

MATERNAL MENTAL HEALTH ALLIANCE

England & Wales · Charity number 1178152

Details

Other names MMHA

Status Registered

Legal form CIO

Registered 2018-04-30

Register [View on the Charity Commission register](#)

Contact

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London
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Activities

Objects: THE OBJECTS OF THE CIO ARE:(1) TO PROMOTE AND PROTECT THE MENTAL HEALTH OF WOMEN AND THEIR FAMILIES IN PARTICULAR BUT NOT EXCLUSIVELY BY RAISING AWARENESS OF MATERNAL MENTAL HEALTH ISSUES AND SEEKING TO IMPROVE SERVICES FOR WOMEN AND THEIR FAMILIES.(2) TO ADVANCE THE EDUCATION OF THE GENERAL PUBLIC IN ALL AREAS RELATING TO MATERNAL MENTAL HEALTH.

Activities: The Maternal Mental Health Alliance (MMHA) is a coalition of UK organisations with a vision to see all women across the UK get consistent, accessible and quality care and support for their mental health during pregnancy and in the year after giving birth.

Classification

- **How:** Provides Advocacy/advice/information, Sponsors Or Undertakes Research, Acts As An Umbrella Or Resource Body
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives
- **Who:** Children/young People, Other Charities Or Voluntary Bodies, Other Defined Groups, The General Public/mankind

Geography

- Northern Ireland
- Scotland
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2025-09-30	£430,357	£545,421	-	-
2024-09-30	£620,732	£463,817	£372,100	7
2023-09-30	£470,684	£539,825	-	-
2022-09-30	£557,302	£500,673	£284,326	8
2021-09-30	£411,118	£443,939	-	-

Trustees

Name	Role	Appointed
Luciana Clare Goldsmith	Chair	2020-09-03
Dr CLARE DOLMAN		2018-04-18
Dr Elizabeth Penny		2025-09-18
Hannah Yates		2025-09-18
IAN JONES		2018-04-18
Iulia Avramescu		2021-08-01
Lisa Williams		2022-08-21
Sakina Ballard		2022-08-21
Sarah Nicola Arnold		2018-06-06
Vivien Waterfield		2025-09-18
Yasmin Mulji		2022-08-21

MATERNAL MENTAL HEALTH ALLIANCE

England & Wales - Charity number 1178152

Accounts



**Report and unaudited
Financial Statements
2024 – 2025**

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Report of the Trustees

For the year ended September 2025

Charity number	1178152
Registered office and operational address	International House 12 Constance Street London E16 2DQ
Trustees	<p>The trustees are who served during the year and up to the date of this report were as follows:</p> <p>Luciana Berger (Chair) Yasmin Mulji (Vice-Chair) Iulia Avramescu (Treasurer) Sakina Ballard Sarah Arnold Dr Clare Dolman Dr Ian Jones Lisa Williams Dr Elizabeth Penny (from September 2025) Vivien Waterfield (from September 2025) Hannah Yates (from September 2025) Dr Henry Fay (retired Sept 2025) Kate Billingham (Former Vice-Chair, retired Sept 2025)</p>
Chief Executive Officer	Justin Irwin (up to May 2025) Nikki Wilson (from May 2025)
Royal patron	Her Royal Highness the Princess of Wales
Bankers	CAF Bank Ltd 25 Kings Hill Avenue West Malling Kent ME19 4JQ
Independent examiner	Godfrey Wilson Limited Chartered accountants and statutory auditors 5th Floor Mariner House 62 Prince Street Bristol BS1 4QD

Report of the Trustees

For the year ended September 2025

Reference and administrative information set out on page 1 forms part of this report. The financial statements comply with current statutory requirements, the Constitution and the Statement of Recommended Practice - Accounting and Reporting by Charities (effective from January 2019).

The trustees are pleased to present their annual report together with the financial statements of the charity for the year ended 30 September 2025.

Foreword by Baroness Berger, Chair of Trustees

It has been a tremendous privilege to chair the Maternal Mental Health Alliance throughout 2024–25, a year in which the need for our work has never been clearer, nor our collective resolve stronger. Against a backdrop of persistent inequalities and rising pressures on families and services, the MMHA has continued to be a unifying, courageous and evidence-led voice. Our members, Champions, partners and staff have worked tirelessly to advance our shared vision: that every woman, birthing person and family can access high quality, compassionate perinatal mental health care, wherever they live and whatever their background.

We know that deep inequities persist in perinatal mental health care despite national progress, and we remain deeply committed to centring those most marginalised in our work. As an organisation rooted in anti-racist principles, we stand alongside all those marginalised by their race, faith, culture or any other barriers that make access to safe, respectful care more challenging.

This year we saw the powerful impact that determined collaboration can achieve. From securing national commitments such as the £1.5 million investment from the National Lottery Community Fund for our Maternal Mental Health Councils to influencing parliamentarians, shaping debates and amplifying lived experience at the highest levels, the MMHA has helped keep perinatal mental health firmly on the national agenda. Our new Parent Information Centre, expanded Champion involvement, innovative collaborative projects, and continued progress across the four nations demonstrate what is possible when collaborative working, lived experience and strategic partnerships come together with clarity of purpose.

None of this would have been possible without the extraordinary people at the heart of the Alliance. I want to thank our members, funders, partners and the many professionals who contribute so generously to our mission. I am especially grateful to our lived experience Champions, who continue to shape and strengthen our work with courage and insight, and to our dedicated staff team, expertly led by our new CEO, Nikki Wilson. Together, we are building unstoppable momentum towards a future where perinatal mental health is recognised, resourced and prioritised in all four corners of the United Kingdom and where every family receives the support they deserve.

Baroness Berger

Report of the Trustees

For the year ended September 2025

Objectives and activities for the public benefit

The trustees confirm that in compiling this report they have had due regard to guidance on public benefit issued by the Charity Commission in compliance with the duty set out in section 17(5) of the Charities Act 2011.

Our purpose

The Maternal Mental Health Alliance (MMHA) is a UK-wide charity and collaborative network united by one vision: high quality and compassionate mental health care for all mothers, birthing people and families. Our alliance includes our members (grassroots community groups, national charities and professional bodies), our lived experience Champions network and an incredible range of professional experts and political allies. We are proud to have the support of our Royal Patron HRH The Princess of Wales, a passionate champion of perinatal mental health.

We have a bold vision of the future we want to co-create:

- We place equal emphasis on caring for mental and physical health before, during and after pregnancy.
- The right type of mental health care is always provided at the right time, without discrimination.
- Mental health conditions experienced in the perinatal period are no longer associated with shame, stigma or failure.

The need

The perinatal period, pregnancy and two years following birth is a time of profound change and heightened vulnerability for mothers and birthing people. One in four will experience a perinatal mental health condition (The Lancet Regional Health 2024); at least half will remain undiagnosed and untreated. The consequences of not receiving appropriate treatment can be devastating; suicide is the leading cause of maternal death between six weeks and a year after birth (MBRRACE-UK, 2025). Poor maternal mental health during the critical first 1001 days also shapes lifelong outcomes for children. The annual economic cost of untreated perinatal mental conditions is estimated to be £8.1 billion per year (LSE, 2018).

Marginalised communities face disproportionate risks and barriers. Black mothers are more than twice as likely to die during pregnancy or shortly after birth (MBRRACE-UK, 2025), and they are 13% more likely to experience postnatal depression and anxiety (Mental Health Foundation, 2023). Young mothers under 25 are twice as likely to experience postnatal depression (Public Health England, 2019), and suicide rates among teenage mothers are rising. Mothers facing poverty, addiction and trauma experience compounding barriers such as judgement, stigma, and fear of child removal that systematically exclude them from services designed to help.

Report of the Trustees

For the year ended September 2025

The outcomes we expect from MMHA activities are:

1. Through our national campaigning and influencing work, we will collaborate to secure systemic commitments that embed perinatal mental health as a priority at both national and local levels.
2. Through our portfolio of collaborative projects, we will co create innovative solutions that improve care. These solutions will champion lived experience leadership and aim to make support more equitable and better integrated across local and national systems.
3. Through our awareness and education activities, we will drive measurable improvements in both public and professional understanding of perinatal mental health, ensuring greater awareness, reduced stigma, and stronger knowledge of how and where to access support.

Whilst the primary beneficiaries of our activities are women, birthing people, and families affected by perinatal mental health problems, these outcomes also contribute to greater efficiency and effectiveness across health and social care services, support the wider economy, and promote improved health equality overall.

How the MMHA is trying to achieve change

We drive change by:

- Transforming systems, not simply improving individual services.
- Holding the whole of the UK in mind, not England only.
- Amplifying our influence, and elevating the work of our network and members.
- Placing equity and lived experience leadership at the centre of our values and decision-making.
- Focusing explicitly on closing the gaps faced by marginalised women and birthing people.
- Acting strategically, aligning our evidence and advocacy with national policy opportunities.

Report of the Trustees

For the year ended September 2025

Overview of MMHA's achievements and performance

Highlights of another productive and influential year for the MMHA include:

October 2024

- Launched a new report on the state of Maternal Mental Health Services (MMHS) in England, which directly contributed to the reinstatement of the MMHS service in Humber.
- Delivered a successful Big Give campaign, centred on bringing real stories “Out of the Shadows”, helping to raise both funds and national awareness.
- Welcomed a new Ambassador, Tessa van der Vord, an NHS midwife specialising in maternal mental health, who brings powerful professional and personal insight to our mission.

November 2024

- Senior MMHA leaders met with the Secretary of State, Wes Streeting, and Baroness Merron, Minister for Women’s Health and Mental Health. The meeting provided an important opportunity to outline the scale of perinatal mental health problems, highlight progress to date, and draw attention to persistent inequities and gaps in care.
- MMHA senior leaders also met with the Royal College of Midwives’ Heads of Midwifery to discuss the need for stronger integration of mental health support within maternity services and to explore opportunities for collaborative action.

December 2024

- Secured a £1.5 million grant over five years from the National Lottery Community Fund’s UK Fund to support the Maternal Mental Health Councils project, which is designed to tackle inequities in perinatal mental health. The project began in April 2025.
- Advanced work across the devolved nations. In Northern Ireland, alongside MMHA member organisations Action on Postpartum Psychosis (APP) and Women’s Resource and Development Agency (WRDA), we met with Health Minister Mike Nesbitt to raise concerns about the continuing absence of a Mother and Baby Unit (MBU) in the region.
- Contributed to a new resource on understanding the needs of young mums, developed for a range of audiences. This Creating Connections project was funded and led by the Mental Health Foundation, linked to their delivery of the DHSC Suicide Prevention Programme.

January 2025

- Advanced work across the devolved nations. In Wales, MMHA member organisation Home-Start Cymru met with Sarah Murphy, Minister for Mental Health, to discuss key issues in perinatal mental health. Our Devolved Nations Coordinator ensured that perinatal mental health was a central theme in the discussion and we continue to support joined up influencing across the nation.

Report of the Trustees

For the year ended September 2025

February 2025

- Collaborated with Laura Kyrke-Smith MP on a Westminster Hall debate on perinatal mental health, centred primarily on maternal suicide. The associated media coverage including interviews on BBC Breakfast and BBC Woman's Hour led to a 21% increase in visits to our website, significantly boosting public engagement with our work.

March 2025

- Advanced devolved nations work. Senior MMHA leaders met with Kate Forbes, Deputy First Minister, and Maree Todd, Minister for Social Care, Mental Wellbeing and Sport, to discuss the current status of perinatal mental health services in Scotland and highlight ongoing gaps, challenges, and opportunities for improvement.

May 2025

- Maternal Mental Health Awareness Week activities included:
 - Launching our Symptom Checker and Parent Information Centre to support parents in recognising symptoms and accessing information and help.
 - Hosting a Westminster drop-in event, attended by over 40 MPs and Members of the House of Lords, raising political awareness of perinatal mental health.
 - Delivering collaborative awareness raising campaigns with Suicide&Co, Lansinoh, Limpet, Peanut, and our corporate partner Tommee Tippee.
 - These campaign activities generated 1 million social media impressions, significantly expanding our reach.
- Launched a new collaborative project with Sunderland Counselling Service and Ways to Wellness, as part of a three year Pilgrim Trust-funded programme to deliver a Maternal Mental Health Link Worker service for young mums in the North East of England.

June 2025

- Champions work on a broad range of projects including the coproduction of a Reading Well scheme for maternal mental health, commissioned by the charity the Reading Agency.
- Announced the local partner for the first MMHA Maternal Mental Health Council: Her Circle, based in Newcastle, who will lead delivery of this pioneering local model.

July 2025

- Launched the pilot of a new corporate training offer, The Parent Gap, developed in collaboration with Dr Krystal Wilkinson and MMHA member organisation PANDAS, designed to help employers better understand and support parents in the workplace.

Report of the Trustees

For the year ended September 2025

Our activities 2024-25

This section will cover our activities in relation to:

- Influencing national systems to ensure excellent service provision
- Collaborative projects to improve care
- Raising awareness of maternal mental health
- MMHA lived experience Champions
- MMHA membership
- Organisation development
- Fundraising
- Plans for the future

Influencing national systems to ensure excellent service provision

MMHA continued to work with our growing membership to influence parliamentarians, civil servants, NHS and NICE leaders, commissioners, clinical directors, Integrated Care Boards, and key government departments including Health and Education alongside frontline healthcare professionals and corporate partners. Our mission is to ensure that perinatal mental health remains a key priority and that excellent care is available for all.

1. UK-wide campaigning

Influencing senior parliamentarians: Wes Streeting MP and Baroness Merron

Meeting with Secretary of State for Health Wes Streeting MP and Baroness Merron (Minister with responsibility for women's health and mental health) provided an opportunity to explain the scale of perinatal mental health problems, progress made, inequities in outcomes, and gaps in care. Senior NHS England representatives attending expressed that MMHA are their 'go-to' perinatal mental health issues. MMHA's offer to support the Government with their work was warmly received, with Baroness Merron keen to meet women with lived experience and inviting MMHA to attend a maternity roundtable she hosted, to share what priorities need to be in the Government's next health plan.

Westminster Hall Debate on perinatal mental health, led by Laura Kyrke-Smith MP

Laura Kyrke-Smith, Labour MP for Aylesbury, continued to be a fantastic ally to MMHA. We supported Laura to initiate a Westminster Hall Debate on perinatal mental health in February and worked with her in advance, providing a policy briefing with key areas of concern and recommendations for action, which Laura used in the debate and subsequent media interviews. This resulted in substantial media coverage, including BBC Breakfast News, BBC Woman's Hour, The Observer, The Guardian, The Times, and more.

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For the year ended September 2025

Parliamentary Drop-In for Maternal Mental Health Awareness Week

In May, as part of Maternal Mental Health Awareness Week, MMHA hosted a parliamentary drop-in at Westminster. Supported again by Laura Kyrke-Smith MP, the event aimed to raise awareness of perinatal mental health amongst parliamentarians and allow us to develop relationships with potential advocates. Three lived experience Champions were there to share their stories and talk about what actions are needed to make care better. More than 40 MPs and members of the House of Lords came, a real success showing wide interest in the issue.

Influencing major stakeholder organisations

The MMHA has continued to influence major stakeholder organisations across the perinatal, maternity and early years landscape, strengthening our position as a trusted expert voice. This has included presenting to the Royal College of Midwives' Heads of Midwifery on the importance of embedding psychological therapists within maternity teams, and deepening collaboration with the Royal Foundation Centre for Early Childhood and Anna Freud through discussions on workforce needs and integrated mental health models.

Our work with the Institute of Health Visiting has continued through regular meetings and conference contributions, helping to shape national thinking on universal services. We have also contributed to the Birth Companions' social care-related advisory group to ensure women and birthing people with complex needs are reflected in pathway development. Our role on the MBRRACE-UK lay summary group ensures that perinatal mental health considerations remain visible within national mortality reporting. In addition, meetings with the Start for Life team have focused on better integrating psychological therapies, family hubs and maternity services, reinforcing our commitment to system-wide improvements in care.

Influencing through advisory groups

We are constantly lobbying for change through the broad range of advisory groups we sit on. This includes:

NHS & Policy

- NHS England Maternity & Neonatal Stakeholder Council
- Maternity Consortium
- National Suicide Prevention Strategy Advisory Group (NSPSAG) and VCSE NSPSAG group
- National Care Pathway Advisory Group (focused on women with social care involvement)

Research & Evidence

- MBRRACE-UK lay summary group
- James Lind Alliance Perinatal Steering Group

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For the year ended September 2025

- King's College London Advisory Groups for maternity care for women with multiple long-term conditions and service provision for those with mild to moderate illness

Professional & Clinical

- Royal College of Psychiatrists Perinatal Mental Health Faculty
- Physical Health & Maternal Mental Health Special Interest Group (Active Pregnancy Foundation)

Networks & Third Sector

- Pre-conception Partnership
- Young Parent Network (WILD Project)
- National DVA Forum
- Pregnancy & Baby Charity Network
- 1001 Days Alliance

2. Campaigning for specialist services

In 2024-25, NHS completed their roll out of statutory-funded specialist perinatal mental health services and Maternal Mental Health Services (MMHS). Whilst significant progress has been made since 2016 when increased investment was first announced, there is still much to do. This includes protecting progress, exposing the gaps in provision and advocating for ongoing investment.

Influencing for the improvement of Maternal Mental Health Services (MMHS)

MMHA launched a new report on the state of MMHS's. Key findings included the following:

- Only 11 out of 41 MMHS support women who have had their babies removed through care proceedings, a group at especially high risk of perinatal mental health issues and suicide.
- One Maternal Mental Health Service (Humber) has already closed due to lack of funding.
- Waiting times for assessment ranged from 0–26 weeks. For those who met the criteria, waiting times for treatment ranged from 0–52 weeks.
- Staff reported being overwhelmed by rising referrals, citing limited resources.

Ahead our November Ministerial meeting, senior NHS England representatives intervened to ask commissioners in Humber what was happening. We were subsequently told that the ICB reviewed their budget and remobilised their service. This tangible demonstration of the impact of policy work is incredibly welcome for the women and families in that local area.

National co-leadership to protect specialist Perinatal Mental Health Teams

In 2025, the MMHA strengthened its national leadership role on specialist perinatal mental health services by co-leading a key session with Action on Post Partum Psychosis (APP) at

Report of the Trustees

For the year ended September 2025

the Royal College of Psychiatry (RCPsych) Perinatal Faculty, highlighting the current state of specialist provision, emerging risks in the system, and the coordinated actions required to protect and improve care. Alongside this, the MMHA continued close collaboration with APP and RCPsych to safeguard hard-won specialist capacity across the country amid inconsistent local commitment, with concerns proactively escalated to NHS England and other national decision-makers. This sustained partnership approach positioned MMHA as a central convenor working to ensure that specialist services remain robust, prioritised, and fit for purpose for women, birthing people, babies and families.

3. Nation-specific work

We work to influence policy, improve transparency, and advocate for equitable access to perinatal mental health care for families across each nation of the UK.

England

The MMHA played a significant role in shaping the emerging 10-year NHS plan by providing clear, evidence-based recommendations to national decision-makers. We submitted a comprehensive response to the government's consultation on the next long-term health plan for England, highlighting the need to protect and expand specialist perinatal mental health services, address persistent inequities, integrate psychological support throughout maternity care, strengthen the Start for Life programme, and improve data transparency.

We also contributed to the NHS England Maternity and Neonatal Stakeholder Council's submission, ensuring perinatal mental health was embedded within system-level planning. Alongside this, we met with Kate Brintworth, Chief Midwife for NHS England, to discuss practical steps for integrating psychological support within maternity pathways, and held further discussions with the Clinical Director for Psychological Care, Adrian Whittington, on embedding mental health expertise into maternity services nationally. Together, these engagements ensured that the needs of women and families were strongly represented within the strategic direction of the forthcoming 10-year plan.

We remain on the National Suicide Prevention Strategy Advisory Group (NSPSAG), which exists to support and oversee the national suicide prevention strategy for England. Within the strategy, pregnant women and new mothers are identified as a specific risk group, and our role is to input on the needs of families and the gaps in care. This includes raising awareness of the specific issues for women with social care involvement, as evidenced by both MBRRACE-UK's data and our own MMHS report.

Northern Ireland

Most of MMHA's work this year was maintaining pressure on Stormont to ensure confirmation of funding for the build and operations of the MBU.

At the end of 2024 we had a high level of Legislative Assembly engagement, meeting with MLAs Sinead McLaugh and Cara Hunter individually to discuss perinatal mental health support, specialist team roll-out, and Mother and Baby Unit (MBU) updates. Both have

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For the year ended September 2025

offered their support, including taking questions from MMHA to Northern Ireland Assembly meetings. Following this engagement, an Assembly Question was tabled, and the Health Minister, Mike Nesbitt MLA, issued a formal reply regarding the status of MBU funding and next steps.

We responded to the Health Minister's Assembly Question reply with a joint members' letter calling for interim measures and offering MMHA support. We have also collated a bank of all written/oral Assembly Questions and perinatal mental health mentions in Assembly and council meetings. We have noticed an increased in attention on the MBU issue e.g. Independent MP Alex Easton raised NI disparities in a House of Commons debate, a Mid Ulster councillor included the MBU in his address, and an offer from Cara Hunter MLA to write a Member's Statement. This makes us hopeful that 2025-26 will see a commitment to a unit being put in place.

We also worked with member organisation Aware to support BBC journalists on a BBC Spotlight programme on postpartum psychosis and the lobbying around the MBU in Northern Ireland.

Scotland

We participated in a session in the Scottish Parliament with our hosting partner Aberlour, highlighting perinatal mental health and the particular needs of women and birthing people facing severe disadvantages.

We met with Kate Forbes (Deputy First Minister) and Maree Todd (Minister for Social Care, Mental Wellbeing and Sport) to discuss the status of perinatal mental health services in Scotland. Particular focus was on the role of lived experience in Scotland and concerns around who holds overall accountability for progress.

We convened three MMHA Scottish member meetings to discuss the current landscape and identify collaborative actions. There are concerns around the lack of transparency and momentum on perinatal mental health commitments, and an absence of opportunities for the voice of lived experience to feed into government plans, so these collaborative conversations will be useful, especially in light of Scottish elections in 2026.

Wales

MMHA presented to the specialist health visitor and midwives' forum on the needs of women and birthing people with common perinatal mental health problems, and the integrated model as a viable option to be considered in Wales. With Home-Start Cymru we met with Sarah Murphy MS (Minister for Mental Health in Wales) and advocated for perinatal mental health as a key theme.

We have identified potential collaborators from charity organisations in Wales, such as Samaritans Wales, who are interested in perinatal care.

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For the year ended September 2025

The Minister has requested a review to look into whether sufficient beds have been allocated for the MBU provision in North Wales. We continue to remain involved in supporting the case for sufficient provision.

We supported a group of midwives who were doing a sponsored walk across Wales to raise money for MMHA and awareness of MBU provision for families in Wales as part of Maternal Mental Health Awareness Week.

In Wales, we wrote joint letters to key Members of the Senedd regarding a proposed decision to disband the Perinatal Mental Health Network and Perinatal Mental Health Clinical Lead role in Wales. We are concerned this move will further remove a spotlight on perinatal mental health, slow progress and make tracing accountability harder.

Collaborative projects to improve care

1. Maternal Mental Health (MMH) Councils Project

The new MMH Councils project formally began on 1 April 2025 and is now MMHA's largest ever collaborative project. It represents a bold, equity-driven model of community action designed to transform local perinatal mental health systems in four locations, ensuring they work for those who are most often excluded.

The Councils will:

- Identify system barriers and unmet community needs
- Co-design action plans and integrated services that break down organisational silos
- Ensure care pathways are culturally appropriate, timely and accessible
- Secure commitments from service providers and hold decision-makers accountable
- Capture evidence of impact and amplify local voices
- Translate local learning into national policy and practice

Significant foundational work has been completed to build strong and inclusive governance for the project:

- An evaluation partner, Wonder Insight, was recruited and work began on a Story of Change process. They have already held two workshops with staff and are conducting introduction calls with members, community organisations working with marginalised groups, and MMHA Champions the evaluation tools are fully co-designed.
- The first meeting of the Project Governance Board took place in July and all relevant Terms of Reference documents approved.
- A learning review took place, drawing on insights from A Better Start (ABS), Maternity and Neonatal Voices Partnerships (MNVPs), and MMHA's 2016-2018 project Mums and Babies in Mind (MABIM) to create a strong evidence foundation for the new model.

The first of three Maternal Mental Health Council will operate in the North-East, selected as the initial location for piloting this new model. Shortly after confirming the region, Her Circle was appointed as the local partner. Her Circle specialises in supporting women experiencing multiple disadvantage, including poverty, domestic violence, addiction (an

Report of the Trustees

For the year ended September 2025

experience they have coined as “complex motherhood”), and is therefore uniquely placed to help shape an equity-driven local Council.

Her Circle will:

- Provide the Council Chair, drawn from their lived experience network
- Offer 1–2 days per week of local coordinator support
- Lead local stakeholder engagement
- Co-create the North-East council mission, organise meetings and deliver against agreed outcomes
- Work closely with MMHA, in particular to ensure that local learning is translated into national impact

At the end of this financial period, planning was underway for a ‘town hall’ style event in Newcastle, scheduled for October 2025, aimed at bringing together all key stakeholders. Early preparatory meetings identified and engaged health and care leaders across the region.

This combination of local expertise, community-rooted leadership and system-level engagement has laid strong foundations for the North-East Council’s formal launch and early impact.

2. Black Maternal Mental Health Project

MMHA is part of a new project led by The Motherhood Group to better understand and advocate for the mental health needs of Black mothers. Our role is to translate community impact reports into national change through policy and advocacy. Our main role this year was to organise a parliamentary event in collaboration with The Motherhood Group, to be held in November 2025 at the House of Lords, and to draft a policy briefing to sit alongside a Community Action Toolkit, providing MPs and partners with practical, community-led solutions to extend the report’s impact. This work is part of a three-year agreement for MMHA. Funded by Esmee Fairbairn Foundation.

3. Maternal Mental Health in South Asian Communities

Over the last year we have improved our knowledge of South Asian maternal mental health, looking into existing research, finding out what members are doing, and seeking to address gaps in membership, the Champion network and the local affiliate scheme. This work began with South Asian maternal mental health being the theme for our Members Collaboration Space in May.

4. Maternity Link Worker for Young Parents

The MMHA is working with two of our local affiliates (Sunderland Counselling Service and Ways to Wellness) as part of a three-year Pilgrim Trust-funded project to deliver a Maternal Mental Health Link Worker service for young mums in the North-East of England.

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MMHA's role is to capture the learnings of the project and disseminate the outcomes with the aim of influencing policy.

The peer support group launched in mid-August. Referral pathways are working well, with 14 referrals for young women under 25 years since April. The project is providing regional insights, and the most recent discussions to support young mums have been focused on poverty-proofing the maternity pathway and considering how accessible local services are when different languages are needed.

5. Reading Scheme on Perinatal Mental Health

MMHA was commissioned by the Reading Agency in September 2024 to deliver a co-produced Reading Well scheme for maternal mental health. We held four co-production workshops, and we also had Champion representation at each book selection meeting with the Reading Agency. The final scheme is called 'Reading Well for Families' with the strapline 'Books to support families' wellbeing from conception to two.'

The list consists of 21 books in England and 22 books in Wales, plus additional digital resources to support the scheme. Conditions covered in the final list include anxiety, OCD, postpartum psychosis, birth trauma, postnatal depression and baby loss. Representation of women and birthing people who identify as LGBTQIA+, Black or brown women and/or neurodivergent was embedded throughout the list, as well as books to support partners and families, with a balanced representation of lived experience voices and personal stories reflected throughout.

The list was launched in Parliament in June, followed by a Welsh launch event. MMHA staff and Champions contributed to the Reading Well for Families parliamentary launch at Westminster. With the scheme now live, we are actively supporting its dissemination and evaluation.

Raising awareness of maternal mental health

Maternal Mental Health Awareness Week

Running from 5–11 May, our approach to Maternal Mental Health Awareness Week (MMHAW) was adapted from 2024. This year, we leaned more heavily on content collaborations with a select group of brands and organisations. We achieved one million social media impressions across campaign activities, significantly expanding our reach and improving awareness of perinatal mental health.

Our results were strengthened by concentrated support from our corporate partner, Tommee Tippee. As part of their renewed contract commitment in April 2025, they made a financial investment in a PR-able content partnership with Peanut, as well as collaborations with All on the Board and A View from a Bridge.

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For the year ended September 2025

Maternal Mental Health Awareness Week activities included:

- Launching our Symptom Checker and Parent Information Centre, helping parents recognise symptoms and find clear information and support.
- Hosting a Westminster drop-in event, attended by over 40 MPs and Members of the House of Lords, raising political awareness of perinatal mental health.
- Delivering collaborative awareness-raising campaigns with Suicide&Co, Lansinoh, Limpet, Peanut, and our corporate partner Tommee Tippee.

Ambassador Programme

Our first Ambassador, Dr Krystal Wilkinson remains a valuable supporter of the MMHA in public via social media and speaking engagements. Krystal played an instrumental part in development of The Parent Gap, and continues to advocate for and raise awareness via networking events and speaking engagements. As our pilot of The Parent Gap signs its first partners, Krystal will support with her HR skills and expertise.

In October we announced a second Ambassador, Tessa van der Vord, an NHS midwife specialising in maternal mental health. Tessa supported The Big Give Campaign in October and played an integral role in the production of our new Parent Information Centre on our website.

Parent Information Centre

Funded by our Big Give campaign (Oct 2024), the MMHA Parent Information Centre launched in May. The new parent-facing information was developed with support from Champions, clinicians and members, and includes the Perinatal Mental Health Symptom Checker and a video series featuring MMHA ambassador and mental health midwife, Tessa van der Vord. The reception from both healthcare professionals and parents has been incredibly positive, and we know it is being used in at least three NHS trusts during antenatal and postnatal appointments. Our symptom checker posters are being displayed in maternity wards, further extending reach.

The Parent Gap

The Parent Gap is a pilot workplace training programme developed to help employers better understand and support the emotional and mental health needs of parents. Created in collaboration with Dr Krystal Wilkinson and MMHA member organisation PANDAS, the pilot explores the often-overlooked “gap” between what parents need and what workplaces currently provide. Through evidence-based content, lived experience insight and practical tools for managers and HR teams, the pilot equips organisations to build more compassionate, inclusive cultures where parents can thrive. Early corporate partners have already engaged with the pilot, which will inform the development of a full

Report of the Trustees

For the year ended September 2025

programme and strengthen MMHA's wider ambition to influence the environments in which parents live and work.

Corporate partnerships

Tomme Tippee

Tomme Tippee's support during this financial year focused on Maternal Mental Health Awareness Week and an in-store campaign with Tesco. Running throughout June, the campaign donated 20p to MMHA for every qualifying product sold, generating £20,000 for the MMHA over the five-week period.

Lansinoh

In June, MMHA worked with Lansinoh to include a specially designed business card promoting the Symptom Checker and Parent Information Centre in their product sample boxes for midwives and healthcare professionals. This offered a low-cost, direct way to raise awareness of MMHA's resources, and we are exploring further materials for future distribution.

We also collaborated with Lansinoh on The Newborn Garden, an award-winning installation at BBC Gardeners' World Live 2025. Designed by Jane Eastwood and inspired by lived experience of postnatal anxiety, the garden created a calm, private space for carers to feed their babies and won a Silver Award for its creative and emotional impact.

Lansinoh staff further supported MMHA through their own fundraising efforts, including a bake sale, reflecting their continued commitment to our work.

