, significantly beating our target of £125,000. Employees took part in fundraising activities like the '50/50 Challenge', where they completed challenges in pairs. In addition, many supported us through the 'Your Interest in Theirs' scheme, rounding up the interest on their savings and donating it to Dementia UK.

Our partner **Zurich Community Trust** donated £200,000 in the year to March 2021, including £20,000 to our winter appeal in December 2020. Zurich is also supporting three Dementia UK colleagues to attain a specialist Diploma in Fundraising. This will help us build even more successful donor relationships so we can support more families facing dementia.

**At the beginning of the pandemic, we launched an emergency appeal to increase the number of Admiral Nurses working on our Helpline. It raised £750,000, thanks to our corporate partners, trusts and individuals.**



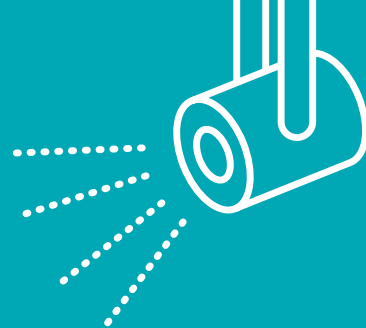


## A truly collaborative partnership

“We asked members and colleagues about causes that were important to them and through an application process, followed by a colleague and member vote, Dementia UK was selected. As a society we wanted to partner with a charity that had ambition and aligned with our purpose and values.

Over the duration of our partnership so far, the team at Dementia UK has, without exception, worked hard to understand our business and get to know our people. As a result it’s proving to be a truly collaborative partnership.”

Holly Buckley, Community Manager at Leeds Building Society



# Spotlight

## Our fundraising approach

Covid-19 saw one of the biggest shocks to fundraising in many of our working lives. Overnight, income from challenge events and community and corporate fundraising, amongst others, looked set to drop dramatically.

The Fundraising Team worked flexibly, adaptably, creatively and collaboratively to rise to the challenge.

We overhauled our fundraising webpages to ensure all ideas were geared to a socially distanced lockdown world. Online activity included the 24/7 ‘Do your Distance for Dementia Nurses’ challenge and ‘Donate it for Dementia Nurses’, where we encouraged supporters to donate the cost of an everyday item they were no longer buying, such as the price of their daily train ticket. We also completely changed our challenge events programme, focusing on virtual challenges rather than large, in-person events.

### **Supporters: at the heart of what we do**

By pulling together, our fundraising initiatives delivered the income needed to sustain and expand the charity’s Helpline and clinical services, supporting some of the most vulnerable people during the pandemic – people living with dementia.

Placing supporters at the heart of everything we do, we revisited the supporter experience to increase the level of stewardship alongside more fundraising requests. For example, our

Volunteer Ambassadors now send handwritten thank you cards to everyone signing up to a Direct Debit.

While we initially put all recruitment on hold due to the pandemic, towards the very end of the year we started recruiting additional staff. We believe this investment will help to fund the growth of the charity’s services in future years. The current outlook is more promising, although we are still cautious given the level of uncertainty.

### **Indebted to our Ambassadors**

We have continued to strengthen our Volunteer Ambassador network, and recruited 26 new Ambassadors. During the pandemic they quickly adapted to supporting us in different ways, from raising awareness through their virtual networks and engaging with audiences on social media, to sending thank you cards, as above. We remain indebted to our Ambassadors for the commitment they give to Dementia UK.

We still do as much of our fundraising as possible in-house, relying on cost-effective suppliers where appropriate. We value every interaction with our donors, and are proud to steward them through our Supporter Care Team.





This team also processes all donations and fundraising appeal responses, and our income processes are continually reviewed and updated to ensure maximum security, efficiency and accuracy. Our payment processing is compliant with PCI DSS (Payment Card Industry Data Security Standard.)

We did not have relationships with any professional fundraisers during the year.

When companies approach us about commercial participator relationships, we complete careful and considered due diligence. Following this process, in 2020-21 we entered into a small number of such partnerships where we felt the time and effort invested would be positively outweighed by the income the charity would likely receive.

Finally, we continue to keep at the forefront of our minds that our work supporting families living with dementia simply wouldn't be possible without our supporters, donors, partners, volunteers and fundraisers.

# Taking concerns seriously

As members of the Chartered Institute of Fundraising and the Fundraising Regulator, we adhere to the Code of Fundraising Practice and are committed to the Fundraising Promise.

Although there were no instances of non-compliance with the Code during the year, we received 127 complaints. This is a very small percentage of our thousands of interactions with supporters, but we take every complaint seriously. Our Supporter Care Team responded to each and every complaint, and we used them as opportunities to improve our future service and performance.

The most common complaints related to supporters feeling they were receiving fundraising appeals/emails too frequently. In light of this, we regularly review our supporter journey, ensuring we are aware of the various communications we send and allowing sufficient time between communications for supporters to unsubscribe from emails and/or request to be removed from our mailing list.

We make it easy for people to contact us with their complaint, and are committed to putting each one right. Supporters can register their complaint using an online form, or by phone, email or post. All complaints are forwarded to the Supporter Care Team straight away, and depending on the severity, may be escalated to more senior members of staff.

We involve the supporter in resolving their complaint and record the process and resolution on our database.

We also categorise all complaints according to severity, from level 1 (most serious) to level 4 (least serious). All 127 complaints received in 2020-21 were classed as level 3 (42) or 4 (85) – the two least serious levels.

The number of complaints we received in 2020-21 was higher than in 2019-20, but this reflects the increased fundraising activity during the past year. Level 4 complaints in particular were a direct result of increased fundraising activity and mostly made up of supporters who wanted to stop receiving mailings.

We continue to take data protection seriously and ensure we comply with all regulations in this area. We only process information where we have a legal basis to do so. All staff are required to complete data protection training and this is built into the induction process for new starters. Internal policies governing data use are reviewed regularly and updated where necessary, and new policies are implemented on an ongoing basis to reflect our evolving fundraising programme.

Our up-to-date Privacy Policy is available on our website, and we ensure that all supporters know how to view this. We also clearly communicate to our supporters that they can change how they hear from us at any time.

We are acutely aware of our responsibilities to vulnerable people as a charity focused on dementia care. All staff are aware of the need to raise concerns if they suspect someone is vulnerable, in consultation with one of our dementia specialist Admiral Nurses if need be.



**Our Supporter Care Team responded to each and every complaint, and we used them as opportunities to improve our future service and performance.**



# Running our organisation well

**Good governance and efficiency underpin everything we do. This work may not capture headlines, but it takes a lot of detailed behind-the-scenes effort.**

## What we said we would do...

**Help** our staff work as flexibly as possible, given the impact of Covid-19, including through IT that enabled them to do this.

## What we did

**Adapted** ways of working across the organisation to enable parents, guardians and carers to continue to support their families during the pandemic. Our employees were given the resources and equipment to work effectively remotely, and we made our London office as safe as possible for employees who needed to continue to work there.





## What we said we would do...

**Continue** to develop our People Strategy so we could function well in a time of unprecedented change due to the pandemic.

## What we did

**Introduced** a new way of recruiting. This involved anonymising our application process to ensure transparency and fairness while being more committed to promoting equality, diversity and inclusion (EDI.)

We also improved our shortlisting process to ensure we drew from a wider talent pool. This involved working closely with managers to support more effective recruitment and increase retention. We ensured our new processes were supported by best practice training.

**Updated** and improved our people processes and policies to ensure they are fit to help us to support our colleagues across Dementia UK.

**Provided** Emerging Leaders training for our new and potential managers to encourage better people management. We are also looking for and evaluating more collaborative learning and development opportunities for our employees.

**Used** the Coronavirus Job Retention Scheme (furlough) to ensure that our organisation continued to operate efficiently during the pandemic. We also temporarily put all recruitment on hold, but later in the year we were able to recruit for existing vacancies.

