

EVERGLOW: THE REBECCA KRUZA FOUNDATION

England & Wales · Charity number 1202121

Details

Status Registered

Legal form CIO

Registered 2023-03-01

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

Contact

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Activities

Objects: TO PROMOTE AND PROTECT THE MENTAL HEALTH OF WOMEN, THEIR BABIES, AND THEIR FAMILY DURING THE PERINATAL PERIOD BY:1) THE ESTABLISHMENT OF A RESIDENTIAL MOTHER AND BABY RESPITE HOME.2) EDUCATING THE GENERAL PUBLIC AND HEALTHCARE PROFESSIONALS IN ALL AREAS OF THE SUBJECT OF PERINATAL MENTAL HEALTH, INCLUDING INFLUENCING FACTORS AND THE SPECIALISED CARE REQUIRED.3) RAISING AWARENESS OF PERINATAL MENTAL HEALTH AND THE NEED FOR IMPROVEMENTS TO SERVICES AND THE REQUIRED SUPPORT FOR WOMEN AND THEIR FAMILIES.

Activities: The purposes of the charity are:A Charitable Incorporated Organisation (CIO) set up to raise awareness of the improvements needed in perinatal services, to reduce the incidences of poor maternal mental health. To promote the health and wellbeing of mothers and babies during the perinatal period, which in turn will benefit the fathers/partners, siblings, and family as a whole.

Classification

- **How:** Provides Buildings/facilities/open Space, Provides Advocacy/advice/information
- **What:** The Advancement Of Health Or Saving Of Lives

Geography

- Kent

Finances

Period end	Income	Expenditure	Assets	Employees
2025-04-06	£4,406	£7,572	-	-
2024-04-06	£5,003	£3,303	-	-

Trustees

Name	Role	Appointed
Lyn Richardson GMBPsS	Chair	2023-03-01
ALISON BIDDISS		2026-05-01
Elizabeth Smith		2023-03-01
Kate Twynn QTS		2023-03-01

EVERGLOW: THE REBECCA KRUIZA FOUNDATION

England & Wales - Charity number 1202121

Accounts



***The Rebecca Kruza Foundation
Trustee Report and Financial Statement
Year Ended 2025
Charity Number: 1202121***

Report of the trustees for the year ending 2025

The Trustees are pleased to present their annual report together with the consolidated financial statements of the charity for the year ending 2025 which are also prepared to meet the requirements of a Directors report and accounts for Companies Act purposes.

The financial reports comply with the charities Act 1993, the companies Act 1985, the Memorandum and Articles of Association, and the Statement of Recommendation Practice – Accounting and Reporting by charities (SORP 2005).

1. Executive Summary

Everglow – The Rebecca Kruza Foundation is a Charitable Incorporated Organisation (CIO) established to address critical and persistent failures in perinatal mental health (PMH) care in the UK. Founded in memory of Rebecca Kruza, a mother who lost her life following failings in perinatal services, the charity exists to prevent other families experiencing similar tragedy.

PMH remains the leading cause of maternal death during pregnancy and the first year after birth. Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) reports show that maternal suicide continues to be the leading cause of direct maternal death post-pregnancy, with psychiatric causes accounting for almost a quarter of all maternal deaths. Assessors have concluded that improved care may have altered outcomes in 67% of maternal suicides.

Between 10% and 20% of women experience mental illness during pregnancy or within the first postnatal year. When untreated, these conditions can escalate rapidly, leading to psychiatric intervention, separation of mother and baby, long-term harm to bonding and child development, family breakdown, and, in the most severe cases, suicide.

47% of mothers were assessed by East Kent Hospitals University NHS Foundation Trust (EKHUFT) Maternity Department as having some form of ill mental health in January 2025.

Everglow's primary aim is to establish a Mother & Baby Residential Respite Home in East Kent, providing early, preventative, non-medical support for mothers experiencing mild to moderate perinatal mental health difficulties. The respite home will offer a safe, structured, and nurturing environment focused on rest, recovery, reassurance, maternal confidence, and bonding, intervening before distress escalates to crisis point.

