

Maternal Mental Health Alliance

Report and unaudited Financial Statements 2022-23

Maternal Mental Health Alliance

Reference and administrative details

For the year ended 30 September 2023

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

Maternal Mental Health Alliance

Report of the trustees

For the year ended 30 September 2023

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

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

Foreword by Luciana Berger, Chair of the MMHA



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

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

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

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

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

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



Objectives and activities for the public benefit

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

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

Our purpose

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

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

The need

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

The outcomes we expect from MMHA activities are:

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

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

How the MMHA is trying to achieve change

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

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

Overview of MMHA's achievements and performance

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

November 2022

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

January 2023

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

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



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

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

March 2023

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

May 2023

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

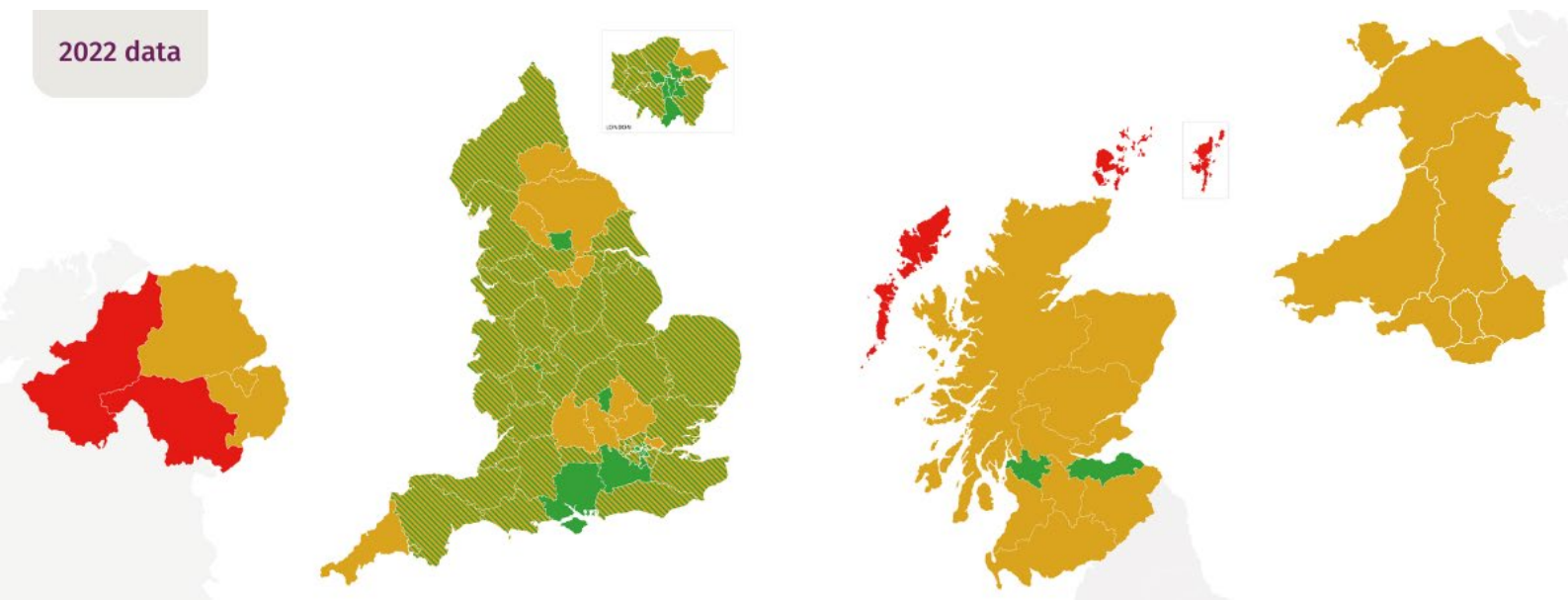
July 2023

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

September 2023

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

2022 data



Our activities 2022-23

Campaign successes

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

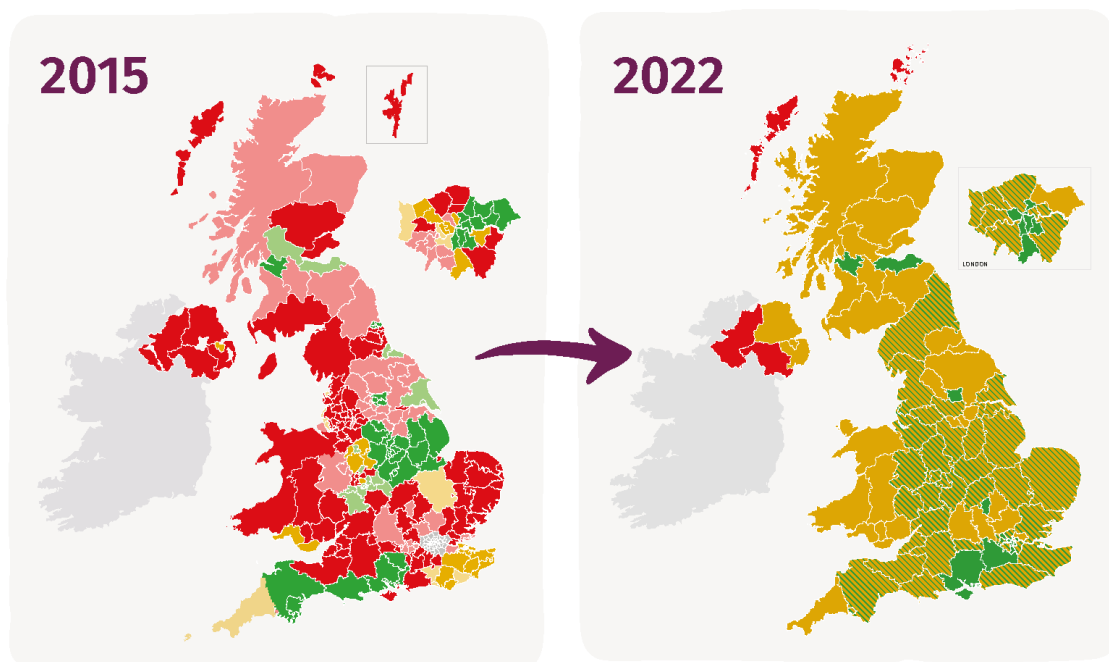
We continue to campaign to ensure that all women are able to access high-quality support and compassionate care and this is at the heart of everything we do. Our strategic priority to campaign for **excellent services** has led to a number of significant reports being launched this year and bring attention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

Specialist Services

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

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

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



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

Universal Services

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

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

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

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

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

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

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

Commissioning

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

Equity, Diversity, and Inclusion

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

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

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

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

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

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

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

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

Raising awareness of maternal mental health

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

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

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

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



Maltesers Parliamentary event May 2023

Members and Lived Experience Champions

MMHA members

We continue to grow an increasingly engaged and diverse membership:

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

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

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

MMHA Member organisations

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

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

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

124. Young Mums Support Network
125. YoungMinds

Global inspiration

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

Lived Experience Champions

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

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

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

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

Learning and Evaluation

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

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

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

Academic Research

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

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

Evaluation

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

Organisational Development

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

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

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

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

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

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

Fundraising and Income Generation

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

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



MMHA and Tommee Tippee planning meeting June 2023

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

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

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

Plans for the Future

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

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

Upcoming projects

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

Structure, governance, and management

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

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

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

Trustee selection process

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

Meeting and sub-committees

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

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

Charity management

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

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

Arrangements for setting key management personnel remuneration

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

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

Financial review

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

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