**Introduced** new ways to support employees during and beyond Covid-19.

**Surveyed** our employees to establish how we are doing as an organisation and what we can do better regarding EDI.

We are also engaging Diversity Champions to represent employees across Dementia UK. We want all employees to be able to improve EDI and influence change.

Other employee surveys carried out during the year focused on how we supported staff during the pandemic and their reactions to changes we made. The response indicated that employees felt mostly positive about how the organisation responded to the challenges of homeworking, providing practical and emotional support while maintaining high standards.

**Promoted** the wellbeing of our employees through our new Wellbeing Hub. Our Employee Assistance Programme offers employees and their families opportunities including personal counselling, which many have found beneficial during the pandemic.

### What we said we would do...

**Ensure** governance and quality assurance processes are in place to enable safe delivery of the Dementia UK strategy. This allows the different areas of the charity to grow and develop in a safe and effective way while minimising risk to Dementia UK and its stakeholders.

### What we did

**Introduced** a Governance and Regulatory Advisor to drive process improvements, provide legal advice on contracting arrangements, and advise on risk management and mitigation across the charity.

### What we said we would do...

**Develop** more efficient and standardised reporting across Dementia UK's management meetings. This helps provide transparency and allows us to effectively demonstrate achievement against our strategy.

### What we did

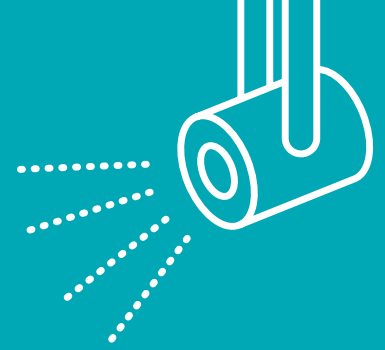
**Implemented** improved recording and reporting mechanisms regarding safeguarding incidents and concerns. Any safeguarding concern is investigated where appropriate, actioned and closed once it has been dealt with. Oversight and scrutiny from our senior managers ensures that all incidents are managed appropriately, and lessons learned are cascaded throughout the organisation.

**Launched** a business analysis function. This will ensure that our IT systems, data requirements, project planning, reporting and other processes are all effectively focused on fulfilling our strategy.

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# Spotlight

## Taking on the challenge – Information Services

Throughout the unprecedented challenges presented by the pandemic, our Information Services Team kept our organisation running. Thanks to its foresight, skills and planning, we continued to provide life-changing support to the people who needed it most.

Andrew Holt, Head of Information Services, Strategy and Delivery, looks back.



As early as January 2020, we raised concerns through our Disaster Recovery/Business Continuity Group about the likely global impact of the coronavirus crisis emerging in parts of China.

We envisioned the closure of the London office, and put contingencies in place for that. This involved assessing the IT needs of the 60% of our staff who usually worked in the office before the pandemic, as well as the 40% who were already homeworking. Consequently,

when the office closed in March 2020 because of the first national lockdown, there was relatively minimal business interruption.

We ensured all employees were equipped to work from home using our cloud-based technologies: this was a huge increase on 'normal' times and a major undertaking for our Information Services Team. Each piece of equipment had to be set up with additional security layers. Against this backdrop, we undertook vital projects on network maintenance and cyber security.

Driving forward our other pre-pandemic projects had to continue too. This included rolling out Compass, our state-of-the-art clinical database, designed by and for our Admiral Nurses. It now captures data from our Helpline and Admiral Nurse clinics, such as the reasons for each contact, what was discussed, and the outcome of each.

Finally, lockdown brought an unexpected benefit in helping us fulfil our strategy of growing digital skills across the organisation. Homeworking for all meant everyone had to learn to use Microsoft Teams!





## What we'll do next – our priorities for 2021-2022

**Develop** a rewards scheme which will support development and succession planning and recognise the loyalty of employees who remain in post for an extended period.

**Continue** our work to ensure that our employees feel valued throughout their time at Dementia UK. We will also continue to work towards achieving the Mayor's Good Work Standards Accreditation. To receive the accreditation, a London-based employer must meet a set of criteria covering fair pay and conditions, wellbeing, skills, diversity and recruitment.

**Develop** our Employee Learning and Development Strategy to improve opportunities for all employees. As part of this we will carry out a skills audit across the organisation. We want to establish the expertise we have and any skills gaps.

**Work** with Dementia UK's Senior Management Team and the Board of Trustees to demonstrate the principles outlined in the Charity Governance Code. The code is a practical tool to help charities develop high standards of governance and regulatory compliance, covering areas such as leadership, EDI and accountability.

**Collaborate** with Information Services to implement a common reporting framework which will allow real-time oversight and reporting across all departments of the charity. This will help to increase transparency and reduce repetitive reporting and recording of key performance indicators.

**Increase** resource in the Governance Team by recruiting new team members and providing tools to ensure that the whole charity can function to its full potential in a safe and measured way.

# Financial review

**The Trustees present their report and audited consolidated financial statements for the year ended 31<sup>st</sup> March 2021.**

All Trustees are also Directors for the purpose of company law, and the Trustees' Report represents the Directors' Report required by S417 of the Companies Act 2006.

## **Objectives and activities for public benefit**

The Trustees confirm that they have referred to the Charity Commission's guidance on public benefit when reviewing the aims and objectives in planning future activities.

**This is the sixth year in which the charity has achieved a significant increase in voluntary income.**

## **Financial review**

The financial statements have been prepared in accordance with applicable accounting standards, current statutory requirements, the requirements of the Statement of Recommended Practice (SORP), Accounting and Reporting by Charities (SORP 2015), and the charity's governing document.

Total incoming resources for the year were £15.8 million (2020: £10.9 million) and total expenditure was £9.9 million (2020: £8.8 million) giving a net surplus for reinvestment of £5.9 million (2020: £2.1 million.)

Net assets totalled £11.4 million (2020: £5.5 million) with net current assets of £11.6 million (2020: £5.8 million.) The liquid cash balance (accessible within one year) was £11.3 million (2020: £6.5 million.)

This is the sixth year in which the charity has achieved a significant increase in voluntary income, which again reflects the organisation's investment in fundraising and communications, as well as the increase in the number of families affected by dementia.

Finally, the Trustees consider that there are no material uncertainties about the charity's ability to continue as a going concern. This is based on a detailed budget, cash-flow and reserves forecast exercise for 2021-22.

## Our surplus for reinvestment

At year end, despite the many challenges we faced due to Covid-19, the charity had surplus for reinvestment of £5.9 million.

This is the result of our prudence in light of the uncertainties of the pandemic, and our carefully formulated fundraising strategy that enabled us to fundraise despite the many restrictions imposed on our usual activity.

We significantly reduced our expenditure at the start of the pandemic to accommodate the dramatic drop we expected in many of our income streams. Indeed, in the first few months of the year, income was significantly reduced in some areas, although in others, it was better than we forecast.

Later in the year, however, we tested Facebook events which performed very well – particularly our March 2021 ‘Dog-Walking Challenge’.

Thanks to the generosity of our supporters, it performed exceptionally well, but due to the timing of the event at year end, this left us no time to spend the extra funds raised.

As a result, in line with our strategy, we are now investing in and implementing a £2 million Admiral Nurse Development Fund, and are already putting new nursing services in place thanks to our position being much stronger than expected.

## Structure, governance and management

### Board of Trustees

The Board of Trustees is the governing body that administers the charity. All major decisions are made by the Board, which meets at least four times a year to discuss and formulate policy and strategic direction.

The Trustees of the charity are also the Directors of the company for the purpose of company law, and any reference to Trustees is therefore also to Directors. None of the Trustees has a beneficial interest in the company, and the charitable company held third-party indemnity insurance on behalf of the Trustees during the current and prior year.