MMHA Lived Experience Champions

This year, Champions have been closely involved in a wide range of MMHA activities, contributing their expertise, insight and lived experience across our work. Their contributions included:

- Joining the Project Governance Board for the Maternal Mental Health Councils project.
- Writing blogs for The Parent Gap website.
- Helping develop the new Parent Information Centre, reviewing content and identifying gaps or questions parents may be hesitant to ask.
- Supporting MMHA campaigns, including contributing videos for The Big Give.
- Sharing their experiences, including speaking at:
 - The parliamentary drop-in event during MMHAW
 - A training session for King's College London's Midwifery course
 - The Institute of Health Visiting (iHV)'s Champion Forums
 - A staff awareness session at Lansinoh
 - Perinatal mental health training days for primary care professionals in the Midlands

Report of the Trustees

For the year ended September 2025

- Reviewing training delivered by the Mental Health Foundation as part of the Creating Connections project focused on young mums and suicide prevention.
- Reviewing new perinatal mental illness resources developed by the Royal College of Psychiatrists (RCPsych), covering topics such as postpartum psychosis, perinatal OCD, lithium in pregnancy and interacting with children's social care.
- Helping update internal MMHA documents, including Champion WhatsApp guidelines, grounding packs and the demographic Champion survey.

MMHA members

Meetings and engagement

We continue to grow an engaged and diverse membership and ended the year with a record number of members.

Alongside regular members' meetings, this year we hosted several shorter "Listen and Learn" sessions with members, including a session focussed on Black maternal mental health, with presentations from the Motherhood Group and Tommys.

Local affiliate members

Having historically focused our membership around national organisations, we piloted a membership for local organisations during the year. We are maintaining the existing group of affiliates and proactively inviting a small number of new affiliates to join where we have identified gaps particularly within marginalised communities.

Anxious Minds	Smile Group
Babyzone Croydon	Spoons Charity
Becoming Families	Strengthening Wellbeing Together CIC
By Your Side	Stroud Motherhood Collective CIC
Connected Perinatal Support CIC	Sunderland Counselling Service
Croydon Voluntary Action	The Delicate Mind CIC
Derry Well Women	The Fertility Alliance
Her Circle	The Happy Mums Foundation CIC
Juno Perinatal Mental Health Support	The Mamahood Space
Kingston WelCare	The Motivational Mums Club
Maternity Engagement Action CIC	Thrive at Five
Menucha	Ways to Wellness
Mothers Uncovered	Wearside Women In Need (WWIN)
NeuroNatal Academy C.I.C	WILD Young Parents Project
Parent Sanctuary CIC	Youth Education Health Advice
Proud 2 b Parents	

Report of the Trustees

For the year ended September 2025

List of current members

Aberlour	MIND Cymru
Acacia Family Support	Mindwise
Action Mental Health	Mothers at Home Matter
Action on Postpartum Psychosis	Mothers for Mothers
Action Trauma	Mothers Matter
Active Partnerships	Mummy's Star
Active Pregnancy Foundation	MumsAid
Anna Freud National Centre for Children and Families	Muslim Women's Network UK
Antenatal Results & Choices	National Centre for Mental Health
Approachable Parenting	National Children's Bureau
Association for Infant Mental Health (UK)	Netmums
Association for Postnatal Illness (APNI)	Neurodivergent Birth
Aware	NSPCC
Baby Sleep Information Source (Basis)	PANDA's Foundation
Barnardo's	PAPYRUS
Become	Parent-Infant Foundation
Beelotus	Parents 1st
Before Becoming a Parent (B4BP)	Peeps
Bipolar Scotland	Perinatal Mental Health Partnership UK
Bipolar UK	Person Shaped Support (PSS)
Birth Companions	Petals
Birthlight	Positive about Down syndrome (PADS)
Birthrights	Postpartum Support International
Black Mothers Matter	Pranaiya & Arthur Magoffin Foundation
Blaze Trails CIC	Pregnancy Sickness Support
Bliss	PTSD UK
Brazelton Centre	Quarriers
Breathe Arts Health Research	Refuge
British Association for Counselling and Psychotherapy	Refugee Women Connect
British Medical Association	Relate
British Psychological Society	Relate NI
British Society Psychosomatic Obstetrics, Gynaecology & Andrology	Rethink Mental Illness
Centre for Mental Health	Royal College of GPs
Centre for Research on Families and Relationships	Royal College of Midwives
Centred Soul - Health & Wellbeing for all the Family	Royal College of Nursing
Changing Lives	Royal College of Obstetricians and Gynaecologists
Children and Young People's Mental Health Coalition (CYPMHC)	Royal College of Occupational Therapists

Report of the Trustees

For the year ended September 2025

City Pregnancy Counselling & Psychotherapy (CPCP)	Royal College of Paediatrics and Child Health
Community Practitioner and Health Visitors Association (CPHVA)	Royal College of Psychiatrists
Crossreach Counselling	Samaritans
DadPad	Sands
Dance Mama	Society for Reproductive and Infant Psychology (SRIP)
Dandelion Military Families	Sport in Mind
Doula UK	Suicide&Co
Early Intervention Foundation	Support 2Gether
Family Action (Formerly Family Welfare Association)	The Birth Trauma Association
Family Nurse Partnership	The Centre for Emotional Health
Fatherhood Institute	The Ectopic Pregnancy Trust
Fertility Network UK	The Hearts and Minds Partnership
Five X More	The Human Milk Foundation
For Baby's Sake Trust	The International Marce Society
Gingerbread	The Miscarriage Association
GPs Championing Perinatal Care (GPCPC)	The Motherhood Group
Home-Start	The Motherless Mothers
Home-Start Cymru	The Parent Rooms
Inspire - Northern Ireland Association for Mental Health	The Patients Association
Institute of Health Visiting	The Pelvic Partnership
Jakes Charity National Maternity Support Foundation	The UK Committee for UNICEF (UNICEF UK)
Kinship	Thelma Matilda Alves Foundation
Lifeboat Perinatal Mental Health CIC	Think Ahead
Local Government Association (LGA)	Tommy's the Baby Charity
Make Birth Better	Twins Trust
MamaDoc CIC	Unite the Union
Maternal OCD	WAVE trust
Maternity Action	Wednesday's Child
McPin Foundation	Wellbeing of Women
Mellow Parenting	WI
Mental Health Foundation	Women's Resource and Development Agency
Mental Health Hub by MeYouWellbeing	Working Families
Mentor Mums	Young Mums Support Network
MIND	YoungMinds

Report of the Trustees

For the year ended September 2025

Organisational development

In May 2025, Nikki Wilson joined MMHA as our new Chief Executive, succeeding Justin Irwin, who had served as Interim CEO. Nikki joined from member organisation Make Birth Better, bringing deep expertise in charity leadership, perinatal mental health, trauma-informed practice, and cross-sector collaboration.

Throughout the year, we also developed and expanded our staffing structure to support the delivery of our national programme. Key appointments included:

- National Programme Manager (Councils) – a new post created to enhance coordination and consistency across the Councils network.
- Lived Experience Coordinator – an existing role which we made permanent, reinforcing our commitment to embedding lived experience leadership at the heart of our work.
- Campaigns Officer (fixed-term contract) – appointed to build our public-facing influencing capacity and support national advocacy campaigns.

We also strengthened our governance with the recruitment of three new trustees:

- Hannah Yates and Dr Elizabeth Penny, both senior leaders in mental health in England, bringing valuable strategic and clinical insight.
- Vivien Waterfield CBE, Deputy CEO at Home-Start UK, offering significant expertise in organisational leadership and fundraising.

At the same time, two of our longer standing trustees Kate Billingham and Henry Fay stood down from the board. We thank them for their incredible support over recent years.

Fundraising and income generation

This year marked significant progress in strengthening and diversifying MMHA's income, enabling us to expand our impact nationally and locally.

We were delighted to secure a £1.5 million National Lottery Community Fund grant, awarded over five years, with at least £350,000 directed to local partner organisations delivering their Maternal Mental Health Councils.

The Bernard Lewis Family Charitable Trust supported us through the second year of a three-year grant, helping sustain our core operations and strategic capacity. In addition, the Sigrid Rausing Trust made a generous one-off donation towards our mission.

Collaborative project funding remained a key part of our income mix. We worked in partnership on projects supported by the Esmée Fairbairn Foundation, The Pilgrim Trust, the Mental Health Foundation, and The Reading Agency. We also continued academic collaborations with King's College London and the University of York, enabling research that advances understanding of perinatal mental health and informs future policy and practice.

We are grateful for all the supporters who contributed financially to our work this year. We received donations totalling over £25,000, including through the Big Give campaign, as

Report of the Trustees

For the year ended September 2025

well as a wide range of inspiring individual and team fundraising activities from supporters across the country.

Corporate partnerships also grew. Our long-standing partnership with Tommee Tippee raised an impressive £54,975. We welcomed our first Parent Gap partner, Reward Gateway, and continued to develop a range of other valued corporate relationships.

Plans for the future

Looking ahead to 2025–26, our priority will be the successful delivery and early learning of our Maternal Mental Health Councils, a bold systems-change programme designed to transform local perinatal mental health pathways in four regions. With our first Council launching in the North-East, we will focus on embedding lived experience leadership, strengthening local partnerships, and generating insight that can be translated into national influence. These insight loops, moving evidence and lived experience from local systems into national policy conversations, will be central to our impact in the coming years.

We will also begin developing a new organisational strategy, to be launched in spring 2026. Building on everything we have learned since our first strategy in 2023, this next chapter will sharpen our focus on equity, on lived experience leadership, and on our distinctive strengths in national advocacy. As part of this, we will seek to maximise key policy windows, such as the ongoing maternity and neonatal investigation and other inquiries and government consultations scheduled for 2025–2026, ensuring the voices and needs of families most at risk are clearly represented. By working closely with members, Champions, professional bodies and policymakers, we will continue to position the MMHA as a trusted partner influencing systemic change across all four nations.

Alongside this strategic development, we will continue delivering our multi-year grants and projects, including our partnership with The Motherhood Group on Black maternal mental health, and the Maternal Mental Health Link Worker project supporting young mums in the North-East.

Strengthening MMHA's long-term sustainability will remain essential. Over the coming year, we will deepen relationships with existing funders, cultivate new partnerships, and expand our portfolio of income streams to ensure continued impact across all areas of our work. Above all, we will continue to work collaboratively across our Alliance network to push for a future where excellent, equitable perinatal mental health care is embedded across national and local systems and where every family can access the support they need to thrive.

Report of the Trustees

For the year ended September 2025

Structure, governance and management

The MMHA was founded in 2011 by women with lived experience, coming together with clinicians and voluntary sector organisations, with a shared determination to improve care and support for women in the perinatal period.

The MMHA was registered as a charitable incorporated organisation (CIO) in April 2018, with a revised constitution adopted in September 2023.

The trustees serving during the 2024-2025 financial year and since year end are as follows:

- Luciana Berger (Chair)
- Yasmin Mulji (Vice-Chair)
- Iulia Avramescu (Treasurer)
- Sakina Ballard
- Sarah Arnold
- Dr Clare Dolman
- Dr Ian Jones
- Lisa Williams
- Dr Elizabeth Penny (from September 2025)
- Vivien Waterfield (from September 2025)
- Hannah Yates (from September 2025)
- Dr Henry Fay (retired Sept 2025)
- Kate Billingham (Former Vice-Chair, retired Sept 2025)

Trustee selection process

Trustees are appointed for a term of three years and may stand for re-appointment after that time. There is a trustee induction and training programme in place. The board consider what skills are needed from new trustees, and recruit on that basis, typically through a public recruitment process.

Meeting and sub-committees

The trustees meet formally four times a year and communicate frequently throughout. The board of trustees has a finance and governance sub-committee, and certain decisions are delegated by the rest of the board to this sub-committee, which also meets four times a year.

Charity management

Day-to-day management of the MMHA is delegated to the CEO, and the team of staff.

Although the MMHA has a registered address in London, staff are all home-based, ensuring office costs are minimal.

Report of the Trustees

For the year ended September 2025

Arrangements for setting key management personnel remuneration

Remuneration is discussed annually by the finance and governance sub-committee or the full board of trustees.

Salaries of senior MMHA staff are benchmarked against similar roles in the voluntary sector, with regular reviews. The salary of the CEO is discussed annually by the board.

Financial review

These accounts show activity for the year October 2024 to September 2025.

The MMHA considers itself to be in a healthy financial situation meanwhile remains focused on diversifying our income generation to ensure sustainability in the years ahead.

Total income for 2024-25 was £430,357 (2023-24 £620,732) and total expenditure was £545,421 (2023-24 £463,817), details of which are set out in the attached accounts. We planned for our spending to exceed our income because we had built up more than six months of reserves and wanted to use some of these funds to maximise impact.

This year saw income from a new multi-year grant from National Lottery. In addition, core funding was received from the Bernard Lewis Charitable Family Trust and the Sigrid Rausing Trust. Income for collaborative projects was raised from The Motherhood Group, Mental Health Foundation, Pilgrim Trust and the Reading Agency. Income from corporates was primarily raised through our partnership with Tommee Tippee. Income was also received via donations and bank interest.

Restricted funds at 30 September 2025 were £57,671 (2024: £95,581). Unrestricted funds at 30 September 2025 were £199,365 (2024: £276,519). The charity has no debt or guarantee.

Risk management

Responsibility for risk management lies with trustees, with day-to-day responsibility delegated to the CEO. The risk register is regularly reviewed by the trustees and the finance and governance sub-committee. The senior leadership team typically considers risk on a regular basis. Controls are in place to minimise risks, and to manage risks that occur.

Reserves policy

The MMHA needs reserves to provide security to MMHA operations. An abrupt ceasing of MMHA operations would impact indirectly on women with maternal mental health problems and the MMHA's work to improve services.

The MMHA remains heavily reliant on grant income. The MMHA reserves policy is therefore designed to cover shortfalls in income and periods when income does not reach expected levels or to buy some time in the event of reduced income, for example a grant not coming through or being delayed.

Report of the Trustees

For the year ended September 2025

The trustees have agreed a reserves policy of maintaining 3 to 6 months running costs. One month's running costs in the financial year 2025-26 is forecast at around £58,000.

Reserves at year end 2024-25 are £257,036 equivalent to 4.4 months future running costs based on 2025-26 expenditure, which within the target level.

Approved by the trustees on 26 March 2026 and signed on their behalf by



Luciana Berger - Chair

Independent examiner's report

To the trustees of

Maternal Mental Health Alliance

I report to the trustees on my examination of the accounts of Maternal Mental Health Alliance (the CIO) for the period to 30 September 2025, which are set out on pages 26 to 39.

Responsibilities and basis of report

As the charity trustees of the CIO you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the CIO's accounts carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

Since the CIO's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Institute of Chartered Accountants in England and Wales (ICAEW), which is one of the listed bodies.

Godfrey Wilson Limited also provides payroll services to the CIO. I confirm that as a member of the ICAEW I am subject to the FRC's Revised Ethical Standard 2016, which I have applied with respect to this engagement.

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

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

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

Jennifer Dickinson

Date: 26 March 2026

Jennifer Dickinson ACA
Member of the ICAEW

For and on behalf of:

Godfrey Wilson Limited

Chartered accountants and statutory auditors

5th Floor Mariner House

62 Prince Street

Bristol

BS1 4QD

Maternal Mental Health Alliance

Statement of financial activities

For the year ended 30 September 2025

	Note	Restricted £	Unrestricted £	2025 Total £	2024 Total £
Income from:					
Donations	3	-	44,764	44,764	50,446
Charitable activities	4	302,916	78,180	381,096	569,308
Investments		-	4,497	4,497	978
Total income		<u>302,916</u>	<u>127,441</u>	<u>430,357</u>	<u>620,732</u>
Expenditure on:					
Raising funds		-	103,624	103,624	106,404
Charitable activities		<u>340,826</u>	<u>100,971</u>	<u>441,797</u>	<u>357,413</u>
Total expenditure	6	<u>340,826</u>	<u>204,595</u>	<u>545,421</u>	<u>463,817</u>
Net income / (expenditure) and net movement in funds	7	(37,910)	(77,154)	(115,064)	156,915
Total funds brought forward		<u>95,581</u>	<u>276,519</u>	<u>372,100</u>	<u>215,185</u>
Total funds carried forward		<u><u>57,671</u></u>	<u><u>199,365</u></u>	<u><u>257,036</u></u>	<u><u>372,100</u></u>

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 14 to the accounts.

Maternal Mental Health Alliance

Balance sheet

For the year ended 30 September 2025

	Note	2025 £	2024 £
Current assets			
Debtors	10	19,120	17,428
Cash at bank and in hand		<u>270,204</u>	<u>381,792</u>
		289,324	399,220
Liabilities			
Creditors: amounts falling due within 1 year	11	<u>32,288</u>	<u>27,120</u>
Net current assets and net assets	13	<u>257,036</u>	<u>372,100</u>
Funds	14		
Restricted funds		57,671	95,581
Unrestricted funds			
General funds		<u>199,365</u>	<u>276,519</u>
Total charity funds		<u>257,036</u>	<u>372,100</u>

Approved by the trustees on 26 March 2026 and signed on their behalf by



Luciana Berger - Chair

Maternal Mental Health Alliance

Statement of cash flows

For the year ended 30 September 2025

	2025 £	2024 £
Cash used in operating activities:		
Net movement in funds	(115,064)	156,915
Adjustments for:		
(Increase) / decrease in debtors	(1,692)	20,046
Increase / (decrease) in creditors	5,168	(31,445)
Interest from investments	(4,497)	(978)
	<u>(116,085)</u>	<u>144,538</u>
Net cash (used in) / provided by operating activities		
	<u>(116,085)</u>	<u>144,538</u>
Cash flows from investing activities:		
Interest from investments	4,497	978
	<u>4,497</u>	<u>978</u>
(Decrease) / increase in cash and cash equivalents in the year	(111,588)	145,516
Cash and cash equivalents at the beginning of the year	<u>381,792</u>	<u>236,276</u>
Cash and cash equivalents at the end of the year	<u>270,204</u>	<u>381,792</u>

The charity has not provided an analysis of changes in net debt as it does not have any long term financing arrangements.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

1. Accounting policies

a) Basis of preparation

Maternal Mental Health Alliance is a charitable incorporated organisation in England and Wales. The registered office address is International House, 12 Constance Street, London, E16 2DQ.

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities in preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

Maternal Mental Health Alliance meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note.

b) Going concern basis of accounting

The accounts have been prepared on the assumption that the charity is able to continue as a going concern, which the trustees consider appropriate having regard to the current level of unrestricted reserves. There are no material uncertainties about the charity's ability to continue as a going concern.

c) Income

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

Income from the 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.

Income received in advance of provision of services is deferred until criteria for income recognition are met.

d) Donated services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use by the charity of the item, is probable and the economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), general volunteer time is not recognised.

On receipt, donated 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.

e) Interest receivable

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.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

1. Accounting policies (continued)

f) Funds accounting

Unrestricted funds are available to spend on activities that further any of the purposes of the charity. Designated funds are unrestricted funds of the charity which the trustees have decided at their discretion to set aside to use for a specific purpose. Restricted funds are donations which the donor has specified are to be solely used for particular areas of the charity's work or for specific projects being undertaken by the charity.

g) Expenditure and irrecoverable VAT

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.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

h) Allocation of support and governance costs

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Governance costs are the costs associated with the governance arrangements of the charity, including the costs of complying with constitutional and statutory requirements and any costs associated with the strategic management of the charity's activities. These costs have been allocated between cost of raising funds and expenditure on charitable activities on the basis of staff costs as follows:

	2025	2024
Raising funds	23.7%	22.9%
Charitable activities	76.3%	77.1%

i) Debtors

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.

j) Cash at bank and in hand

Cash at bank and cash in hand includes 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.

k) Creditors

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.

l) Financial instruments

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 with the exception of bank loans which are subsequently recognised at amortised cost using the effective interest method.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

1. Accounting policies (continued)

m) Pension costs

The charity operates a defined contribution pension scheme for its employees. There are no further liabilities other than that already recognised in the Statement of Financial Activities.

n) Functional currency

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £1.

o) Accounting estimates and key judgements

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

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

There are no sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements.

2. Prior period comparatives: statement of financial activities

	Restricted £	Unrestricted £	2024 Total £
Income from:			
Donations	-	50,446	50,446
Charitable activities	500,531	68,777	569,308
Investments	-	978	978
Total income	500,531	120,201	620,732
Expenditure on:			
Raising funds	95,568	10,836	106,404
Charitable activities	332,064	25,349	357,413
Total expenditure	427,632	36,185	463,817
Net income and net movement in funds	72,899	84,016	156,915

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

3. Income from donations

	Restricted £	Unrestricted £	2025 Total £
Donations	-	44,464	44,464
Membership fees	-	300	300
Total income from donations	-	44,764	44,764
Prior period comparative:			
	Restricted £	Unrestricted £	2024 Total £
Donations	-	49,246	49,246
Membership fees	-	1,200	1,200
Total income from donations	-	50,446	50,446

4. Income from charitable activities

	Restricted £	Unrestricted £	2025 Total £
Grants:			
Bernard Lewis Foundation	63,000	-	63,000
Mental Health Foundation	25,685	-	25,685
Motherhood Group	20,000	-	20,000
National Lottery Community Fund	146,080	-	146,080
Pilgrim Trust	32,600	-	32,600
Reading Agency	14,443	-	14,443
Sigrid Rausing Trust	-	25,000	25,000
University of York	1,108	-	1,108
Total Grant income	302,916	25,000	327,916
Contract Income:			
Guy's and St Thomas NHS Foundation Trust	-	1,780	1,780
King's College London	-	200	200
Lansinoh Laboratories UK Ltd	-	1,500	1,500
Mayborn (UK) Ltd	-	38,750	38,750
NSPCC	-	800	800
Parent Gap delivery	-	10,000	10,000
Tommy's	-	150	150
Total Contract Income:	-	53,180	53,180
Total income from charitable activities	302,916	78,180	381,096

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

4. Income from charitable activities (continued)

Prior period comparative:

	Restricted £	Unrestricted £	2024 Total £
Grants:			
Bernard Lewis Foundation	63,000	-	63,000
Mental Health Foundation	11,750	-	11,750
National Lottery Community Fund	425,781	-	425,781
The Judith Foundation	-	10,000	10,000
Total Grant income	<u>500,531</u>	<u>10,000</u>	<u>510,531</u>
Contract Income:			
Mayborn (UK) Ltd	-	35,000	35,000
Kenvue	-	8,851	8,851
Speaker and Training fees	-	7,990	7,990
Qlic IT	-	2,500	2,500
Tommy's	-	2,240	2,240
Guy's and St Thomas NHS Foundation Trust	-	1,720	1,720
Other income	-	476	476
Total Contract Income:	<u>-</u>	<u>58,777</u>	<u>58,777</u>
Total income from charitable activities	<u>500,531</u>	<u>68,777</u>	<u>569,308</u>

5. Government grants

The charity receives government grants, defined as funding from National Lottery Community Fund to fund charitable activities, and service contract income from the NHS. The total value of such grants in the period ending 30 September 2025 was £146,080 (2024: £425,781). There are no unfulfilled conditions or contingencies attaching to these grants or service income in this or last year.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

6. Total expenditure

	Raising funds £	Charitable activities £	Support and governance costs £	2025 Total £
Staff costs (note 8)	71,519	230,143	102,189	403,851
Direct project costs	-	96,991	-	96,991
Monitoring and evaluation	-	2,520	-	2,520
Organisational / capacity development	-	8,830	4,957	13,787
Overheads	-	-	28,272	28,272
Sub-total	71,519	338,484	135,418	545,421
Allocation of support and governance cost	32,105	103,313	(135,418)	-
Total expenditure	103,624	441,797	-	545,421

Total governance costs were £4,729 (2024: £5,953).

Prior period comparative:

	Raising funds £	Charitable activities £	Support and governance costs £	2024 Total £
Staff costs (note 8)	73,596	203,684	93,986	371,266
Direct project costs	-	56,555	-	56,555
Monitoring and evaluation	-	354	-	354
Organisational / capacity development	-	6,020	4,165	10,185
Overheads	-	-	25,457	25,457
Sub-total	73,596	266,613	123,608	463,817
Allocation of support and governance cost	32,808	90,800	(123,608)	-
Total expenditure	106,404	357,413	-	463,817

7. Net movement in funds

This is stated after charging:

	2025 £	2024 £
Trustees' remuneration	Nil	Nil
Trustees' reimbursed expenses	233	185
Independent examiners' remuneration		
▪ Independent examination (excluding VAT)	1,550	1,490
▪ Other services (excluding VAT)	630	648
	2,413	2,323

Three trustees were reimbursed for travel expenses of £233 (2024: Two trustees £185). Additionally in 2025 £95 was paid for Trustee training (2024: nil).

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

8. Staff costs and numbers

Staff costs were as follows:

	2025 £	2024 £
Salaries and wages	314,543	308,624
Social security costs	25,938	25,917
Pension costs	15,813	15,923
Freelance staff	<u>47,557</u>	<u>20,802</u>
	<u><u>403,851</u></u>	<u><u>371,266</u></u>

One employee earned between £60,000 and £70,000 during the year (2024: One).

The key management personnel of the charity are deemed to comprise of the Trustees, the CEO, the Development and Programmes Manager, the Campaign Manager and the Engagement and Strategic Opportunities Manager. The total employee benefits of the key management personnel were £137,366 (2024: £140,746).

	2025 No.	2024 No.
Average head count	<u><u>8</u></u>	<u><u>9</u></u>
Full time equivalents	<u><u>6</u></u>	<u><u>7</u></u>

9. Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

10. Debtors

	2025 £	2024 £
Trade debtors	17,179	14,671
Prepayments	<u>1,941</u>	<u>2,757</u>
	<u><u>19,120</u></u>	<u><u>17,428</u></u>

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

11. Creditors: amounts due within 1 year

	2025	2024
	£	£
Trade creditors	6,916	3,096
Deferred income	10,000	8,750
Accruals	15,372	8,230
Other creditors	-	7,044
	<u>32,288</u>	<u>27,120</u>

12. Deferred income

	2025	2024
	£	£
Balance at the start of the year	8,750	8,750
Released in year	(8,750)	(8,750)
Deferred in year	<u>10,000</u>	<u>8,750</u>
Balance at the end of the year	<u>10,000</u>	<u>8,750</u>

Deferred income relates to funds received in advance of delivery of services and grants with time-bound conditions.

13. Analysis of net assets between funds

	Restricted funds £	Unrestricted funds £	Total funds £
Current assets	61,015	228,309	289,324
Current liabilities	<u>(3,344)</u>	<u>(28,944)</u>	<u>(32,288)</u>
Net assets at 30 September 2025	<u>57,671</u>	<u>199,365</u>	<u>257,036</u>
Prior period comparative:			
	Restricted funds £	Unrestricted funds £	Total funds £
Current assets	101,748	297,472	399,220
Current liabilities	<u>(6,167)</u>	<u>(20,953)</u>	<u>(27,120)</u>
Net assets at 30 September 2024	<u>95,581</u>	<u>276,519</u>	<u>372,100</u>

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

14. Movements in funds

	At 1 October 2024 £	Income £	Expenditure £	At 30 September 2025 £
Restricted funds				
Amplifying Maternal Voices, Mental Health Foundation	-	22,725	22,725	-
Bernard Lewis Foundation	10,500	63,000	63,000	10,500
Creating Connections, Mental Health Foundation	6,797	2,960	9,757	-
Motherhood Group	-	20,000	10,625	9,375
National Lottery Community Fund	78,284	146,080	190,227	34,137
Pilgrim Trust	-	32,600	29,401	3,199
Reading Agency	-	14,443	13,983	460
University of York	-	1,108	1,108	-
Total restricted funds	<u>95,581</u>	<u>302,916</u>	<u>340,826</u>	<u>57,671</u>
Unrestricted funds				
General funds	<u>276,519</u>	<u>127,441</u>	<u>204,595</u>	<u>199,365</u>
Total unrestricted funds	<u>276,519</u>	<u>127,441</u>	<u>204,595</u>	<u>199,365</u>
Total funds	<u><u>372,100</u></u>	<u><u>430,357</u></u>	<u><u>545,421</u></u>	<u><u>257,036</u></u>

Purposes of restricted funds

Amplifying Maternal Voices, Mental Health Foundation	In partnership with Mental Health Foundation, the AMV project will spotlight the maternal mental health experiences of mothers from seldom heard communities. In pursuit of accessible care for all women and families, there will be a conference and learning event to break down barriers and produce an Engagement Toolkit to inspire action at a local level.
Bernard Lewis Foundation	This grant is for staff salaries to enable us to Raise Our Voice supporting communications and income generation.
Creating Connections, Mental Health Foundation	In partnership with Mental Health Foundation, the Creating Connections project is a Department of Health and Social Care funded project building on the already successful delivery of MHF's "Connect" peer support model working with young parents and UOK which is delivered for young people in educational settings. The project aim is to Create a safe space and increase social connection for young people and young mothers through facilitated peer support.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

14. Movements in funds (continued)

Motherhood Group	MMHA is part of a project led by The Motherhood Group to better understand and advocate for the mental health needs of Black mothers. Our role is to translate community impact reports into national change through policy and advocacy.
National Lottery Community Fund	In the year ended 30 September 2024 the last installment of this grant received to extend the work of the Everyone's Business campaign, into Everyone's Business - at Every Contact. This builds on our experience and the current interest in perinatal mental health to ensure all women receive the right support and care, whatever their mental health needs, background and whichever part of the system they are in contact with.
Pilgrim Trust	Grant payments from the Pilgrim Trust are for a three-year funded project to deliver a Maternal Mental Health Link Worker service for young mums in the North-East of England. It's a collaboration between MMHA, Sunderland Counselling Service and Ways to Wellness.
Reading Agency	Funding from the Reading Agency was for the role MMHA played in the Reading Well for families project. We ran a lived experience panel who collated a set of recommendations for book and digital resources that would support the wellbeing of parents in the perinatal period.
University of York	MMHA are providing lived experience input for a mental health project being run by York University to support young mums.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

Prior period comparative:

	At 1 October 2023 £	Income £	Expenditure £	At 30 September 2024 £
Restricted funds				
Amplifying Maternal Voices, Mental Health Foundation	22,682	-	22,682	-
Bernard Lewis Foundation	-	63,000	52,500	10,500
Creating Connections, Mental Health Foundation	-	11,750	4,953	6,797
National Lottery Community Fund	-	425,781	347,497	78,284
Total restricted funds	<u>22,682</u>	<u>500,531</u>	<u>427,632</u>	<u>95,581</u>
Unrestricted funds				
General funds	<u>192,503</u>	<u>120,201</u>	<u>36,185</u>	<u>276,519</u>
Total unrestricted funds	<u>192,503</u>	<u>120,201</u>	<u>36,185</u>	<u>276,519</u>
Total funds	<u>215,185</u>	<u>620,732</u>	<u>463,817</u>	<u>372,100</u>

15. Related party transactions

There were no related parties in the current or prior period.

MATERNAL MENTAL HEALTH ALLIANCE

England & Wales - Charity number 1178152

Accounts

Charity no. 1178152

Maternal Mental Health Alliance

Report and unaudited Financial Statements 2023-24

Maternal Mental Health Alliance

Report of the Trustees

For the year ended 30 September 2024

Charity number	1178152
Registered office and operational address	International House 12 Constance Street London E16 2DQ
Trustees	<p>The trustees are who served during the year and up to the date of this report were as follows:</p> <p>Sarah Arnold Iulia Avramescu (Treasurer) Sakina Ballard Luciana Berger (Chair) Kate Billingham (Vice-Chair) Dr Clare Dolman Dr Henry Fay Christel Hawkins (until September 2024) Ian Jones Yasmin Mulji Lisa Williams</p>
Chief Executive Officer	<p>Laura Seebohm (until May 2024) Justin Irwin (from May 2024)</p>
Royal patron	Her Royal Highness the Princess of Wales
Bankers	CAF Bank Ltd 25 Kings Hill Avenue West Malling Kent ME19 4JQ
Independent examiner	Godfrey Wilson Limited Chartered accountants and statutory auditors 5th Floor Mariner House 62 Prince Street Bristol BS1 4QD

Maternal Mental Health Alliance

Report of the Trustees

For the year ended 30 September 2024

Reference and administrative information set out on page 1 forms part of this report. The financial statements comply with current statutory requirements, the Constitution and the Statement of Recommended Practice - Accounting and Reporting by Charities (effective from January 2019).