This proposal represents an improved reinstatement of a successful model of residential respite used until the 1990s. Evidence demonstrates that early intervention through respite can reduce reliance on high-risk psychiatric medication, prevent mother–baby separation, and alleviate pressure on overstretched NHS maternity and mental health services. The British Psychological Society (BPS) and the All-Party Parliamentary Group (APPG) Beyond Pills both advocate preventative and therapeutic alternatives wherever clinically appropriate.

The economic case for early intervention is compelling. In 2014 untreated PMH cost UK society approximately £8.1 billion per annual birth cohort, rising to an estimated £12.5 billion when adjusted to 2025 values. Nearly three-quarters of these costs relate to adverse outcomes for children. By contrast, the NHS would need to invest only £280–£337 million annually to deliver perinatal mental health care in line with national guidance, according to the Maternal Mental Health Alliance (MMHA) report. By providing our Respite Home we can save on both the human and financial costs.

East Kent faces particular need due to socio-economic deprivation, ongoing scrutiny of maternity services following the Ockenden and Dr Bill Kirkup reports, and limited access to specialist perinatal mental health provision. The proposed respite home will complement existing services, provide a trusted alternative for mothers disengaged from NHS care, and act as a preventative safety net.

Everglow is governed by an experienced Board of Trustees chaired by Lyn Richardson, supported by professionals across psychology, health and social care, education, residential care, and finance. The charity has strong backing from NHS leaders, educational institutions, and community organisations.

Estimated capital cost: £1,303,263.
Annual operating costs: £480,457.

Everglow is seeking capital and revenue funding to secure a property, establish the service, and deliver a sustainable and financially resilient model capable of national replication.

2. Purpose and Background

Everglow – The Rebecca Kruza Foundation is established to raise awareness of the urgent improvements required in perinatal services and to reduce the incidence and impact of poor maternal mental health. The charity exists to promote the health and wellbeing of mothers and babies during the perinatal period, recognising that this in turn benefits fathers and partners, siblings, and the wider family.

The charity's primary aim is to provide residential respite care for mothers and babies who are struggling with their mental health, allowing early and effective intervention before the need for psychiatric and medical treatments, which is disruptive and often involves separation of mother and baby, with long-term detrimental consequences for bonding, child welfare, education, and family stability.

When mental illness progresses untreated towards severe depression, psychosis, or suicide, the long-term adverse impacts are most profound for children at the very outset of their lives. Families and relatives expected to support them are also deeply affected.

The charity is established in memory of Rebecca Kruza, whose death was a result of poor perinatal services, treatment, and care. Her story is not an isolated one. Growing demand, limited resources, and systemic failures have created significant gaps across all service areas, particularly in preventative and prophylactic support.

3. The National Context and Evidence of Need

The MBRRACE-UK 'Saving Lives, Improving Mothers' Care' report confirms that mental health challenges notably suicide remain a leading cause of late maternal death (between 6 weeks and 1 year postpartum).

Key findings include:

1. Maternal suicide remains the leading cause of direct (pregnancy-related) death in the year following pregnancy.
2. Almost a quarter of all deaths of women during pregnancy or up to one year post-birth are due to mental health-related causes.
3. Assessors concluded that improvements in care may have altered outcomes in 67% of maternal suicides.

Between 10% and 20% of women develop a mental illness during pregnancy or within the first year after birth. Conditions include antenatal and postnatal depression, anxiety disorders, obsessive compulsive disorder, post-traumatic stress disorder, and postpartum psychosis. These conditions often develop suddenly and range from mild to extremely severe, requiring different types and levels of support.

PMH is a major public health issue. When untreated, it has a highly disruptive impact on women and families and friends across whole communities, and in cases of suicide, the devastation and long-term consequences endure for decades.