**Trustees who have been in office since 1<sup>st</sup> April 2020 are:**

- Professor David Croisdale-Appleby OBE (Chair)
- Philippa Armitage
- Steven Clarke CPFA (Treasurer)
- Emma Crozier (appointed 1<sup>st</sup> November 2020)
- Steve Jamieson
- Anna Morgan (appointed 1<sup>st</sup> April 2021)

- Dr Emma Pennery CBE (resigned 31<sup>st</sup> October 2020)
- Gavin Sanderson
- Mark Stroyan
- William Roe

The Trustees would like to put on record their thanks to Dr Emma Pennery for her time served as Trustee, and their particular thanks for her advice and support throughout the merger with YoungDementia UK.

**To assist in the smooth running of the charity, the Trustees have set up sub-committees that oversee and advise on the charity's work.**

**Trustee recruitment, appointment and induction**

The existing Trustees of Dementia UK are empowered under the Articles of Association to elect new Trustees at the Annual General Meeting of the charity and to make co-options at any other time. Dementia UK seeks to embrace a range of skills within the Board of Trustees and as part of our governance process, Trustees identify and remedy any skills deficits on the Board.

New Trustees are recruited in a number of ways, including advertising and previous involvement and interest in dementia care. Potential new Trustees are invited to attend as observers in at least one Board meeting, to assist them in their decision-making process about whether to agree to become a Trustee.

All new Trustees attend the Dementia UK induction programme, meeting with the Chief Admiral Nurse/CEO and members of staff working in the charity. They also receive relevant historical documentation.

**Sub-committees of the Board of Trustees**

To assist in the smooth running of the charity, the Trustees have set up sub-committees that oversee and advise on the charity's work and they report to the Board of Trustees. These sub-committees are:

- Clinical and Professional Committee
- Finance, Risk and Audit Committee

Both committees meet at least four times a year and have at least two Trustees in their membership, with one chairing the meeting. The Trustees on each committee have relevant interests and skills that they bring to the work of the committees.

A scheme of delegation is in place, and day-to-day responsibility for the affairs of the charity, including operational matters, rests with the Chief Admiral Nurse/CEO and the Executive Team.

Dementia UK Executive Team members are:

- Dr Hilda Hayo, Chief Admiral Nurse/CEO
- Martin Bishop, Director of Fundraising, Marketing and Communications
- Paul Edwards, Director of Clinical Services
- Niall Larkin, Director of Operations

## Dementia UK Trading Limited

Dementia UK Trading Limited develops commercial opportunities and covenants its profits to the charity. Its results are included with the consolidated financial statements.

## Risk management

The Board of Trustees is responsible for the management of the risks faced by the charity. A Risk Register identifies the potential and actual risks, the nature of the risks, the likelihood and impact of the risks happening, and the measures taken to prevent or manage them. The Trustees review this Risk Register formally at all Board meetings as well as discussing and updating it at committee meetings.

The main risks identified that the charity faces are:

### **Inability to deliver income at the correct level required to expand the charity's services in line with the strategy, due to the ongoing effects of the Covid-19 pandemic.**

This is mitigated by close monthly monitoring of income and expenditure.

### **Monitoring income:**

- ensuring our fundraising strategy is fit for purpose and updated where necessary
- investing in a diverse range of income streams
- encouraging and facilitating innovation, such as online and hybrid events
- continually developing ways for donors to support and engage with the charity online
- launching specific appeals where needed

### **Monitoring expenditure:**

- monitoring expenditure and making decisions in a timely manner to ensure activity happens at the optimum time
- maximising the benefits of home/agile working, eg continuing to use video conferencing to save on travel costs, even where travel is possible
- collaborating with other organisations to avoid duplication of activity

**Inability to deliver and grow income outside of Covid-19 effects.** This is mitigated by our robust fundraising strategy, diverse range of income streams, specific targets and KPIs, and consistent reporting to the Board of Trustees.

**Loss of our reputation and damage to the Admiral Nurse brand.** This is mitigated by ensuring all the systems, processes and support are in place to ensure the effective recruitment, maintenance and development of Admiral Nurses and Admiral Nurse services. As of February 2021, we have launched a virtual Admiral Nurse Academy to be used as part of our commitment to continuing professional development, with plans in place to engage more of our nurses.

**Insufficient internal infrastructure.** This is mitigated by continually assessing and evolving the infrastructure as the charity grows, while taking into account the needs for the coming years, including adjusting to the 'new normal' and planning a safe and robustly structured office space at our office in One Aldgate.

**Breaches in data protection and governance standards.** This is mitigated by maintaining a robust data protection policy and process, educating staff on best practice with regard to data standards. Similarly, our Governance Team ensures that the charity works towards, achieves and maintains best governance practice.

## With signs of economic recovery, the charity's intentions are to increase its activities.

**Adverse publicity.** This is mitigated by ensuring that there are high standards of communication both within and outside the charity, in dealing with both clinical matters and public/supporter queries.

Dementia UK has in place a Data Continuity Plan, which ensures that the charity has contingencies in place should any serious incident occur, such as fire, flood, pandemic or act of terror. By ensuring that our Business Continuity Plan was up to date, and with regular planning meetings ahead of the UK feeling the full effects of the Covid-19 pandemic, the charity was able to move with sufficient agility to ensure that staff were equipped to work from home, as per Government guidance.

The Executive Team and Trustees are now reviewing this situation, with a view to utilising our office space in the safest and most efficient way as lockdown restrictions ease.

Insurance cover is in place and is reviewed annually to ensure it is providing the most appropriate cover.

### Reserves policy

The charity holds unrestricted reserves to ensure we can continue to operate in the event of any unforeseen and significant decreases in income.

The Board of Trustees' policy with regards to unrestricted reserves has been set at three to six months of projected unrestricted expenditure.

The Trustees aim to achieve this by judicious management of the charity's resources.

The Trustees review the reserves policy at least annually.

At 31<sup>st</sup> March 2021, we held £7.6 million in unrestricted reserves after deducting the Net Book Value of Fixed Assets (2020: £3.9 million.) This increase was due to a combination of increased income, and reduction in planned expenditure due to Covid-19 and government guidelines on social distancing. In addition, the Trustees have designated £2 million to fund new Admiral Nurse services.

With signs of economic recovery, the charity's intentions are to increase its activities so unrestricted reserves are aligned with the reserves policy of three to six months. The Trustees are of the opinion that this level is prudent considering uncertainties and is in line with the best practice on reserves policies within the charity sector.

### Investment policy

The Trustees' investment powers are governed by the Memorandum and Articles of Association, which permit the charity's funds to be invested in a wide range of securities and assets. Funds are currently held on bank deposit.

### Pay for the Senior Management Team

Dementia UK has a remuneration policy and Senior Leadership pay is decided by Trustees, who review pay based on market rates and benchmarking against charities of comparable size.







## References and administrative details

### Legal status

Dementia UK is established as a charitable company limited by guarantee and is registered with the Charity Commission under charity number 1039404 (England and Wales) and SCO47429 (Scotland.) The charity's affairs are governed by its Memorandum and Articles of Association dated 17<sup>th</sup> June 1994 (and updated on 4<sup>th</sup> November 2019), which allow for any activities covered by the charity's objectives with no specific restrictions. The liability of the members in the event of the company being wound up is limited to a sum not exceeding £1.

**Dementia UK is established as a charitable company limited by guarantee and is registered with the Charity Commission under charity number 1039404 (England and Wales) and SCO47429 (Scotland.)**

### Trustees' responsibilities in relation to the financial statements

The charity's Trustees (who are also the Directors of Dementia UK for the purposes of company law) are responsible for preparing a Trustees' Annual Report and financial statements in accordance with applicable law

and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice.)