The trustees are pleased to present their annual report together with the financial statements of the charity for the year ended 30 September 2024.

Foreword by Luciana Berger, Chair of the Maternal Mental Health Alliance

The past year has been one of significant progress and impact for the Maternal Mental Health Alliance (MMHA).

As we approached a pivotal election year, our consistent and targeted campaigning efforts ensured that perinatal mental health remained high on the political agenda. These efforts led to the first-ever UK Maternal Mental Health Advocacy Day, bringing together lived experience voices, healthcare professionals, and campaigners to call for urgent action. We were also able to hold a roundtable in the House of Lords on perinatal mental health in the workplace.

Our new approach to partnerships and our ongoing campaigns with our 130 UK wide member organisations have significantly boosted public awareness of perinatal mental health throughout this period, whilst generating crucial funds. We also launched a new website, providing accessible information for families, healthcare professionals and policymakers alike.

At the heart of our work is a deep commitment to listening to lived experience. This year, we amplified diverse maternal voices through groundbreaking projects including the Amplifying Maternal Voices Toolkit and young mums' mental health research. These initiatives are not only driving systemic change but also strengthen the MMHA's role as a leading advocate for maternal mental health.

Post-year end we were delighted to be informed that a significant bid to the UK Fund of the National Lottery's Community Fund had been successful. This project will form the next phase of our programme to tackle maternal mental health inequities across the UK, and the 5-year funding allows us to look forward to delivering even more effectively against our mission.

As Chair, it has been a privilege to continue to work alongside such a passionate and productive team and a diverse range of dedicated members, partners and other stakeholders. Together, we are building a future where compassionate, inclusive, and well-resourced care is a reality for all women, birthing people, babies and families, irrespective of background or geographical location.

Maternal Mental Health Alliance

Report of the Trustees

For the year ended 30 September 2024

Objectives and activities for the public benefit

The trustees confirm that in compiling this report they have had due regard to guidance on public benefit issued by the Charity Commission in compliance with the duty set out in section 17(5) of the Charities Act 2011.

The MMHA is a UK-wide charity and network of more than 130 organisations, dedicated to ensuring women and birthing people, babies, and families impacted by perinatal mental health (PMH) problems have access to high-quality, compassionate care and support. We bring the perinatal mental health community together and make change happen by combining the power of real-life experience with clinical and professional expertise.

Our purpose

The MMHA exists to ensure every family in the UK gets the perinatal mental health care and support they need, before, during and after pregnancy. This includes:

- specialist PMH care within a supportive perinatal pathway; and
- good-quality PMH care within universal and primary care services, supported by specialist staff within each service.

The need

At least 1 in 5 women will develop a perinatal mental illness – more than 130,000 women in the UK each year. If untreated, PMH problems can have a devastating impact on the women affected and their families. In the UK, perinatal mental illness too often goes unrecognised, undiagnosed, and untreated.

The outcomes we expect from MMHA activities are:

1. Women, babies, and families across the UK have access to specialist PMH care within a supportive pathway that complies with NICE and SIGN guidelines;
2. PMH investment is prioritised by the Government, with money pledged and spent on specialist PMH services in all nations;
3. The voices of diverse experts by experience are heard by local and national decision-makers and help influence the development of PMH policies, services, and practices across the UK; and
4. Women and families in all four nations of the UK have access to high-quality compassionate PMH care that meets their individual needs within universal and primary care services.

Whilst the primary target of our activities is to benefit women, birthing people, and families impacted by PMH problems, the above outcomes also serve to foster greater efficiency and effectiveness in health and social care services, benefit the economy, and lead to greater health equality overall.

Maternal Mental Health Alliance

Report of the Trustees

For the year ended 30 September 2024

How the MMHA is trying to achieve change

1. Campaign, lobby, and influence to make the case for high-quality PMH care;
2. Convene as an alliance to amplify the collective influence, voice and resources of members and others committed to the provision of high-quality PMH care;
3. Ensure decisions made about PMH care are informed by the voices of experts by experience;
4. Reduce stigma around and raise awareness of PMH problems to ensure that women and birthing people feel able to ask for help, and that there is parity of care for women's mental and physical health during pregnancy and postnatally; and
5. Run our organisation efficiently and effectively, maximising our impact, and securing and making best use of our funds.

Overview of MMHA's achievements and performance

It has been another productive and influential year for the MMHA. Highlights include:

- **October 2023**
 - Hosted a roundtable at RCOG on domestic abuse and PMH.
 - Launched new young mums research at an event with CYPMHC.
 - Met with Shadow Secretary of State for Health Wes Streeting and Shadow Minister for Women and Mental Health Abena Opong-Asare.
- **November 2023**
 - Co-hosted a parliamentary event in Scotland with PIMHS.
 - Hosted a parliamentary policy roundtable in the House of Commons for Abena Opong-Asare MP.
- **February 2024**
 - Joined Theo Clarke MP's Birth Trauma Inquiry board.
- **March 2024**
 - Launched the Amplifying Maternal Voices Toolkit.
- **April 2024**
 - Delivered a sold-out webinar (500 tickets) showcasing new research from King's College London into suicide prevention during and after pregnancy.
- **May 2024**
 - Hosted a roundtable in the House of Lords on perinatal mental health in the workplace.
 - Ran first-ever UK Maternal Mental Health Advocacy Day.
 - Launched new campaign for mandatory mental health checks with Grazia.
- **July 2024**
 - Announced Dr Krystal Wilkinson as MMHA's first ambassador.
 - Worked with ~50 members to produce letter to new ministers regarding investment in perinatal mental health.
- **August 2024**
 - Launched new report on substance use, child removal and maternal mental health.

Our activities 2023-24

Excellent services

General election and manifesto influencing

Ahead of the general election, the MMHA campaigned to ensure perinatal mental health (PMH) featured in the main political party manifestos. The Alliance crafted clear policy messages highlighting the urgency of improving PMH care and outlining specific actions needed.

The MMHA held a cross-party roundtable in the Scottish Parliament, chaired by Conservative MSP Tess White. This event provided a valuable platform to raise awareness of PMH's critical importance in political manifestos across the UK.

A productive meeting with Wes Streeting (Shadow Health Secretary) and Abena Opong-Asare (Shadow Minister for Mental Health and Women) led to further discussions on MMHA's policy recommendations. To strengthen this engagement, the MMHA hosted a roundtable with Abena in November, bringing together members, lived experience champions, and representatives to demonstrate the sector's passion and expertise.

These pre-election efforts helped solidify our relationship with the incoming Labour government, paving the way for continued dialogue with key ministers on improving PMH care across the UK.

Specialist Services

We work to influence policy, improve transparency, and advocate for equitable access to PMH support for families across each nation of the UK.

England

The MMHA actively engaged with policymakers and advisory groups to advocate for improved PMH services and support across England:

- **Engaging with the Shadow Mental Health Minister:** We met with representatives from Abena Opong-Asare MP's team to discuss addressing health inequities in PMH. These conversations led to the Shadow Mental Health Minister publicly supporting Maternal Mental Health Awareness Week on social media.
- **Contributing to national strategies and taskforces:** The MMHA continued its role on the National Suicide Prevention Strategy Advisory Group, as well as the Maternity Disparities Taskforce. Regular meetings with policy teams at NHS England and the Department of Health and Social Care (DHSC), including those working on Start for Life, enabled the MMHA to consistently highlight the needs of parents experiencing PMH challenges.

Maternal Mental Health Alliance

Report of the Trustees

For the year ended 30 September 2024

- **Mapping Maternal Mental Health Services:** In partnership with the British Psychological Society (BPS), the MMHA undertook a comprehensive project to map Maternal Mental Health Services in England for the first time. The project aimed to build a clear picture of service provision, highlight gaps, and identify funding disparities across the country, with a report due in October 2024.

Northern Ireland

In Northern Ireland, the MMHA celebrated a significant milestone as specialist perinatal mental health teams became operational in all health board areas. This progress was the result of consistent advocacy and collaboration. The Alliance also maintained close engagement with key stakeholders, including Professor Siobhan O'Neill, the Mental Health Champion for NI, to ensure sustained investment in specialist PMH services and the development of a much-needed Mother and Baby Unit (MBU).

Despite these successes, challenges remain. The return of the NI Executive brought long-standing supporter of PMH services Robin Swann back as Health Minister. However, his departure following the election heightened the urgency for action. The MMHA continues to advocate for a clear deadline for the MBU business plan and confirmation of funding.

Scotland

Following the publication of our specialist services report, the MMHA met with Minister Maree Todd to discuss the findings and advocate for improved support. Despite a freeze on Scottish Government funding for mental health, the MMHA's efforts, particularly through a parliamentary roundtable in November, led to increased engagement, including regular discussions with the PMH Programme Board.

With Parent and Infant Mental Health Scotland (PIMHS) ceasing as a constituted charity this year, Aberlour children's charity stepped in to host the MMHA Coordinator role. This allowed the MMHA to continue with key priorities, including re-establishing links with statutory and voluntary services, engaging with member organisations, and advocating for long-term, ringfenced PMH funding and equitable access to services.

Wales

The MMHA has been instrumental in advancing perinatal mental health (PMH) priorities in Wales. During this year we partnered with Home-Start Cymru and welcomed a new Everyone's Business Coordinator for Wales. Collaborating with NSPCC and the PMH Network, we produced a recommendations paper, developed through joint workshops with key stakeholders, to influence the Welsh Government's next mental health strategy.

Maternal Mental Health Alliance

Report of the Trustees

For the year ended 30 September 2024

Universal Services

A key focus for the MMHA this year was improving PMH care within universal services, ensuring mental health is given as much attention and investment as physical health. As part of the advisory group for NHS England's "What Matters" maternity project, we supported the participation of parents with lived experience, grounding discussions in real-world insights. This project, run by the Healthcare Quality Improvement Partnership, provided a platform to advocate for mental health as a priority in maternity care.

We collaborated closely with the Royal College of Midwives (RCM), building on their PMH roadmap to strengthen advocacy for integrating mental health into maternity services. Key activities included discussing the economic and human case for embedding psychological therapies into maternity teams, supported by the findings of a scientific paper published by the London School of Economics (LSE). This evidence-based approach has underpinned strategic conversations with NHS England, the British Psychological Society (BPS), RCM, and the Royal College of Obstetricians and Gynaecologists (RCOG).

In addition, our role on NHS England's Stakeholder Council for the Maternity and Neonatal Programme allowed us to influence national discussions. Through presentations at events such as the specialist midwives forum and Improving Maternity Services Conference, we have amplified our call for better integration of mental health support in universal services, ensuring women experiencing PMH difficulties receive timely, effective care.

Raising awareness of maternal mental health

Maternal Mental Health Awareness Week

Advocacy Day

On Wednesday 1 May, we launched the first-ever UK Maternal Mental Health Advocacy Day, coinciding with World Maternal Mental Health Day. This initiative aimed to raise awareness of the mental health needs of new and expectant mothers in the UK, especially with a general election approaching.

The MMHA encouraged the public, healthcare professionals, and member organisations to educate parliamentarians about maternal mental health and urge them to commit to improving care using template letters. Despite mental health issues being the most common complication during pregnancy and the postnatal period (affecting 1 in 5 women and birthing people), investment in mental health services remained disproportionately low compared to physical conditions like gestational diabetes or pre-eclampsia.

The MMHA called on MPs to ensure that mental health check-ins became as standard as taking blood pressure, promoting sensitive discussions at every antenatal and postnatal appointment. Supporters were invited to engage by contacting their MPs and spreading awareness on social media using #MMHAdvocacyDay.

Maternal Mental Health Alliance

Report of the Trustees

For the year ended 30 September 2024

The campaign gained significant visibility through partnerships with *Grazia* and their parenting platform *'The Juggle'*. Influencer support from high-profile mums secured by the publication helped the MMHA reach over 1 million Instagram accounts, growing our following and boosting awareness of the charity's work. Together, these efforts amplified the call for maternal mental health to be a priority in UK healthcare policy.

MMHA website

The new MMHA website launched in December 2023, designed as a comprehensive perinatal mental health hub for families, healthcare professionals, journalists, MPs, and commissioners. The site offers a streamlined, user-friendly experience, making essential information on maternal mental health easier to access and understand.

Healthcare professionals can find best practice guidelines, policy updates, and training resources to enhance perinatal mental health care. Families and loved ones can explore dedicated sections offering practical advice, support services, and personal stories, helping them feel less alone and more informed. Journalists can access press releases, media resources, and expert commentary to support accurate reporting on maternal mental health issues. MPs and commissioners can find policy briefings, evidence-based reports, and campaign updates to inform decision-making and advocacy efforts.

By bringing these audiences together in one central hub, the MMHA website supports a collaborative approach to improving perinatal mental health care and raising awareness, ensuring that everyone affected has the right support when they need it most.

Partnerships

Tomme Tippee

Our two-year partnership with Tomme Tippee continued to shine a light on perinatal mental health and reach more families with education, tools, spaces, and support during this significant period in their lives. This partnership was a first for the MMHA, and we continue to work closely with Tomme Tippee to see how they can help the Alliance maximise its reach, as well as increase our financial stability.

Aveeno Baby X Superdrug

Aveeno Baby partnered with the MMHA to raise awareness and encourage parents to talk more about their mental health during and after pregnancy. As part of the campaign, Aveeno Baby donated 20p from every purchase of Aveeno Baby and Aveeno Kids products at 100s of Superdrug stores across the UK and online for a period, raising nearly £9,000 to support the MMHA's core work.

Other corporate partnerships

During this year's Maternal Mental Health Awareness Week, we received valuable support from Mamma Bamboo and Child's Farm. Both brands helped amplify our messages through dedicated podcasts and social media campaigns, sharing vital statistics and signposting to support for parents affected by perinatal mental health challenges.

Maternal Mental Health Alliance

Report of the Trustees

For the year ended 30 September 2024

This growing corporate engagement highlights an increasing appetite to address perinatal mental health. It reinforces the potential for developing long-term partnerships as a key pillar of our awareness-raising and fundraising strategies, ensuring more parents can access the care and support they need.

Listening to women and families

MMHA Lived Experience Champions

The voice of lived experience has been integral to the MMHA's work since day one and this year we have continued that dedication to ensuring experts by experience inform all aspects of our work. Over the last year we have had a deliberate focus on expanding the network to include underrepresented voices, particularly young mums.

This year, Champions have been involved in:

- The Amplifying Maternal Voices (AMV) project
- Aveeno Baby campaign focus groups
- Maternal Mental Health Awareness Week content
- Roundtable events in the House of Commons and House of Lords
- Workforce training
- Media opportunities, including a televised pre-election debate about healthcare in the UK.

Listening Pilot Project: substance use, child removal, and maternal mental health

In August 2024, the MMHA launched our Listening Project report in collaboration with the charity REFORM: ['Listening to the stories of women who have experienced child removal due to drug and alcohol use'](#). This report amplifies the voices of three women who faced drug and/or alcohol addiction during pregnancy and early motherhood, shedding light on their experiences of child removal and advocating for systemic change.

This groundbreaking report highlights the courage, empathy, and persistence of the women who shared their stories, advocating for their voices to remain central in future research and policymaking. The MMHA hopes these findings will act as a catalyst for investment in this under-researched area and drive meaningful change in policy and practice to better support women facing addiction and multiple adversity.

Domestic abuse and perinatal mental health

The MMHA began working with social enterprise IRISi to explore an early intervention project addressing the impact of domestic violence and abuse (DVA) on women's mental health during the perinatal period. IRISi, with a proven track record of integrating domestic abuse training and specialist support into primary care, sexual health, and health visiting teams, aims to equip healthcare professionals to better recognise and respond to gender-based violence.

Maternal Mental Health Alliance

Report of the Trustees

For the year ended 30 September 2024

In October 2023, the MMHA and IRISi hosted a roundtable with clinical experts, academics, DVA specialists, and commissioners to propose piloting the IRISi programme in perinatal mental health settings in London. The partnership aims to share learning, promote best practices, and influence policy through the MMHA's networks, with the long-term goal of expanding the programme to other locations across the UK.

Reaching all women: equity, diversity, and inclusion

Amplifying Maternal Voices (AMV) Project

[The Amplifying Maternal Voices \(AMV\) project](#), funded and supported by the Mental Health Foundation, was the MMHA's flagship equity, diversity, and inclusion initiative for the year, aimed at ensuring maternal voices from underrepresented and marginalised communities are heard and their needs acted upon.

The project culminated in the launch of [the AMV Toolkit](#) at a well-attended online learning event in March 2024. Contributions from MMHA Lived Experience Champions, grassroots organisations, and stakeholders from Birmingham and Croydon ensured the Toolkit was grounded in authentic experiences and best practice examples.

Dissemination efforts included a comprehensive communications pack, targeted emails to stakeholders, and a social media campaign featuring new films showcasing real life stories from all four nations of the UK.

"This resource is going to be extraordinary for us. We've been seen, our voices are not being erased..." Amanda Smith, CEO, Maternity Engagement Action

Post-launch, the Toolkit has been promoted at key events, including the Perinatal Loneliness Conference and the Institute of Health Visiting Conference in September 2024.

An ongoing social media campaign continues to extend the AMV project's visibility, and an upcoming initiative will invite local affiliates to work closely with the Toolkit to drive change in their local areas. The printing of workbooks and additional evaluation funding secured for 2024–25 will help maintain the project's impact and legacy.

The AMV project not only addresses gaps in representation but has also established a model for amplifying diverse maternal voices at a local level, aligning with the MMHA's vision of equitable PMH care for all.

Young motherhood and mental health

Young mums have been identified as being at particularly high risk of experiencing perinatal mental illness, with postnatal depression up to twice as prevalent in teenage mothers compared to those over 20. In recent years, MBRRACE-UK has highlighted an increase in teenage maternal suicide.

Maternal Mental Health Alliance

Report of the Trustees

For the year ended 30 September 2024

The MMHA partnered with the Children and Young People's Mental Health Coalition to launch *The Maternal Mental Health Experiences of Young Mums* report. This collaboration aimed to highlight the unique mental health challenges faced by young mothers and propose ways to improve PMH care through more inclusive support systems.

The report combined a comprehensive literature review with personal stories from young mums affected by maternal mental health issues. Its launch took place in October 2023 at an online event attended by 250+ participants and received widespread support from key stakeholders, including the NSPCC, the Institute of Health Visiting, and The King's Fund.

This initiative marked an important step toward ensuring young mothers' mental health needs are better understood and addressed through compassionate, inclusive, and well-resourced care.

The MMHA is now seeking funding to expand this work through partnership projects. Meanwhile, contributions to the Creating Connections project, led by the Mental Health Foundation, focus on raising awareness of barriers for young mums and facilitating peer-led solutions to loneliness through dedicated resources for healthcare professionals and VCSE organisations.

Black maternal mental health

During Black Maternal Mental Health Awareness Week (October 2023), the MMHA supported communications and attended events that spotlighted community-led solutions and systemic barriers. The MMHA's presence was acknowledged as an important signal of support by The Motherhood Group, the organisers of the awareness week.

The MMHA will be part of a new project led by The Motherhood Group, and with the Centre for Mental Health, to better understand the maternal mental health needs of Black mothers. Research and advocacy outputs in the first year will inform the MMHA's contributions in the project's second phase, ensuring the voices of Black mothers are prioritised in developing future interventions.

Advocacy and campaigns

The MMHA contributed to the MBRRACE report on maternal deaths and morbidity (2019–2021), emphasising the disproportionate impact of inequalities and systemic discrimination on maternal mental health and maternal suicide. We were also invited to speak at the report's launch, further highlighting our leadership role in addressing these critical issues.

The AMV Toolkit's nomination for a Third Sector Award and MMHA's continued collaboration with grassroots organisations demonstrate our commitment to addressing inequalities in maternal mental health.

These efforts reflect MMHA's unwavering dedication to reaching all women, amplifying marginalised voices, and driving equity, diversity, and inclusion in maternal mental health care.

Maternal Mental Health Alliance

Report of the Trustees

For the year ended 30 September 2024

MMHA members

We continue to grow an increasingly engaged and diverse membership and ended the year with a record number of members.

Alongside regular members' meetings, this year we hosted several shorter Listen and Learn sessions with members, focussing on Black maternal mental health, neurodiversity and PMH (co-produced and led by MMHA Lived Experience Champions Laura and Sapna), and keeping PMH on the political agenda.

The MMHA team contribute to several other networks and alliances, such as the Pregnancy & Baby Charities Network, Agenda Alliance, Children and Young People's Mental Health Coalition, and 1001 Days.

Current members as of 30 September 2024

1. Aberlour
2. Acacia Family Support
3. Action Mental Health
4. Action on Postpartum Psychosis
5. Action Trauma
6. Active Partnerships
7. Active Pregnancy Foundation
8. Anna Freud
9. Approachable Parenting
10. Association for Infant Mental Health (UK)
11. Association for Postnatal Illness
12. AWARE
13. Baby Sleep Information Source
14. Barnardo's
15. Become
16. Beelotus
17. Before Becoming a Parent
18. Best Beginnings
19. Bipolar Scotland
20. Bipolar UK
21. Birth Companions
22. Birthlight
23. Birthrights
24. Blaze Trails
25. Bliss
26. Brazelton Centre
27. British Association for Counselling and Psychotherapy
28. British Medical Association
29. British Psychological Society
30. British Society Psychosomatic Obstetrics, Gynaecology & Andrology
31. Centre for Mental Health
32. Centre for Research on Families and Relationships
33. Centred Soul
34. Changing Lives
35. Children and Young People's Mental Health Coalition
36. City Pregnancy Counselling & Psychotherapy
37. Community Practitioners' and Health Visitors' Association
38. Crossreach Counselling
39. DadPad
40. Dance Mama
41. Dandelion Military Families
42. Doula UK
43. Ectopic Pregnancy Trust
44. Family Action
45. Family Nurse Partnership
46. Fatherhood Institute
47. Fertility Network UK
48. For Baby's Sake Trust
49. Foundations
50. Gingerbread
51. GPs Championing Perinatal Care (GPCPC)
52. Home-Start Cymru
53. Home-Start UK
54. Inspire - Northern Ireland Association for Mental Health
55. Institute of Health Visiting
56. Jakes Charity National Maternity Support Foundation
57. Kinship
58. Lifeboat Perinatal Mental Health
59. Local Government Association

Maternal Mental Health Alliance

Report of the Trustees

For the year ended 30 September 2024

60. Make Birth Better
61. Maternal OCD
62. Maternity Action
63. McPin Foundation
64. Mellow Parenting
65. Mental Health Foundation
66. Mind
67. Mindwise
68. Mothers at Home Matter
69. Mothers for Mothers
70. Mothers Matter
71. Mummy's Star
72. MumsAid
73. Muslim Women's Network UK
74. National Centre for Mental Health
75. National Children's Bureau
76. Netmums
77. NSPCC
78. PANDAS Foundation
79. POPYRUS
80. Parent-Infant Foundation
81. Parents 1st
82. Peeps
83. Perinatal Mental Health Partnership UK
84. Person Shaped Support
85. Petals
86. Positive about Down syndrome
87. Postpartum Support International
88. Pranaia & Arthur Magoffin Foundation
89. Pregnancy Sickness Support
90. PTSD UK
91. Quarriers
92. Refuge
93. Refugee Women Connect
94. Relate
95. Relate NI
96. Rethink Mental Illness
97. Royal College of General Practitioners
98. Royal College of Midwives
99. Royal College of Nursing
100. Royal College of Obstetricians and Gynaecologists
101. Royal College of Occupational Therapists
102. Royal College of Paediatrics and Child Health
103. Royal College of Psychiatrists
104. Samaritans
105. Sands
106. Society for Reproductive and Infant Psychology
107. Sport in Mind
108. Support 2gether
109. The Birth Trauma Association
110. The Centre for Emotional Health
111. The Hearts and Minds Partnership
112. The Human Milk Foundation
113. The International Marce Society
114. The Mental Health Hub by MeYouWellbeing
115. The Motherhood Group
116. The Parent Rooms
117. The Patients Association
118. The Pelvic Partnership
119. The UK Committee for UNICEF
120. The Women's Institute
121. Thelma Matilda Alves Foundation
122. Think Ahead
123. Tommy's
124. Twins Trust
125. Unite the Union
126. WAVE Trust
127. Wednesday's Child
128. Wellbeing of Women
129. Women's Resource and Development Agency
130. Working Families
131. Young Mums Support Network
132. YoungMinds

Maternal Mental Health Alliance

Report of the Trustees

For the year ended 30 September 2024

Organisational development

Our Chief Executive Laura Seebohm moved onto a new role in May 2024, being replaced by Justin Irwin who had previously been our interim CEO in 2021-22. During the year we were able to recruit a marketing and partnerships director post, working at achieving the dual aims of reducing stigma and securing funds.

The MMHA team continues to work remotely while maintaining a desk space at the Royal College of Obstetricians and Gynaecologists' office in London, a location known for women's health expertise and excellence. This has helped strengthen relationships with communications professionals, senior leaders, and other stakeholders, both within and beyond our membership, while also connecting us to broader initiatives within the women's health sector.

Fundraising and Income Generation

With a challenging fundraising environment coinciding with our 5-year National Lottery Community Fund grant coming to an end in September 2024, we have expanded our income generation activities into individual giving and corporate partnerships, whilst continuing to seize opportunities for funding from trusts and foundations, including where we can work in partnership with our members and other stakeholders. This shift in approach is vital to the future financial stability of the MMHA and has seen some early successes – although we expect to have a better understanding of its effectiveness over the next 12 months.

The MMHA is extremely grateful to the range of organisations and individuals who have supported our organisation throughout the past year. Without their support our efforts to work towards ensuring that every family in the UK gets the PMH care and support they need could not be successful.

Plans for the future

Post-year end we were delighted to be informed that our bid to the UK Fund of the National Lottery's Community Fund had been successful. With this funding we plan to implement a model of community action, focused on Maternal Mental Health Councils, led by women with lived experience. This project will form the next phase of our programme to tackle PMH inequities across the UK and is scheduled to commence in Spring 2025.

Alongside the continuation of our core work we have a range of important projects and developments planned for 2024-25, including our report which will map Maternal Mental Health Services in England, the Creating Connections project looking at the needs of young mums, and the launch of [The Parent Gap](#), a groundbreaking workplace learning and certification pathway dedicated to PMH.

Maternal Mental Health Alliance

Report of the Trustees

For the year ended 30 September 2024

Structure, governance, and management

The MMHA was founded in 2011 by women with lived experience, coming together with clinicians and voluntary sector organisations, with a shared determination to improve care and support for women in the perinatal period. The MMHA was registered as a charitable incorporated organisation (CIO) in April 2018, with a revised constitution adopted in September 2023.

The trustees serving during the 2023-24 financial year and since year end are as follows:

Sarah Arnold	
Iulia Avramescu	(Treasurer)
Sakina Ballard	
Luciana Berger	(Chair)
Kate Billingham	(Vice-Chair)
Dr Clare Dolman	
Dr Henry Fay	
Christel Hawkins	(until September 2024)
Ian Jones	
Yasmin Mulji	
Lisa Williams	

Trustee selection process

Trustees are appointed for a term of three years and may stand for re-appointment after that time. There is a trustee induction and training programme in place. The board consider what skills are needed from new trustees, and recruit on that basis, typically through a public recruitment process.

Meeting and sub-committees

The trustees meet formally four times a year and communicate frequently throughout.

The board of trustees has a finance and governance sub-committee, and certain decisions are delegated by the rest of the board to this sub-committee, which also meets four times a year.

Charity management

Day-to-day management of the MMHA is delegated to the CEO, and the team of eight part-time staff.

Although the MMHA has a registered address in London, staff are all home-based, ensuring office costs are minimal.

Maternal Mental Health Alliance

Report of the Trustees

For the year ended 30 September 2024

Arrangements for setting key management personnel remuneration

Remuneration is discussed annually by the remuneration sub-committee or the full board of trustees.

Salaries of senior MMHA staff are benchmarked against similar roles in the voluntary sector, with regular reviews. The salary of the CEO is discussed annually by the board.

Financial review

These accounts show activity for the year October 2023–September 2024.

The MMHA considers itself to be in a healthy financial situation. Total income for 2023-24 was £620,732 (2022-23 £470,684) and total expenditure was £463,817 (2022-23 £539,825), details of which are set out in the attached accounts.

This year saw income from a multi-year grant from National Lottery. In addition, project funding was received from the Bernard Lewis Foundation and the Mental Health Foundation. Contract income was received from partnerships with corporates, charities and the NHS. Core funding was received from The Judith Foundation and via donations, membership fees and pro bono donations.

Restricted funds at 30 September 2024 were £95,581 (2023: £22,682). Unrestricted funds at 30 September 2024 were £276,519 (2023: £192,503). The charity has no debt or guarantee.

Risk management

Responsibility for risk management lies with trustees, with day-to-day responsibility delegated to the CEO. The risk register is regularly reviewed by the trustees and the finance and governance sub-committee. The senior leadership team typically considers risk on a regular basis. Controls are in place to minimise risks, and to manage risks that occur.

Reserves policy

The MMHA needs reserves to provide security to MMHA operations. An abrupt ceasing of MMHA operations would impact indirectly on women with maternal mental health problems and the MMHA's work to improve services.

The MMHA remains heavily reliant on grant income. The MMHA reserves policy is therefore designed to cover shortfalls in income and periods when income does not reach expected levels or to buy some time in the event of reduced income, for example a grant not coming through or being delayed.

The trustees have agreed a reserves policy of maintaining 3 to 6 months running costs. One month's running costs in the financial year 2024-2025 is forecast at around £53,000. Reserves at year end 2023-2024 are £372,100, equivalent to 7 months future running costs based on 2023-2024 expenditure, which is 117% of the target level. Trustees are comfortable with reserves exceeding the target noting the conclusion of the multi-year grant from National Lottery and the shift in approach to fundraising and income generation.

Report of the Trustees

For the year ended 30 September 2024

Statement of responsibilities of the trustees

The trustees are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards including Financial Reporting Standard 102: The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England & Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the income and expenditure of the charity for that period.

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

- select suitable accounting policies and then consistently apply them;
- observe the methods and principles in the Charities Statement of Recommended Practice (SORP);
- make judgments and accounting estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The trustees are responsible for maintaining proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the trust deed/constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions. The trustees are members of the charity but this entitles them only to voting rights. The trustees have no beneficial interest in the charity.

Approved by the board and signed on their behalf by:



Luciana Berger - (chair)

Date: 17 March 2025

Independent examiner's report

To the trustees of

Maternal Mental Health Alliance

I report to the trustees on my examination of the accounts of Maternal Mental Health Alliance (the CIO) for the period to 30 September 2024, which are set out on pages 19 to 31.

Responsibilities and basis of report

As the charity trustees of the CIO you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the CIO's accounts carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

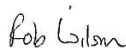
Since the CIO's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Institute of Chartered Accountants in England and Wales (ICAEW), which is one of the listed bodies.

Godfrey Wilson Limited also provides payroll services to the CIO. I confirm that as a member of the ICAEW I am subject to the FRC's Revised Ethical Standard 2016, which I have applied with respect to this engagement.

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

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

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



Date: 17 March 2025

Robert Wilson FCA
Member of the ICAEW

For and on behalf of:

Godfrey Wilson Limited

Chartered accountants and statutory auditors
5th Floor Mariner House
62 Prince Street
Bristol
BS1 4QD

Maternal Mental Health Alliance

Statement of financial activities

For the year ended 30 September 2024

	Note	Restricted £	Unrestricted £	2024 Total £	2023 Total £
Income from:					
Donations	3	-	50,446	50,446	38,695
Charitable activities	4	500,531	68,777	569,308	431,293
Investments		-	978	978	696
		<u>500,531</u>	<u>120,201</u>	<u>620,732</u>	<u>470,684</u>
Total income					
Expenditure on:					
Raising funds		95,568	10,836	106,404	80,050
Charitable activities		<u>332,064</u>	<u>25,349</u>	<u>357,413</u>	<u>459,775</u>
		<u>427,632</u>	<u>36,185</u>	<u>463,817</u>	<u>539,825</u>
Total expenditure	6				
Net income / (expenditure) and net movement in funds	7	72,899	84,016	156,915	(69,141)
Total funds brought forward		<u>22,682</u>	<u>192,503</u>	<u>215,185</u>	<u>284,326</u>
Total funds carried forward		<u><u>95,581</u></u>	<u><u>276,519</u></u>	<u><u>372,100</u></u>	<u><u>215,185</u></u>

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 14 to the accounts.