3a. Updated Local Context: East Kent Maternity Care

Independent investigations, including Dr Bill Kirkup's Reading the Signals (2022) and East Kent Hospitals Trust progress reports (2023–2025), highlight gaps in maternity and neonatal care. Despite improved CQC ratings, reduced stillbirth and neonatal mortality rates, and patient feedback initiatives, challenges remain in compassionate, family-centred support, particularly for underserved communities.

Everglow complements these improvements by providing peer support, trauma-informed early intervention, and targeted programmes for families affected by perinatal loss.

East Kent Local Evidence: NHS Maternity Services Survey 2024

The 2024 NHS Maternity Services Survey for EKHUFT highlights key local gaps:

- Service users reported lower satisfaction in receiving information about postnatal mental health, feeling that antenatal concerns were not taken seriously, nor experiencing timely support after birth.
- Strengths were noted in partner involvement and overall care during labour.

These findings demonstrate a clear need for a dedicated residential respite home providing early intervention, reassurance, and structured support before mental health difficulties escalate.

3b. Target Market

The recently released findings of the independent investigation into maternity and neonatal services provided by East Kent University NHS Foundation Trust, Dr Bill Kirkup explains how many mothers have become disengaged from maternity services due to a lack of confidence in the care provided.

Having access to a service that is not NHS-based, where women feel they can approach without judgement and receive care from staff with first-hand experience of PMH, is a critical gap not just in Kent, but nationwide.

The proposed charity aims to act as a safety net, supporting mothers who have lost confidence in existing maternity services, and providing a warm, friendly, and approachable environment for early intervention and restorative care.

3c. Competitors and Market Gap

Research shows there is no equivalent Mother & Baby Residential Respite Home in the UK. This proposal represents an improved reinstatement of a successful model of respite used until the 1990s, providing preventative, non-medical support for mothers with mild to moderate PMH difficulties.

Successful examples of residential respite home care exist, most prevalently in New Zealand, where this model has been recognised for reducing maternal distress, preventing mother–baby separation, and supporting long-term child development, and internationally many forms of auxiliary respite are found in New Zealand, Sweden, Holland, France, India, China and Laos.

This demonstrates that the model is both evidence-based and scalable, providing a blueprint for national replication.

3d. SWOT Analysis

A SWOT analysis highlights Everglow’s strategic position, strengths, and areas requiring careful planning.

Strengths

- Improved reinstatement of a successful model of respite used until the 1990s
- Evidence-based model with successful international examples in New Zealand, and similar treatments in Sweden, Holland, France, India, China and Laos.
- Experienced Board of Trustees with expertise in clinical care, education, social care, and finance.
- Strong support from NHS, DHSC, MPs, and regional stakeholders.
- Preventative, non-medical, therapeutic approach aligned with BPS and APPG Beyond Pills guidance.

Weaknesses

- High initial capital requirement (£1,303,263) and annual operating costs (£480,457)
- Dependence on grant funding and charitable donations for sustainability.
- Limited public awareness of the model, requiring significant outreach and engagement.
- Changes in government policy and funding priorities

Opportunities

- Growing demand due to gaps in NHS maternity and mental health services, highlighted in Ockenden and Kirkup reports.
- Potential to expand nationally, creating replicable respite services across the UK.
- Educating and training healthcare professionals to strengthen perinatal mental health care.
- Preventative support could reduce long-term NHS and social care burdens.
- Partnerships with colleges, Optima Birth, Home-Start, and other charities enhance reach and impact.
- Benefit to entire communities morally and financially.

4. Economic and Societal Impact

There is a significant public benefit to the aims of Everglow. Maternal Mental Health (MMH) affects everyone through lived experience, taxes, and the financial burden on the NHS and social care.

PMH are a major public health issue that must be taken seriously. If untreated, these conditions have a highly disruptive impact on women and their families. Maternal suicide, in particular, has devastating and long-lasting consequences. Complex cases leading to destructive suicidal ideation remain one of the leading causes of maternal death during pregnancy and the first year after birth.