Company law requires the charity's Trustees to prepare financial statements for each year, which give a true and fair view of the state of affairs of the charitable company and the group, and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing the financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the Charities Statement of Recommended Practice
- make judgements and accounting estimates that are reasonable and prudent
- state whether applicable UK accounting standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue to operate

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



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

**Statement as to disclosure to our Auditor**

In so far as the Trustees are aware at the time of approving our Trustees' Annual Report:

- there is no relevant audit information of which the charitable company's Auditor is unaware
- the Trustees have taken all appropriate steps to ensure the Auditor is aware of any relevant audit information

**Approved by the Trustees on  
10<sup>th</sup> August 2021 and signed on  
their behalf by:**

**Professor David Croisdale-Appleby OBE  
Chair of Trustees**



## Independent Auditor's report to the members of Dementia UK

### Opinion

We have audited the financial statements of Dementia UK (the 'parent charitable company') and its subsidiary (the 'group') for the year ended 31<sup>st</sup> March 2021 which comprise the consolidated statement of financial activities, the group and parent charitable company balance sheets, the consolidated statement of cash flows and the notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice.)

In our opinion, the financial statements:

- give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31<sup>st</sup> March 2021 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulations 6 and 8 of the Charities Accounts (Scotland) Regulation 2006 (as amended)

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs

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

### Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate. Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Dementia UK's ability to continue as a going concern for a period of at least 12 months from when the financial statements are authorised for issue.

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

### Other information

The other information comprises the information included in the Trustees' Annual Report, including the strategic report, other than the financial statements and our auditor's report thereon. The Trustees are responsible for the other information contained within the Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance

conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

### **Opinions on other matters prescribed by the Companies Act 2006**

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

- The information given in the Trustees' Annual Report, including the strategic report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- The Trustees' Annual Report, including the strategic report, has been prepared in accordance with applicable legal requirements

### **Matters on which we are required to report by exception**

In the light of the knowledge and understanding of the group and the parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report, including the strategic report.

We have nothing to report in respect of the following matters in relation to which the

Companies Act 2006 and Charities Accounts (Scotland) Regulations 2006 (as amended) requires us to report to you if, in our opinion:

- adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit

### **Responsibilities of Trustees**

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

### **Auditor's responsibilities for the audit of the financial statements**

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts.

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud are set out below.

### **Capability of the audit in detecting irregularities**

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management and the Finance, Risk and Audit Committee, which included obtaining and reviewing supporting

documentation, concerning the group's policies and procedures relating to:

- identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance
- detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud
- the internal controls established to mitigate risks related to fraud or noncompliance with laws and regulations
- We inspected the minutes of meetings of those charged with governance
- We obtained an understanding of the legal and regulatory framework that the group operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the group from our professional and sector experience
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit
- We reviewed any reports made to regulators
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting



estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at [frc.org.uk/auditorsresponsibilities](http://frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

### **Use of our report**

This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

**Noelia Serrano (Senior Statutory Auditor)**

**8<sup>th</sup> November 2021**

For and on behalf of Sayer Vincent LLP,  
Statutory Auditor, Invicta House, 108-114  
Golden Lane, London, EC1Y 0TL. Sayer Vincent  
LLP is eligible to act as auditor in terms of  
section 1212 of the Companies Act 2006

## Consolidated statement of financial activities (incorporating an income and expenditure account)

For the year ended 31<sup>st</sup> March 2021

	Note	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
<b>Income from:</b>							
Donations and legacies	2	13,462,413	1,463,591	<b>14,926,004</b>	9,241,820	1,411,693	10,653,513
YDUK transfer of net assets	2	-	313,513	<b>313,513</b>	-	-	-
Charitable activities							-
Admiral Nursing projects	3	88,252	129,806	<b>218,058</b>	12,573	-	12,573
Business development	3	100,720	-	<b>100,720</b>	78,434	-	78,434
Research and publications	3	6,920	-	<b>6,920</b>	25,068	-	25,068
Other fundraising activities	4	95,209	-	<b>95,209</b>	80,723	-	80,723
Investments		23,697	-	<b>23,697</b>	41,774	-	41,774
Other		127,534	-	<b>127,534</b>	1,967	-	1,967
<b>Total income</b>		<b>13,904,745</b>	<b>1,906,910</b>	<b>15,811,655</b>	<b>9,482,359</b>	<b>1,411,693</b>	<b>10,894,052</b>
<b>Expenditure on:</b>							
Raising funds	5	3,138,091	7,917	<b>3,146,008</b>	2,807,199	-	2,807,199
Charitable activities							-
Admiral Nursing projects	5	2,375,079	1,934,564	<b>4,309,643</b>	2,524,308	1,079,201	3,603,509
Business development	5	621,980	-	<b>621,980</b>	673,231	-	673,231
Research and publications	5	167,499	-	<b>167,499</b>	162,842	-	162,842
Public awareness	5	975,651	-	<b>975,651</b>	656,684	-	656,684
Practice development	5	626,880	87,932	<b>714,812</b>	936,365	-	936,365
<b>Total expenditure</b>		<b>7,905,180</b>	<b>2,030,413</b>	<b>9,935,593</b>	<b>7,760,629</b>	<b>1,079,201</b>	<b>8,839,830</b>
<b>Net income/expenditure for the year</b>	7	5,999,565	(123,503)	<b>5,876,062</b>	1,721,730	332,492	2,054,222
Transfers between funds		(237,966)	237,966	-	(17,840)	17,840	-
<b>Net movement in funds</b>		<b>5,761,599</b>	<b>114,463</b>	<b>5,876,062</b>	<b>1,703,890</b>	<b>350,332</b>	<b>2,054,222</b>
<b>Reconciliation of funds:</b>							
Total funds brought forward		4,074,941	1,406,226	<b>5,481,167</b>	2,371,051	1,055,894	3,426,945
<b>Total funds carried forward</b>	21	<b>9,836,540</b>	<b>1,520,689</b>	<b>11,357,229</b>	<b>4,074,941</b>	<b>1,406,226</b>	<b>5,481,167</b>

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in Note 21a to the financial statements.

**Balance sheets****As at 31<sup>st</sup> March 2021**

Company no. 02944156

		<b>The group</b>		<b>The charity</b>	
	<b>Note</b>	<b>2021</b>	<b>2020</b>	<b>2021</b>	<b>2020</b>
		<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
<b>Fixed assets:</b>					
Tangible assets	12	<b>224,633</b>	202,852	<b>224,633</b>	202,852
Investments	13	<b>-</b>	-	<b>1</b>	1
		<b>224,633</b>	202,852	<b>224,634</b>	202,853
<b>Current assets:</b>					
Debtors	16	<b>2,132,427</b>	772,771	<b>2,154,741</b>	772,771
Short term deposits		<b>6,533,596</b>	5,265,421	<b>6,533,596</b>	5,265,421
Cash at bank and in hand		<b>4,725,234</b>	1,244,041	<b>4,700,705</b>	1,232,977
		<b>13,391,257</b>	7,282,233	<b>13,389,042</b>	7,271,169
<b>Liabilities:</b>					
Creditors: amounts falling due within one year	17	<b>(1,886,386)</b>	(1,519,171)	<b>(1,879,737)</b>	(1,500,783)
<b>Net current assets</b>		<b>11,504,871</b>	5,763,062	<b>11,509,305</b>	5,770,386
<b>Total assets less current liabilities</b>		<b>11,729,504</b>	5,965,914	<b>11,733,939</b>	5,973,239
Creditors: amounts falling due after one year	18	<b>(372,275)</b>	(484,747)	<b>(372,275)</b>	(484,747)
<b>Total net assets</b>	20	<b>11,357,229</b>	5,481,167	<b>11,361,664</b>	5,488,492
<b>Funds:</b>	21				
Restricted income funds		<b>1,520,689</b>	1,406,226	<b>1,520,689</b>	1,406,226
Unrestricted income funds					
Designated new nurse funds		<b>2,000,000</b>	-	<b>2,000,000</b>	-
General funds - balance c/fwd		<b>7,836,540</b>	4,074,941	<b>7,840,975</b>	4,082,266
Total unrestricted funds		<b>9,836,540</b>	4,074,941	<b>9,840,975</b>	4,082,266
<b>Total funds</b>		<b>11,357,229</b>	5,481,167	<b>11,361,664</b>	5,488,492