Maternal Mental Health Alliance

Balance sheet

As at 30 September 2024

	Note	2024 £	2023 £
Current assets			
Debtors	10	17,428	37,474
Cash at bank and in hand		<u>381,792</u>	<u>236,276</u>
		399,220	273,750
Liabilities			
Creditors: amounts falling due within 1 year	11	<u>27,120</u>	<u>58,565</u>
Net current assets and net assets	13	<u>372,100</u>	<u>215,185</u>
Funds	14		
Restricted funds		95,581	22,682
Unrestricted funds			
General funds		<u>276,519</u>	<u>192,503</u>
Total charity funds		<u>372,100</u>	<u>215,185</u>

Approved by the trustees on 17 March 2025 and signed on their behalf by



Luciana Berger - Chair

Maternal Mental Health Alliance

Statement of cash flows

For the year ended 30 September 2024

	2024 £	2023 £
Cash used in operating activities:		
Net movement in funds	156,915	(69,141)
Adjustments for:		
Decrease / (increase) in debtors	20,046	(35,626)
Increase / (decrease) in creditors	(31,445)	(25,289)
Interest from investments	(978)	(696)
Net cash provided by operating activities	144,538	(130,752)
Cash flows from investing activities:		
Interest from investments	978	696
Increase in cash and cash equivalents in the year	145,516	(130,056)
Cash and cash equivalents at the beginning of the year	236,276	366,332
Cash and cash equivalents at the end of the year	381,792	236,276

The charity has not provided an analysis of changes in net debt as it does not have any long term financing arrangements.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2024

1. Accounting policies

a) Basis of preparation

Maternal Mental Health Alliance is a charitable incorporated organisation registered in England and Wales. The registered office address is International House, 12 Constance Street, London, E16 2DQ.

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities in preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

Maternal Mental Health Alliance meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note.

b) Going concern basis of accounting

The accounts have been prepared on the assumption that the charity is able to continue as a going concern, which the trustees consider appropriate having regard to the current level of unrestricted reserves. There are no material uncertainties about the charity's ability to continue as a going concern.

c) Income

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

Income from the 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.

Income received in advance of provision of services is deferred until criteria for income recognition are met.

d) Donated services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use by the charity of the item, is probable and the economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), general volunteer time is not recognised.

On receipt, donated 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.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2024

1. Accounting policies (continued)

e) Interest receivable

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.

f) Funds accounting

Unrestricted funds are available to spend on activities that further any of the purposes of the charity. Designated funds are unrestricted funds of the charity which the trustees have decided at their discretion to set aside to use for a specific purpose. Restricted funds are donations which the donor has specified are to be solely used for particular areas of the charity's work or for specific projects being undertaken by the charity.

g) Expenditure and irrecoverable VAT

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.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

h) Allocation of support and governance costs

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Governance costs are the costs associated with the governance arrangements of the charity, including the costs of complying with constitutional and statutory requirements and any costs associated with the strategic management of the charity's activities. These costs have been allocated between cost of raising funds and expenditure on charitable activities on the basis of staff costs as follows:

	2023	2022
Raising funds	26.5%	21.6%
Charitable activities	73.5%	78.4%

i) Debtors

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.

j) Cash at bank and in hand

Cash at bank and cash in hand includes 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.

k) Creditors

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.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2024

1. Accounting policies (continued)

l) Financial instruments

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 with the exception of bank loans which are subsequently recognised at amortised cost using the effective interest method.

m) Pension costs

The charity operates a defined contribution pension scheme for its employees. There are no further liabilities other than that already recognised in the SOFA.

n) Functional currency

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £1.

o) Accounting estimates and key judgements

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

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

There are no sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements.

2. Prior period comparatives: statement of financial activities

	Restricted £	Unrestricted £	2023 Total £
Income from:			
Donations	-	38,695	38,695
Charitable activities	398,093	33,200	431,293
Investments	-	696	696
Total income	398,093	72,591	470,684
Expenditure on:			
Raising funds	69,214	10,836	80,050
Charitable activities	430,044	29,731	459,775
Total expenditure	499,258	40,567	539,825
Net income and net movement in funds	(101,165)	32,024	(69,141)

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2024

3. Income from donations

	Restricted £	Unrestricted £	2024 Total £
Donations	-	49,246	49,246
Membership fees	-	1,200	1,200
Total income from donations	-	50,446	50,446
Prior period comparative:			
	Restricted £	Unrestricted £	2023 Total £
Donations	-	38,220	38,220
Membership fees	-	475	475
Total income from donations	-	38,695	38,695

4. Income from charitable activities

	Restricted £	Unrestricted £	2024 Total £
Grants:			
Bernard Lewis foundation	63,000	-	63,000
Mental Health Foundation	11,750	-	11,750
National Lottery Community Fund	425,781	-	425,781
The Judith Foundation	-	10,000	10,000
Total Grant income	500,531	10,000	510,531
Contract Income:			
Mayborn (UK) Ltd	-	35,000	35,000
Kenvue	-	8,851	8,851
Speaker and Training fees	-	7,990	7,990
Qlic IT	-	2,500	2,500
Tommy's	-	2,240	2,240
Guy's and St Thomas NHS Foundation Trust	-	1,720	1,720
Other income	-	476	476
Total Contract Income:	-	58,777	58,777
Total income from charitable activities	500,531	68,777	569,308

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2024

4. Income from charitable activities (continued)

Prior period comparative:

	Restricted £	Unrestricted £	2023 Total £
Grants:			
Comic Relief	23,000	-	23,000
National Lottery Community Fund	304,453	-	304,453
Mental Health Foundation	70,640	1,000	71,640
Esmee Fairbairn	-	5,000	5,000
Total income from charitable activities	398,093	6,000	404,093
Contract Income:			
Mayborn (UK) Ltd	-	26,250	26,250
Department of Health and Social Care	-	750	750
Perinatal Mental Health Conference	-	200	200
Total Contract Income:	-	27,200	27,200
Total income from charitable activities	398,093	33,200	431,293

5. Government grants

The charity receives government grants, defined as funding from National Lottery Community Fund to fund charitable activities, and service contract income from the NHS. The total value of such grants in the period ending 30 September 2024 was £425,781 (2023: £304,453). There are no unfulfilled conditions or contingencies attaching to this grant in 2023/24.

6. Total expenditure

	Raising funds £	Charitable activities £	Support and governance costs £	2024 Total £
Staff costs (note 8)	73,596	203,684	93,986	371,266
Direct project costs	-	56,555	-	56,555
Monitoring and evaluation	-	354	-	354
Organisational / capacity development	-	6,020	4,165	10,185
Overheads	-	-	25,457	25,457
Sub-total	73,596	266,613	123,608	463,817
Allocation of support and governance costs	<u>32,808</u>	<u>90,800</u>	<u>(123,608)</u>	<u>-</u>
Total expenditure	106,404	357,413	-	463,817

Total governance costs were £5,953 (2023: £4,750).

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2024

6. Total expenditure (continued)

Prior period comparative:

	Raising funds £	Charitable activities £	Support and governance costs £	2023 Total £
Staff costs (note 8)	56,612	205,962	75,713	338,287
Direct project costs	-	102,671	-	102,671
Monitoring and evaluation	-	38,073	-	38,073
Organisational / capacity development	-	27,797	3,247	31,044
Overheads	-	-	29,750	29,750
Sub-total	56,612	374,503	108,710	539,825
Allocation of support and governance costs	<u>23,438</u>	<u>85,272</u>	<u>(108,710)</u>	<u>-</u>
Total expenditure	<u>80,050</u>	<u>459,775</u>	<u>-</u>	<u>539,825</u>

7. Net movement in funds

This is stated after charging:

	2024 £	2023 £
Trustees' remuneration	Nil	Nil
Trustees' reimbursed expenses	185	Nil
Independent examiners' remuneration (including VAT)		
▪ Independent examination (including VAT)	1,788	1,503
▪ Other services (including VAT)	<u>778</u>	<u>1,201</u>

Two trustees were reimbursed for expenses (2023: Nil).

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2024

8. Staff costs and numbers

Staff costs were as follows:

	2024 £	2023 £
Salaries and wages	308,624	264,743
Social security costs	25,917	20,135
Pension costs	15,923	15,802
Freelance staff	<u>20,802</u>	<u>37,607</u>
	<u><u>371,266</u></u>	<u><u>338,287</u></u>

One employee earned more than £60,000 during the year (2021: One).

The key management personnel of the charity are deemed to comprise of the Trustees, the CEO, the Development and Programmes Manager, the Campaign Manager and the Engagement and Strategic Opportunities Manager. The total employee benefits of the key management personnel were £140,746 (2023: £185,253).

	2024 No.	2023 No.
Average head count	<u>9</u>	<u>9</u>
Full time equivalents	<u>7</u>	<u>6</u>

9. Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

10. Debtors

	2024 £	2023 £
Trade debtors	14,671	36,750
Prepayments	<u>2,757</u>	<u>724</u>
	<u><u>17,428</u></u>	<u><u>37,474</u></u>

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2024

11. Creditors: amounts due within 1 year

	2024	2023
	£	£
Trade creditors	3,096	5,611
Deferred income	8,750	8,750
Accruals	8,230	37,304
Other creditors	7,044	6,900
	<u>27,120</u>	<u>58,565</u>

12. Deferred income

	2024	2023
	£	£
Balance at the start of the year	8,750	-
Released in year	(8,750)	-
Deferred in year	8,750	8,750
	<u>8,750</u>	<u>8,750</u>
Balance at the end of the year	<u>8,750</u>	<u>8,750</u>

Deferred income relates to funds received in advance of delivery of services and grants with time-bound conditions.

13. Analysis of net assets between funds

	Restricted funds £	Unrestricted funds £	Total funds £
Current assets	72,341	326,879	399,220
Current liabilities	<u>(6,167)</u>	<u>(20,952)</u>	<u>(27,120)</u>
Net assets at 30 September 2024	<u>95,581</u>	<u>276,519</u>	<u>372,100</u>
Prior period comparative:	Restricted funds £	Unrestricted funds £	Total funds £
Current assets	72,341	201,409	273,750
Current liabilities	<u>(49,659)</u>	<u>(8,906)</u>	<u>(58,565)</u>
Net assets at 30 September 2023	<u>22,682</u>	<u>192,503</u>	<u>215,185</u>

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2024

14. Movements in funds

	At 1 October 2023 £	Income £	Expenditure £	At 30 September 2024 £
Restricted funds				
Amplifying Maternal Voices, Mental Health Foundation	22,682	-	22,682	-
Bernard Lewis Foundation	-	63,000	52,500	10,500
Creating Connections, Mental Health Foundation	-	11,750	4,953	6,797
National Lottery Community Fund	-	425,781	347,497	78,284
Total restricted funds	<u>22,682</u>	<u>500,531</u>	<u>427,632</u>	<u>95,581</u>
Unrestricted funds				
General funds	<u>192,503</u>	<u>120,201</u>	<u>36,185</u>	<u>276,519</u>
Total unrestricted funds	<u>192,503</u>	<u>120,201</u>	<u>36,185</u>	<u>276,519</u>
Total funds	<u><u>215,185</u></u>	<u><u>620,732</u></u>	<u><u>463,817</u></u>	<u><u>372,100</u></u>

Purposes of restricted funds

Amplifying Maternal Voices, Mental Health	In partnership with Mental Health Foundation, the AMV project will spotlight the maternal mental health experiences of mothers from seldom heard communities. In pursuit of accessible care for all women and families, there will be a conference and learning event to break down barriers and produce an Engagement Toolkit to inspire action at a local level.
Bernard Lewis Foundation	This grant is for staff salaries to enable us to Raise Our Voice supporting communications and income generation.
Creating Connections, Mental Health	In partnership with Mental Health Foundation, the Creating Connections project is a DHSC funded project building on the already successful delivery of MHF's "Connect" peer support model working with young parents and UOK? which is delivered for young people in educational settings. The project aim is to Create a safe space and increase social connection for young people and young mothers through facilitated peer support.
National Lottery Community Fund	This grant is to extend the work of the Everyone's Business campaign, into Everyone's Business - at Every Contact. This builds on our experience and the current interest in perinatal mental health to ensure all women receive the right support and care, whatever their mental health needs, background and whichever part of the system they are in contact with.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2024

14. Movements in funds (continued)

Prior period comparative:

	At 1 October 2022 £	Income £	Expenditure £	At 30 September 2023 £
Restricted funds				
Comic Relief	52,000	23,000	75,000	-
National Lottery Community Fund	47,687	304,453	352,140	-
Mental Health Foundation	24,160	70,640	72,118	22,682
Total restricted funds	<u>123,847</u>	<u>398,093</u>	<u>499,258</u>	<u>22,682</u>
Unrestricted funds				
General funds	<u>160,479</u>	<u>72,591</u>	<u>40,567</u>	<u>192,503</u>
Total unrestricted funds	<u>160,479</u>	<u>72,591</u>	<u>40,567</u>	<u>192,503</u>
Total funds	<u><u>284,326</u></u>	<u><u>470,684</u></u>	<u><u>539,825</u></u>	<u><u>215,185</u></u>

15. Related party transactions

There were no related parties in the current or prior period.

MATERNAL MENTAL HEALTH ALLIANCE

England & Wales - Charity number 1178152

Accounts

Maternal Mental Health Alliance

Report and unaudited Financial Statements 2022-23

Maternal Mental Health Alliance

Reference and administrative details

For the year ended 30 September 2023

Charity number	1178152
Registered office and operational address	International House 12 Constance Street London E16 2DQ
Trustees	The trustees are who served during the year and up to the date of this report were as follows: Sarah Arnold Iulia Avramescu (Treasurer) Sakina Ballard Kate Billingham (Vice-Chair) Dr Clare Dolman Dr Henry Fay Luciana Goldsmith (Neé Berger) (Chair) Christel Hawkins Ian Jones Yasmin Mulji Lisa Williams
Chief Executive Officer	Laura Seebohm
Royal patron	Her Royal Highness the Princess of Wales
Bankers	CAF Bank Ltd 25 Kings Hill Avenue West Malling Kent ME19 4JQ
Independent examiner	Godfrey Wilson Limited Chartered accountants and statutory auditors 5th Floor Mariner House 62 Prince Street Bristol BS1 4QD

Maternal Mental Health Alliance

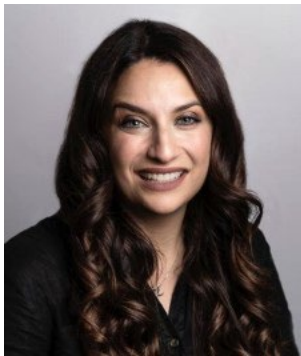
Report of the trustees

For the year ended 30 September 2023

Reference and administrative information set out on page 1 forms part of this report. The financial statements comply with current statutory requirements, the Constitution and the Statement of Recommended Practice - Accounting and Reporting by Charities (effective from January 2019).

The trustees are pleased to present their annual report together with the financial statements of the charity for the year ended 30 September 2023.

Foreword by Luciana Berger, Chair of the MMHA



The MMHA has gone from strength to strength over the past year, despite what is a challenging time for the charity and healthcare sectors more broadly. The launch of our new strategy in January has been instrumental in guiding the expansion of our focus and activities, though above all else we have continued to campaign for *all* women to have access to high-quality support and compassionate care for their mental health during the perinatal period. I am hugely proud that we are doing so with an even greater emphasis on addressing health inequalities.

Through our polling, we have heard mothers' widespread and growing concerns relating to the cost-of-living crises along with the climate crisis, particularly among younger mums. The MMHA team, our fantastic network of members and lived experience champions have responded to this with such commitment and passion to hold attention on the vital importance of maternal mental healthcare. Together, we continue to cultivate empathy and commitments for much-needed investment.

The extent of our equity, diversity and inclusion activities is something to be proud of, including contributing to the lay reports for the seminal MBRRACE annual confidential enquiry into maternal deaths in both 2022 and 2023 (published in October each year) which tragically and persistently find suicide to be the leading cause of postnatal death. The team have led projects to increase our understanding of the distinct needs of Black, Asian and ethnic minority women, highlighting the additional need to better understand the faith, religion and cultural needs of new parents. In a renewed drive to improve responses to the impact of domestic abuse on perinatal mental health we convened a specific roundtable on this topic and produced an influential new briefing paper. We've helped Integrated Care Boards understand the importance of maternal mental health and what they can do in their

local area to improve care during the perinatal period, and we have worked with our members to spotlight the particular needs of young mums aged 16-25.

On top of this, we continue to strive for excellent services and to influence policymakers, politicians, and professional bodies to do the best for all women, babies, and families during this critical time of life. Our report launched this year looking at specialist perinatal mental health service provision across the UK is an inspiring reminder of how much has been collectively achieved and how the MMHA team, members and partners have successfully kept perinatal mental health on the political agenda. However, it is also a stark reminder that the job is not yet done. We still have a journey ahead to ensure that every family has equitable access to the right care at the right time.

I am very positive about the year ahead. We will see the MMHA embarking on a new collaborative listening project with our member organisations, hearing the maternity stories of women with complex life experiences such as addiction, asylum insecurity and domestic abuse. We have ambitious plans to reach many more women and families, including raising awareness of maternal mental health with new corporate partnerships. The anticipated general election in 2024 gives us a fantastic opportunity to engage with all political parties across the UK demonstrating the true social and economic impact of valuing mental health as much as physical health for new and expectant parents across the UK. There is much to do, and we have a crucial twelve months ahead.



Objectives and activities for the public benefit

The trustees confirm that in compiling this report they have had due regard to guidance on public benefit issued by the Charity Commission in compliance with the duty set out in section 17(5) of the Charities Act 2011.

The MMHA is a UK-wide charity and network of over 100 organisations, dedicated to ensuring women, babies, and families impacted by perinatal mental health (PMH) problems have access to high-quality, compassionate care and support. We bring the maternal mental health community together and make change happen by combining the power of real-life experience with clinical and professional expertise.

Our purpose

The MMHA exists to ensure every woman and family in the UK gets the perinatal mental health care and support they need, before, during and after pregnancy. This includes:

- Specialist PMH care within a supportive perinatal pathway; and
- Good-quality PMH care within universal and primary care services, supported by specialist staff within each service.

The need

Around 1 in 5 women develop a mental illness during pregnancy or within the first year after having a baby. If untreated, PMH problems can have a devastating impact on the women affected and their families. In the UK, mental illness in pregnant and postnatal women too often goes unrecognised, undiagnosed, and untreated.

The outcomes we expect from MMHA activities are:

1. Women, babies, and families in all four nations of the UK have access to specialist PMH care within a supportive perinatal pathway that complies with NICE and SIGN guidelines;
2. PMH investment is prioritised by government, with money pledged and spent on specialist PMH services in all nations;
3. The voices of diverse experts by experience are heard by local and national decision-makers and help influence the development of PMH policies, services, and practices across the UK; and
4. Women and families in all four nations of the UK have access to high-quality compassionate PMH care that meets their individual needs within universal and primary care services.

Whilst the primary target of our activities is to benefit women and families impacted by PMH problems, the above outcomes also serve to foster greater efficiency and effectiveness in health and social care services, benefit the economy, and lead to greater health equality overall.

How the MMHA is trying to achieve change

1. Campaign, lobby, and influence to make the case for high-quality PMH care;

2. Convene as an alliance to amplify the collective influence, voice and resources of Alliance members and others committed to the provision of PMH care;
3. Ensure decisions made about PMH care are informed by the voices of experts by experience;
4. Reduce stigma around and raise awareness of PMH problems to ensure that there is parity of care for women's mental and physical health during pregnancy and postnatally; and
5. Run our organisation efficiently and effectively, maximising our impact, and securing and making best use of our funds.

Overview of MMHA's achievements and performance

The end of 2022 and beginning of 2023 was an energetic time for the MMHA.

November 2022

- Invited MMHA's royal patron, Her Royal Highness The Princess of Wales, to the London Borough of Hillingdon to showcase their truly integrated perinatal mental healthcare model and the life changing impact this approach has had on mothers and babies; and
- Hosted a multi-disciplinary roundtable, chaired by Professor Lousie Howard, to discuss the link between domestic abuse and poor perinatal mental health.

January 2023

- Published a 'Domestic abuse and perinatal mental health' briefing encapsulating the learnings and action points from our roundtable.

MMHA and Princess of Wales visit to Colham Manor Children's Centre November 2022



- MMHA launch an ambitious three-year strategy, with four strategic priorities:
 1. Reaching ALL women;
 2. Raising awareness;
 3. Excellent services; and
 4. Listening to women.

In the nine months since publication, we are delighted to have made fantastic progress towards achieving our charitable goals, including:

March 2023

- Launch of '[Supporting High-Quality Perinatal Mental Health Care](#)' a new resource and compendium of evidence created together with the Institute of Health Visiting for Integrated Care Boards to inform practice within services supporting mothers and their families.

May 2023

- Launch of report on specialist perinatal mental health services, which highlights the levels of investment, provision, and quality of care for women and families, including England's progress towards meeting the NHS England Long Term Plan ambitions for perinatal mental health.
- Announced a new corporate partnership with Tommee Tippee to help raise awareness of the prevalence of maternal mental health problems and reach more families with education and support.

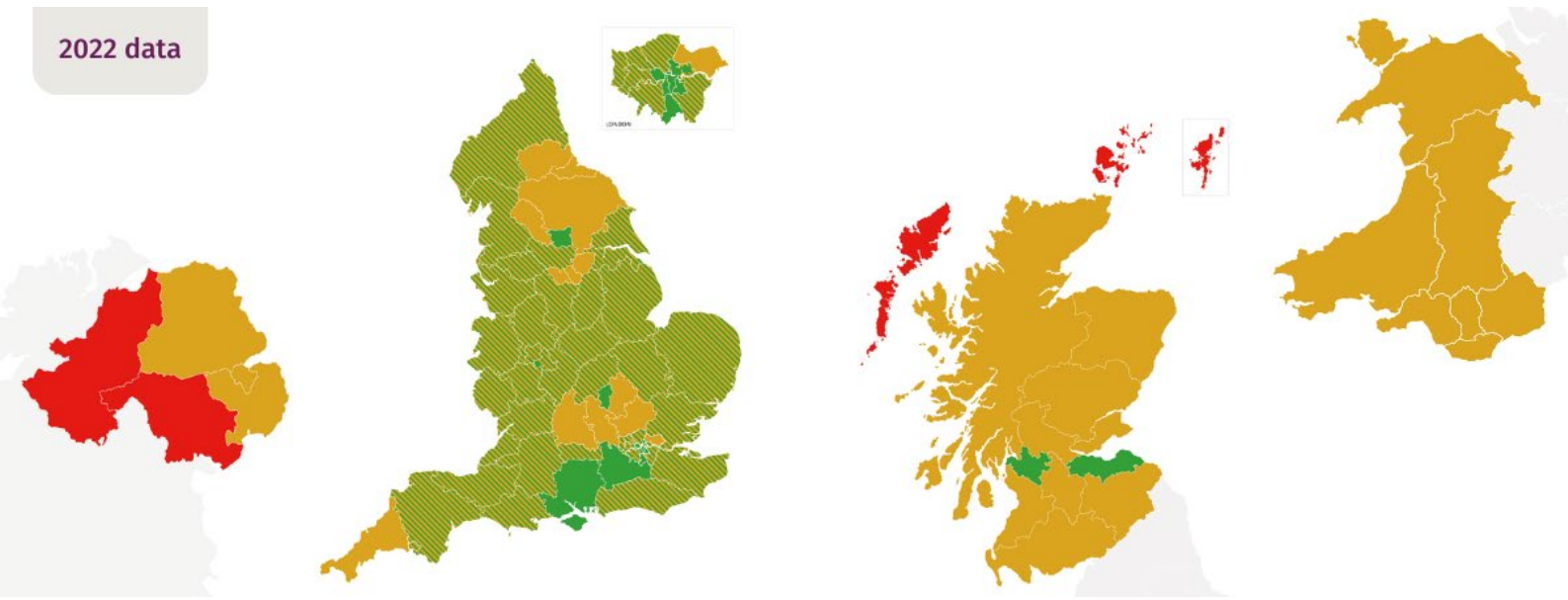
July 2023

- Launch of a briefing to ensure perinatal mental health is well understood by commissioners within newly established Integrated Care Boards.

September 2023

- At the MMHA Annual General Meeting, members voted to amend the MMHA constitution from an Association Model to a Foundation Model.

2022 data



Our activities 2022-23

Campaign successes

The first 10 years of the MMHA achieved so much to bring perinatal mental health to the fore. We can now say that across all four nations, there has been significant investment in specialist perinatal mental health services for women experiencing the most severe conditions, and this has gone a long way to address the significant need in this area.

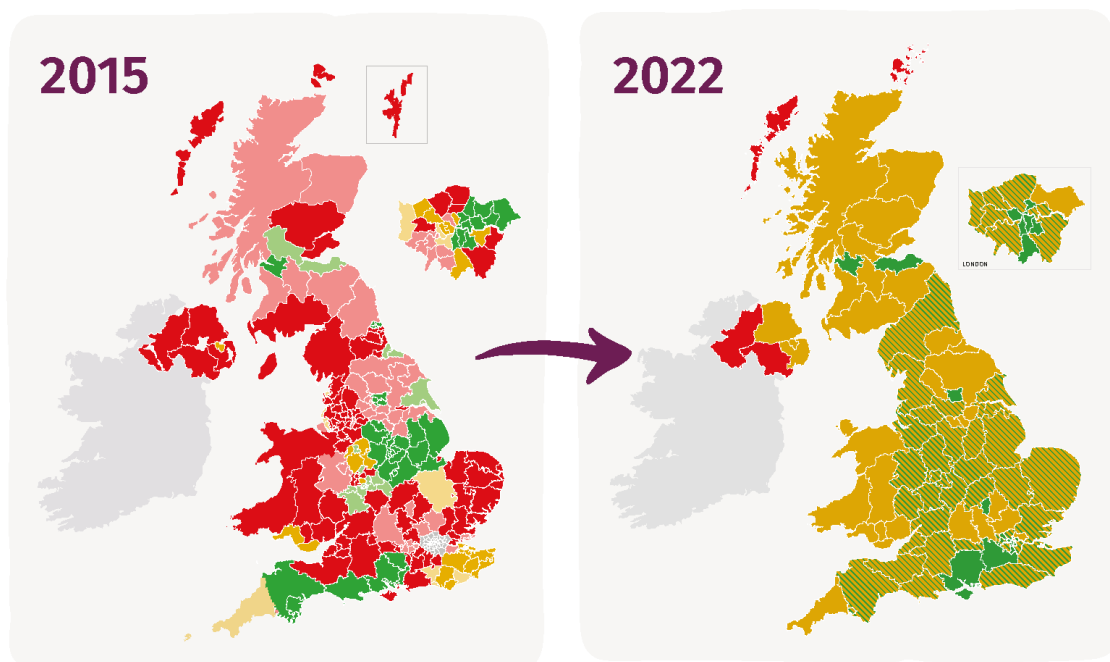
We continue to campaign to ensure that all women are able to access high-quality support and compassionate care and this is at the heart of everything we do. Our strategic priority to campaign for **excellent services** has led to a number of significant reports being launched this year and bring attention to key issues in the perinatal mental health landscape.

Specialist Services

During maternal mental health week in May 2023, we launched a new report on specialist perinatal mental healthcare, including updated maps showing levels of provision across the UK. The report shows that there has been fantastic progress and an increase in the availability of services, but there is still much more to be done.

Our findings were featured across national media outlets, including an exclusive Newsnight feature on the state of our specialist perinatal mental health services featuring interviews with our Chair and Lived Experience Champion, Eleanor, whom we thank wholeheartedly for sharing so boldly on such a large platform.

The impact of this report is important, and has led to increased dialogue with politicians, policymakers, service leaders, professional bodies and – importantly – the wider public. We are hugely proud of the progress made for women and families and access to specialist perinatal mental health services, which is so clearly demonstrated here:



- **England** – There has been fantastic progress in service provision, with funding commitments from Government and clear ambitions in NHS England’s Long Term Plan. All local areas have had budget allocated specifically for specialist perinatal mental health teams and four new Mother and Baby Units (MBUs) have opened in the last 10 years.
- **Wales** – We have seen the development of some level of community teams across Wales, the opening of a new interim Mother and Baby Unit in South Wales in 2020 and a commitment for an accessible Mother and Baby Unit for women in North Wales was announced in September 2023.
- **Scotland** – A commitment to new Mother and Baby Unit places in the North has been made, in addition to current provision in Edinburgh and Glasgow (showing Green on the map above). Whilst current provision is not to the Royal College of Psychiatrists’ Quality standards in the highlands and islands, there has been notable progress made in Scotland which is not currently measured such as the introduction of a focus on infant mental health and trauma-informed approaches.
- **Northern Ireland** – Specialist perinatal mental health services are now established in NI, although there are workforce recruitment challenges to meet the highest-ranking quality standard. Belfast Trust has now been selected as the preferred choice for the MBU, although funding has not yet been confirmed and this will now be considered with submission of the business plan. The MMHA have developed a strong relationship with the Government appointed NI Mental Health Champion to continue to campaign for the MBU funding and remain hopeful.

Universal Services

We always knew that our initial campaigning for UK-wide access to specialist perinatal mental health services was just the beginning. Even with such fantastic progress made, women with more common mental health needs such as depression and anxiety are too often falling through the gaps in care.

It is now estimated that at least 1 in 5 women will develop a mental illness during pregnancy or within the first year after having a baby. This can have a devastating impact and we know it is often left unrecognised, undiagnosed, and untreated. Despite evidence of the prevalence and long-term consequences for mothers and babies, maternal mental health does not receive anywhere near the level of attention or investment as the physical health of mothers during the perinatal period.

The most common major health complication during the perinatal period is depression.

Mental ill health is one of the leading causes of death in the perinatal period.

Outcomes are not the same for *all* women; there are disparities and worse outcomes for women from black and minority ethnic communities, young parents and those facing additional adversities such as domestic abuse and deprivation.

This takes us into a new and more complex territory. The MMHA has made significant inroads into addressing this new context within our 'Make All Care Count' campaign (launched in 2020). To date, we have built new and important relationships especially campaigning for specialist perinatal mental health midwives and health visitors integrated into multi-disciplinary teams. Our campaign continues to focus on an integrated model of perinatal mental healthcare to meet the needs of all women, babies, and families and achieve parity between physical and mental healthcare during and after pregnancy and tackle persistent inequalities.

In March, we launched a new resource with the Institute of Health Visiting (iHV) '[Supporting High Quality PMH Care](#)'. This is particularly important with the recent establishment (2022-2023) of Family Hubs in 75 Local Authority areas across England, who are delivering PMH support to families.

Commissioning

In July, the MMHA launched a briefing commissioned with the Centre for Mental Health, aimed to support our members to influence their local Integrated Care Systems in England as the new commissioning arrangements take shape. This briefing highlights the vital importance of commissioning across a multi-disciplinary pathway and understanding the health inequalities which particularly impact new and expectant mothers. The report has already led to a number of conversations with local areas as they develop plans for an integrated model of perinatal mental health services.

Equity, Diversity, and Inclusion

The MMHA have significantly increased our voice in relation to **equity, diversity and inclusion**. We reach out through our networks to ensure that addressing widening health inequalities remain at the top of the policy agenda. Maternal mental health is a touchpoint, a particular time when a spotlight is shone on the disparities of outcome for particular women and families and these are very visible. It remains the case that suicide is the leading cause of death for women from 6 weeks to 1 year of birth and mental health is the cause for 40% of all deaths.