Between 10% and 20% of women develop a mental illness during pregnancy or within the first year postpartum, including antenatal and postnatal depression, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and postpartum psychosis. These conditions can develop suddenly, ranging from mild to extremely severe, and require varying levels of care or treatment.

Data gathered between 2014 and 2022 demonstrates the financial and human cost of untreated perinatal mental illness. More current statistics are limited; for example, [MBRRACE-UK](#) reports are

based on data only 18 months retrospectively. Adjusting for rising incidence and inflation gives an estimated £12.5 billion long-term societal cost in 2025, with significant human suffering that our committee members, all experts by experience, can attest to.

Taken together:

- Perinatal depression, anxiety, and psychosis cost society approximately £8.1 billion per annual birth cohort
- This equates to nearly £10,000 per birth
- 72% of these costs relate to adverse outcomes for the child
- Over £1.7 billion is borne by the public sector, primarily the NHS and social services (£1.2 billion)

Average cost per case:

- Perinatal depression: £74,000 (£23,000 mother / £51,000 child)
- Perinatal anxiety: £35,000 (£21,000 mother / £14,000 child)
- Perinatal psychosis: £53,000 (child costs under-reported)

By comparison, the NHS would need to spend only £280–£337 million per year to deliver perinatal mental health care in line with national guidance.

To balance the statistical evidence and bring it up to date, three articles published by The Independent in May 2024 unequivocally support the growing need for preventative and auxiliary services, which Everglow aims to provide charitably, without cost to the public purse:

- [Maternal mental health crisis in NHS – 3rd May 2024](#)
- [Threadbare NHS maternity care will lead to tragic consequences – 2nd May 2024](#)
- [After 5 years of campaigning, MHRA takes action – 13th May 2024](#)

5. Current System Failures and Funding Pressures

Despite increased knowledge, progress has not translated into sufficient action. Integrated Care Boards are advised to cut costs by up to 50%, and maternity-related funding is no longer consistently ring-fenced. Almost half of the UK lacks access to specialist perinatal mental health services.

East Kent continues to face scrutiny following:

- The Ockenden Report
- The Dr Bill Kirkup Report
- Ongoing investigations led by Baroness Amos
- Continued concerns regarding EKHUFT maternity services

Dover and surrounding coastal areas remain historically socio-economically deprived, with demand significantly exceeding allocated budgets.

6. Campaigning, Advocacy, and Rebecca’s Law

Everglow campaigns for Rebecca's Law, advocating safeguards when psychiatric medication is prescribed during the perinatal period. Many antidepressants and psychotropic medications carry serious risks, including long-term and irreversible side effects and rising rates of drug-induced suicide, now under review by the MHRA. Everglow, has members on EKHUFT committees and many national committees and groups, and has been instrumental in bringing these new reviews about into maternity care and perinatal mental health and continues to collaborate with the MHRA.

Even when medication does not pass through breast milk, adverse effects on mothers can severely impair bonding, caregiving capacity, and safety. The charity holds extensive case histories evidencing this.

Respite care can prevent the need for high-risk medication.

6a. Raising Awareness and Advocacy for Systemic Change

Everglow is collaborating with Baronesses Amos and Merron's investigations into Maternal, Neonatal and Perinatal Mental Health across the U.K.

Everglow also campaigns to raise awareness of perinatal mental health and advocate for improvements across services. The charity acts as a voice for mothers, partners, children, and families affected by poor maternal mental health care.

Everglow challenges policymakers and ensures that reports such as:

- Ockenden Report
- Dr Bill Kirkup Report
- Morecambe Bay Investigation

are acted upon, improving accountability and maternal mental health outcomes nationwide.