Approved by the Trustees on 10<sup>th</sup> August 2021 and signed on their behalf by:

\_\_\_\_\_  
**Professor David Croisdale-Appleby OBE**  
**Chair**

\_\_\_\_\_  
**Steve Clarke CPFA**  
**Treasurer**



## Consolidated statement of cash flows

For the year ended 31<sup>st</sup> March 2021

	2021		2020	
	£	£	£	£
<b>Net cash provided by operating activities</b>	<b>4,824,163</b>		1,755,142	
<b>Cash flows from investing activities:</b>				
Interest and dividends receivable	23,697		41,774	
Purchase of fixed assets	(98,492)		(37,258)	
Investments in short term deposits	(1,268,175)		(2,265,421)	
<b>Net cash used in investing activities</b>	<b>(1,342,970)</b>		(2,260,905)	
<b>Change in cash and cash equivalents in the year</b>	<b>3,481,193</b>		(505,763)	
<b>Cash and cash equivalents at the beginning of the year</b>	<b>1,244,041</b>		1,749,804	
<b>Cash and cash equivalents at the end of the year</b>	<b>4,725,234</b>		1,244,041	

## Notes to the financial statements: For the year ended 31<sup>st</sup> March 2021

### 1 Accounting policies

#### a Statutory information

Dementia UK is a charitable company limited by guarantee and is incorporated in England and Wales. The registered office address and principal place of business is 7th Floor, One Aldgate, London EC3N 1RE.

#### b Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) – (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiary Dementia UK Trading Limited on a line by line basis. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

#### c Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

#### d Going concern

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

The Trustees have reviewed the challenges presented by Covid-19 and are of the view that the immediate future of the charity for the next 12 months is secure on the basis of confirmation of continuing income streams and fundraising activity to generate additional income streams. Accordingly, the financial statements have been prepared on the going concern basis.

The Trustees do not consider that there are any sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next reporting period.

#### e Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and that the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

For legacies, entitlement is taken at the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the charity that a distribution will be made, or a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

<b>f Donations of gifts, services and facilities</b>	<p>Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SOP (FRS 102), volunteer time is not recognised.</p> <p>On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.</p>
<b>g Interest receivable</b>	<p>Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.</p>
<b>h Fund accounting</b>	<p>Restricted funds are to be used for specific purposes as laid down by the donor. Expenditure which meets these criteria is charged to the fund.</p> <p>Unrestricted funds are donations and other incoming resources received or generated for the charitable purposes.</p> <p>Designated funds are unrestricted funds earmarked by the Trustees for particular purposes.</p>
<b>i Expenditure and irrecoverable VAT</b>	<p>Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required, and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:</p> <ul style="list-style-type: none"> <li>• Costs of raising funds relate to the costs incurred by the charitable company in inducing third parties to make voluntary contributions to it, as well as the cost of any activities with a fundraising purpose</li> <li>• Expenditure on charitable activities includes the costs of delivering services and other educational activities undertaken to further the purposes of the charity and their associated support costs.</li> </ul> <p>Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.</p>
<b>j Grants payable</b>	<p>Grants payable are made to third parties in furtherance of the charity's objects. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the Trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive a grant and that any condition attaching to the grant is outside of the control of the charity.</p>
<b>k Allocation of support costs</b>	<p>Resources expended are allocated to the particular activity where the cost relates directly to that activity.</p> <p>Where information about the aims, objectives and projects of the charity is provided to potential beneficiaries, the costs associated with this publicity are allocated to charitable expenditure.</p> <p>Where such information about the aims, objectives and projects of the charity is also provided to potential donors, activity costs are apportioned between fundraising and charitable activities on the basis of area of literature occupied by each.</p> <p>Support costs are the cost of overall direction and administration, comprising the salary and overhead costs of the central function.</p>



<b>k Allocation of support costs continued</b>	<p>Governance costs are the costs associated with the governance arrangements of the charity. These costs are associated with constitutional and statutory requirements and include any costs associated with the strategic management of the charity's activities.</p> <p>Support and governance costs are re-allocated to each of the activities on the following basis which is an estimate, based on staff time, of the amount attributable to each activity:</p> <table data-bbox="501 465 1013 663"> <tr> <td>Admiral Nursing projects</td><td>50%</td></tr> <tr> <td>Business development</td><td>8%</td></tr> <tr> <td>Research and publications</td><td>2%</td></tr> <tr> <td>Public awareness</td><td>6%</td></tr> <tr> <td>Practice development</td><td>8%</td></tr> <tr> <td>Raising funds</td><td>26%</td></tr> </table>	Admiral Nursing projects	50%	Business development	8%	Research and publications	2%	Public awareness	6%	Practice development	8%	Raising funds	26%
Admiral Nursing projects	50%												
Business development	8%												
Research and publications	2%												
Public awareness	6%												
Practice development	8%												
Raising funds	26%												
<b>i Operating leases</b>	Rental charges are charged on a straight line basis over the term of the lease.												
<b>m Tangible fixed assets</b>	<p>Items of equipment are capitalised where the purchase price exceeds £1,500. Depreciation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.</p> <p>Depreciation is provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The depreciation rates in use are as follows:</p> <table data-bbox="501 1025 1319 1088"> <tr> <td>Fixtures and fittings</td><td>15%-33% per annum, straight line</td></tr> <tr> <td>IT hardware and software</td><td>15%-33% per annum, straight line</td></tr> </table>	Fixtures and fittings	15%-33% per annum, straight line	IT hardware and software	15%-33% per annum, straight line								
Fixtures and fittings	15%-33% per annum, straight line												
IT hardware and software	15%-33% per annum, straight line												
<b>n Investments in subsidiaries</b>	Investments in subsidiaries are at cost.												
<b>o Admiral Nurse services</b>	Funding is made available to employing authorities to meet employment, travelling and training costs incurred by them in the provision of Admiral Nurse services. The funding is accrued and recognised in the accounts in line with the provision of these services.												
<b>p Debtors</b>	Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.												
<b>q Short term deposits</b>	Short term deposits include cash balances that are invested in accounts with a maturity date of between three and 12 months.												
<b>r Cash at bank and in hand</b>	Cash at bank and cash in hand include cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.												
<b>s Creditors and provisions</b>	Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.												
<b>t Financial instruments</b>	The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.												

**u Pensions**

The charity subscribes to a defined contribution scheme for the benefit of its employees. Contributions payable are charged to the Statement of Financial Activities (SOFA) in the year they are payable.

The charity also subscribes to the NHS Pension Scheme, a multi-employer defined benefit pension scheme. It is not possible to identify the assets or liabilities relating to the charity, therefore the charity accounts for contributions to the scheme as if it were a defined contribution scheme. Contributions payable are charged to the SOFA in the year they are payable.

## 2. Income from donations and legacies

	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
Legacies	2,359,992	-	<b>2,359,992</b>	1,268,054	-	1,268,054
Voluntary donations	11,102,421	1,463,591	<b>12,566,012</b>	7,973,766	1,411,693	9,385,459
	<b>13,462,413</b>	<b>1,463,591</b>	<b>14,926,004</b>	<b>9,241,820</b>	<b>1,411,693</b>	<b>10,653,513</b>
<b>YDUK transfer of net assets</b>	-	313,513	<b>313,513</b>	-	-	-

On 1 November 2020, YoungDementia UK became part of Dementia UK by transferring all its activities and net assets to Dementia UK at nil consideration. The net assets transferred are continued to be expended towards the charitable objects of YoungDementia UK.

