



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

Contents**For the year ended September 2025**

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Report of the Trustees

For the year ended September 2025

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

Report of the Trustees

For the year ended September 2025

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

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

Foreword by Baroness Berger, Chair of Trustees

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

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

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

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

Baroness Berger

Report of the Trustees

For the year ended September 2025

Objectives and activities for the public benefit

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

Our purpose

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

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

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

The need

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

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

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The outcomes we expect from MMHA activities are:

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

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

How the MMHA is trying to achieve change

We drive change by:

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

Report of the Trustees

For the year ended September 2025

Overview of MMHA's achievements and performance

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

October 2024

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

November 2024

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

December 2024

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

January 2025

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

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For the year ended September 2025

February 2025

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

March 2025

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

May 2025

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

June 2025

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

July 2025

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

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Our activities 2024-25

This section will cover our activities in relation to:

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

Influencing national systems to ensure excellent service provision

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

1. UK-wide campaigning

Influencing senior parliamentarians: Wes Streeting MP and Baroness Merron

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

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

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

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Parliamentary Drop-In for Maternal Mental Health Awareness Week

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

Influencing major stakeholder organisations

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

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

Influencing through advisory groups

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

NHS & Policy

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

Research & Evidence

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

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

Professional & Clinical

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

Networks & Third Sector

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

2. Campaigning for specialist services

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

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

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

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

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

National co-leadership to protect specialist Perinatal Mental Health Teams

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

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

3. Nation-specific work

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

England

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

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

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

Northern Ireland

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

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

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

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

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

Scotland

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

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

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

Wales

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

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

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

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

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

Collaborative projects to improve care

1. Maternal Mental Health (MMH) Councils Project

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

The Councils will:

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

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

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

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

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

Her Circle will:

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

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

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

2. Black Maternal Mental Health Project

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

3. Maternal Mental Health in South Asian Communities

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

4. Maternity Link Worker for Young Parents

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

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

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

5. Reading Scheme on Perinatal Mental Health

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

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

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

Raising awareness of maternal mental health

Maternal Mental Health Awareness Week

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

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

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Maternal Mental Health Awareness Week activities included:

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

Ambassador Programme

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

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

Parent Information Centre

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

The Parent Gap

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

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

Corporate partnerships

Tomme Tippee

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

Lansinoh

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

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

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

MMHA Lived Experience Champions

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

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

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

MMHA members

Meetings and engagement

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

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

Local affiliate members

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

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

Report of the Trustees

For the year ended September 2025

List of current members

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

Report of the Trustees

For the year ended September 2025

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

Report of the Trustees

For the year ended September 2025

Organisational development

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

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

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

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

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

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

Fundraising and income generation

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

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

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

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

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

Report of the Trustees

For the year ended September 2025

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

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

Plans for the future

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

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

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

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

Report of the Trustees

For the year ended September 2025

Structure, governance and management

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

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

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

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

Trustee selection process

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

Meeting and sub-committees

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

Charity management

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

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

Report of the Trustees

For the year ended September 2025

Arrangements for setting key management personnel remuneration

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

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

Financial review

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

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

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

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

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

Risk management

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

Reserves policy

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

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

Report of the Trustees

For the year ended September 2025

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

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

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



Luciana Berger - Chair

Independent examiner's report

To the trustees of

Maternal Mental Health Alliance

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

Responsibilities and basis of report

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

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

Independent examiner's statement

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

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

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

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

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

Jennifer Dickinson

Date: 26 March 2026

Jennifer Dickinson ACA
Member of the ICAEW

For and on behalf of:

Godfrey Wilson Limited

Chartered accountants and statutory auditors

5th Floor Mariner House

62 Prince Street

Bristol

BS1 4QD

Maternal Mental Health Alliance

Statement of financial activities

For the year ended 30 September 2025

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

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

Maternal Mental Health Alliance

Balance sheet

For the year ended 30 September 2025

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

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



Luciana Berger - Chair

Maternal Mental Health Alliance

Statement of cash flows

For the year ended 30 September 2025

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

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

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

1. Accounting policies

a) Basis of preparation

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

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

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

b) Going concern basis of accounting

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

c) Income

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

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

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

d) Donated services and facilities

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

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

e) Interest receivable

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

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

1. Accounting policies (continued)

f) Funds accounting

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

g) Expenditure and irrecoverable VAT

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

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

h) Allocation of support and governance costs

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

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

i) Debtors

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

j) Cash at bank and in hand

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

k) Creditors

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

l) Financial instruments

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

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

1. Accounting policies (continued)

m) Pension costs

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

n) Functional currency

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

o) Accounting estimates and key judgements

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

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

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

2. Prior period comparatives: statement of financial activities

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

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

3. Income from donations

	Restricted £	Unrestricted £	2025 Total £
Donations	-	44,464	44,464
Membership fees	-	300	300
Total income from donations	-	44,764	44,764

Prior period comparative:

	Restricted £	Unrestricted £	2024 Total £
Donations	-	49,246	49,246
Membership fees	-	1,200	1,200
Total income from donations	-	50,446	50,446

4. Income from charitable activities

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

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

4. Income from charitable activities (continued)

Prior period comparative:

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

5. Government grants

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

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

6. Total expenditure

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

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

Prior period comparative:

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

7. Net movement in funds

This is stated after charging:

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

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

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

8. Staff costs and numbers

Staff costs were as follows:

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

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

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

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

9. Taxation

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

10. Debtors

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

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

11. Creditors: amounts due within 1 year

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

12. Deferred income

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

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

13. Analysis of net assets between funds

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

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

14. Movements in funds

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

Purposes of restricted funds

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

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

14. Movements in funds (continued)

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

Maternal Mental Health Alliance

Notes to the financial statements

For the year ended 30 September 2025

Prior period comparative:

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

15. Related party transactions

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