6b. Educating Healthcare Professionals

Research shows midwives often feel ill-equipped to support women with PMH and lack awareness of available resources:

- Bayrampour et al., 2019 identified barriers in midwifery settings, highlighting the need for expanded training, collaborative care, and scope of practice to enable successful screening, management, and timely referrals.
- McCauley et al., 2011 reported midwives feeling unprepared to support women with mental illness and unaware of available resources.

By educating healthcare professionals on MMH, Everglow will:

- Strengthen clinical knowledge and confidence in PMH care
- Improve early identification and intervention
- Reduce stigma and barriers to access
- Positively impact public health outcomes

Everglow is in collaboration with Canterbury Christchurch University on their Re-instated Midwifery Training programme and will educate healthcare professionals through partnerships with organisations such as Optima Birth, providing training to doctors, midwives, and allied health staff, ultimately improving patient care and public benefit.

7. The Respite Home Model

Mother and Baby Respite Homes are a historically proven model, phased out in the mid-1990s. Everglow seeks to reinstate this model to address current gaps.

The respite home will:

- Support women with mild to moderate perinatal mental health conditions
- Provide rest, reassurance, and structured support
- Reduce escalation to psychiatric services
- Prevent mother–baby separation
- Strengthen bonding and family stability

Women may self-refer or be referred by GPs, midwives, health visitors, or charities such as Home-Start. Self-referral is vital for mothers disengaged from NHS services, as highlighted in the Dr Bill Kirkup report. Clear care plans and escalation pathways will be in place for any deterioration requiring specialist medical intervention.

8. Staffing, Volunteers, and Care Approach

- Qualified matrons (midwives/health visitors)
- DBS-checked staff and auxiliary carers
- Level 2–4 Health & Social Care students (Canterbury & Folkestone Colleges)
- Carefully selected volunteers with lived experience as mentors

Care will be non-medical, restorative, and therapeutic, aligned with BPS guidance and APPG Beyond Pills recommendations.

Students assist with feeding, care, and household duties under supervision, allowing mothers time for therapies and bonding. Volunteers provide peer mentoring.

9. Governance and Management

- Foundation Model CIO, chaired by Lyn Richardson
- Trustees: expertise in psychology, social care, education, residential care, hospitality, farming, insurance
- Strong support from NHS leaders, DHSC programme managers, MPs, and regional stakeholders
- Active collaboration with EKHUFT Maternity Dept., Christchurch Canterbury midwifery training, Optima Birth, and local colleges

Additional Supporters & Specialists:

The trustees will also identify and consult with specialists in all relevant areas to ensure the care and services provided are of the highest quality possible. This includes:

- Dr Qazi, CEO and Lead Psychiatrist, KMSC (EK Mental Health Team) – advising a minimum of eight beds: *“they will be queuing up at the door”*
- Programme Managers for DHSC, Canterbury College, and Folkestone College
- Carol Drummond, CEO EKHUFT Maternity Department
- Tracey Fletcher, CEO EKHUFT
- Written support from King Charles, KMMH., EK ICB, DHSC, Baroness Merron
- MPs: Simon Opher, Michelle Welsh, Laura Kyrke Smith, Polly Billington

10. Property and Financial Requirements

Property requirements:

- 6–8 bedrooms with bathing facilities
- Therapy, family, and utility rooms
- Large kitchen, garden, semi-rural/residential location, secure access

Estimated costs:

- Capital set-up (one-off): £1,303,263
- Annual operating (recurring): £480,457

In-kind support pledged by local businesses and Dover Rotary Club.

Property sourcing: exploring purchase, leasing, or developer options; liaising with DDC/KCC for vacant properties.

11. Safeguarding, Regulation, and Legal Compliance

- Robust safeguarding policies
- Named safeguarding leads
- Staff supervision and training
- Legal advice on contracts, insurance, and CQC requirements
- Health and safety procedures fully implemented

12. Fundraising Strategy and Capital Requirements

- National Lottery Community Fund and other grant applications
- Public donations, events, and local fundraising
- Part-payments for salaries, fuel, and food where grant deadlines allow
- Clear project sustainability and community engagement plan

Our priority is the securing of a property suitable for purpose. Trustees have identified several local appropriate properties in collaboration with local estate agents and property developers. Once the funding for this is available the process of purchasing it will be

actioned, and relevant organisations and authorities included in an advisory capacity thereafter. In the meantime, our charity will continue to engage in fund raising and awareness activities.