## 3. Income from charitable activities

	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
Fees and contributions from institutions	88,252	129,806	<b>218,058</b>	12,573	-	12,573
<b>Sub-total for Admiral Nursing projects</b>	<b>88,252</b>	<b>129,806</b>	<b>218,058</b>	<b>12,573</b>	<b>-</b>	<b>12,573</b>
Management and development fees	100,720	-	<b>100,720</b>	78,434	-	78,434
<b>Sub-total for business development</b>	<b>100,720</b>	<b>-</b>	<b>100,720</b>	<b>78,434</b>	<b>-</b>	<b>78,434</b>
Contributions from institutions	6,920	-	<b>6,920</b>	25,068	-	25,068
<b>Sub-total for research and evaluation</b>	<b>6,920</b>	<b>-</b>	<b>6,920</b>	<b>25,068</b>	<b>-</b>	<b>25,068</b>
<b>Total income from charitable activities</b>	<b>195,892</b>	<b>129,806</b>	<b>325,698</b>	<b>116,075</b>	<b>-</b>	<b>116,075</b>

## 4. Income from other fundraising activities

	Unrestricted £	Restricted £	2021 Total £	Unrestricted £	Restricted £	2020 Total £
Carol concert, Christmas cards and merchandise	82,703	-	<b>82,703</b>	80,723	-	80,723
Income from trading subsidiary	12,506	-	<b>12,506</b>	-	-	-
	<b>95,209</b>	<b>-</b>	<b>95,209</b>	<b>80,723</b>	<b>-</b>	<b>80,723</b>



## 5a. Analysis of expenditure (current year)

	Charitable activities								2021 Total £	2020 Total £
	Raising funds £	Admiral Nursing projects £	Business development £	Research and publications £	Public awareness £	Practice development £	Governance costs £	Support costs £		
Staff costs (note 8)	1,439,807	2,502,378	457,131	126,282	291,978	455,058	114,363	829,215	<b>6,216,212</b>	5,529,093
Direct activity costs	750,987	683,471	83	(252)	458,461	95,551	-	-	<b>1,988,301</b>	1,836,899
IT and telephone	36,961	73,715	-	215	467	-	-	401,248	<b>512,606</b>	443,689
Office and administration costs	145,849	5,286	563	203	27,573	-	1,349	213,670	<b>394,493</b>	344,797
Professional fees	238,744	18,522	-	-	74,019	-	15,500	61,526	<b>408,311</b>	222,987
Premises	-	-	-	-	-	-	-	415,670	<b>415,670</b>	462,365
	<b>2,612,348</b>	<b>3,283,372</b>	<b>457,777</b>	<b>126,448</b>	<b>852,498</b>	<b>550,609</b>	<b>131,212</b>	<b>1,921,329</b>	<b>9,935,593</b>	<b>8,839,830</b>
Support costs	499,545	960,665	153,706	38,427	115,280	153,706	-	(1,921,329)	-	-
Governance costs	34,115	65,606	10,497	2,624	7,873	10,497	(131,212)	-	-	-
<b>Total expenditure 2021</b>	<b>3,146,008</b>	<b>4,309,643</b>	<b>621,980</b>	<b>167,499</b>	<b>975,651</b>	<b>714,812</b>	<b>-</b>	<b>-</b>	<b>9,935,593</b>	<b>-</b>

## 5b. Analysis of expenditure (prior year)

	Charitable activities								2020 Total £
	Raising funds £	Admiral Nursing projects £	Business development £	Research and publications £	Public awareness £	Practice development £	Governance costs £	Support costs £	
Staff costs (note 8)	1,297,720	2,165,615	460,489	112,073	256,137	435,161	-	801,898	<b>5,529,093</b>
Direct activity costs	745,025	399,670	48,928	18,680	212,756	345,904	11,210	54,726	<b>1,836,899</b>
IT and telephone	46,678	47,644	4	-	2,216	200	-	346,947	<b>443,689</b>
Office and administration costs	108,354	12,234	8,917	1,110	31,786	207	8,340	173,849	<b>344,797</b>
Professional fees	98,272	2,514	-	-	45,363	-	42,393	34,445	<b>222,987</b>
Premises	-	-	-	-	-	-	-	462,365	<b>462,365</b>
	<b>2,296,049</b>	<b>2,627,677</b>	<b>518,338</b>	<b>131,863</b>	<b>548,258</b>	<b>781,472</b>	<b>61,943</b>	<b>1,874,230</b>	<b>8,839,830</b>
Support costs	494,797	944,612	149,938	29,988	104,957	149,938	-	(1,874,230)	-
Governance costs	16,353	31,220	4,955	991	3,469	4,955	(61,943)	-	-
<b>Total expenditure 2020</b>	<b>2,807,199</b>	<b>3,603,509</b>	<b>673,231</b>	<b>162,842</b>	<b>656,684</b>	<b>936,365</b>	<b>-</b>	<b>-</b>	<b>8,839,830</b>

## 6. Grant making

Cost	Grants to institutions £	2021 £	2020 £
Admiral Nursing projects	616,535	<b>616,535</b>	325,000
At the end of the year	616,535	<b>616,535</b>	325,000

The charity provided half funding for two years for the recruitment of Admiral Nurses in a number of health institutions. These costs are included in note 5 under 'direct activity costs'.

## 7. Net income/expenditure for the year

This is stated after charging:

	2021 £	2020 £
Depreciation	<b>76,711</b>	50,429
Operating lease rentals:		
Property	<b>378,288</b>	407,425
Other	<b>97,386</b>	159,192
Auditors' remuneration (excluding VAT):		
Audit – current year	<b>17,800</b>	17,500
Audit – previous year under-accrual	-	2,830

## 8. Analysis of staff costs, Trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:

	2021 £	2020 £
Salaries	5,089,287	4,619,790
Termination/redundancy costs	24,400	-
Employer's National Insurance contributions	529,903	473,976
Employer's contributions to defined contribution pension scheme	302,844	278,275
Employer's contributions to defined benefit pension scheme	122,600	95,234
Other staff related costs	147,178	61,818
	<b>6,216,212</b>	<b>5,529,093</b>

The following number of employees received employee benefits (excluding employer pension costs and employer's national insurance) during the year between:

	2021 No.	2020 No.
£60,000 - £69,999	3	4
£70,000 - £79,999	1	-
£80,000 - £89,999	3	3
> £90,000	-	-

The total employee benefits (including pension contributions and employer's National Insurance) of the key management personnel were £392,365 (2020: £379,197.)

The charity Trustees were neither paid nor received any other benefits from employment with the charity in the year (2020: £nil.) No charity Trustee received payment for professional or other services supplied to the charity (2020: £nil.)

Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £2,092 (2020: £2,474) incurred by three (2020: three) members relating to attendance at meetings. The charity also incurred £nil expenditure on Trustees' meetings in the year (2020: £nil.)



## 9. Staff numbers

The average number of employees (head count based on number of staff paid per month) during the year was 154 (2020: 143.)

This includes sessional employees and other employees who received no pay in certain months (head count based on number per month) during the year was 20 (2020: 29.)

	<b>2021</b>	2020
	<b>No.</b>	No.
Raising funds	<b>36</b>	33
Admiral Nursing projects	<b>59</b>	63
Business development	<b>10</b>	10
Research and publications	<b>2</b>	2
Public awareness	<b>8</b>	7
Practice development	<b>11</b>	10
Support	<b>27</b>	18
	<b>154</b>	143

## 10. Related party transactions

There are no related party transactions to disclose for 2021 (2020: none) other than those already disclosed in note 8.

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties.

## 11. Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes. The charity's trading subsidiary Dementia UK Trading Limited gift aids available profits to the parent charity. Its charge to corporation tax in the year was £878 (2020: £3,313.)