These stark statistics are even more shocking when broken down into experiences for young mums, women facing multiple adversities, deprived communities, and for Black, Asian and ethnic minority mothers.

This year, we have demonstrated that we are visible and strong advocates of our member organisations who have done so much to campaign to reduce these inequalities. We disseminate and share, we support women, families and grassroots organisations, and at times (where appropriate) we lead, for example:

- Every autumn a Confidential Enquiry into Maternal Deaths is published by MBRRACE-UK, and the MMHA are proud to contribute to the writing of the lay summary for these reports. These reports go beyond the statistics to explore the circumstances of those women who die;

- In March 2023 we co-hosted the Amplifying Maternal Voices conference, led by member organisation Mental Health Foundation and helped showcase the work of a broad range of grassroots Black-led, South Asian-led, faith-based organisations involving women with lived experience. The feedback has been fantastic, as shown in these quotes from our independent evaluation of the project:

“The work on the conference and toolkit have established both a trust and excitement about the work of MMHA and MHF towards more equitable provision. It could be said that the AMV project has ‘opened a door.’”

“It was amazing... It was diverse. You have people from different cultures. And they spoke on different topics. You know, not everything was the same. It all had a dotted line to each other, which is mental health.”;

- During 2023 the MMHA has worked in partnership with the Children & Young People’s Mental Health Coalition (CYPMHC) hosting focus groups with young mums across all four nations of the UK. This is culminating in a report which provides a literature review and lived experience stories, with clear recommendations for best practice supporting the PMH needs of young mums (October 2023);
- Driving forward the agenda to ensure domestic abuse is better understood across perinatal mental health services, including hosting a roundtable on domestic abuse November 2022 and launching a briefing January 2023;
- Our CEO plays an active role on the Government’s Maternity Disparities Taskforce, chaired by Minister Maria Caulfield; and
- Speaking about perinatal mental health and inequalities at a number of conferences including Royal College of Psychiatrists Perinatal Faculty Conference on Trauma in November 2022, Royal College of Obstetricians and Gynaecologists conference on Stigma for International Women’s Day in March 2023 and speaking about domestic abuse and perinatal mental health at the Women’s Aid National Conference July 2023.

Raising awareness of maternal mental health

During 2022, the MMHA commissioned a public poll to explore the extent to which perinatal mental health is understood by the general public, and we also surveyed 500 new mothers across the UK to better understand the range of experiences of maternal mental health. The findings highlight the urgent need to **raise awareness**; women suffering with poor mental health during pregnancy and after birth tend to tell family and friends first and foremost. This has led to increased raising awareness activities:

- In November 2022, the MMHA hosted an event for Royal patron HRH Princess of Wales at Hillingdon Children’s Centre, introducing her to women with lived experience of motherhood within the criminal justice system, MMHA members Birth Companions and Home-Start UK, as well as a multi-disciplinary team of clinicians and health professionals led by Perinatal Mental Health Psychiatrist Dr Chrissy Jayarajah. This

led to considerable media attention and showed the reach and influence we can make engaging with our Royal Patron;

- In May 2023, we embarked on our first commercial partnership with global brand Tommee Tippee. We are advising them on their 2-year maternal mental health campaign which they are launching online for customers across the UK. With 30,000 website hits every day, our capacity to reach more parents through them is phenomenal; and
- In addition, we have built new relationships with other large employers to raise awareness of maternal mental health. We have highlighted the fact that 60% of women resign from their job soon after returning from maternity leave, and that maternal mental health plays a part in this statistic yet is rarely mentioned. We have delivered corporate sessions with Roche Pharmaceuticals, Mars Wrigley in parliament, Virgin, O2, Kenvue, and have plans to further grow new relationships with large employers across the private, public, and voluntary sectors.



Maltersers Parliamentary event May 2023

Members and Lived Experience Champions

MMHA members

We continue to grow an increasingly engaged and diverse membership:

- For example, **Become** (for care experienced young people), **Changing Lives** (supporting women in the criminal justice system, addressing homelessness and addiction), **Gingerbread** (support for single parent families), **Active Partnerships** (a network of 43 local organisations seeking to improve mental and physical wellbeing) all joined the MMHA this year;
- We have hosted new Listen and Learn sessions for our members and stakeholders for focusing on perinatal mental health in relation to:
 - Equity, diversity, and inclusion;
 - Listening to women;
 - Domestic abuse; and
 - Cost of living crisis.

These are extremely well attended and will continue with future webinars including our next session on neurodiversity, pregnancy, and motherhood; and

- The MMHA team contribute to several other networks and alliances, such as the Parent Baby Charities Network, Agenda Alliance, Children and Young People's Mental Health Coalition and 1001 Days.

MMHA Member organisations

1. Aberlour
2. Acacia Family Support
3. Action Mental Health
4. Action on Postpartum Psychosis
5. Action Trauma
6. ***NEW*** Active Partnerships
7. ***NEW*** Active Pregnancy Foundation
8. Anna Freud National Centre for Children and Families
9. Approachable Parenting
10. Association for Infant Mental Health
11. Association for Postnatal Illness
12. AWARE
13. Barnardo's
14. BASIS
15. ***NEW*** Become
16. Beelotus
17. Best Beginnings
18. Bipolar Scotland
19. Bipolar UK
20. Birth Companions
21. Birthlight
22. Birthrights
23. Blaze Trails
24. Bliss
25. Bluebell Care
26. Brazelton Centre
27. British Association for Counselling and Psychotherapy
28. British Medical Association
29. British Psychological Society (BPS)
30. British Society of Psychosomatic Obstetrics, Gynaecology & Andrology
31. Centre For Mental Health
32. Centre for Research on Families and Relationships
33. Centred Soul
34. ***NEW*** Changing Lives
35. Children and Young People's Mental Health Coalition
36. City Pregnancy Counselling and Psychotherapy
37. Community Practitioners and Health Visitors Association (CPHVA)

38. Crossreach Counselling
39. ***NEW*** Dance Mamma
40. Doula UK
41. Early Intervention Foundation
42. Family Action
43. Family Links
44. Family Nurse Partnership
45. Fatherhood Institute
46. Fertility Network UK
47. For Baby's Sake
48. ***NEW*** Gingerbread
49. ***NEW*** GPs Championing Perinatal Care (GPCPC)
50. Have You Seen That Girl
51. Hearts and Minds Partnership
52. Home-Start
53. Institute of Health Visiting (iHV)
54. La Leche League of Ireland
55. Lactation Consultants of Great Britain
56. Local Government Association
57. Make Birth Better
58. Marce Society
59. Maternal OCD
60. Maternity Action
61. ***NEW*** McPin Foundation
62. Mellow Parenting
63. Mental Health Foundation
64. Mind
65. MIND Cymru
66. MindWise
67. Motherdom
68. Mothers at Home Matter
69. Mothers for Mothers
70. Mummy's Star
71. Mums Aid
72. Muslim Women's Network UK (MWNUK)
73. National Centre for Mental Health (NCMH)
74. National Children's Bureau
75. National Maternity Support Foundation (Jake's Charity)
76. Netmums
77. NSPCC
78. PANDAS Foundation
79. Parent and Infant Mental Health Scotland (formerly Maternal Mental Health Scotland)
80. Parent-Infant Foundation
81. Parents 1st
82. ***NEW*** Peeps
83. Perinatal Mental Health Partnership UK
84. Person Shaped Support
85. Petals
86. Postpartum Support International
87. Prosperity
88. ***NEW*** Post Traumatic Stress Disorder UK (PTSD UK)
89. Quarriers
90. Refuge
91. Refugee Women Connect
92. Relate
93. Relate NI
94. Rethink Mental Illness
95. Royal College of General Practitioners (RCGP)
96. Royal College of Midwives (RCM)
97. Royal College of Nursing (RCN)
98. Royal College of Obstetricians and Gynaecologists (RCOG)
99. Royal College of Occupational Therapists (RCOT)
100. Royal College of Paediatrics and Child Health (RCPCH)
101. Royal College of Psychiatrists (RCPsych)
102. Samaritans
103. Sands
104. Society for Reproductive and Infant Psychology
105. Support2Gether
106. The Birth Trauma Association
107. The Daisy Foundation
108. The Human Milk Foundation
109. The Motherhood Group
110. The Parent Rooms (formerly We Are Pangs)
111. The Patients Association
112. The Pelvic Partnership
113. The UK Committee for UNICEF (UNICEF UK)
114. ***NEW*** Think Ahead
115. Tommy's
116. Twins Trust (previously TAMBA)
117. UK and Ireland Marcé Society
118. Unite the union
119. Wave Trust
120. Wednesday's Child
121. Wellbeing of Women
122. Women's Institute (WI)

123. Women's Resource and Development Agency (WRDA)

124. Young Mums Support Network
125. YoungMinds

Global inspiration

The MMHA and its impact on service development in the UK has been a catalyst for similar movements for change internationally, directly inspiring the creation of the Global Alliance for Maternal Mental Health (GAMMH) and the African Alliance for Maternal Mental Health (AAMMH).

Lived Experience Champions

The voice of lived experience has been integral to the MMHA's work since day one and this year we have continued that dedication to ensuring experts by experience inform decision-making both internally and externally. What started as a small network of voices has now grown to over 40 Champions across the UK, with a deliberate focus on expanding the network to include underrepresented voices, particularly neurodivergent women, and mothers from Black and minority ethnic communities.

This year, MMHA Champions - supported by our Champion Network Co-ordinator - have been involved in:

- Focus groups within a range of government departments;
- Design and delivery of training for Royal Colleges and professional bodies;
- Research, including working with Motability to understand the impact of public transport on access to specialist perinatal mental health services;
- Public speaking, including the national Amplifying Maternal Voices conference;
- Co-creating training on 'Safer Storytelling'; and
- Numerous media opportunities across TV, audio, print and online channels.

We have been developing a new pilot listening project to be launched in early 2024, supported by two MMHA member organisations, to hear stories of women who face multiple adversities, experiencing perinatal mental ill health whilst being subjected to domestic abuse and suffering with addiction. A number of these women have had their children removed and some face additional challenges navigating the asylum and refugee systems.

Learning and Evaluation

The MMHA staff team is committed to continual learning, and over the past year we have all received specialist training in domestic abuse, delivered by AVA, and LGBTQ+ Perinatal Mental Health delivered by Lucy Warwick-Guasp. Individual staff members have also embarked on their own individual professional development journey, including:

- Coaching for the Senior Leadership Team by the Sandown Business School;
- Inclusive language and communications practices;
- Autism, maternity, and motherhood;
- Governance and finance;

- All team members have completed Cyber Security Training and both staff and trustees have attended Anti-fraud training; and
- Public Affairs, Campaigning Opportunities and Challenges in preparation for the General Election 2024.

Academic Research

The MMHA policy team have established regular meetings with perinatal mental health academics from King's College London to ensure we are always abreast of key research to support our campaign priorities. This includes dissemination of findings across our networks and sitting on several academic advisory boards.

Our CEO meets monthly with three eminent perinatal mental health academics to develop proposals for research priorities, all seeking to identify gaps in understanding by listening to the voices of women and families with lived experience and a diverse range of health care professionals.

Evaluation

The MMHA continues to work with independent evaluators, Clear Impact Consulting, who have been commissioned to carry out the evaluation of our campaigning work. As part of this, they shall be conducting interviews with a range of internal and external stakeholders, conducting a survey with our members, and undertaking case studies in each of the four nations to gather learning, and provide opportunities for the MMHA to reflect on the evidence and consider what this means for our work moving forward. Their interim report will be shared early 2024.

Organisational Development

At our AGM in September 2023, members were invited, following a period of consultation, to vote on the resolution to change the MMHA constitution from an Association model to a Foundation model CIO. This means the alliance's 'member organisations' will no longer be legal members of MMHA as a CIO and will no longer have formal voting rights and obligations under our Constitution. Instead, our charity trustees will be the CIO's members and they will have formal decision-making responsibility for our governance. This includes deciding who to appoint as charity trustees and future changes to MMHA's Constitution. Our wider network of member organisations that make up the alliance will instead have an 'associate' or 'non-voting' membership role in the MMHA.

We remain fully committed to ensuring that the voices of member organisations are heard and exploring together how we can maximise our collective efforts by working in partnership through the alliance. Member organisations will continue to be central in producing our priorities, strategy and activities, and campaigning collectively for change.

Member organisations will still be able to recommend people to serve as charity trustees by encouraging them to apply through our open recruitment process.

The reason behind this change is that since the MMHA has grown, the earlier model of governance has become unwieldy, and our members have felt that the process is too bureaucratic. There was unanimous support for the resolution.

At the end of August 2023, Rebecca Sheppard, Head of Income Generation, submitted her resignation. She will be greatly missed and has made a significant contribution to the MMHA, including brokering our first corporate partnership and several budding relationships with grant funders.

The MMHA team continue to work remotely. However, we now have a desk space at the Royal College of Obstetricians and Gynaecologists' office in Union Street, which is fast becoming an important hub for charities dedicated to women's health.

Fundraising and Income Generation

We have also adapted to a new funding landscape, as Trusts and Foundations have reviewed their own strategic priorities post-pandemic and responded to the emerging urgency of the climate emergency, the cost-of-living crisis and systemic racism. We acknowledge that we will not be able to replicate the large grants secured over the last few years and it is vital that we diversify our income streams.

We have openly explored prospects for corporate partnerships and embarked on our first commercial agreement with global brand Tommee Tippee (Mayborn) to support their 2-year maternal mental health campaign.



MMHA and Tommee Tippee planning meeting June 2023

Corporate partnerships will become a greater focus of our business development activity as we move forward. We are fortunate to have been presented with a number of interesting opportunities over the last few months from large employers keen to improve support for their workforce, as well as brands keen to promote the MMHA and raise awareness of perinatal mental health as part of their cause-led marketing strategies. This has required the development of a new robust due diligence process and ethical framework to enable us to accept income from companies and remain true to the purpose, as articulated in our constitution.

As well as this new strand to our income generation, we believe strongly that Trusts and Foundations will continue to be vital to our sustainability and growth. We continue to build

strong relationships with large grant funders and have developed a pipeline of new potential funders going forward. Our strategy is to focus on delivering projects in partnership with our member organisations and champions which directly address health inequalities.

Plans for the Future

Our campaigning and policy work for the following two years will focus on:

- Universal services like maternity and health visiting along with specialist perinatal mental health teams having a well-resourced, confident, and competent workforce;
- Specialist perinatal mental health services that meet national quality standards from the Royal College of Psychiatrists and are delivering on NHS England's Long Term Plan ambitions available in all parts of the country;
- Maternal mental health services available across the country, supporting women who experience birth trauma and baby loss;
- Closing the widening health inequality gap for women and families experiencing maternal ill mental health; and
- Better funding transparency and improved availability of data for perinatal mental health.

Upcoming projects

- **Listening to Women** – Autumn 2023 we are embarking on a small pilot carrying out in-depth listening with a small group of women with lived experience of poor perinatal mental health, addiction, and domestic abuse. We are working with member organisations and grassroots 'by and for' groups to reach out;
- **Domestic Abuse and Perinatal Mental Health** - We are working to develop an innovative pilot bringing the IRISi specialist domestic abuse programme into perinatal mental health settings in London;
- We are seeking funding for a specific project to address the more challenging experience for **young mums** in partnership with service delivery member organisations; and
- **Diversifying our membership**, including seeking to add local charities and grassroots community groups (often providing vital peer support) to the MMHA.

Structure, governance, and management

The MMHA was founded in 2011 by women with lived experience, coming together with clinicians and voluntary sector organisations, with a shared determination to improve care and support for women in the perinatal period. It operated as an informal alliance of membership organisations and, in 2017, it was agreed that the MMHA would be established as a charity to ensure a sustainable future.

Our charitable incorporated organisation (CIO) was registered in April 2018 and is governed by our constitution. The trustees serving during the 2022-23 financial year and since year end are as follows:

Sarah Arnold	
Iulia Avramescu	(Treasurer)
Sakina Ballard	
Kate Billingham	(Vice-Chair)
Dr Clare Dolman	
Dr Henry Fay	
Luciana Berger	(Chair)
Christel Hawkins	
Ian Jones	
Yasmin Mulji	
Lisa Williams	

Trustee selection process

Trustees are appointed for a term of three years and may stand for re-election, with a limit of three terms. There is a trustee induction and training programme in place. The board consider what skills are needed from new trustees, and recruit on that basis, typically through a public recruitment process.

Meeting and sub-committees

The trustees meet formally four times a year and communicate frequently throughout.

The board of trustees has a finance and governance sub-committee, and certain decisions are delegated by the rest of the board to this sub-committee, which also meets four times a year.

Charity management

Day-to-day management of the MMHA is delegated to the CEO, and their team of eight staff.

Although the MMHA has a registered address in London, staff are all home-based, ensuring office costs are minimal.

Arrangements for setting key management personnel remuneration

Remuneration is discussed annually by the remuneration sub-committee and the full board of trustees.

Salaries of senior MMHA staff are benchmarked against similar roles in the voluntary sector, with regular reviews. The salary of the CEO is discussed annually by the board.

Financial review

These accounts show activity for the year October 2022 – September 2023.

The MMHA considers itself to be in a healthy financial situation. Total income for 2023/22 was £470,684 and total expenditure was £539,825, details of which are set out in the attached accounts.

This year saw income from multi-year grants from Comic Relief, National Lottery and Esmée Fairbairn. In addition, project funding was received from the Mental Health Foundation. Core funding was received via donations, membership fees and pro bono donations. For the first time we have entered into a corporate partnership, with income in the form of both donations and for service delivery. We also receive a small amount of income for speaking events, corporate sessions and arranging focus groups.

Restricted funds at 30 September 2023 were £22,682 (2022: £123,847). Unrestricted funds at 30 September 2022 were £192,503 (2022: £160,479). The charity has no debt or guarantee.

Risk management

Responsibility for risk management lies with trustees, with day-to-day responsibility delegated to the CEO. The risk register is regularly reviewed by the trustees and the finance and governance sub-committee. The senior leadership team typically considers risk on at least a monthly basis. Controls are in place to minimise risks, and to manage risks that occur.

Reserves policy

The MMHA needs reserves to provide security to MMHA operations. An abrupt ceasing of MMHA operations would impact indirectly on women with maternal mental health problems and the MMHA's work to improve services.

The MMHA is heavily reliant on grant income. The MMHA reserves policy is therefore designed to cover shortfalls in income and periods when income does not reach expected levels or to 'buy some time' in the event of reduced income, for example a grant not coming through or being delayed.

The trustees have agreed a reserves policy of maintaining 3 to 6 months running costs. One month's running costs in the financial year 2023 - 2024 is forecast at around £45,500. Reserves at year end 2023 - 2022 are £215,185, equivalent to 4.7 months running costs based on 2022 - 2023 expenditure, and 4.8 months based on budgeted 2023 - 2024 expenditure.

Statement of responsibilities of the trustees

The trustees are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards including Financial Reporting Standard 102: The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England & Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the income and expenditure of the charity for that period.

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

- select suitable accounting policies and then consistently apply them;
- observe the methods and principles in the Charities Statement of Recommended Practice (SORP);
- make judgments and accounting estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The trustees are responsible for maintaining proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the trust deed/constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions. The trustees are members of the charity but this entitles them only to voting rights. The trustees have no beneficial interest in the charity.

Independent examiners

Godfrey Wilson were re-appointed as independent examiners to the charity during the year and have expressed their willingness to continue in that capacity.

Approved by the board and signed on their behalf by:



Luciana Berger - (chair)

Date: 04 March 2024

Independent examiner's report

To the trustees of

Maternal Mental Health Alliance

I report to the trustees on my examination of the accounts of Maternal Mental Health Alliance (the CIO) for the period to 30 September 2023, which are set out on pages 22 to 34.

Responsibilities and basis of report

As the charity trustees of the CIO you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the CIO's accounts carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

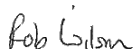
Since the CIO's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Institute of Chartered Accountants in England and Wales (ICAEW), which is one of the listed bodies.

Godfrey Wilson Limited also provides payroll services to the CIO. I confirm that as a member of the ICAEW I am subject to the FRC's Revised Ethical Standard 2016, which I have applied with respect to this engagement.

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

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

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



Date: 04 March 2024

Rob Wilson FCA

Member of the ICAEW

For and on behalf of:

Godfrey Wilson Limited

Chartered accountants and statutory auditors

5th Floor Mariner House

62 Prince Street

Bristol

BS1 4QD

Maternal Mental Health Alliance

Statement of financial activities

For the year ended 30 September 2023

	Note	Restricted £	Unrestricted £	2023 Total £	2022 Total £
Income from:					
Donations	3	-	38,695	38,695	36,594
Charitable activities	4	398,093	33,200	431,293	520,545
Investments		-	696	696	163
Total income		<u>398,093</u>	<u>72,591</u>	<u>470,684</u>	<u>557,302</u>
Expenditure on:					
Raising funds		69,214	10,836	80,050	50,092
Charitable activities		<u>430,044</u>	<u>29,731</u>	<u>459,775</u>	<u>450,581</u>
Total expenditure	6	<u>499,258</u>	<u>40,567</u>	<u>539,825</u>	<u>500,673</u>
Net income / (expenditure) and net movement in funds	7	(101,165)	32,024	(69,141)	56,629
Total funds brought forward		<u>123,847</u>	<u>160,479</u>	<u>284,326</u>	<u>227,697</u>
Total funds carried forward		<u><u>22,682</u></u>	<u><u>192,503</u></u>	<u><u>215,185</u></u>	<u><u>284,326</u></u>

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 14 to the accounts.

Maternal Mental Health Alliance

Balance sheet

As at 30 September 2023

	Note	2023 £	2022 £
Current assets			
Debtors	10	37,474	1,848
Cash at bank and in hand		<u>236,276</u>	<u>366,332</u>
		273,750	368,180
Liabilities			
Creditors: amounts falling due within 1 year	11	<u>58,565</u>	<u>83,854</u>
Net current assets and net assets	13	<u>215,185</u>	<u>284,326</u>
Funds	14		
Restricted funds		22,682	123,847
Unrestricted funds			
General funds		<u>192,503</u>	<u>160,479</u>
Total charity funds		<u>215,185</u>	<u>284,326</u>

Approved by the trustees on 04 March 2024 and signed on their behalf by



Luciana Berger - Chair

Maternal Mental Health Alliance

Statement of cash flows

For the year ended 30 September 2023

	2023 £	2022 £
Cash used in operating activities:		
Net movement in funds	(69,141)	56,629
Adjustments for:		
Decrease / (increase) in debtors	(35,626)	3,594
Increase / (decrease) in creditors	(25,289)	46,223
Interest from investments	<u>(696)</u>	<u>(163)</u>
Net cash provided by operating activities	<u>(130,752)</u>	<u>106,446</u>
Cash flows from investing activities:		
Interest from investments	<u>696</u>	<u>163</u>
Increase in cash and cash equivalents in the year	(130,056)	106,446
Cash and cash equivalents at the beginning of the year	<u>366,332</u>	<u>259,886</u>
Cash and cash equivalents at the end of the year	<u><u>236,276</u></u>	<u><u>366,332</u></u>

The charity has not provided an analysis of changes in net debt as it does not have any long term financing arrangements.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2023

1. Accounting policies

a) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities in preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

Maternal Mental Health Alliance meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note.

b) Going concern basis of accounting

The accounts have been prepared on the assumption that the charity is able to continue as a going concern, which the trustees consider appropriate having regard to the current level of unrestricted reserves. There are no material uncertainties about the charity's ability to continue as a going concern.

c) Income

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

Income from the 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.

Income received in advance of provision of services is deferred until criteria for income recognition are met.

d) Donated services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use by the charity of the item, is probable and the economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), general volunteer time is not recognised.

On receipt, donated 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.

e) Interest receivable

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.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2023

1. Accounting policies (continued)

f) Funds accounting

Unrestricted funds are available to spend on activities that further any of the purposes of the charity. Designated funds are unrestricted funds of the charity which the trustees have decided at their discretion to set aside to use for a specific purpose. Restricted funds are donations which the donor has specified are to be solely used for particular areas of the charity's work or for specific projects being undertaken by the charity.

g) Expenditure and irrecoverable VAT

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.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

h) Allocation of support and governance costs

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Governance costs are the costs associated with the governance arrangements of the charity, including the costs of complying with constitutional and statutory requirements and any costs associated with the strategic management of the charity's activities. These costs have been allocated between cost of raising funds and expenditure on charitable activities on the basis of staff costs as follows:

	2023	2022
Raising funds	21.6%	14.6%
Charitable activities	78.4%	85.4%

i) Debtors

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.

j) Cash at bank and in hand

Cash at bank and cash in hand includes 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.

k) Creditors

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.

l) Financial instruments

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 with the exception of bank loans which are subsequently recognised at amortised cost using the effective interest method.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2023

1. Accounting policies (continued)

m) Pension costs

The charity operates a defined contribution pension scheme for its employees. There are no further liabilities other than that already recognised in the SOFA.

n) Functional currency

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £1.

o) Accounting estimates and key judgements

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

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

There are no sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements.

2. Prior period comparatives: statement of financial activities

	Restricted	Unrestricted	2022 Total
	£	£	£
Income from:			
Donations	-	36,594	36,594
Charitable activities	445,545	75,000	520,545
Investments	-	163	163
	<u>445,545</u>	<u>111,757</u>	<u>557,302</u>
Total income	445,545	111,757	557,302
Expenditure on:			
Raising funds	39,256	10,836	50,092
Charitable activities	421,196	29,385	450,581
	<u>460,452</u>	<u>40,221</u>	<u>500,673</u>
Total expenditure	460,452	40,221	500,673
Net income and net movement in funds	<u>(14,907)</u>	<u>71,536</u>	<u>56,629</u>

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2023

3. Income from donations

	Restricted £	Unrestricted £	2023 Total £
Donations	-	38,220	38,220
Membership fees	-	475	475
Total income from donations	-	38,695	38,695

Prior period comparative:

	Restricted £	Unrestricted £	2022 Total £
Donations	-	28,094	28,094
Happiest Baby	-	3,000	3,000
Membership fees	-	1,000	1,000
Meeting rooms and event spaces	-	1,700	1,700
Consultancy	-	2,800	2,800
Total income from donations	-	36,594	36,594

4. Income from charitable activities

	Restricted £	Unrestricted £	2023 Total £
Grants:			
Comic Relief	23,000	-	23,000
National Lottery Community Fund	304,453	-	304,453
Mental Health Foundation	70,640	1,000	71,640
Esmee Fairbairn	-	5,000	5,000
Total Grant income	398,093	6,000	404,093
Contract Income:			
Mayborn (UK) Ltd	-	26,250	26,250
Department of Health and Social Care	-	750	750
Perinatal Mental Health Conference	-	200	200
Total Contract Income:	-	27,200	27,200
Total income from charitable activities	398,093	33,200	431,293

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2023

4. Income from charitable activities (continued)

Prior period comparative:

	Restricted £	Unrestricted £	2022 Total £
Grants:			
Comic Relief	72,000	-	72,000
National Lottery Community Fund	296,806	-	296,806
Mental Health Foundation	70,640	-	70,640
Esmee Fairbairn	6,099	50,000	56,099
Garfield Weston	-	25,000	25,000
Total income from charitable activities	445,545	75,000	520,545

5. Government grants

The charity receives government grants, defined as funding from National Lottery Community Fund to fund charitable activities. The total value of such grants in the period ending 30 September 2023 was £304,453 (2022: £296,806). There are no unfulfilled conditions or contingencies attaching to this grant in 2022/23.

6. Total expenditure

	Raising funds £	Charitable activities £	Support and governance costs £	2023 Total £
Staff costs (note 8)	56,612	205,962	75,713	338,287
Direct project costs	-	102,671	-	102,671
Monitoring and evaluation	-	38,073	-	38,073
Organisational / capacity development	-	27,797	3,247	31,044
Overheads	-	-	29,750	29,750
Sub-total	56,612	374,503	108,710	539,825
Allocation of support and governance costs	<u>23,438</u>	<u>85,272</u>	<u>(108,710)</u>	<u>-</u>
Total expenditure	<u>80,050</u>	<u>459,775</u>	<u>-</u>	<u>539,825</u>

Total governance costs were £4,750 (2022: £5,354).

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2023

6. Total expenditure (continued)

Prior period comparative:

	Raising funds £	Charitable activities £	Support and governance costs £	2022 Total £
Staff costs (note 8)	29,897	174,449	96,650	300,996
Direct project costs	-	61,346	-	61,346
Monitoring and evaluation	-	47,238	-	47,238
Organisational / capacity development	-	49,711	-	49,711
Overheads	-	-	41,382	41,382
Sub-total	29,897	332,744	138,032	500,673
Allocation of support and governance costs	<u>20,195</u>	<u>117,837</u>	<u>(138,032)</u>	<u>-</u>
Total expenditure	<u>50,092</u>	<u>450,581</u>	<u>-</u>	<u>500,673</u>

7. Net movement in funds

This is stated after charging:

	2023 £	2022 £
Trustees' remuneration	Nil	Nil
Trustees' reimbursed expenses	Nil	179
Independent examiners' remuneration (including VAT)		
▪ Independent examination (including VAT)	1,503	1,483
▪ Other services (including VAT)	<u>1,201</u>	<u>1,060</u>

No trustees were reimbursed for expenses (2022: Two trustees were reimbursed a total of £179 for travel to CEO interviews and a trustee dinner).

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2023

8. Staff costs and numbers

Staff costs were as follows:

	2023	2022
	£	£
Salaries and wages	264,743	220,223
Social security costs	20,135	21,348
Pension costs	15,802	18,660
Freelance staff	37,607	40,765
	<u>338,287</u>	<u>300,996</u>

One employee earned more than £60,000 during the year (2022: Nil).

The key management personnel of the charity are deemed to comprise of the Trustees, the CEO, the Development and Programmes Manager, the Campaign Manager and the Engagement and Strategic Opportunities Manager. The total employee benefits of the key management personnel were £185,253 (2022: £165,753).

	2023	2022
	No.	No.
Average head count	<u>9</u>	<u>8</u>
Full time equivalents	<u>6</u>	<u>5</u>

9. Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

10. Debtors

	2023	2022
	£	£
Trade debtors	36,750	400
Prepayments	724	1,448
	<u>37,474</u>	<u>1,848</u>

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2023

11. Creditors: amounts due within 1 year

	2023 £	2022 £
Trade creditors	5,611	41,280
Deferred income	8,750	-
Accruals	37,304	36,337
Other creditors	6,900	6,237
	<u>58,565</u>	<u>83,854</u>

12. Deferred income

	2023 £	2022 £
Balance at the start of the year	-	-
Released in year	-	-
Deferred in year	8,750	-
	<u>8,750</u>	<u>-</u>
Balance at the end of the year	<u>8,750</u>	<u>-</u>

Deferred income relates to funds received in advance of delivery of services and grants with time-bound conditions.