13. Wider Aims and Call to Action

Everglow's mission is to deliver a Mother & Baby Residential Respite Home, educate healthcare professionals and the public on PMH and recommended alternative treatments and care, and campaign for systemic improvements and accountability. These aims are mutually reinforcing and central to the charity's public benefit.

By funding this project, supporters will:

- Save lives through early intervention
- Protect infant development and bonding
- Prevent long-term emotional, social, and economic impacts of untreated PMH
- Relieve pressure on overstretched NHS services
- Provide a safe, nurturing space for mothers and babies when they need it most

The East Kent pilot provides a proven early intervention model, a safe nurturing environment for mothers and babies, and a replicable blueprint for national expansion ensuring no family must face the tragedy that claimed Rebecca Kruza's life, and deprived her 8 month old infant of his mother's love and care. Support for Everglow - The Rebecca Kruza Foundation is an investment in prevention, safety, and systemic change.

Reference and administrative details

Charity number: 1202121

Address: 22 Glebelands, Alkham, Dover, Kent, CT15 7BY

Our Advisors

Auditors: Ruth Brownlow email : ruthiestew@gmail.com

Banks: 1. Lloyds Bank treasurers and 2. The Dudley Building Society , Harbour Buildings, 7 Waterfront W, Brierley Hill DY5 1LN

Solicitors

Directors and Trustees

The directors of the company (the charity) are its trustees for the purpose of charity law. The trustees serving during this year and since year end are as follows:

Chief Executive Officer Lyn Richardson

Elected Trustees:

Lyn Richardson

Kathryn Kruza

Elizabeth Smith

Committee:

Louise Mermut

Laura Merrick

Elizabeth Richardson

Structure, Governance and Management

The Rebecca Kruza Foundation is registered with the Charity Commission.

Appointment of Trustees: These are currently: Kathryn Kruza, Elizabeth Smith and Lyn Richardson

Guidance issued by the Charity Commission on Public Benefit

I can confirm that all Trustees and committee members of Everglow the Rebecca Kruza Foundation Charity understand that they must gain no financial personal benefit from any transactions related to our charity through events, fund raising activities and/or donations, with the exception of possible incidental personal benefit items. They have been given to understand that all events and fundraising activities are for the benefit of the Perinatal community, this being: mothers, their babies, fathers and siblings , and those authorities and organisations who provide services and care for this section of the public, for example East Kent Hospital University Foundation Trust Maternity Department and Dover Homestart and local East Kent Nurseries That no activities , actions or events arranged by our charity will deliberately act in any way to cause any detriment or harm to those we are working to benefit in the aforementioned. We work to provide benefits for the perinatal community for example: A Mother and Baby Residential Respite Home, Free Baby gift Bags for parents in financial hardship., and contribute to training for midwives in birthing techniques, birth trauma and perinatal mental health, collaborating and sharing information with relevant authorities, and campaigning for improvements in perinatal services and care including the prescribing of medications and safeguarding of medicated mothers and their babies. We hold and arrange fund raising and awareness events, which give an opportunity to strengthen our perinatal and wider community.

Organisation

The board of trustees administers the charity. The board and committee informally and formally meets every 4-8 weeks, and covers fundraising, development, finance and audit. The Chief Executive is appointed by the trustees to manage day-to-day operations. of the charity. None of the trustees receive re numeration or other benefit from their work with the charity.

Trustees bear no financial responsibility for our charity since this is allocated to Treasurers Lyn Richardson C.E.O., and committee member Kathryn Kruza

The charity trustees are responsible for preparing a trustees annual report and financial statements in accordance with applicable law and United Kingdom Accounting Standards. (United Kingdom Generally Accepted Accounting Practice).