## 12. Tangible fixed assets

<b>Group and charity</b>	<b>Fixtures and fittings £</b>	<b>IT hardware and software £</b>	<b>Total £</b>
<b>Cost</b>			
At the start of the year	206,869	66,720	<b>273,589</b>
Additions in year	-	98,492	<b>98,492</b>
At the end of the year	206,869	165,213	<b>372,081</b>
<b>Depreciation</b>			
At the start of the year	58,613	12,124	<b>70,737</b>
Charge for the year	41,374	35,337	<b>76,711</b>
At the end of the year	99,987	47,461	<b>147,448</b>
<b>Net book value</b>			
At the end of the year	106,882	117,752	<b>224,633</b>
At the start of the year	148,256	54,596	<b>202,852</b>

All of the above assets are used for charitable purposes.

## 13. Investment in subsidiary undertaking

	<b>The group</b>		<b>The charity</b>	
	<b>2021</b>	<b>2020</b>	<b>2021</b>	<b>2020</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
At the start and the end of the year	-	-	<b>1</b>	<b>1</b>

## 14. Subsidiary undertaking

The charitable company owns the whole of the issued ordinary share capital of Dementia UK Trading Limited, a company registered in England. The subsidiary was used to develop the Compass database for the charity which was transferred to the charity in 2019-20 and for non-primary purpose trading activities. All activities have been consolidated on a line by line basis in the statement of financial activities. Available profits are gift aided to the charitable company. A summary of the results of the subsidiary is shown below:

	2021 £	2020 £
Turnover	<b>12,506</b>	225,000
Cost of sales	<b>(5,369)</b>	(22,065)
Gross profit	<b>7,137</b>	202,935
Administrative expenses and taxation charge	<b>(3,568)</b>	(4,057)
Profit on ordinary activities before taxation	<b>3,569</b>	198,878
Taxation on profit on ordinary activities	<b>(678)</b>	(3,313)
Profit for the financial year	<b>2,891</b>	195,565
Total retained earnings brought forward	<b>(7,326)</b>	(202,891)
Total retained earnings carried forward	<b>(4,435)</b>	(7,326)
The aggregate of the assets, liabilities and funds was:		
Assets	<b>24,649</b>	43,999
Liabilities	<b>(29,083)</b>	(51,324)
Funds	<b>(4,434)</b>	(7,325)

## 15. Parent charity

The parent charity's gross income and the results for the year are disclosed as follows:

	2021 £	2020 £
Gross income	<b>15,799,149</b>	10,669,052
Result for the year	<b>5,873,172</b>	1,858,655



## 16. Debtors

	The group		The charity	
	2021	2020	2021	2020
	£	£	£	£
Trade debtors	<b>112,470</b>	25,431	<b>112,351</b>	25,431
Taxation and social security	-	99,143	-	99,143
Other debtors	<b>6,174</b>	21,887	<b>6,174</b>	21,887
Prepayments	<b>520,971</b>	276,479	<b>520,970</b>	276,479
Accrued income	<b>1,492,812</b>	349,831	<b>1,492,812</b>	349,831
Amounts due from group undertakings	-	-	<b>22,434</b>	-
	<b>2,132,427</b>	772,771	<b>2,154,741</b>	772,771

The charity received notifications regarding a number of legacies before the year end totalling £1,505,641. However, these legacies did not meet the full income recognition criteria as per the accounting policy as at 31<sup>st</sup> March 2021, and therefore, have not been accrued in the 2020-21 financial statements (2019-20: £1,458,820.)

## 17. Creditors: amounts falling due within one year

	The group		The charity	
	2021	2020	2021	2020
	£	£	£	£
Trade creditors	<b>397,509</b>	346,730	<b>397,509</b>	344,738
Taxation and social security	<b>244,447</b>	244,904	<b>241,268</b>	197,073
Other creditors	<b>36,779</b>	44,896	<b>36,779</b>	44,896
Accruals	<b>274,817</b>	106,903	<b>271,347</b>	105,403
Deferred income	<b>26,250</b>	17,387	<b>26,250</b>	17,387
Admiral Nurse projects – grant accruals	<b>906,584</b>	758,351	<b>906,584</b>	758,351
Amounts due to group undertakings	-	-	-	32,935
	<b>1,886,386</b>	1,519,171	<b>1,879,737</b>	1,500,783

## 18. Creditors: amounts falling due after one year

	The group		The charity	
	2021	2020	2021	2020
	£	£	£	£
Admiral Nurse projects – grant accruals	<b>194,426</b>	484,747	<b>194,426</b>	484,747
Rent-free provision	<b>177,849</b>	-	<b>177,849</b>	-
	<b>372,275</b>	484,747	<b>372,275</b>	484,747

Total grant commitments outstanding as at 31<sup>st</sup> March 2021 relating to the recruitment of Admiral Nurses payable to health institutions were £1,101,011 (2020: £1,243,098), of which payable within one year were £906,584 (2020: £758,351) and after one year were £194,426 (2020: £484,747.) The amounts due within one year are included within accruals in note 17 above.

## 19. Pension schemes

The charity operates two pension schemes: a stakeholder pension scheme, administered by Aviva, and NHS Pensions. As at 31<sup>st</sup> March 2021, the amounts owed to the schemes were Aviva £87,635 (2020: £67,806) and NHS £nil (2020: £nil.) The number of members in Aviva are 96 and NHS 18. The NHS Pension Scheme is an unfunded occupational scheme backed by the Exchequer, which is open to all NHS employees and certain employees of other approved organisations. Dementia UK is an approved organisation. The Scheme provides pensions, based on final salary, in varying circumstances for employees of participating employers. The Scheme receives contributions from employees and employers to defray the costs of pensions and other benefits. From 1<sup>st</sup> April 2006 the NHS Business Services Authority (the Authority) has been the body responsible for the administration of the NHS Pension Scheme for England and Wales. In support of the Authority, NHS employers are required to explain the scheme to the employees. In addition, they submit pension data to the NHS Business Services Authority (NHSBSA.) Every four years the Government Actuary conducts a full actuarial review of contribution rates. In order to defray the costs of benefits, in 2020-21 employers paid contributions of 14.38% of pensionable pay and employees contributed on a tiered scale from 5%-14.5% of their pensionable pay depending on total earnings. Further information on benefits can be obtained from the NHS Pension Scheme website.

## 20a. Analysis of group net assets between funds (current year)

	General unrestricted	Restricted funds	Total funds
	£	£	£
Tangible fixed assets	224,633	-	<b>224,633</b>
Net current assets	9,789,756	1,715,115	<b>11,504,871</b>
Long term liabilities	(177,849)	(194,426)	<b>(372,275)</b>
<b>Net assets at 31<sup>st</sup> March 2021</b>	<b>9,836,540</b>	<b>1,520,689</b>	<b>11,357,229</b>

**20b. Analysis of group net assets between funds (prior year)**

	General unrestricted £	Restricted funds £	Total funds £
Tangible fixed assets	202,852	-	<b>202,852</b>
Net current assets	3,872,089	1,890,973	<b>5,763,062</b>
Long term liabilities	-	(484,747)	<b>(484,747)</b>
<b>Net assets at 31<sup>st</sup> March 2021</b>	<b>4,074,941</b>	<b>1,406,226</b>	<b>5,481,167</b>