13. Analysis of net assets between funds

	Restricted funds £	Unrestricted funds £	Total funds £
Current assets	72,341	201,409	273,750
Current liabilities	(49,659)	(8,906)	(58,565)
Net assets at 30 September 2023	<u>22,682</u>	<u>192,503</u>	<u>215,185</u>
Prior period comparative:			
	Restricted funds £	Unrestricted funds £	Total funds £
Current assets	191,662	176,518	368,180
Current liabilities	(67,815)	(16,039)	(83,854)
Net assets at 30 September 2022	<u>123,847</u>	<u>160,479</u>	<u>284,326</u>

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2023

14. Movements in funds

	At 1 October 2022 £	Income £	Expenditure £	At 30 September 2023 £
Restricted funds				
Comic Relief	52,000	23,000	75,000	-
National Lottery Community Fund	47,687	304,453	352,140	-
Mental Health Foundation	24,160	70,640	72,118	22,682
Total restricted funds	123,847	398,093	499,258	22,682
Unrestricted funds				
General funds	160,479	72,591	40,567	192,503
Total unrestricted funds	160,479	72,591	40,567	192,503
Total funds	284,326	470,684	539,825	215,185

Purposes of restricted funds

Comic Relief	This grant is to continue the work of the Everyone's Business campaign. The Everyone's Business campaign aims to end the postcode lottery in specialist perinatal mental health services, and address the damaging gaps in prevention and non-specialist care.
National Lottery Community Fund	This grant is to extend the work of the Everyone's Business campaign, into Everyone's Business - at Every Contact. This builds on our experience and the current interest in perinatal mental health to ensure all women receive the right support and care, whatever their mental health needs, background and whichever part of the system they are in contact with.
Mental Health Foundation	In partnership with Mental Health Foundation, the AMV project will spotlight the maternal mental health experiences of mothers from seldom heard communities. In pursuit of accessible care for all women and families, there will be a conference and learning event to break down barriers and produce an Engagement Toolkit to inspire action at a local level.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2023

14. Movements in funds (continued)

Prior period comparative:

	At 30 September 2021 £	Income £	Expenditure £	At 30 September 2022 £
Restricted funds				
Comic Relief	102,378	72,000	122,378	52,000
National Lottery Community Fund	36,376	296,806	285,495	47,687
Mental Health Foundation	-	70,640	46,480	24,160
Esmee Fairbairn	-	6,099	6,099	-
Total restricted funds	<u>138,754</u>	<u>445,545</u>	<u>460,452</u>	<u>123,847</u>
Unrestricted funds				
General funds	<u>88,943</u>	<u>111,757</u>	<u>40,221</u>	<u>160,479</u>
Total unrestricted funds	<u>88,943</u>	<u>111,757</u>	<u>40,221</u>	<u>160,479</u>
Total funds	<u><u>227,697</u></u>	<u><u>557,302</u></u>	<u><u>500,673</u></u>	<u><u>284,326</u></u>

Purposes of restricted funds

Esmee Fairbairn Funding for staff training.

15. Related party transactions

There were no related parties in the current or prior period.

MATERNAL MENTAL HEALTH ALLIANCE

England & Wales - Charity number 1178152

Accounts

Charity no. 1178152

**Maternal Mental Health Alliance
Report and Unaudited Financial
Statements
30 September 2022**

Maternal Mental Health Alliance

Reference and administrative details

For the year ended 30 September 2022

Charity number	1178152
Registered office and operational address	International House 12 Constance Street London E16 2DQ
Trustees	The trustees who served during the year and up to the date of this report were as follows: Sarah Arnold Iulia Avramescu Sakina Ballard (appointed 21 August 2022) Kate Billingham Dr Clare Dolman Dr Henry Fay Luciana Goldsmith (née Berger) Christel Hawkins Ian Jones Yasmin Mulji (appointed 21 August 2022) Lisa Williams (appointed 21 August 2022)
Royal patron	Her Royal Highness The Princess of Wales
Honorary president	Dr Alain Gregoire
CEO	Laura Seebohm
Bankers	CAF Bank Ltd 25 Kings Hill Avenue West Malling Kent ME19 4JQ
Independent examiner	Godfrey Wilson Limited Chartered accountants and statutory auditors 5th Floor Mariner House 62 Prince Street Bristol BS1 4QD

Maternal Mental Health Alliance

Report of the trustees'

For the year ended 30 September 2022

Reference and administrative information set out on page 1 forms part of this report. The financial statements comply with current statutory requirements, the Constitution and the Statement of Recommended Practice - Accounting and Reporting by Charities (effective from January 2019).

The trustees are pleased to present their annual report together with the financial statements of the charity for the year ended 30 September 2022.

Foreword by Luciana Berger, Chair of the MMHA



It has been a hugely exciting year for the Maternal Mental Health Alliance (MMHA), and one that I am proud to have overseen as Chair.

A standout for me was *finally* being able to meet the team in-person back in February 2022 after nearly a year and a half of “Zoom squares”. The opportunity to come together once again meant we could also fulfil our plans to mark the [10-year anniversary of the MMHA](#), celebrate all that has been achieved for women, babies, and families in that time, and look to the future of perinatal mental health with members, Lived Experience Champions, and influential figures from the sector.

Our 10-year celebrations came shortly after Her Royal Highness The Princess of Wales was announced as MMHA’s royal patron. We are immensely honoured that the Princess has recognised and chosen to support our work in this way. Her Royal Highness’ longstanding dedication to the Early Years and keen interest in mental health marry so beautifully with our aims and make for a strong and fruitful collaboration.

Key outputs this year have given weight and foundation to our Make All Care Count campaign (launched in 2021). The most significant of which was our independently commissioned economic research. It is certainly hard to ignore the headline findings from the London School of Economics and Political Science (LSE), namely that improving access to perinatal mental health support in maternity settings and health visiting could have a potential net economic benefit of an astounding half a billion pounds.

Maternal Mental Health Alliance

Report of the trustees'

For the year ended 30 September 2022

To quote our Honorary President and Founder, Dr Alain Gregoire, *"This research provides important evidence of a practical, cost-effective solution for addressing one of those gaps in maternal mental health services and improving the lives of so many in this generation and the next."*

We have made a concerted and collective effort to increase the diversity of the Alliance to ensure we can better understand and communicate the needs of women and families impacted by perinatal mental health problems in the UK. As such, the membership, our Champion Network, and Board has grown to include voices representing domestic abuse survivors, women with experience of the UK asylum system, eating disorders, and racial discrimination. As ever, we are immensely grateful to all those who continue to share their lived and learned experience to help improve the depth, breadth and effectiveness of our campaigning.

It has also been a privilege to welcome new faces to the staff team and induct our new Chief Executive, Laura Seebom. The Board tasked Laura with developing a new strategy for the coming year and it has been fantastic to watch her do so in such a collaborative manner. We are excited to launch our plans in early 2023 and offer our full support to ensure new and existing objectives are achieved. If we get it right, the Alliance will increase awareness of perinatal mental health issues, influence service improvements across the pathway of care and do what we always strive to, improve the lives of women, babies, and families now and in the future.

Before we look too far into the future, however, it is impossible to ignore what is happening right now: an economic crisis and chronic underfunding of the NHS. The cost of living crisis and its impact on mental health, the aftermath of a pandemic which had far reaching consequences, combined with the workforce pressures in the NHS, means mums, dads, babies and all of the professionals who care for them need us to come together and shout more loudly than ever.

On behalf of the Board and myself, I would like to say an enormous thank you to everyone who has shaped the Alliance's work in 2021-22. As you can tell from this foreword, it's our people that make change happen and I look forward to continuing working with you all to do just that in 2022-23.

Objectives and activities for the public benefit

The trustees confirm that in compiling this report they have had due regard to guidance on public benefit issued by the Charity Commission in compliance with the duty set out in section 17(5) of the Charities Act 2011.

The MMHA is a UK-wide charity and network of over 100 organisations, dedicated to ensuring women, babies, and families impacted by perinatal mental health (PMH) problems have access to high-quality, compassionate care and support. We bring the maternal mental health community together and make change happen by combining the power of real-life experience with clinical and professional expertise.

Our purpose

The MMHA exists to ensure every woman and family in the UK gets the perinatal mental health care and support they need, before, during and after pregnancy. This includes:

- specialist PMH care within a supportive perinatal pathway; and
- good-quality PMH care within universal and primary care services, supported by specialist staff within each service.

Maternal Mental Health Alliance

Report of the trustees'

For the year ended 30 September 2022

The need

Around 1 in 5 women develop a mental illness during pregnancy or within the first year after having a baby. If untreated, PMH problems can have a devastating impact on the women affected and their families.

In the UK, mental illness in pregnant and postnatal women too often goes unrecognised, undiagnosed, and untreated.

The outcomes we expect from MMHA activities are:

1. Women, babies, and families in all four nations of the UK have access to specialist PMH care within a supportive perinatal pathway that complies with NICE and SIGN guidelines.
2. PMH investment is prioritised by government, with money pledged and spent on specialist PMH services in all nations.
3. The voices of diverse experts by experience are heard by local and national decision-makers and help influence the development of PMH policies, services, and practices across the UK.
4. Women and families in all four nations of the UK have access to high-quality compassionate PMH care that meets their individual needs within universal and primary care services.

Whilst the primary target of our activities is to benefit women and families impacted by PMH problems, the above outcomes also serve to foster greater efficiency and effectiveness in health and social care services, benefit the economy, and lead to greater health equality overall.

How the MMHA is trying to achieve change:

1. Campaign, lobby, and influence to make the case for high-quality PMH care;
2. Convene as an alliance to amplify the collective influence, voice and resources of members and others committed to the provision of PMH care;
3. Ensure decisions made about PMH care are informed by the voices of experts by experience;
4. Reduce stigma around and raise awareness of PMH problems to ensure that there is parity of care for women's mental and physical health during pregnancy and postnatally; and
5. Run our organisation efficiently and effectively, maximising our impact, and securing and making best use of our funds.

Overview of MMHA's achievements and performance

We set an ambitious agenda for 2021-22, but we are delighted to report that the MMHA has managed to successfully deliver on its key plans and activities, including:

- Publication of the 5-year evaluation of the Everyone's Business Campaign;
- Induction of our new CEO, Laura Seebom;
- Publication and launch of new economic research making the case for greater integration of PMH care within maternity and health visiting settings;
- Sought new funding opportunities, including with Garfield Weston;
- Launched the Amplifying Maternal Voices project, funded and supported by the Mental Health Foundation;
- Announced HRH The Princess of Wales as Royal Patron during Maternal Mental Health Awareness Week 2022;
- Commissioned new external evaluators to monitor the success of MMHA's campaigning efforts and support us in scoping the next phase;
- Joined the new Maternal Disparities Task Force;
- Celebrated our 10-year anniversary;

Maternal Mental Health Alliance

Report of the trustees'

For the year ended 30 September 2022

- Welcomed four new Lived Experience Champions and 10 new members;
- Worked with Consultant Natasha Cook to build a fundraising pipeline and further develop the MMHA's 'Case for Support';
- Commissioned Deltapoll to conduct a survey to gauge the UK's public awareness of PMH and form a baseline on which to measure the impact of our work;
- Became a signatory of ACEVO's 8 principles of increasing diversity in charity leadership;
- Mapping of specialist PMH services and Freedom of Information Request to assess the sustainability of specialist services and levels of investment across the UK;
- Launched a series of Member and Champion 'Listen and Learn' sessions with the new CEO;
- Completed a review of staff Terms and Conditions;
- Commissioned the redesign and development of a new website that will better meet the needs of our members, funders, and those we seek to influence; and
- Our new CEO embarked on a full review of our strategy in collaboration with staff, trustees, members, Lived Experience Champions, and stakeholders. The new strategy for 2023–26 will launch in early 2023.

This has been an incredibly exciting and positive year for the MMHA, despite the challenging economic circumstances and ongoing impact of the pandemic. As for many organisations, it has also been a year of significant change.

Our activities 2021-22

Campaign successes

This year we set out to extend the MMHA'S Everyone's Business campaign on specialist perinatal mental health services to incorporate contacts with all health and social care professionals (midwifery, GP, Health Visiting, Obstetrics, improving access to psychological therapies (IAPT), and third sector peer support) to ensure all women and families affected by perinatal mental health problems receive the right care.

Universal services

The MMHA campaigns for an Integrated Model of Care bringing perinatal mental health care into universal services as a priority. The rationale is compelling, for example, women have on average 16 appointments with health visitors and midwives during the perinatal period. Specialists within universal services who focus entirely on perinatal mental health are vital to bringing about the change we want to see.

The MMHA will continue to make a case for this model, but these roles need to be part of a well-resourced workforce. Given the long-term recruitment and retention crisis and fragile investment, it is vital that our campaigning activities are also carried out within the reality of the current context.

The launch of the new MMHA-commissioned economic report in 2022, provided new data demonstrating gaps in service provision for women with common PMH problems. The research highlighted the essential role of health visiting, maternity, and mental health practitioners and made the case for investment. This has resulted in conversations with NHS England, who have used this evidence to make the case for what is needed beyond specialist services.

Maternal Mental Health Alliance

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For the year ended 30 September 2022

Working with member organisation the Institute of Health Visiting (iHV) we are developing a resource to help improve PMH within local systems. This will include an evidence review of key PMH documents, including existing guidelines and reports. We will then identify key themes for areas to consider and ways for them to assess gaps in provision.

Specialist services

Listening to stakeholders in all four nations has made it clear that we need to keep up the pressure and make sure the successes are sustained, especially given the pressures on mental health provision post-pandemic. Concerns that promised money has not materialised and posts remain unfilled are very real. There is still an urgent need to make the case for specialist services, despite the progress that has been made.

Towards the end of 2022 we have been working on a new map to provide a clear visual outlining the spread of specialist services across all parts of the UK and submitted a Freedom of Information request to explore levels of investment into specialist services compared with what was expected. In early 2023, we will publish a briefing on the state of specialist services to shine a light on access to specialist perinatal mental health services and hold governments to account. These tools have historically provided a robust platform to ensure progress is sustained.

We remain committed to a UK-wide approach

We have sustained dedicated capacity in all four nations and recognise the importance of ongoing conversations with decision-makers. It is positive to see that commitment to perinatal mental health has remained strong even though it has been challenging to make the progress we would always want to see:

- **Wales** - The Welsh Government has confirmed PMH will remain a priority in their new Mental Health Strategy. We held an event to mark the anniversary of the interim MBU in South Wales where the Health Minister spoke, and we continue to call for an accessible option for women in North Wales. There is a Government commitment confirmed. However, the timeframe is unclear.
- **Northern Ireland** – the Health Minister in Northern Ireland reiterated their commitment to delivering PMH services, despite a challenging political context. We have seen a life-changing rollout of specialist PMH community teams in Northern Ireland and the case for a Mother and Baby Unit is ongoing.
- **Scotland** - Our Scotland Co-ordinator has representation on the Programme Board and we have developed a strong partnership with the Shadow Minister for Women's Health, with whom we will hold a dedicated PMH Parliamentary event in 2023. We have contributed to support the Scottish Government's consultation on increasing MBU beds.
- **England** - We have met with former Health Minister Gillian Keegan and have a seat on the Government's Maternity Disparities Taskforce (England) chaired by Maria Caulfield MP. We spoke at several events, including the Maternity APPG on Perinatal Mental Health. We have had early input on government plans and consultation submissions, e.g. 10-year Mental Health Plan. We continue to work with Civil Servants leading the Start for Life programme in England and this has also included an opportunity with our lived experience champions, who shared their expertise by taking part in a focus group on peer support.

Maternal Mental Health Alliance

Report of the trustees'

For the year ended 30 September 2022

5-year campaign evaluation: Turning the Map Green

In January 2022, [WSA Community Consultants](#) and the MMHA published the results of an independent five-year evaluation of the MMHA's campaigning work. The report, titled '[Turning the Map Green: Evaluating the Everyone's Business Campaign 2016–2021](#)', provides a broad, objective view of the MMHA's efforts, using robust evidence to measure the Campaign's impact.

The report highlights the MMHA's important role in driving forward changes in perinatal mental healthcare. Particularly noteworthy is the advancement of specialist perinatal mental health (PMH) services across the UK – the focus of our work during this period of evaluation – and how the Alliance has actively kept the mental health needs of women and families on the political agenda.

Further to this, we produced a paper summarising the changes seen in perinatal mental health over the past five years, how MMHA has influenced that change, the main drivers, and what we should continue doing as we seek to expand our influence to universal and maternity services. This summary was designed to help our staff and board but also MMHA members, organisations and individuals involved in improving care and creating change for women and families.



Economic research

In February 2022, we published [independently commissioned research](#) conducted by the London School of Economics and Political Science (LSE), estimating the costs and benefits of addressing unmet maternal mental health needs.

Significantly, LSE's researchers found that moving to an integrated model of care to address currently unmet common mental health problems of women during the perinatal period could have a net economic benefit of half a billion pounds over ten years - £52 million in NHS savings and quality of life improvements worth £437 million.

The proposed 'integrated model of care' would see mental health care for common mental health problems, such as depression and anxiety disorders, integrated into maternity and health visiting services and give women's mental health the same priority as their physical health during and after pregnancy.



Maternal Mental Health Alliance

Report of the trustees'

For the year ended 30 September 2022

Additionally, the MMHA commissioned Centre for Mental Health to summarise the research and analyse its implications for policy and practice. In their report, 'A sound investment', the Centre concluded that an 'integrated model of care' is the logical and economical next step in the evolution of perinatal mental healthcare in the UK.

"If more emphasis had been put on my mental wellbeing in the early days, I may not have become so unwell with postnatal depression and postpartum psychosis in the months that followed my son's birth. A great deal of expense could have been saved for the NHS, my family, and my employer." - Elaine, Lived Experience Champion, shared her story to support the launch of the research.

Working with members

Key to the MMHA's success is a strong collaborative relationship with our growing membership. As well as our well-attended quarterly meetings, this year we consulted with members on the development of the ambitious new strategy for 2023-26.

As ever, we also continued to lend our expertise to member initiatives. We are proud that our staff spend considerable time working out of the public view with member organisations to discuss and agree responses – for example to the 10-Year Women's Health Strategy – and assist with members' reports, research, media opportunities, and campaigns.

Highlights include:

1. Growth – We welcomed new members Beelotus, Birthlight, Blaze Trails, Bliss, The Human Milk Foundation, The Patients Association, Refuge, Royal College of Occupational Therapists, Unicef UK, and Wednesday's Child. Broad membership – now including organisations focused on domestic abuse, eating disorder recovery, and premature birth – informs the staff and trustees with insights to ensure we are providing authentic representation and ensuring the needs of all mothers are understood and met.
2. Depth and breadth - We continue to work closely with members from professional bodies which represent the specialist and multi-disciplinary teams, such as psychologists, GPs, psychiatrists, nurses, midwives, health visitors, obstetricians, and gynaecologists. This is both informal and in regular MMHA-hosted Pathway meetings. We receive positive feedback about how useful it is to have everyone together in this space.
3. Accessibility and engagement - A positive impact of the pandemic has been an increase in the number of members attending virtual meetings and being fully engaged in the work. A series of online 'listen and learn' sessions with our CEO towards the end of this year were extremely well received and there is real appetite to continue these as a regular feature of our close relationships with members.

Maternal Mental Health Alliance

Report of the trustees'

For the year ended 30 September 2022

Current members (as of 30 September 2022):

1. Aberlour
2. Acacia Family Support
3. Action Mental Health
4. Action on Postpartum Psychosis
5. Action Trauma
6. Anna Freud National Centre for Children and Families
7. Approachable Parenting
8. Association for Infant Mental Health
9. Association for Postnatal Illness
10. AWARE
11. Barnardo's
12. BASIS
13. *NEW* Beelotus
14. Best Beginnings
15. Bipolar Scotland
16. Bipolar UK
17. Birth Companions
18. *NEW* Birthlight
19. Birthrights
20. *NEW* Blaze Trails
21. *NEW* Bliss
22. Bluebell Care
23. Brazelton Centre
24. Breastfeeding Network
25. British Association for Counselling and Psychotherapy
26. British Medical Association
27. British Psychological Society (BPS)
28. British Society of Psychosomatic Obstetrics, Gynaecology & Andrology
29. Centre For Mental Health
30. Centre for Research on Families and Relationships
31. Centred Soul
32. Children and Young People's Mental Health Coalition
33. City Pregnancy Counselling and Psychotherapy
34. Community Practitioners and Health Visitors Association (CPHVA)
35. Crossreach Counselling
36. Doula UK
37. Early Intervention Foundation
38. Family Action
39. Family Links
40. Family Nurse Partnership
41. Fatherhood Institute
42. Fertility Network UK
43. For Baby's Sake
44. Have You Seen That Girl
45. Hearts and Minds Partnership
46. Home-Start
47. Institute of Health Visiting (iHV)
48. La Leche League of Ireland
49. Lactation Consultants of Great Britain
50. Local Government Association
51. Make Birth Better
52. Marce Society
53. Maternal OCD
54. Maternity Action
55. Mellow Parenting
56. Mental Health Foundation
57. Mind
58. MIND Cymru
59. MindWise
60. Motherdom
61. Mothers at Home Matter
62. Mothers for Mothers
63. Mummy's Star
64. Mums Aid
65. Muslim Women's Network UK (MWNUK)
66. National Centre for Mental Health (NCMH)
67. National Childbirth Trust
68. National Children's Bureau
69. National Maternity Support Foundation (Jake's Charity)
70. Netmums
71. NSPCC
72. PANDAS Foundation
73. Parent and Infant Mental Health Scotland (formerly Maternal Mental Health Scotland)
74. Parent-Infant Foundation
75. Parents 1st
76. Perinatal Mental Health Partnership UK
77. Person Shaped Support
78. Petals
79. Postpartum Support International
80. Prosperitys
81. Quarriers
82. *NEW* Refuge
83. Refugee Women Connect
84. Relate
85. Relate NI

Maternal Mental Health Alliance

Report of the trustees'

For the year ended 30 September 2022

- | | |
|--|---|
| 86. Rethink Mental Illness | 101. The Motherhood Group |
| 87. Royal College of General Practitioners (RCGP) | 102. The Parent Rooms (formerly We Are Pangs) |
| 88. Royal College of Midwives (RCM) | 103. *NEW* The Patients Association |
| 89. Royal College of Nursing (RCN) | 104. The Pelvic Partnership |
| 90. Royal College of Obstetricians and Gynaecologists (RCOG) | 105. *NEW* The UK Committee for UNICEF (UNICEF UK) |
| 91. *NEW* Royal College of Occupational Therapists (RCOT) | 106. Tommy's |
| 92. Royal College of Paediatrics and Child Health (RCPCH) | 107. Twins Trust (previously TAMBA) |
| 93. Royal College of Psychiatrists (RCPsych) | 108. UK and Ireland Marcé Society |
| 94. Samaritans | 109. Unite the union |
| 95. Sands | 110. Wave Trust |
| 96. Society for Reproductive and Infant Psychology | 111. *NEW* Wednesday's Child |
| 97. Support2Gether | 112. Wellbeing of Women |
| 98. The Birth Trauma Association | 113. Women's Institute (WI) |
| 99. The Daisy Foundation | 114. Women's Institute (WI) |
| 100. *NEW* The Human Milk Foundation | 115. Women's Resource and Development Agency (WRDA) |
| | 116. Young Mums Support Network |
| | 117. YoungMinds |

Global inspiration

The MMHA and its impact on service development in the UK has been a catalyst for similar movements for change internationally, directly inspiring the creation of the Global Alliance for Maternal Mental Health (GAMMH) and African Alliance for Maternal Mental Health (AAMMH). This was made clear at the international Marce Society Conference 2022 where the MMHA was cited in a number of sessions as an influence.

Lived Experience Champion Network

Lived experience remains at the heart of our charity.

The MMHA has a network of experts by experience (referred to in this report as Lived Experience Champions or simply 'Champions' for short) across the UK who share their stories to help raise awareness and influence change. This year, we welcomed several new Champions to our network.

Champions engage with our work in numerous ways, and we aim to ensure their voices are present across the breadth of MMHA channels and outputs, for example through:

- stories on the MMHA website;
- blogs written for the MMHA and/or member organisations;
- TV or radio interviews and print or online media;
- speaking opportunities both individually and as a panel of experts;
- informing research;
- liaison with their local commissioners;
- support for PMH training; and
- assistance with internal decision-making, such as recruitment.

Maternal Mental Health Alliance

Report of the trustees'

For the year ended 30 September 2022

Specifically, this year we:

1. Diversified the voices of our Champion Network to better understand the mental health challenges facing pregnant and asylum-seeking mothers and non-bio mothers in the LGBTQ+ community, and the impact of eating disorders during and after pregnancy.
2. Ensured that the LGBTQ+ maternal mental health voice is heard across PMH training and development opportunities, and more widely to raise public awareness. For example, Laura-Rose, founder of LGBT Mummies Tribe and new Champion, took part in Smiley News' panel discussion for mental health and the LGBTQ+ community, offering insights on the perinatal period from the perspective of a non-bio mother.
3. Explored new ways to make storytelling more accessible for Champions. Working closely with our member Refugee Women Connect we welcomed Fatima to the Network and have told her story - for the first time - through audio recordings, which were launched at the Begin Before Birth Symposium in June. The event was attended by a range of professionals who care for women in the perinatal period including health visitors, midwives, obstetricians, psychologists, psychiatrists, GPs and paediatricians, as well as researchers and commissioners.
4. Invited Champions to share memorable experiences from their tenure for a video celebrating our 10-year anniversary and asked Sandra Igwe, founder of The Motherhood Group and Champion, to talk about her experience as a Black mother.
5. Consulted with Champions on the development of the new strategy through dedicated Listen and Learn sessions with MMHA's CEO. These sessions proved to be a safe, welcome space which we have every intention of carrying through to 2023-24.

Learning and Evaluation

- Commissioning of new evaluation partner, Clear Impact.

Clear Impact have spoken to thirteen 13 staff members and trustees and 21 stakeholders and produced a scoping document highlighting the changing context for the campaign and suggestions for the next phase. Their findings reflect conversations taking place across the Alliance and acknowledge the need for us to take stock of the external landscape before finalising our detailed evaluation plan aligned with the incoming strategy for 2023-26.

Equity, diversity, and inclusion

Alongside our work with young mothers and mothers from racialised communities, we are concerned about women who experience deprivation, trauma, and other forms of discrimination and the impact on maternal mental health. There is increasing evidence that trauma in childhood and trauma in adulthood has a profound impact on maternity experiences and 70% of women accessing specialist perinatal mental health services disclose trauma histories. Services are a long way from being set up to respond to their needs.

10 key activities to expand our understanding and demonstrate our commitment:

1. Sought funding for and launched the [Amplifying Maternal Voices Project](#).
2. Commissioned two literature reviews focusing on the maternal mental health of Black mums and young mums.
3. Explored the maternal mental health experiences of Black Women delivered in partnership with MMHA Members Centre for Mental Health and The Motherhood Group. The intention is to use our learning to explore funding opportunities to develop this project further.

Maternal Mental Health Alliance

Report of the trustees'

For the year ended 30 September 2022

4. Reviewed and changed recruitment practices and processes to ensure they are as inclusive as possible and attract candidates with a truly diverse range of experiences.
5. The success of this is reflected in the Trustee Recruitment process when we set out in a transparent way to ensure we have genuine diversity across our governance and leadership. The learning was shared across the sector and as a result we became signatories of ACEVO's 9 Principles of EDI leadership.
6. We set up an EDI working group within the staff team, meeting bi-monthly to review our EDI vision and plan including explicit priorities and activities.
7. We published an EDI statement on our website setting out our principles and commitment to equity, diversity and inclusion.
8. Have a standing item on every trustee meeting and members' meeting to feedback on our progress and remain accountable to our commitments.
9. Continue to review our use of language, shaped by our members and champions.
10. During the development of our new strategy we placed EDI is at the heart as an explicit strategic priority with key objectives for the period 2023-26 (launching early 2023).

Organisational development

As detailed in the Annual Report for 2021-22, Laura Seebohm joined the MMHA as CEO in February 2022. As the former Executive Director for External Affairs at [Changing Lives](#), Laura brings a vast amount of experience from her 25 years in the statutory and voluntary sectors. Her knowledge of policy at a local and national level, lived experience inclusion, and system change practice is already benefiting MMHA's work greatly, particularly evident in the approach to the development of the new strategy.

In May 2022, we welcomed Toni Woodman to the Senior Campaign Assistant post as Sian Drinkwater began her new role as Membership and Local Voices Officer, overseeing the AMV Project. This new role builds on Sian's previous experience as a community organiser with a Refugee and Asylum Seeker service. We were also joined by Holly Latham as Lived Experience Champion Network Officer in June following Sharon McPherson's departure.

Prior to joining the MMHA, Toni managed her local Home-Start and Holly worked as a registered nurse leading a mental health peer support in a university setting. This hands-on experience is a fantastic and welcome addition to the MMHA team, and it is wonderful to see both new members of staff making these roles their own.

When recruiting for these positions, we trialled a new values-based process, which we intend to continue.

Trustee recruitment

Over the summer, the MMHA Board recruited three fantastic new trustees, Lisa Williams, Sakina Ballard, and Yasmin Mulji.

We recognised the need for greater diversity on the Board and decided to recruit new trustees to really expand the balance of voices around the table and affect top-down cultural change at the MMHA.

Maternal Mental Health Alliance

Report of the trustees'

For the year ended 30 September 2022

We set out from the start to do this recruitment very differently and shared the process and what we learned in a [widely viewed blog](#). In summary:

- we began by being clear about why we needed trustees from different backgrounds;
- we were explicit in giving opportunities to people who had not previously been a trustee or been in leadership roles before; and
- we used a very different approach for our application process and selection process to ensure we were as inclusive and accessible as possible

“With regard to the recruitment process, I thought the recruitment pack was fantastic - very informative and helpful. The interview on the day was one of the most inspiring I've been involved in. You all made me feel at ease and I very much appreciated that.” - Applicant feedback

This recruitment brought us to what will be many milestones in our journey to ensure equity, diversity and inclusion is at the heart of everything we do.



Review of Terms and Conditions

Earlier this year the organisation took the decision to review the terms and conditions of employment. Two key areas were highlighted following the review, as being out-of-kilter with sector averages. These were the leave policies and the pension scheme:

- Leave policies currently offer low or statutory terms, and it was felt this didn't align to the mission and values of the charity, or ensure the organisation is attractive to future talent.
- Pension contributions and schemes vary across the team currently. It was felt this was inequitable and misaligned to the values of the charity.

The consultation period started 6 September 2022 and the board and CEO listened carefully to the ideas and feedback which subsequently informed a renewed proposal. Once agreed, the staff team will be issued with new contracts on 1 January 2023.

Fundraising and income generation

The MMHA has been successful in securing new funding from Garfield Weston and The Mental Health Foundation as well as a one-off donation from the Queen's Platinum Jubilee through our Royal Patronage.

We have focused on diversifying our income streams and are at the start of a new corporate partnership with a global brand. This is a new relationship for us and is an exciting opportunity which is not just about financial security; we are looking to develop a workstream with a range of employers to ensure perinatal mental health is understood in wellbeing strategies as a matter of course.

Our one-off and regular donations remain small but steady. There was a noticeable and much-appreciated boost following the announcement of our royal patronage with several donations of £1000+.

Maternal Mental Health Alliance

Report of the trustees'

For the year ended 30 September 2022

One of the key requirements for the new website is to make the donor journey far easier and better demonstrate what funds can help us achieve. We have set an ambitious target to double our online donations in the first year of the new website going live.

Despite steps forward to diversify our income streams, we are conscious that we continue to rely on Trusts and Foundations for our core work. This is a reality at a time when demands for funding across the sector are extremely high. We will pursue all options to ensure we have the capacity internally to deliver an ambitious strategy and move forward in seeing the change we want to see for all women, babies, and families.

We are, as ever, extremely grateful for the support of all our funders – big and small. Especially with the rising cost of living, we appreciate every pound raised and remain dedicated to using our funds responsibly and appropriately, and always with our mission in mind.

Plans for the future

In the past ten years, we have made a huge impact in securing NHS investment for specialist perinatal mental health support for women and families experiencing severe mental ill health. Building on this success, we are now focusing our attention on more common perinatal mental health problems which affect increasing numbers of women, babies, and families across the UK. There are still far too many women who do not get the right support at the right time, with potentially devastating consequences.

More than this, we know that not every woman who is pregnant or gives birth in the UK has an equal chance of accessing high-quality compassionate care and support, especially those who face additional challenges such as experiences of trauma, deprivation, and discrimination.

Our priority going forward is to challenge these stark differences and to take a lead in increasing the sector's understanding of why these disparities still occur and determining what changes need to be made to truly support all women at this critical period in their lives.