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

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

Risk management

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

Reserves policy

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

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

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

Statement of responsibilities of the trustees

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

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

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

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

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

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

Independent examiners

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

Approved by the board and signed on their behalf by:



Luciana Berger - (chair)

Date: 04 March 2024

Independent examiner's report

To the trustees of

Maternal Mental Health Alliance

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

Responsibilities and basis of report

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

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

Independent examiner's statement

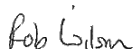
Since the CIO's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of the Institute of Chartered Accountants in England and Wales (ICAEW), which is one of the listed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

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

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

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

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



Date: 04 March 2024

Rob Wilson FCA

Member of the ICAEW

For and on behalf of:

Godfrey Wilson Limited

Chartered accountants and statutory auditors

5th Floor Mariner House

62 Prince Street

Bristol

BS1 4QD

Maternal Mental Health Alliance

Statement of financial activities

For the year ended 30 September 2023

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

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in note 14 to the accounts.

Maternal Mental Health Alliance

Balance sheet

As at 30 September 2023

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

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



Luciana Berger - Chair

Maternal Mental Health Alliance

Statement of cash flows

For the year ended 30 September 2023

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

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

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2023

1. Accounting policies

a) Basis of preparation

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

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

b) Going concern basis of accounting

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

c) Income

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

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

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

d) Donated services and facilities

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

On receipt, donated professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

e) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity: this is normally upon notification of the interest paid or payable by the bank.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2023

1. Accounting policies (continued)

f) Funds accounting

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

g) Expenditure and irrecoverable VAT

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably.

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

h) Allocation of support and governance costs

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

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

i) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

j) Cash at bank and in hand

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

k) Creditors

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

l) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently recognised at amortised cost using the effective interest method.

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2023

1. Accounting policies (continued)

m) Pension costs

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

n) Functional currency

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

o) Accounting estimates and key judgements

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

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

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

2. Prior period comparatives: statement of financial activities

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

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2023

3. Income from donations

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

Prior period comparative:

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

4. Income from charitable activities

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

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2023

4. Income from charitable activities (continued)

Prior period comparative:

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

5. Government grants

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

6. Total expenditure

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

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

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2023

6. Total expenditure (continued)

Prior period comparative:

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

7. Net movement in funds

This is stated after charging:

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

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

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2023

8. Staff costs and numbers

Staff costs were as follows:

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

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

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

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

9. Taxation

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

10. Debtors

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

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2023

11. Creditors: amounts due within 1 year

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

12. Deferred income

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

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

13. Analysis of net assets between funds

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

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2023

14. Movements in funds

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

Purposes of restricted funds

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

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2023

14. Movements in funds (continued)

Prior period comparative:

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

Purposes of restricted funds

Esmee Fairbairn Funding for staff training.

15. Related party transactions

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