ACCOUNTS

Everglow the Rebecca Kruza Foundation Charity : ACCOUNTS April 1st 2024 to March 31st 2025

Includes Expenses for: Website Management, Administrator Costs, I.T Equipment, Contents of 80 Free Baby Bags @ £40 each , Event and Miscellaneous costs.

Savings as shown below.

IN	OUT	DATE
£ 4,406.19	£7,572	
<u>Grants</u> £2,000 KCF/Port of Dover £2,000 Dover District Council Total =£4,000		KCF:August 2024 DDC:September 2024
<u>Donations:</u> £750 <u>Charitable Activities:</u> Folkestone Coastal Run Gofundme Auction Raffle Event £ 3,656	Expenses Event costs Website and Administrative fees £889 Baby Bag Contents £3,200 Total £4,089	May 2024 Nov.2024 Dec. 2024 Oct 2024

Investments/Savings		
Lloyds Savings Account £12,468.08		April 2024 to
Dudley Building Society £10,354.17		March 2025
Lloyds Treasurer Account £ 3,000		
Total £25,822.25		

EVERGLOW: THE REBECCA KRUIZA FOUNDATION

England & Wales - Charity number 1202121

Accounts



The Rebecca Kruza Foundation Trustee Report and Financial Statement Year Ended 2024 Charity Number: 1202121

Report of the trustees for the year ending 2024

The Trustees are pleased to present their annual report together with the consolidated financial statements of the charity for the year ending 2024 which are also prepared to meet the requirements of a Director's report and accounts for Companies Act purposes.

The financial reports comply with the charities Act 1993, the companies Act 1985, the Memorandum and Articles of Association, and the Statement of Recommendation Practice – Accounting and Reporting by charities (SORP 2005).

Our Purposes and Activities

The purposes of the charity are:

A Charitable Incorporated Organisation (CIO) set up to raise awareness of the improvements needed in perinatal services, to reduce the incidences of poor maternal mental health. To promote the health and wellbeing of mothers and babies during the perinatal period, which in turn will benefit the fathers/partners, siblings, and family as a whole. Ultimately, the charity aims to provide residential respite care for mothers and babies who are struggling with their mental health. The aim being to allow early intervention before the need for medical intervention.

The charity is being established in the name of Rebecca Kruza, a mother who lost her life as a result of poor perinatal. Sadly Rebecca's story is not an isolated one. The latest MBRRACE-UK report shows that mental health remains one of the leading causes of maternal death during pregnancy and the first postnatal year:

- 1) Maternal suicide is still the leading cause of direct (pregnancy-related) death in the year after pregnancy.
- 2) Almost a quarter of all deaths of women during pregnancy or up to a year after the end of pregnancy were from mental health-related causes.

3) Assessors felt that improvements in care might have made a difference in outcome for 67% of women who died by suicide.

There is a significant benefit to the public of the aims of Everglow: The Rebecca Kruza Foundation. Maternal mental health (MMH) has an impact on everyone, whether through personal lived experiences, or through the money that is spent through our paid taxes and the money that is spent on the NHS and Social Care.

Perinatal mental illnesses are a major public health issue that must be taken seriously. If untreated, these illnesses can have a devastating impact on women and their families. They are one of the leading causes of death for mothers during pregnancy and the year after birth. Between 10 and 20% of women develop a mental illness during pregnancy or within the first year after having a baby. Examples of these illnesses include antenatal and postnatal depression, obsessive compulsive disorder, post-traumatic stress disorder (PTSD) and postpartum psychosis. These conditions often develop suddenly and range from mild to extremely severe, requiring different kinds of care or treatment.