The determination to improve the lives of those impacted by perinatal mental health problems is as strong now as it was when the Alliance first formed and the support of a new Royal Patron has brought a new audience and more attention to our work, so we must make it count.

We are therefore committed to:

- Playing to our strengths, working together as one membership, to fight for ALL the women and families who fall through the gaps in services, including for those who must travel hundreds of miles for specialist inpatient treatment, and to ensure that, once established, funding for specialist services is sustainable and will not disappear;
- Diversifying the lived experience champion network and extending our reach to under-represented groups;
- Listening to and amplifying seldom-heard voices and addressing the stark differences in outcomes for people who experience discrimination, trauma, and deprivation; and
- 'Making the invisible visible' to ensure the intersection of all women's experiences is understood by those involved in the provision and delivery of services, resulting in care which is consistently high-quality, empathetic and non-judgemental.

Collective action is still needed to help women and families access lifesaving treatment.

Maternal Mental Health Alliance

Report of the trustees'

For the year ended 30 September 2022

Structure, governance, and management

The MMHA was founded in 2011 by women with lived experience, coming together with clinicians and voluntary sector organisations, with a shared determination to improve care and support for women in the perinatal period. It operated as an informal alliance of membership organisations and, in 2017, it was agreed that the MMHA would be established as a charity to ensure a sustainable future.

Our charitable incorporated organisation (CIO) was registered in April 2018 and is governed by our constitution.

Trustee selection process

The MMHA's constitution requires a majority of trustees to be elected by members. At the time of elections, the MMHA had more than 100 member organisations. Six of the eight current trustees were elected by members, including the chair and vice-chair.

Trustees are appointed for a term of three years and may stand for re-election, with a limit of three terms. At each AGM, one third of trustees must stand down, although they can then stand for re-election if desired. There is a trustee induction and training programme in place. The board consider what skills are needed from new trustees, and recruit on that basis, typically through a public recruitment process.

Meeting and sub-committees

The trustees meet formally four times a year and communicate frequently throughout.

The board of trustees has a finance and governance sub-committee, and certain decisions are delegated by the rest of the board to this sub-committee, which also meets four times a year.

Charity management

Day-to-day management of the MMHA is delegated to the CEO, and their team of eight part-time staff.

Although the MMHA has a registered address in London, staff are all home-based, ensuring office costs are minimal.

Arrangements for setting key management personnel remuneration

Remuneration is discussed annually by the remuneration sub-committee or the full board of trustees.

Salaries of senior MMHA staff are benchmarked against similar roles in the voluntary sector, with regular reviews. The salary of the CEO is discussed annually by the board.

Financial review

These accounts show activity for the year October 2021 – September 2022.

The MMHA considers itself to be in a healthy financial situation. Total income for 2022/21 was £557,302 and total expenditure was £500,673, details of which are set out in the attached accounts.

This year saw the income from multi-year grants from Comic Relief, National Lottery and Esmee Fairbairn. In addition, project funding was received from the Mental Health Foundation and Esmee Fairbairn. Core funding was received from Garfield Weston and via donations, membership fees and pro bono donations.

Maternal Mental Health Alliance

Report of the trustees'

For the year ended 30 September 2022

Restricted funds at 30 September 2022 were £123,847 (2021: £138,754). Unrestricted funds at 30 September 2022 were £160,479 (2021: £88,943). The charity has no debt or guarantee.

Risk management

Responsibility for risk management lies with trustees, with day-to-day responsibility delegated to the CEO. The risk register is regularly reviewed by the trustees and the finance and governance sub-committee. The senior leadership team typically considers risk on at least a monthly basis. Controls are in place to minimise risks, and to manage risks that occur.

Reserves policy

The MMHA needs reserves to provide security to MMHA operations. An abrupt ceasing of MMHA operations would impact indirectly on women with maternal mental health problems and the MMHA's work to improve services.

The MMHA is heavily reliant on grant income. The MMHA reserves policy is therefore designed to cover shortfalls in income and periods when income does not reach expected levels or to 'buy some time' in the event of reduced income, for example a grant not coming through or being delayed.

The trustees have agreed a reserves policy of maintaining 3 to 6 months running costs. One month's running costs in the financial year 2022 - 2023 is around £49,000. Total funds at year end 2021 - 2022 are £284,326, equivalent to 6.7 months running costs based on 2021 - 2022 expenditure, and 5.8 months based on budgeted 2022 - 2023 expenditure.

If just unrestricted reserves are considered, these are £160,479 at year end, equivalent to 3.8 months running costs based on 2021 - 2022 expenditure, and 3.2 months based on budgeted 2022 - 2023 expenditure.

Statement of responsibilities of the trustees

The trustees are responsible for preparing the trustees' report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards including Financial Reporting Standard 102: The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England & Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the income and expenditure of the charity for that period.

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

- select suitable accounting policies and then consistently apply them;
- observe the methods and principles in the Charities Statement of Recommended Practice (SORP);
- make judgments and accounting estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

Maternal Mental Health Alliance

Report of the trustees'

For the year ended 30 September 2022

The trustees are responsible for maintaining proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the trust deed/constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Independent examiners

Godfrey Wilson were re-appointed as independent examiners to the charity during the year and have expressed their willingness to continue in that capacity.

Approved by the board and signed on their behalf by:



Luciana Goldsmith (née Berger) - Chair
Date: 6 March 2023

Independent examiner's report

To the trustees of

Maternal Mental Health Alliance

I report to the trustees on my examination of the accounts of Maternal Mental Health Alliance (the CIO) for the period to 30 September 2022, which are set out on pages 19 to 31.

Responsibilities and basis of report

As the charity trustees of the CIO you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the CIO's accounts carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

Since the CIO's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Institute of Chartered Accountants in England and Wales (ICAEW), which is one of the listed bodies.

Godfrey Wilson Limited also provides payroll services to the CIO. I confirm that as a member of the ICAEW I am subject to the FRC's Revised Ethical Standard 2016, which I have applied with respect to this engagement.

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

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

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

Laura May Richards

Date: 6 March 2023

Laura Richards ACA

Member of the ICAEW

For and on behalf of:

Godfrey Wilson Limited

Chartered accountants and statutory auditors

5th Floor Mariner House

62 Prince Street

Bristol

BS1 4QD

Maternal Mental Health Alliance

Statement of financial activities

For the year ended 30 September 2022

	Note	Restricted £	Unrestricted £	2022 Total £	2021 Total £
Income from:					
Donations	3	-	36,594	36,594	8,945
Charitable activities	4	445,545	75,000	520,545	402,173
Investments		-	163	163	-
Total income		<u>445,545</u>	<u>111,757</u>	<u>557,302</u>	<u>411,118</u>
Expenditure on:					
Raising funds		39,256	10,836	50,092	34,791
Charitable activities		421,196	29,385	450,581	409,148
Total expenditure	6	<u>460,452</u>	<u>40,221</u>	<u>500,673</u>	<u>443,939</u>
Net income / (expenditure) and net movement in funds	7	(14,907)	71,536	56,629	(32,821)
Total funds brought forward		<u>138,754</u>	<u>88,943</u>	<u>227,697</u>	<u>260,518</u>
Total funds carried forward		<u><u>123,847</u></u>	<u><u>160,479</u></u>	<u><u>284,326</u></u>	<u><u>227,697</u></u>

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 13 to the accounts.

Maternal Mental Health Alliance

Balance sheet

As at 30 September 2022

	Note	2022 £	2021 £
Current assets			
Debtors	10	1,848	5,442
Cash at bank and in hand		<u>366,332</u>	<u>259,886</u>
		368,180	265,328
Liabilities			
Creditors: amounts falling due within 1 year	11	<u>83,854</u>	<u>37,631</u>
Net current assets and net assets	12	<u>284,326</u>	<u>227,697</u>
Funds	13		
Restricted funds		123,847	138,754
Unrestricted funds			
General funds		<u>160,479</u>	<u>88,943</u>
Total charity funds		<u>284,326</u>	<u>227,697</u>

Approved by the trustees on 6 March 2023 and signed on their behalf by



Luciana Goldsmith (née Berger) - Chair

Maternal Mental Health Alliance

Statement of cash flows

For the year ended 30 September 2022

	2022 £	2021 £
Cash used in operating activities:		
Net movement in funds	56,629	(32,821)
Adjustments for:		
Decrease / (increase) in debtors	3,594	(865)
Increase / (decrease) in creditors	46,223	19,716
Interest from investments	(163)	-
	<u>106,283</u>	<u>(13,970)</u>
Net cash provided by operating activities		
Cash flows from investing activities:		
Interest from investments	163	-
	<u>163</u>	<u>-</u>
Net cash provided by investing activities		
Increase in cash and cash equivalents in the year	106,446	(13,970)
Cash and cash equivalents at the beginning of the year	<u>259,886</u>	<u>273,856</u>
Cash and cash equivalents at the end of the year	<u><u>366,332</u></u>	<u><u>259,886</u></u>

The charity has not provided an analysis of changes in net debt as it does not have any long term financing arrangements.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2022

1. Accounting policies

a) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities in preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

Maternal Mental Health Alliance meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note.

b) Going concern basis of accounting

The accounts have been prepared on the assumption that the charity is able to continue as a going concern, which the trustees consider appropriate having regard to the current level of unrestricted reserves. There are no material uncertainties about the charity's ability to continue as a going concern.

c) Income

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

Income from the 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.

d) Donated services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use by the charity of the item, is probable and the economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), general volunteer time is not recognised.

On receipt, donated 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.

e) Interest receivable

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.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2022

1. Accounting policies (continued)

f) Funds accounting

Unrestricted funds are available to spend on activities that further any of the purposes of the charity. Designated funds are unrestricted funds of the charity which the trustees have decided at their discretion to set aside to use for a specific purpose. Restricted funds are donations which the donor has specified are to be solely used for particular areas of the charity's work or for specific projects being undertaken by the charity.

g) Expenditure and irrecoverable VAT

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.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

h) Allocation of support and governance costs

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Governance costs are the costs associated with the governance arrangements of the charity, including the costs of complying with constitutional and statutory requirements and any costs associated with the strategic management of the charity's activities. These costs have been allocated between cost of raising funds and expenditure on charitable activities on the basis of staff costs as follows:

	2022	2021
Raising funds	14.6%	11.0%
Charitable activities	85.4%	89.0%

i) Debtors

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.

j) Cash at bank and in hand

Cash at bank and cash in hand includes 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.

k) Creditors

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.

l) Financial instruments

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 with the exception of bank loans which are subsequently recognised at amortised cost using the effective interest method.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2022

1. Accounting policies (continued)

m) Pension costs

The charity operates a defined contribution pension scheme for its employees. There are no further liabilities other than that already recognised in the SOFA.

n) Functional currency

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £1.

o) Accounting estimates and key judgements

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

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

There are no sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements.

2. Prior period comparatives: statement of financial activities

	Restricted	Unrestricted	2021 Total
	£	£	£
Income from:			
Donations	-	8,945	8,945
Charitable activities	<u>352,173</u>	<u>50,000</u>	<u>402,173</u>
Total income	<u>352,173</u>	<u>58,945</u>	<u>411,118</u>
Expenditure on:			
Raising funds	23,955	10,836	34,791
Charitable activities	<u>315,408</u>	<u>93,740</u>	<u>409,148</u>
Total expenditure	<u>339,363</u>	<u>104,576</u>	<u>443,939</u>
Net income and net movement in funds	<u>12,810</u>	<u>(45,631)</u>	<u>(32,821)</u>

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2022

3. Income from donations

	Restricted £	Unrestricted £	2022 Total £
Donations	-	28,094	28,094
Happiest Baby	-	3,000	3,000
Membership fees	-	1,000	1,000
Gifts in kind	-	4,500	4,500
Total income from donations	-	36,594	36,594

Gifts in kind consisted of donated space for meetings and donated consultancy carried out during the period.

Prior period comparative:

	Restricted £	Unrestricted £	2021 Total £
Donations	-	6,205	6,205
Membership fees	-	200	200
Coronavirus Job Retention Scheme	-	2,540	2,540
Total income from donations	-	8,945	8,945

4. Income from charitable activities

	Restricted £	Unrestricted £	2022 Total £
Grants:			
Comic Relief	72,000	-	72,000
National Lottery Community Fund	296,806	-	296,806
Mental Health Foundation	70,640	-	70,640
Esmee Fairbairn	6,099	50,000	56,099
Garfield Weston	-	25,000	25,000
Total income from charitable activities	445,545	75,000	520,545

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2022

4. Income from charitable activities (continued)

Prior period comparative:

	Restricted £	Unrestricted £	2021 Total £
Grants:			
Comic Relief	120,000	-	120,000
National Lottery Community Fund	216,805	-	216,805
Comic Relief Covid	8,000	-	8,000
Esmee Fairbairn	-	50,000	50,000
NI Public Health	7,368	-	7,368
Total income from charitable activities	352,173	50,000	402,173

5. Government grants

The charity receives government grants, defined as funding from National Lottery Community Fund and NI Public Health to fund charitable activities. The total value of such grants in the period ending 30 September 2022 was £296,806 (2021: £224,173). In the prior year there was a furlough grant totalling £2,540. There are no unfulfilled conditions or contingencies attaching to these grants in 2021/22.

6. Total expenditure

	Raising funds £	Charitable activities £	Support and governance costs £	2022 Total £
Staff costs (note 8)	29,897	174,449	96,650	300,996
Direct project costs	-	61,346	-	61,346
Monitoring and evaluation	-	47,238	-	47,238
Organisational / capacity development	-	49,711	-	49,711
Overheads	-	-	41,382	41,382
Sub-total	29,897	332,744	138,032	500,673
Allocation of support and governance costs	20,195	117,837	(138,032)	-
Total expenditure	50,092	450,581	-	500,673

Total governance costs were £3,871 (2021: £2,737).

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2022

6. Total expenditure (continued)

Prior period comparative:

	Raising funds £	Charitable activities £	Support and governance costs £	2021 Total £
Staff costs (note 8)	23,597	194,864	71,444	289,905
Direct project costs	-	63,658	-	63,658
Monitoring and evaluation	-	32,520	-	32,520
Organisational / capacity development	-	25,668	-	25,668
Overheads	-	-	32,188	32,188
Sub-total	23,597	316,710	103,632	443,939
Allocation of support and governance costs	<u>11,194</u>	<u>92,438</u>	<u>(103,632)</u>	<u>-</u>
Total expenditure	<u>34,791</u>	<u>409,148</u>	<u>-</u>	<u>443,939</u>

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2022

7. Net movement in funds

This is stated after charging:

	2022	2021
	£	£
Trustees' remuneration	Nil	Nil
Trustees' reimbursed expenses	179	Nil
Independent examiners' remuneration (including VAT)		
▪ Independent examination (including VAT)	1,483	1,380
▪ Other services (including VAT)	1,060	1,115
	<u>1,060</u>	<u>1,115</u>

Two trustees' were reimbursed for expenses (2021: Nil)

8. Staff costs and numbers

Staff costs were as follows:

	2022	2021
	£	£
Salaries and wages	220,223	225,965
Social security costs	21,348	16,294
Pension costs	18,660	20,334
Freelance staff	40,765	27,312
	<u>300,996</u>	<u>289,905</u>

No employee earned more than £60,000 during the year (2021: Nil).

The key management personnel of the charity are deemed to be the Trustees, the CEO, the Development and Programmes Manager, the Campaign Manager and the Engagement and Strategic Opportunities Manager. The total employee benefits of the key management personnel were £165,753.

In 2021, the key management personnel of the charity were deemed to be the Trustees, the CEO, the HR and Governance Advisor and the Development and Programmes Manager. The total employee benefits of the key management personnel were £104,239.

	2022	2021
	No.	No.
Average head count	<u>8</u>	<u>9</u>
Full time equivalents	<u>5</u>	<u>6</u>

9. Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2022

10. Debtors

	2022	2021
	£	£
Trade debtors	400	5,000
Prepayments	1,448	442
	<u>1,848</u>	<u>5,442</u>

11. Creditors: amounts due within 1 year

	2022	2021
	£	£
Trade creditors	41,280	10,194
Accruals	36,337	23,784
Other creditors	6,237	3,653
	<u>83,854</u>	<u>37,631</u>

12. Analysis of net assets between funds

	Restricted funds £	Unrestricted funds £	Total funds £
Current assets	191,662	176,518	368,180
Current liabilities	<u>(67,815)</u>	<u>(16,039)</u>	<u>(83,854)</u>
Net assets at 30 September 2022	<u>123,847</u>	<u>160,479</u>	<u>284,326</u>
Prior period comparative:	Restricted funds £	Unrestricted funds £	Total funds £
Current assets	148,856	116,472	265,328
Current liabilities	<u>(10,102)</u>	<u>(27,529)</u>	<u>(37,631)</u>
Net assets at 30 September 2021	<u>138,754</u>	<u>88,943</u>	<u>227,697</u>

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2022

13. Movements in funds

	At 1 October 2021 £	Income £	Expenditure £	At 30 September 2022 £
Restricted funds				
Comic Relief	102,378	72,000	122,378	52,000
National Lottery Community Fund	36,376	296,806	285,495	47,687
Mental Health Foundation	-	70,640	46,480	24,160
Esmee Fairbairn	-	6,099	6,099	-
Total restricted funds	138,754	445,545	460,452	123,847
Unrestricted funds				
General funds	88,943	111,757	40,221	160,479
Total unrestricted funds	88,943	111,757	40,221	160,479
Total funds	227,697	557,302	500,673	284,326

Purposes of restricted funds

Comic Relief	This grant is to continue the work of the Everyone's Business campaign. The Everyone's Business campaign aims to end the postcode lottery in specialist perinatal mental health services, and address the damaging gaps in prevention and non-specialist care.
National Lottery Community Fund	This grant is to extend the work of the Everyone's Business campaign, into Everyone's Business - at Every Contact. This builds on our experience and the current interest in perinatal mental health to ensure all women receive the right support and care, whatever their mental health needs, background and whichever part of the system they are in contact with.
Mental Health Foundation	In partnership with Mental Health Foundation, the AMV project will spotlight the maternal mental health experiences of mothers from seldom heard communities. In pursuit of accessible care for all women and families, there will be a conference and learning event to break down barriers and produce an Engagement Toolkit to inspire action at a local level.
Esmee Fairbairn	Funding for staff training.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2022

13. Movements in funds (continued)

Prior period comparative:

	At 1 October 2020 £	Income £	Expenditure £	At 30 September 2021 £
Restricted funds				
Comic Relief	126,107	120,000	143,729	102,378
National Lottery Community Fund	(1,911)	216,805	178,518	36,376
Comic Relief - COVID report	1,748	8,000	9,748	-
Devolved co-ordinators NI	-	7,368	7,368	-
Total restricted funds	<u>125,944</u>	<u>352,173</u>	<u>339,363</u>	<u>138,754</u>
Unrestricted funds				
General funds	<u>134,574</u>	<u>58,945</u>	<u>104,576</u>	<u>88,943</u>
Total unrestricted funds	<u>134,574</u>	<u>58,945</u>	<u>104,576</u>	<u>88,943</u>
Total funds	<u><u>260,518</u></u>	<u><u>411,118</u></u>	<u><u>443,939</u></u>	<u><u>227,697</u></u>

Purposes of restricted funds

Comic Relief - Covid report Working with the Centre for Mental Health to conduct a rapid evidence review of the impact of Covid-19 on maternal mental health and perinatal mental health services, including voluntary & community sector, working across all 4 UK nations in order to influence policy.

Devolved Coordinator NI Funding for the NI devolved coordinator role granted for 18 months from Public Health NI.

14. Related party transactions

There were no related parties in the current or prior period.

MATERNAL MENTAL HEALTH ALLIANCE

England & Wales - Charity number 1178152

Accounts

Charity no. 1178152

**Maternal Mental Health Alliance
Report and Unaudited Financial
Statements
30 September 2021**

Maternal Mental Health Alliance

Reference and administrative details

For the year ended 30 September 2021

Charity number	1178152
Registered office and operational address	International House 12 Constance Street London E16 2DQ
Trustees	<p>The trustees are who served during the year and up to the date of this report were as follows:</p> <p>Sarah Arnold</p> <p>Iulia Avramescu (Treasurer, appointed 1 August 2021)</p> <p>Kate Billingham (Vice-Chair)</p> <p>Dr Clare Dolman</p> <p>Dr Henry Fay</p> <p>Luciana Goldsmith (Chair) (née Berger)</p> <p>Alain Gregoire</p> <p>Christel Hawkins</p> <p>Ian Jones</p> <p>Shapira Papain (Resigned 9 October 2020)</p> <p>Olga Vysotska (Resigned 13 July 2021)</p>
Bankers	CAF Bank Ltd 25 Kings Hill Avenue West Malling Kent ME19 4JQ
Independent examiner	Godfrey Wilson Limited Chartered accountants and statutory auditors 5th Floor Mariner House 62 Prince Street Bristol BS1 4QD

Maternal Mental Health Alliance

Report of the trustees

For the year ended 30 September 2021

Reference and administrative information set out on page 1 forms part of this report. The financial statements comply with current statutory requirements, the Constitution and the Statement of Recommended Practice - Accounting and Reporting by Charities (effective from January 2019).

The trustees are pleased to present their annual report together with the financial statements of the charity for the year ended 30 September 2021.

Foreword by our chair – Luciana Berger

After a very challenging year for us all, I am pleased to share with you the Maternal Mental Health Alliance's (MMHA) Annual Report and Accounts for 2020/21.

The year has been framed by the pandemic. Coronavirus has continued to be a shock to our health and social care system, impacting the women and families we advocate for and all those we rely on to achieve our vision. Throughout the pandemic the voluntary sector has stepped up to fill some of the gaps in perinatal mental health (PMH) support which existed prior to Coronavirus and widened in the face of it. In a relatively short space of time, the impact of Covid on maternal mental health has been significant; in order to recover, successive governments will need to invest in the entire system of care and provide comprehensive support to all women and families across the spectrum of need.

Against this backdrop, the MMHA's role as a central voice on the issue of maternal mental health has never been so crucial. Despite funding pressures for many of our members, and increasing demands on their services, we have kept up our regular schedule of members' meetings, albeit virtually. One benefit has been that colleagues from further afield have been able to join us for UK-wide, rich conversations and have fed into our plans for all four nations.

Despite difficult conditions, the Alliance has been steadfast in our resolve to ensure women and families affected by PMH problems have access to high quality, comprehensive PMH care. This year, we were proud to deliver on our commitment to provide the PMH community with robust evidence of the impact of COVID-19 on maternal mental health and PMH services, through commissioned research. We launched 'Make all care count', our new Big Lottery-funded campaign phase which sees the MMHA expanding our focus for the first time beyond specialist services to the wider PMH ecosystem.

We have also been able to expand our team this year and with it our capacity to diversify our income and provide more opportunities to the mums, dads, grandparents, and other family members who make up our lived experience 'Champions' network. And we have invested in a robust programme of equality, diversity and inclusion work, the outcomes of which will become more visible during 2021/22.

Inevitable adjustments needed to be made this year, including postponing our plans to publicly mark and celebrate the charity's 10th anniversary. However, the Alliance was able to reflect on our collective impact during this time and remember how far we've come.

I want to thank our generous funders and supporters, and acknowledge the extraordinary efforts made by all our staff, volunteers, members and trustees despite the personal and professional challenges everyone has faced this year. In particular we said goodbye to our founder and CEO Emily Slater, after a decade of dedicated and skilled work.

The passion and dedication of all involved to improve the lives of women and families impacted by perinatal mental health problems has been nothing short of inspiring. My first full year as Chair of the MMHA has been a remarkable one and I look forward to the ambitious one ahead.

Maternal Mental Health Alliance

Report of the trustees

For the year ended 30 September 2021

Objectives and activities for the public benefit

The trustees confirm that in compiling this report they have had due regard to guidance on public benefit issued by the Charity Commission in compliance with the duty set out in section 17(5) of the Charities Act 2011.

The MMHA is a UK-wide charity and network of more than 100 organisations, dedicated to ensuring women and families affected by perinatal mental health (PMH) problems have access to high quality comprehensive PMH care and support. We bring the maternal mental health community together and make change happen by combining the power of real-life experience with clinical and professional expertise.

The MMHA exists to ensure:

- Women and families have access to specialist PMH care within a supportive perinatal pathway; and
- Women and families have access to good quality PMH care within universal and primary care services, which are supported by specialist staff within each service.

The need:

More than one in ten women develop a mental illness during pregnancy or within the first year after having a baby. If untreated, PMH problems can have a devastating impact on the women affected and their families. In the UK, mental illness in pregnant and postnatal women too often goes unrecognised, undiagnosed, and untreated.

The outcomes we expect from MMHA activities are:

- Women and families in all four nations of the UK have access to specialist PMH care within a supportive perinatal pathway that complies with NICE and SIGN guidelines;
- PMH investment is prioritised by government, with money pledged and spent on specialist PMH services in all nations;
- The voices of diverse experts by experience are heard by local and national decision-makers and help influence the development of local PMH services; and
- Women and families in all four nations of the UK have access to good-quality PMH care within universal and primary care services, which is supported by specialist staff within each service.

Whilst the primary target of our activities is to benefit women and their families with PMH problems, the above outcomes also serve to foster greater efficiency and effectiveness in health and social care services, more culturally appropriate care, and greater health equality overall.

How the MMHA is trying to achieve change:

There are five core areas of work that we undertake:

- Campaign, lobby, and influence to make the case for quality PMH care;
- Convene as an alliance to amplify the collective influence, voice and resources of members and others committed to the provision of PMH care;
- Ensure decisions made about PMH care are influenced by the voices of experts by experience;
- Reduce stigma around and raise awareness of PMH to ensure that there is parity of care for women's mental and physical health during pregnancy and after birth; and
- Run our organisation efficiently and effectively, maximising our impact, and securing and making best use of our funds.

Maternal Mental Health Alliance

Report of the trustees

For the year ended 30 September 2021

Achievements and performance

During a globally tumultuous 12 months, the MMHA has managed to successfully deliver on 2020-21 plans and activities, including:

- Launching a rapid research review of available evidence about the impact of the pandemic on maternal mental health and PMH services;
- Introducing 'Make all care count'; a new phase of the Everyone's Business campaign focusing on securing comprehensive PMH care for **all** women and families, including and beyond specialist services;
- Refreshing our branding for the first time since the MMHA's inception;
- Creating and recruiting two new staff roles:
 - Development and Programmes Manager to increase capacity for fundraising and organisational sustainability
 - Lived Experience Champions Network Officer to progress improving diversity of the network
- Commissioning new research for release in 2021/22 looking at:
 - the impact of the Everyone's Business campaign over the past five years
 - the economic case for addressing some of the gaps within PMH services; and
- Securing new funding for existing work, and for new projects to be announced in 2021/22.

Our activities 2020-2021

Campaign successes

This year, the Everyone's Business campaign welcomed new maternal mental health hubs that opened in England, moving the country a step closer to achieving the ambitious plans for PMH laid out in the NHS Long-Term Plan. These hubs will help around 6,000 more new, expectant, or bereaved mothers a year, many of whom won't meet the current threshold for specialist support.

Funding promised for specialist PMH community services in Northern Ireland last year came to fruition and some excellent progress has been made, with services expected to be operational in all five Trusts by early 2022.

We celebrated the opening of an interim Mother and Baby Unit (MBU) in Wales, with talks of a permanent solution and an additional joint England/North Wales MBU ongoing.

The Scottish Government launched PMH Care Pathways, which define the ideal routes for a woman to get the care she needs.

With Covid-19 dominating national policy conversations, the political landscape has been challenging. However, the MMHA has continued to engage with key stakeholders to ensure PMH stays on the agenda, including:

- Working to ensure the £52 million pledged by the Scottish Government for perinatal and infant mental health translates into specialist community teams;
- Supporting progress with NHS England's Long-term Plan, whilst also highlighting what else is needed for other services, such as health visiting;
- Advocating for specialist PMH services in line with national guidelines in Wales; and
- Celebrating progress in Northern Ireland while maintaining pressure on the Department of Health regarding the urgent development of an MBU.

Maternal Mental Health Alliance

Report of the trustees

For the year ended 30 September 2021

Make all care count: a new phase of the MMHA's work

In June 2021, we launched the next phase of the Everyone's Business campaign. For almost 10 years, the MMHA has focussed primarily on securing specialist PMH services across the UK. This year, thanks to progress in this area and new funding from the National Lottery Community Fund, we were able to expand our focus to 'Make all care count'.

Working closely with members, we identified eight key service areas, including specialist PMH, that can play a crucial role in improving outcomes for *all women* with or at risk of poor maternal mental health.

The MMHA's 'Make all care count' campaign phase calls for:

All women and families across the UK to have equitable access to comprehensive, high-quality PMH care, including and beyond specialist PMH services.

This includes:

- A confident, well-equipped workforce delivering excellent, safe PMH care and support;
- Care for all women, including those impacted by inequalities; and
- Specialist PMH services that meet national standards and act as a catalyst for change within the wider system of care.

We have a challenge ahead to close gaps in specialist PMH services *and* balance calls for other essential PMH care to be available for **all** new and expectant mothers.

Maternal mental health during a pandemic: A rapid evidence review of Covid-19's impact

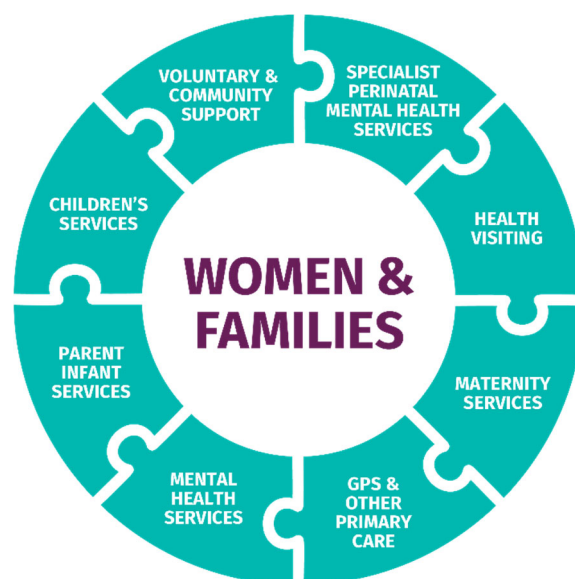
From early in the pandemic, the MMHA was concerned about the increased mental health challenges that new and expectant mothers might be facing and widening inequalities affecting families in the UK. Thanks to Comic Relief funding, we were able to commission MMHA member organisation Centre for Mental Health to examine what the evidence was saying on Covid-19's true impact on PMH and the services that support women, babies, and families during the perinatal period.

The three main activities were:

- A literature review of the available published and unpublished/non-peer-reviewed literature;
- Verbal evidence-giving events, attended by parents with lived experience, clinical and voluntary sector representatives; and
- Written submissions.

In addition, the Centre looked at public source national data on PMH services and conducted a survey of voluntary and community service providers.

We are very grateful to the organisations who conducted and shared their research with us and would like to say a particular thank you to the parents who spoke about their experiences, and all those working in perinatal services who have provided care and support to women and families despite challenges.



Maternal Mental Health Alliance

Report of the trustees

For the year ended 30 September 2021

The Centre's report drew together all available data collected during the pandemic for the first time. Together, we developed eight urgent recommendations for action, which were unveiled at an event in March 2021, a year since the first national lockdown. Hundreds of people joined us for the launch, which was comprised of research presentations, an expert panel discussion and powerful testimony from women and families with lived experience.

Press interest around the report was significant, with high-profile coverage across print, radio, and TV. It has since been cited by peers and stakeholders making a case for more PMH support for families in the wake of the pandemic.

Working with members

Key to the MMHA's success is a strong collaborative relationship with our growing membership. As well as our well-attended quarterly meetings, this year we consulted with members throughout the brand update project and ahead of the Make all care count launch to develop the look, substance, and purpose of this new campaign phase.

As ever, we also continued to lend our expertise to member initiatives. We are proud that our staff spend considerable time working out of the public view with member organisations to discuss and agree responses – for example to government consultations - and assist with members' reports, research, media opportunities, and campaigns.