**21a. Movements in funds (current year)**

	At 1 <sup>st</sup> April 2020 £	Income and gains £	Expenditure and losses £	Transfers £	At 31 <sup>st</sup> March 2021 £
<b>Restricted funds:</b>					
Admiral Nursing projects (Helpline and professional and practice development)	-	1,109,875	(1,109,875)	-	-
Admiral Nursing Learning & Disability Service and new nurses (national)	3,907	27,084	(3,978)	259	<b>27,272</b>
Admiral Nursing projects (geographical funds):					
Buckinghamshire	27,907	-	-	-	<b>27,907</b>
Cambridgeshire	47,126	-	-	-	<b>47,126</b>
Cornwall	37,556	63	-	-	<b>37,619</b>
Cumbria	19,290	16,316	(7,000)	-	<b>28,606</b>
Derbyshire	217,398	-	(6,250)	-	<b>211,148</b>
Devon	42,545	93,817	(240,304)	117,402	<b>13,460</b>
Essex	33,379	90,172	(113,596)	-	<b>9,955</b>
Gloucestershire	20,199	275	(20,474)	-	-
Leicestershire	151,772	22,791	(142,513)	-	<b>32,050</b>
London – Imperial College	36,500	-	(14,910)	-	<b>21,590</b>
Northamptonshire	42,432	-	(750)	-	<b>41,682</b>
Nottinghamshire	116,563	609	-	-	<b>117,172</b>
Scotland	215,191	77	-	-	<b>215,268</b>
Staffordshire	121,076	2,010	-	-	<b>123,086</b>
Sussex	113,222	9,742	(680)	-	<b>122,284</b>
Teeside (Newcastle)	-	50,000	-	-	<b>50,000</b>
Wales	50,164	32,056	(121,500)	68,081	<b>28,801</b>
West Midlands	20,667	-	(8,312)	5,832	<b>18,187</b>
Yorkshire	57,461	11,601	(29,917)	-	<b>39,145</b>
Other geographical restricted funds (Less than £10,000 balances at 31 <sup>st</sup> March 2021)	31,871	83,103	(114,506)	46,392	<b>46,860</b>
YoungDementia UK projects	-	357,319	(95,848)	-	<b>261,471</b>
<b>Total restricted funds</b>	<b>1,406,226</b>	<b>1,906,910</b>	<b>(2,030,413)</b>	<b>237,966</b>	<b>1,520,689</b>
<b>Unrestricted funds</b>	-	-	-	-	-
<b>Designated funds</b>	-	-	-	-	-
Admiral Nursing projects (non-geographical funds)	-	-	78,932	(78,932)	-
New nurse	-	-	-	2,000,000	<b>2,000,000</b>
<b>Total designated funds</b>	-	-	<b>78,932</b>	<b>1,921,068</b>	<b>2,000,000</b>
<b>General funds</b>	<b>4,074,941</b>	<b>13,904,745</b>	<b>(7,984,112)</b>	<b>(2,159,034)</b>	<b>7,836,540</b>
<b>Total unrestricted and designated funds</b>	<b>4,074,941</b>	<b>13,904,745</b>	<b>(7,905,180)</b>	<b>(237,966)</b>	<b>9,836,540</b>
<b>Total funds</b>	<b>5,481,167</b>	<b>15,811,655</b>	<b>(9,935,593)</b>	-	<b>11,357,229</b>

**21b. Movements in funds (prior year)**

	At 1 <sup>st</sup> April 2019 £	Income and gains £	Expenditure and losses £	Transfers £	At 31 <sup>st</sup> March 2020 £
<b>Restricted funds:</b>					
Admiral Nursing projects (Helpline and professional and practice development)	-	507,299	(507,299)	-	-
Admiral Nursing Lewy body dementia	-	15,000	(15,000)	-	-
Admiral Nursing Learning and Disability Service	-	139,741	(140,000)	-	(259)
Admiral Nursing new nurses (national):	-	4,166	-	-	4,166
Buckinghamshire	32,671	-	(4,764)	-	27,907
Cambridgeshire	21,166	9,500	16,460	-	47,126
Cumbra	1,129	18,161	-	-	19,290
Cornwall	33,614	3,942	-	-	37,556
Derbyshire	155,132	112,266	(50,000)	-	217,398
Devon	5,664	40,086	(4,890)	1,685	42,545
Essex	23,259	10,120	-	-	33,379
Gloucestershire	20,199	-	-	-	20,199
London (Imperial College – young onset dementia)	26,500	10,000	-	-	36,500
Leicestershire	157,488	114,284	(120,000)	-	151,772
Northamptonshire	31,390	11,042	-	-	42,432
Nottinghamshire	109,464	7,099	-	-	116,563
Scotland	36,937	178,254	-	-	215,191
Staffordshire	82,444	21,965	16,667	-	121,076
Sussex	83,519	30,338	(635)	-	113,222
Wales	25,344	24,820	-	-	50,164
West Midlands	30,415	25,252	(35,000)	-	20,667
Yorkshire	46,597	27,732	(16,868)	-	57,461
Other geographical restricted funds (Less than £10,000 balances at 31 <sup>st</sup> March 2020)	132,962	100,626	(217,872)	16,155	31,871
<b>Total restricted funds</b>	<b>1,055,894</b>	<b>1,411,693</b>	<b>(1,079,201)</b>	<b>17,840</b>	<b>1,406,226</b>
<b>Unrestricted funds:</b>					
<b>General funds</b>	<b>2,371,051</b>	<b>9,482,359</b>	<b>(7,760,629)</b>	<b>(17,840)</b>	<b>4,074,941</b>
<b>Total unrestricted funds</b>	<b>2,371,051</b>	<b>9,482,359</b>	<b>(7,760,629)</b>	<b>(17,840)</b>	<b>4,074,941</b>
<b>Total funds</b>	<b>3,426,945</b>	<b>10,894,052</b>	<b>(8,839,830)</b>	<b>-</b>	<b>5,481,167</b>

## 22. Purposes of restricted and designated funds

### Restricted funds

Admiral Nursing projects are funded by donations specifically for the development and support of the services which Admiral Nurses provide.

The total restricted funds were raised by individuals, corporates, charitable trusts and fundraisers throughout the UK for the provision of services.

YoungDementia UK projects relate to funds transferred from YoungDementia UK when the charity became part of Dementia UK in November 2020. The funds will continue to be used for activities in line with YoungDementia UK's charitable objects.

### Designated funds

Designated funds relate to funding new Admiral Nurse services.

## 23. Reconciliation of net income to net cash flow from operating activities

	2021 £	2020 £
<b>Net income/expenditure for the reporting period (as per the statement of financial activities)</b>	<b>5,876,062</b>	2,054,222
Depreciation charges	76,711	50,429
Interest receivable	(23,697)	(41,774)
(Increase)/Decrease in debtors	(1,359,656)	108,110
Decrease/(Increase) in creditors	254,743	(415,845)
<b>Net cash provided by operating activities</b>	<b>4,824,163</b>	1,755,142

## 24. Operating lease commitments

	Property		Equipment	
Periods:	2021 £	2020 £	2021 £	2020 £
Less than one year	352,287	354,660	119,964	132,146
One to five years	1,207,346	1,418,640	141,796	168,644
	<b>1,559,633</b>	1,773,300	<b>261,760</b>	300,790

### Contingent Liability

Dementia UK has entered into a rent lease agreement that expires in June 2025. The rent agreement includes a probability of 10% rent increase.

## 25. Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.



# Thank you

We're so grateful to everyone who has supported us over the past year, including our Volunteer Ambassadors. You make our life-changing work possible. In particular, we'd like to thank the following supporters:

The 29<sup>th</sup> May 1961 Charitable Trust  
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The Sobell Foundation  
The Souter Charitable Trust  
The Swire Charitable Trust  
This is Dementia  
Tokio Marine HCC International Group  
Tony and Trish Trahar  
Valley Park School  
Wales & West Housing  
Zurich Community Trust

**We also thank all our kind  
legators who generously  
left a gift in their Will, as  
well as our supporters who  
wish to remain anonymous.**



**The Admiral Nurse Dementia Helpline provides life-changing support for families affected by all forms of dementia – including Alzheimer’s disease. Our nurses have the time to listen and the knowledge to solve problems.**

**Call 0800 888 6678 or email [helpline@dementiauk.org](mailto:helpline@dementiauk.org)**

**Open Monday-Friday, 9am-9pm**

**Saturday and Sunday, 9am-5pm**

**Every day except 25<sup>th</sup> December**

**[dementiauk.org](http://dementiauk.org) • 020 8036 5400 • [info@dementiauk.org](mailto:info@dementiauk.org)**

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