

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**

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<b>Charity number</b>	1178152
<b>Registered office and operational address</b>	International House 12 Constance Street London E16 2DQ
<b>Trustees</b>	<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 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)</p>
<b>Royal patron</b>	Her Royal Highness The Princess of Wales
<b>Honorary president</b>	Dr Alain Gregoire
<b>CEO</b>	Laura Seebohm
<b>Bankers</b>	CAF Bank Ltd 25 Kings Hill Avenue West Malling Kent ME19 4JQ
<b>Independent examiner</b>	Godfrey Wilson Limited Chartered accountants and statutory auditors 5th Floor Mariner House 62 Prince Street Bristol BS1 4QD

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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.

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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.

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#### **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 Seeborn;
- 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;

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- 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.

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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.

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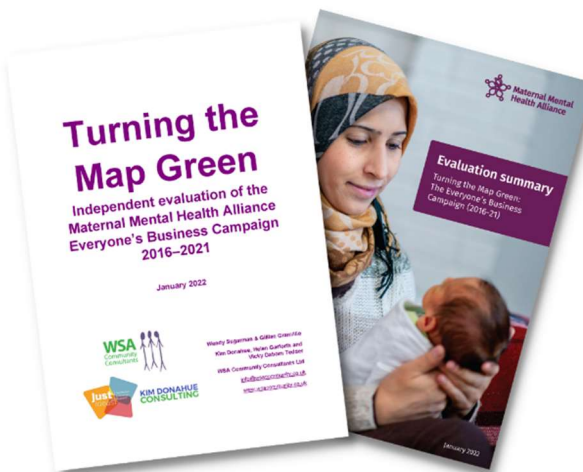
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#### 5-year campaign evaluation: Turning the Map Green

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.





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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.

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#### 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

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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.

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#### **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.

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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 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 Seeböhm 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.

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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 unequitable 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+.

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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**

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#### **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 Esmée Fairbairn. In addition, project funding was received from the Mental Health Foundation and Esmée 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**

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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**

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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**

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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 £	<b>2022 Total £</b>	2021 Total £
<b>Income from:</b>					
Donations	3	-	36,594	<b>36,594</b>	8,945
Charitable activities	4	445,545	75,000	<b>520,545</b>	402,173
Investments		-	163	<b>163</b>	-
<b>Total income</b>		<u>445,545</u>	<u>111,757</u>	<u><b>557,302</b></u>	<u>411,118</u>
<b>Expenditure on:</b>					
Raising funds		39,256	10,836	<b>50,092</b>	34,791
Charitable activities		<u>421,196</u>	<u>29,385</u>	<u><b>450,581</b></u>	<u>409,148</u>
<b>Total expenditure</b>	6	<u>460,452</u>	<u>40,221</u>	<u><b>500,673</b></u>	<u>443,939</u>
<b>Net income / (expenditure) and net movement in funds</b>	7	(14,907)	71,536	<b>56,629</b>	(32,821)
Total funds brought forward		<u>138,754</u>	<u>88,943</u>	<u><b>227,697</b></u>	<u>260,518</u>
<b>Total funds carried forward</b>		<u><u>123,847</u></u>	<u><u>160,479</u></u>	<u><u><b>284,326</b></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 £
<b>Current assets</b>			
Debtors	10	1,848	5,442
Cash at bank and in hand		<u>366,332</u>	<u>259,886</u>
		<b>368,180</b>	265,328
<b>Liabilities</b>			
Creditors: amounts falling due within 1 year	11	<u>83,854</u>	<u>37,631</u>
<b>Net current assets and net assets</b>	12	<u><b>284,326</b></u>	<u><b>227,697</b></u>
<b>Funds</b>	13		
Restricted funds		123,847	138,754
Unrestricted funds			
General funds		<u>160,479</u>	<u>88,943</u>
<b>Total charity funds</b>		<u><b>284,326</b></u>	<u><b>227,697</b></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**

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

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**

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#### **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

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#### 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

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

# 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	<b>28,094</b>
Happiest Baby	-	3,000	<b>3,000</b>
Membership fees	-	1,000	<b>1,000</b>
Gifts in kind	-	4,500	<b>4,500</b>
<b>Total income from donations</b>	<b>-</b>	<b>36,594</b>	<b>36,594</b>

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
<b>Total income from donations</b>	<b>-</b>	<b>8,945</b>	<b>8,945</b>

### 4. Income from charitable activities

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

## 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 £
<b>Grants:</b>			
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
<b>Total income from charitable activities</b>	<b>352,173</b>	<b>50,000</b>	<b>402,173</b>

#### 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	<b>300,996</b>
Direct project costs	-	61,346	-	<b>61,346</b>
Monitoring and evaluation	-	47,238	-	<b>47,238</b>
Organisational / capacity development	-	49,711	-	<b>49,711</b>
Overheads	-	-	41,382	<b>41,382</b>
<b>Sub-total</b>	<b>29,897</b>	<b>332,744</b>	<b>138,032</b>	<b>500,673</b>
Allocation of support and governance costs	20,195	117,837	(138,032)	-
<b>Total expenditure</b>	<b>50,092</b>	<b>450,581</b>	<b>-</b>	<b>500,673</b>

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
<b>Sub-total</b>	23,597	316,710	103,632	443,939
Allocation of support and governance costs	11,194	92,438	(103,632)	-
<b>Total expenditure</b>	<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)	<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	<u>40,765</u>	<u>27,312</u>
	<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 No.	2021 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**

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

**11. Creditors: amounts due within 1 year**

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

**12. Analysis of net assets between funds**

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

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

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