Highlights of our work with members over the last year include:

- Joint media work with Action on Postpartum Psychosis and the Royal College of Psychiatrists to highlight the pandemic's impact on PMH;
- Amplifying The Motherhood Group's Black Maternal Mental Health Week;
- Hosting a Q&A with Refugee Women Connect;
- Guest editing a special PMH edition of Unite the Union's Mental Health Nursing journal; and
- Co-hosting the Royal College of Midwives' 'Parental Emotional Wellbeing and Infant Development' report launch.

Current members:

- | | |
|---|--|
| 1. Aberlour | 55. Mental Health Foundation |
| 2. Acacia Family Support | 56. Mind |
| 3. Action Mental Health | 57. MIND Cymru |
| 4. Action on Postpartum Psychosis | 58. MindWise |
| 5. Action Trauma | 59. Motherdom |
| 6. Anna Freud National Centre for Children and Families | 60. Mothers at Home Matter |
| 7. Approachable Parenting | 61. Mothers for Mothers |
| 8. Association for Infant Mental Health (AiMH UK) | 62. Mummy's Star |
| 9. Association for Postnatal Illness | 63. Mums Aid |
| 10. AWARE | 64. Muslim Women's Network UK |
| 11. BASIS | 65. National Centre for Mental Health (NCMH) |
| 12. Barnardo's Cymru | 66. National Childbirth Trust |
| 13. Best Beginnings | 67. National Children's Bureau |
| 14. Bipolar Scotland | 68. Netmums |

Maternal Mental Health Alliance

Report of the trustees

For the year ended 30 September 2021

- | | |
|--|---|
| 15. Bipolar UK | 69. NSPCC |
| 16. Birth Companions | 70. PANDAS Foundation |
| 17. Birthrights | 71. Parents 1st |
| 18. Bluebell Care | 72. The Parent-Infant Foundation |
| 19. Brazelton Centre | 73. Perinatal Mental Health Partnership UK |
| 20. Breastfeeding Network | 74. Person Shaped Support |
| 21. British Association for Counselling and Psychotherapy | 75. Petals |
| 22. British Medical Association | 76. Postpartum Support International |
| 23. British Psychological Society (BPS) | 77. Prosperitys |
| 24. British Society of Psychosomatic Obstetrics, Gynaecology & Andrology | 78. Quarriers |
| 25. Centre For Mental Health | 79. Refugee Women Connect |
| 26. Centre for Research on Families and Relationships | 80. Relate |
| 27. Centred Soul | 81. Relate NI |
| 28. Children and Young People's Mental Health Coalition | 82. Rethink |
| 29. City Pregnancy Counselling and Psychotherapy | 83. Royal College of General Practitioners |
| 30. Community Practitioners and Health Visitors Association (CPHVA) | 84. Royal College of Midwives |
| 31. Crossreach Counselling | 85. Royal College of Nursing |
| 32. Doula UK | 86. Royal College of Obstetricians & Gynaecologists |
| 33. Early Intervention Foundation | 87. Royal College of Occupational Therapists |
| 34. Family Action | 88. Royal College of Paediatrics and Child Health |
| 35. Family Links | 89. Royal College of Psychiatrists |
| 36. Family Nurse Partnership | 90. Samaritans |
| 37. Fatherhood Institute | 91. Sands |
| 38. Fertility Network UK | 92. Society for Reproductive and Infant Psychology |
| 39. For Baby's Sake | 93. Support 2Gether |
| 40. Have You Seen That Girl | 94. The Birth Trauma Association |
| 41. The Hearts and Minds Partnership | 95. The Daisy Foundation |
| 42. Homestart | 96. The Motherhood Group |
| 43. Institute of Health Visiting | 97. The Parent Rooms (formerly We Are Pangs) |
| 44. National Maternity Support Foundation (Jake's Charity) | 98. The Pelvic Partnership |
| 45. Joanne Bingley Memorial Foundation | 99. Tommy's |
| 46. La Leche League of Ireland | 100. Twins Trust (previously TAMBA) |
| 47. Lactation Consultants of Great Britain | 101. Unite the union |
| 48. Local Government Association | 102. Wave Trust |

Maternal Mental Health Alliance

Report of the trustees

For the year ended 30 September 2021

49. Make Birth Better	103. Wellbeing of Women
50. Marce Society	104. Women's Institute (WI)
51. Maternal Mental Health Scotland	105. Women's Resource and Development Agency
52. Maternal OCD	106. Young Mums Support Network
53. Maternity Action	107. YoungMinds
54. Mellow Parenting	

Lived Experience Champion Network and Communications

Lived experience remains at the heart of our charity.

The MMHA has a network of experts by experience ('Champions') across the UK who share their personal PMH journeys to help raise awareness and improve services. This year, we welcomed new members to our network and introduced policies and plans to help us amplify their voices powerfully yet safely.

Champions engage with our work in several ways, and we aim to ensure the voice of lived experience is present across the breadth of MMHA channels and outputs, for example through:

- Stories on the MMHA website;
- Blogs written for the MMHA and/or member organisations;
- TV or radio interviews and written broadcast media;
- Speaking opportunities both individually and as a panel of experts;
- Informing research;
- Liaison with their local Clinical Commissioning Groups (CCGs);
- Support for PMH training; and
- Assistance internally, such as with recruitment.

Specifically, this year we have:

- Published champion blogs on topics such as a partner's perspective of PMH treatment and the specific PMH needs of black and brown women;
- Featured commentary regarding the opening of the interim MBU in Wales;
- Produced a video montage of Champion responses to the 'Maternal Mental Health in a Pandemic' report findings; and
- Shared stories to complement the launch of 'Make all care count', focusing on the areas of PMH care that made the biggest difference to our Champions' lives.

We are delighted to have secured champion representation on the Royal College of Psychiatrists' PMH Faculty and conference, and regular speaking opportunities with the Institute of Health Visiting's Perinatal and Infant Mental Health training programme. Champions have also been able to influence policies via Health Education England's training audit and inform service delivery through research conducted by Manchester Metropolitan and Hertfordshire universities.

In a new direction for the MMHA and our Champions, we supported Comic Relief's corporate partnership with Maltesers by offering expert feedback on their joint maternal mental health campaign. This resulted in an influx of traffic to the MMHA website thanks to Comic Relief signposting to our support pages.

Maternal Mental Health Alliance

Report of the trustees

For the year ended 30 September 2021

We are seeing a steady number of direct enquiries from NHS England, Public Health England and other key stakeholders seeking the experiences of those with lived experience to inform plans. These proactive approaches are relatively new, and a testament to the exemplary work and emotional commitment of our Champions raising the profile of PMH in the UK and the MMHA.

To support the safety of our Champions, and the staff members who support them, this year we introduced clinical wellbeing supervision, and committed to two topical wellbeing workshops per year. This is in addition to wellbeing check-ins and follow-ups for each individual involvement opportunity and a dedicated member of staff who co-ordinates the network. We ensure there is an appropriate distance between the experience of a PMH journey and sharing them, and our priority in any decision-making about our work with our Champions is their wellbeing.

Learning and Evaluation

This year, we commissioned and laid the foundations for a major external evaluation report, covering the past five years of Comic Relief funding for the Everyone's Business campaign. Available from early 2022, this report will confirm the activities and approaches which have made the biggest impact on PMH service development and, ultimately, the lives of women and families in the UK.

Evaluation learnings combined with findings from our forthcoming commissioned economic research, should set a clear direction of travel for the MMHA's campaigning efforts over the *next* five years. The aim for these complimentary reports is to show us what women and families need **now** and how to best achieve this.

Alongside our regular and ongoing reporting, we also released a separate piece of work capturing the impact of Covid-19 on the MMHA and our response. The review process was comprised of focus groups and interviews with a selection of member organisations representing the Voluntary and Charitable Sector, Professional Bodies, Champions, national stakeholders, MMHA staff and trustees.

Our independent evaluators found that the context of the pandemic served to reinforce the importance of collaborative working and a unified voice, whilst staying focused on the needs of women and families and them having access to good-quality PMH care.

Equality, diversity and inclusion

The main words on the lips of staff and Board members this year have been "equality", "diversity" and "inclusion" (EDI), as we seek to make our organisation, including its work and component parts, more representative of the UK landscape.

It was important to staff and Board members that we shared a joint understanding of what our organisation was currently achieving, what needed to change, and, crucially, what we, individually and as a team, needed to learn. To achieve this, the team undertook an externally facilitated EDI programme with New Ways Academy, which helps business leaders create inclusive, anti-racist work cultures.

The programme ran over several months, completing after year end in November 2021, with a commitment to publish our overall vision and aims, and develop and implement an EDI plan during 2021-22.

Alongside the learning programme, during the year we strived to be part of an expanded, more diverse network, with the intention of being better placed to further highlight health inequalities within PMH, and to campaign for equity within service provision.

Maternal Mental Health Alliance

Report of the trustees

For the year ended 30 September 2021

We successfully proactively sought new MMHA members and Champions representing or specifically working on behalf of LGBTQ+ communities, teenage parents, and a wider range of ethnic and faith groups – new members included the Young Mums Support Network, Refugee Women Connect, Prosperity, The Motherhood Group, and Muslim Women’s Network UK. We also developed two workstreams specifically linked to our EDI aims:

- With partners and members, we formed a Maternal Inequalities Group; and
- A new project aimed at amplifying maternal voices will launch early in 2022.

We recognise that the MMHA is at the start of its journey towards achieving our vision for all women to have equitable access to quality services that fit their needs, and we have some way to go to become a credible voice on the specific needs of marginalised groups. Our aim is to be a role model for how to do better as an inclusive, anti-racist organisation that holds itself accountable to the change it knows our sector needs.

Organisational development

As reported in the Annual Report for 2019-20, the beginning of 2020-21 saw Luciana Berger join the MMHA as our new Chair. During the year, our Treasurer Olga Vysotskaya came to the end of her term and we successfully recruited Iulia Avramescu, who started a 3-year term in July 2021.

At the end of July, the MMHA said goodbye to co-founder and CEO Emily Slater, who moved on to a new role. Having been with the Alliance since its very first meeting in 2011, Emily left behind an enormous body of work and an impressive legacy, for which the Board extends its heartfelt thanks. We were fortunate to recruit experienced interim CEO, Justin Irwin, who joined us for the remaining two months of this financial year. Justin will continue to lead the charity during this period of transition, armed with his knowledge of the mental health and early years’ sectors, into 2022 when we will be joined by our newly appointed permanent CEO, Laura Seeböhm.

In January 2021 a new post of Development and Programmes Manager was appointed to the MMHA to work towards diversifying our income and developing a fundraising strategy.

A management review from 2020 has continued to be implemented to strengthen governance and management of the charity. The role and function of sub-committee structures have been further improved, with absolute clarity about decision-making authority in place, building on an existing schedule of delegation.

Fundraising and income generation

This year, we began our relationship with new funders, the National Lottery Community Fund and Esmée Fairbairn Foundation.

We delivered on commitments to Comic Relief following our successful Covid-19 Recovery Grant bid, which allowed us to commission the rapid review of research into the impact of the pandemic on maternal mental health.

With our new post of Development and Programmes Manager in place, we were able to begin the process of developing a clearer plan for fundraising from trusts and foundations and set in place early thinking for a new income generation strategy. This included developing a clear case for supporting the MMHA, as well as an Ethical Fundraising Policy.

We received a small but growing number of unsolicited donations from individuals keen to support our work, including healthcare professionals wanting to carry out fundraising activities on our behalf.

Maternal Mental Health Alliance

Report of the trustees

For the year ended 30 September 2021

We are extremely grateful for this support and remain particularly conscious of ensuring that we use our funds responsibly and appropriately, maintaining a clear focus on spending money that will best help us to achieve our mission.

Everyone involved at the MMHA would like to say thank you to all our donors and supporters.

Plans for the future

We are conscious that, as an Alliance, it is sometimes tricky to clearly explain what we do and how successful we are. We have therefore decided to publish details of our key operational planning document for 2021-22, with the intention of reporting on our successes and failures in our subsequent Annual Report.

Campaign, lobby, and influence to make the case for quality PMH care:

- Work with key partners to evidence and act on priorities in each of the four UK nations;
- Ensure the specialist perinatal mental health services map stays or goes green, with specialist services that meet national standards;
- Within the context of making all care count, prioritise work around health visiting and maternity services; and
- Ensure PMH investment is prioritised by government.

Convene as an alliance to amplify the collective influence, voice and resources of members and others committed to the provision of PMH care:

- Grow and develop our membership relationships, influence, and numbers, with a particular focus on equality, diversity, and inclusion; and
- Support people and organisations locally to influence decision-makers and service provision (where funded).

Ensure decisions made are influenced by the voices of experts by experience:

- Maintain and support a network of experts by experience (Champions);
- Maximise opportunities for experts by experience to influence decisions, with a particular focus on equality, diversity and inclusion; and
- Ensure decisions we make are influenced by experts by experience.

Reduce stigma around and raise awareness of PMH to ensure that there is parity of care for women's mental health with care for women's physical health during pregnancy and after birth:

- Deliver reactive and proactive communications activities; and
- Create opportunities for experts by experience to tell their stories.

Run our organisation efficiently and effectively, maximising our impact and making best use of our funds:

- Carry out fundraising and income generation activities;
- Govern and manage our organisation appropriately and proportionately; and
- Consider equality, diversity, and inclusion throughout all of our work.

We note that our successes in many of these work areas are difficult to evidence, although our achievements as an Alliance will continue to be monitored through newly commissioned external evaluators. We also plan to reconsider how we monitor, measure and describe our impact – both of the work carried out by our team, and that undertaken by our members.

Maternal Mental Health Alliance

Report of the trustees

For the year ended 30 September 2021

Structure, governance, and management

The MMHA was founded in 2011 by women with lived experience, coming together with clinicians and voluntary sector organisations, with a shared determination to improve care and support for women in the perinatal period. It operated as an informal alliance of membership organisations and, in 2017, it was agreed that the MMHA would be established as a charity in its own right to ensure a sustainable future.

Our charitable incorporated organisation (CIO) was registered in April 2018 and is governed by our constitution.

The trustees serving during the 2020/21 financial year and since year end are as follows:

Sarah Arnold	
Iulia Avramescu	(Treasurer, appointed 1 August 2021)
Kate Billingham	(Vice-Chair)
Dr Clare Dolman	
Luciana Goldsmith (née Berger)	(Chair)
Alain Gregoire	
Dr Henry Fay	
Christel Hawkins	
Ian Jones	
Shapira Papain	(Resigned 9 October 2020)
Olga Vysotska	(Resigned 13 July 2021)

Trustee selection process

The MMHA's constitution requires a majority of trustees to be elected by members. At the time of elections, the MMHA had more than 100 member organisations. Six of the eight current trustees were elected by members, including the chair and vice-chair.

Trustees are appointed for a term of three years and may stand for re-election, with a limit of three terms. At each AGM, one third of trustees must stand down, although they can then stand for re-election if desired. There is a trustee induction and training programme in place. The board consider what skills are needed from new trustees, and recruit on that basis, typically through a public recruitment process.

Meeting and sub-committees

The trustees meet together formally four times a year and communicate frequently throughout the year.

The board of trustees has a finance and governance sub-committee, and certain decisions are delegated by the rest of the board to this sub-committee, which also meets four times a year.

Charity management

Day-to-day management of the MMHA is delegated to the CEO, and their team of seven part-time staff. Justin Irwin took over from Emily Slater as CEO on an interim basis from 1 August 2021, pending recruitment of a permanent CEO.

Although the MMHA has a registered address in London, staff are all home-based, ensuring office costs are minimal. This has had some benefits during the Covid-19 pandemic as staff were already set up for home-working and its challenges.

Maternal Mental Health Alliance

Report of the trustees

For the year ended 30 September 2021

Arrangements for setting key management personnel remuneration

Remuneration is discussed annually by the remuneration sub-committee or the full board of trustees.

Salaries of senior MMHA staff are benchmarked against similar roles in the voluntary sector, with regular reviews. The salary of the CEO is discussed annually by the board.

Financial review

These accounts show activity for the year October 2020 – September 2021.

The MMHA considers itself to be in a healthy financial situation. Total income for 2020/21 was £411,118 and total expenditure was £443,939, details of which are set out in the attached accounts.

As evident from the accounts, this year saw the last full year of income from a three-year Comic Relief grant overlap with the first year of a four-year grant from Big Lottery. In addition, funding was received from the Esmée Fairbairn Foundation.

Restricted funds at 30 September 2021 were £138,754 (2020: £125,944). Unrestricted funds at 30 September 2021 were £88,943 (2020: £134,574). The charity has no debt or guarantee.

Risk management

Responsibility for risk management lies with trustees, with day-to-day responsibility delegated to the CEO. The risk register is regularly reviewed by the trustees and the finance and governance sub-committee. The senior leadership team typically considers risk on at least a monthly basis. Controls are in place to minimise risks, and to manage risks that occur.

Reserves policy

The MMHA needs reserves to provide security to MMHA operations. An abrupt ceasing of MMHA operations would impact indirectly on women with maternal mental health problems and the MMHA's work to improve services.

The MMHA is heavily reliant on grant income. The MMHA reserves policy is therefore designed to cover shortfalls in income and periods when income does not reach expected levels or to 'buy some time' in the event of reduced income, for example a grant not coming through or being delayed.

The trustees have agreed a reserves policy of maintaining 3 to 6 months running costs. One month's running costs in the financial year 2020 - 2021 is forecast at around £45,000. Reserves at year end 2020-21 are £227,697, equivalent to just over 6 months running costs based on 2020-21 expenditure, and 4.7 months based on budgeted 2021-22 expenditure.

Statement of responsibilities of the trustees

The trustees are responsible for preparing the trustees' report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102: The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charity and the incoming resources and application of resources, including the net income or expenditure, of the charity for the year.

Maternal Mental Health Alliance

Report of the trustees

For the year ended 30 September 2021

In preparing those financial statements the trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in the Charities SORP;
- Make judgements and accounting estimates that are reasonable and prudent;
- State whether applicable accounting standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements; and
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and which enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the constitution. The trustees are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

The trustees are members of the charity but this entitles them only to voting rights. The trustees have no beneficial interest in the charity.

Independent examiners

Godfrey Wilson were re-appointed as independent examiners to the charitable organisation during the year and have expressed their willingness to continue in that capacity.

Approved by the trustees on 2 March 2022 and signed on their behalf by



Luciana Goldsmith (née Berger) - Chair

Independent examiner's report

To the trustees of

Maternal Mental Health Alliance

I report to the trustees on my examination of the accounts of Maternal Mental Health Alliance (the CIO) for the period to 30 September 2021, which are set out on pages 16 to 27.

Responsibilities and basis of report

As the charity trustees of the CIO you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the CIO's accounts carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

Since the CIO's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Institute of Chartered Accountants in England and Wales (ICAEW), which is one of the listed bodies.

Godfrey Wilson Limited also provides payroll services to the CIO. I confirm that as a member of the ICAEW I am subject to the FRC's Revised Ethical Standard 2016, which I have applied with respect to this engagement.

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

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

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

Laura May Richards

Date: 2 March 2022

Laura Richards ACA

Member of the ICAEW

For and on behalf of:

Godfrey Wilson Limited

Chartered accountants and statutory auditors

5th Floor Mariner House

62 Prince Street

Bristol

BS1 4QD

Maternal Mental Health Alliance

Statement of financial activities

For the year ended 30 September 2021

	Note	Restricted £	Unrestricted £	2021 Total £	2020 Total £
Income from:					
Donations	3	-	8,945	8,945	3,138
Charitable activities	4	<u>352,173</u>	<u>50,000</u>	402,173	423,807
Total income		<u>352,173</u>	<u>58,945</u>	411,118	426,945
Expenditure on:					
Raising funds		23,955	10,836	34,791	19,130
Charitable activities		<u>315,408</u>	<u>93,740</u>	409,148	352,025
Total expenditure	6	<u>339,363</u>	<u>104,576</u>	443,939	371,155
Net income / (expenditure) and net movement in funds	7	12,810	(45,631)	(32,821)	55,790
Total funds brought forward		<u>125,944</u>	<u>134,574</u>	260,518	204,728
Total funds carried forward		<u><u>138,754</u></u>	<u><u>88,943</u></u>	<u><u>227,697</u></u>	<u><u>260,518</u></u>

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 13 to the accounts.

Maternal Mental Health Alliance

Balance sheet

As at 30 September 2021

	Note	2021 £	2020 £
Current assets			
Debtors	10	5,442	4,576
Cash at bank and in hand		<u>259,886</u>	<u>273,856</u>
		265,328	278,432
Liabilities			
Creditors: amounts falling due within 1 year	11	<u>37,631</u>	<u>17,915</u>
Net current assets and net assets	12	<u>227,697</u>	<u>260,518</u>
Funds			
Restricted funds	13	138,754	125,944
Unrestricted funds			
General funds		<u>88,943</u>	<u>134,574</u>
Total charity funds		<u>227,697</u>	<u>260,518</u>

Approved by the trustees on 2 March 2022 and signed on their behalf by

Luciana Goldsmith (née Berger) - Chair

Maternal Mental Health Alliance

Statement of cash flows

For the year ended 30 September 2021

	2021 £	2020 £
Cash used in operating activities:		
Net movement in funds	(32,821)	55,790
Adjustments for:		
Decrease / (increase) in debtors	(865)	(127)
Increase / (decrease) in creditors	<u>19,716</u>	<u>(3,990)</u>
Net cash provided by operating activities	<u>(13,970)</u>	<u>51,672</u>
Increase in cash and cash equivalents in the year	(13,970)	51,672
Cash and cash equivalents at the beginning of the year	<u>273,856</u>	<u>222,184</u>
Cash and cash equivalents at the end of the year	<u>259,886</u>	<u>273,856</u>

The charity has not provided an analysis of changes in net debt as it does not have any long term financing arrangements.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2021

1. Accounting policies

a) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities in preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

Maternal Mental Health Alliance meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note.

b) Going concern basis of accounting

The accounts have been prepared on the assumption that the charity is able to continue as a going concern, which the trustees consider appropriate having regard to the current level of unrestricted reserves. There are no material uncertainties about the charity's ability to continue as a going concern.

c) Income

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

Income from the 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.

d) Donated services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use by the charity of the item, is probable and the economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), general volunteer time is not recognised.

On receipt, donated 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.

e) Interest receivable

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.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2021

1. Accounting policies (continued)

f) Funds accounting

Unrestricted funds are available to spend on activities that further any of the purposes of the charity. Designated funds are unrestricted funds of the charity which the trustees have decided at their discretion to set aside to use for a specific purpose. Restricted funds are donations which the donor has specified are to be solely used for particular areas of the charity's work or for specific projects being undertaken by the charity.

g) Expenditure and irrecoverable VAT

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.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

h) Allocation of support and governance costs

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Governance costs are the costs associated with the governance arrangements of the charity, including the costs of complying with constitutional and statutory requirements and any costs associated with the strategic management of the charity's activities. These costs have been allocated between cost of raising funds and expenditure on charitable activities on the basis of staff costs as follows:

	2021	2020
Raising funds	11.0%	7.3%
Charitable activities	89.0%	92.7%

i) Debtors

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.

j) Cash at bank and in hand

Cash at bank and cash in hand includes 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.

k) Creditors

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.

l) Financial instruments

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 with the exception of bank loans which are subsequently recognised at amortised cost using the effective interest method.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2021

1. Accounting policies (continued)

m) Pension costs

The charity operates a defined contribution pension scheme for its employees. There are no further liabilities other than that already recognised in the SOFA.

n) Functional currency

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £1.

o) Accounting estimates and key judgements

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

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

There are no sources of estimation uncertainty that have a significant effect on the amounts recognised in the financial statements.

2. Prior period comparatives: statement of financial activities

	Restricted £	Unrestricted £	2020 Total £
Income from:			
Donations	-	3,138	3,138
Charitable activities	<u>373,807</u>	<u>50,000</u>	<u>423,807</u>
Total income	<u>373,807</u>	<u>53,138</u>	<u>426,945</u>
Expenditure on:			
Raising funds	19,000	130	19,130
Charitable activities	<u>338,643</u>	<u>13,382</u>	<u>352,025</u>
Total expenditure	<u>357,643</u>	<u>13,512</u>	<u>371,155</u>
Net income and net movement in funds	<u>16,164</u>	<u>39,626</u>	<u>55,790</u>

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2021

3. Income from donations

	Restricted £	Unrestricted £	2021 Total £
Donations	-	6,205	6,205
Membership fees	-	200	200
Coronavirus Job Retention Scheme	-	2,540	2,540
Total income from donations	-	8,945	8,945

Prior period comparative:

	Restricted £	Unrestricted £	2020 Total £
Donations	-	978	978
Donations of time for legal expertise	-	2,160	2,160
Total income from donations	-	3,138	3,138

4. Income from charitable activities

	Restricted £	Unrestricted £	2021 Total £
Grants:			
Comic Relief	120,000	-	120,000
National Lottery Community Fund	216,805	-	216,805
Comic Relief Covid	8,000	-	8,000
Esmee Fairbairn	-	50,000	50,000
NI Public Health	7,368	-	7,368
Total income from charitable activities	352,173	50,000	402,173

Prior period comparative:

	Restricted £	Unrestricted £	2020 Total £
Grants:			
Comic Relief	300,000	-	300,000
National Lottery Community Fund	34,439	-	34,439
Comic Relief Covid	32,000	-	32,000
Esmee Fairbairn	-	50,000	50,000
NI Public Health	7,368	-	7,368
Total income from charitable activities	373,807	50,000	423,807

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2021

5. Government grants

The charity receives government grants, defined as funding from NI Public Health and National Lottery Community Fund to fund charitable activities. The total value of such grants in the period ending 30 September 2021 was £224,173 (2020: £41,807). This year the charity also received a furlough grant, totalling £2,540 (2020: £Nil). There are no unfulfilled conditions or contingencies attaching to these grants in 2020/21.

6. Total expenditure

	Raising funds £	Charitable activities £	Support and governance costs £	2021 Total £
Staff costs (note 8)	23,597	194,864	71,444	289,905
Direct project costs	-	63,658	-	63,658
Monitoring and evaluation	-	32,520	-	32,520
Organisational / capacity development	-	25,668	-	25,668
Overheads	-	-	32,188	32,188
Sub-total	23,597	316,710	103,632	443,939
Allocation of support and governance costs	<u>11,194</u>	<u>92,438</u>	<u>(103,632)</u>	<u>-</u>
Total expenditure	<u>34,791</u>	<u>409,148</u>	<u>-</u>	<u>443,939</u>

Total governance costs were £2,737 (2020: £1,876).

Prior period comparative:

	Raising funds £	Charitable activities £	Support and governance costs £	2020 Total £
Staff costs (note 8)	14,519	184,772	39,690	238,981
Direct project costs	-	77,798	-	77,798
Monitoring and evaluation	-	15,870	-	15,870
Organisational / capacity development	-	14,909	-	14,909
Overheads	-	-	23,597	23,597
Sub-total	14,519	293,349	63,287	371,155
Allocation of support and governance costs	<u>4,611</u>	<u>58,676</u>	<u>(63,287)</u>	<u>-</u>
Total expenditure	<u>19,130</u>	<u>352,025</u>	<u>-</u>	<u>371,155</u>

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2021

7. Net movement in funds

This is stated after charging:

	2021	2020
	£	£
Trustees' remuneration	Nil	Nil
Trustees' reimbursed expenses	Nil	318
Independent examiners' remuneration (including VAT)		
▪ Independent examination (including VAT)	1,380	1,320
▪ Other services (including VAT)	1,115	1,042
	<u>1,115</u>	<u>1,042</u>

In 2020 two trustees were reimbursed £318 for travel and subsistence expenses.

8. Staff costs and numbers

Staff costs were as follows:

	2021	2020
	£	£
Salaries and wages	225,965	184,626
Social security costs	16,294	13,170
Pension costs	20,334	15,032
Freelance staff	27,312	26,153
	<u>289,905</u>	<u>238,981</u>

No employee earned more than £60,000 during the year.

The key management personnel of the charity comprise the Trustees, the CEO, the HR and Governance Advisor and the Development and Programmes Manager. The total employee benefits of the key management personnel were £104,239 (2020: £85,668).

	2021	2020
	No.	No.
Average head count	<u>9</u>	<u>7</u>
Full time equivalents	<u>6</u>	<u>5</u>

9. Taxation

The charity is exempt from corporation tax as all its income is charitable and is applied for charitable purposes.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2021

10. Debtors

	2021	2020
	£	£
Trade debtors	5,000	-
Prepayments	442	4,576
	<u>5,442</u>	<u>4,576</u>

11. Creditors: amounts due within 1 year

	2021	2020
	£	£
Trade creditors	10,194	2,277
Accruals	23,784	15,068
Other creditors	3,653	569
	<u>37,631</u>	<u>17,915</u>

12. Analysis of net assets between funds

	Restricted funds £	Unrestricted funds £	Total funds £
Current assets	148,856	116,472	265,328
Current liabilities	<u>(10,102)</u>	<u>(27,529)</u>	<u>(37,631)</u>
Net assets at 30 September 2021	<u>138,754</u>	<u>88,943</u>	<u>227,697</u>
Prior period comparative:	Restricted funds £	Unrestricted funds £	Total funds £
Current assets	132,859	145,574	278,433
Current liabilities	<u>(6,915)</u>	<u>(11,000)</u>	<u>(17,915)</u>
Net assets at 30 September 2020	<u>125,944</u>	<u>134,574</u>	<u>260,518</u>

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2021

13. Movements in funds

	At 1 October 2020 £	Income £	Expenditure £	At 30 September 2021 £
Restricted funds				
Comic Relief	126,107	120,000	143,729	102,378
National Lottery Community Fund	(1,911)	216,805	178,518	36,376
Comic Relief - COVID report	1,748	8,000	9,748	-
Devolved co-ordinators NI	-	7,368	7,368	-
Total restricted funds	125,944	352,173	339,363	138,754
Unrestricted funds				
General funds	134,574	58,945	104,576	88,943
Total unrestricted funds	134,574	58,945	104,576	88,943
Total funds	260,518	411,118	443,939	227,697

Purposes of restricted funds

Comic Relief	This grant is to continue the work of the Everyone's Business campaign. The Everyone's Business campaign aims to end the postcode lottery in specialist perinatal mental health services, and address the damaging gaps in prevention and non-specialist care.
National Lottery Community Fund	This grant is to extend the work of the Everyone's Business campaign, into Everyone's Business - at Every Contact. This builds on our experience and the current interest in perinatal mental health to ensure all women receive the right support and care, whatever their mental health needs, background and whichever part of the system they are in contact with.
Comic Relief - Covid report	Working with the Centre for Mental Health to conduct a rapid evidence review of the impact of Covid-19 on maternal mental health and perinatal mental health services, including voluntary & community sector, working across all 4 UK nations in order to influence policy.
Devolved Coordinator NI Funding for the NI devolved coordinator role granted for 18 months from Public Health NI.	

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2021

13. Movements in funds (continued)

Prior period comparative:

	At 1 October 2019 £	Income £	Expenditure £	At 30 September 2020 £
Restricted funds				
Comic Relief	109,780	300,000	283,673	126,107
National Lottery Community Fund	-	34,439	36,350	(1,911)
Comic Relief - COVID report	-	32,000	30,252	1,748
Devolved co-ordinators NI	-	7,368	7,368	-
Total restricted funds	<u>125,944</u>	<u>373,807</u>	<u>357,643</u>	<u>125,944</u>
Unrestricted funds				
General funds	<u>94,948</u>	<u>53,138</u>	<u>13,512</u>	<u>134,574</u>
Total unrestricted funds	<u>134,574</u>	<u>53,138</u>	<u>13,512</u>	<u>134,574</u>
Total funds	<u><u>204,728</u></u>	<u><u>426,945</u></u>	<u><u>371,155</u></u>	<u><u>260,518</u></u>

14. Related party transactions

There were no related parties in the current or prior period.