

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)</p> <p>(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

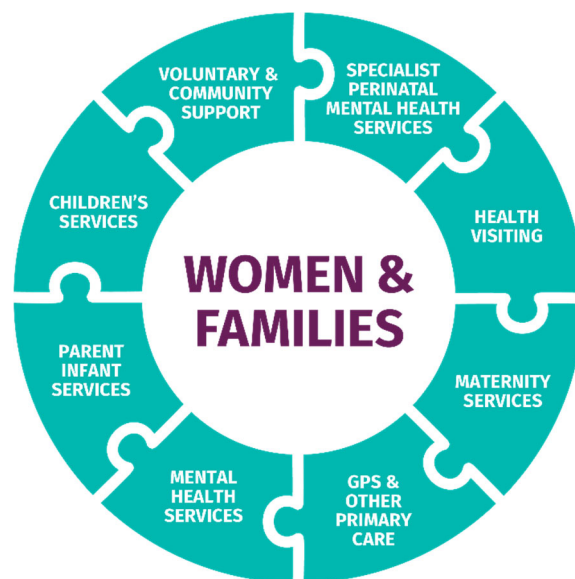
From early in the pandemic, the MMHA was concerned about the increased mental health challenges that new and expectant mothers might be facing and widening inequalities affecting families in the UK. Thanks to Comic Relief funding, we were able to commission MMHA member organisation Centre for Mental 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

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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 |

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- | | |
|--|---|
| 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. Prosperity |
| 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 |

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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

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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 Seebohm.

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.

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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	<u>423,807</u>
Total income		<u>352,173</u>	<u>58,945</u>	411,118	<u>426,945</u>
Expenditure on:					
Raising funds		23,955	10,836	34,791	19,130
Charitable activities		<u>315,408</u>	<u>93,740</u>	409,148	<u>352,025</u>
Total expenditure	6	<u>339,363</u>	<u>104,576</u>	443,939	<u>371,155</u>
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	<u>204,728</u>
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	13		
Restricted funds		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><u>259,886</u></u>	<u><u>273,856</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 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	11,194	92,438	(103,632)	-
Total expenditure	34,791	409,148	-	443,939

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	4,611	58,676	(63,287)	-
Total expenditure	19,130	352,025	-	371,155

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

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
	289,905	238,981

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 No.	2020 No.
Average head count	9	7
Full time equivalents	6	5

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	125,944	373,807	357,643	125,944
Unrestricted funds				
General funds	94,948	53,138	13,512	134,574
Total unrestricted funds	134,574	53,138	13,512	134,574
Total funds	204,728	426,945	371,155	260,518

14. Related party transactions

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