Taken together, perinatal depression, anxiety and psychosis carry a total long-term cost to society estimated in 2014 at £8.1 billion for each one-year cohort of births in the UK, now nearer to £12 billion. This is equivalent to a cost of just under £10,000 for every single birth in the country. The NHS would need to spend just £337 million a year to bring Perinatal Mental Health (PMH) care up to the level recommended in national guidance.

Nearly three-quarters (72%) of this cost relates to adverse impacts on the child rather than the mother. Over a fifth of total costs (£1.7 billion) are borne by the public sector, with the bulk of these falling on the NHS and social services (£1.2 billion).

The average cost to society of one case of perinatal depression is around £74,000, of which £23,000 relates to the mother and £51,000 relates to impacts on the child, whilst perinatal anxiety (when it exists alone and is not co-morbid with depression) costs about £35,000 per case, of which £21,000 relates to the mother and £14,000 to the child. Perinatal psychosis costs around £53,000 per case, but this is almost certainly a substantial under-estimate because of lack of evidence about the impact on the child; costs relating to the mother are about £47,000 per case, roughly double the equivalent costs for depression and anxiety.

There has been significant progress in knowledge and attitudes about tackling perinatal mental illness in recent years, and some areas of the UK have seen a growth in specialist services. However, the human costs of these illnesses have not been enough to convince all policy makers, commissioners and providers to take the required action. There is research to show that just 3% of Clinical Commissioning Groups (CCGs) in England have a strategy for commissioning PMH services and a large majority have no

plans to develop one. In almost half of the UK, pregnant women and new mothers do not have access to specialist PMH services, potentially leaving them and their babies at risk.

A report by the Maternal Mental Health Alliance (a coalition of more than 60 UK organisations, including professional bodies and organisations that represent, or provide care and support to, parents and families.) shows the high level of costs falling on the NHS; perinatal mental illnesses estimated cost to the NHS alone was £2.1 billion for each annual cohort of births. In comparison, it would cost only an extra £280 million a year to bring the whole pathway of PMH care up to the level and standards recommended in national guidance.

Untreated PMH problems have a wide range of effects on the mental and physical health of women, their babies, partners and loved ones, meaning insufficient support is a major public health concern.

PMH problems are also one of the leading causes of death for women during pregnancy and the year after birth. The costs of undiagnosed or untreated PMH problems include:

- Avoidable suffering PMH problems can cause intense, debilitating, isolating and often frightening suffering for women. #
- Damage to families PMH problems can have a long-term impact on a woman's self-esteem and relationships with partners and family members.
- Impact on children PMH problems can have an adverse impact on the interaction between a mother and her baby, affecting the child's emotional, social and cognitive development.
- Death or serious injury In severe cases, PMH problems can be life-threatening. In the UK, suicide is one of the leading causes of maternal death in the first postnatal year.
- Economic costs Research commissioned by the MMHA shows that the economic cost to society of untreated PMH problems far outweighs the cost of providing appropriate services:
- 'The Costs of PMH Problems' (LSE and Centre for Mental Health 2014)
- 'The economic case for increasing access to treatment for women with common mental health problems during the perinatal period' (LSE 2022)

The Ownership

The business will be structured as a: A Foundation Model CIO, where the voting members are the elected Board of Trustees.

The Management

A Board of Trustees has already been established, with Lyn Richardson, the mother of Rebecca Kruza, being the current chairperson and the person with the deciding vote, as per the rules of the constitution. The board have a wide range of qualifications, Skills and experience including: Early Years Development, Special Needs and Teaching. BSc.Psychology. Dip.SSc. Child Behavioural Consultant, Lecturer in Health and Social Care and Residential Social Care.

The Goals and Objectives

- 1) To promote and protect the mental health and wellbeing of women, their babies and their family during the perinatal period through the establishment of a residential mother and baby respite home.**

Respite Home

There has been a lot of mention about the complex needs of women with mental health. The respite home will be available for women with mild to moderate mental health conditions and not severe and complex cases. Women who wished to attend the respite home would need to have their condition confirmed by a GP, health visitor or other healthcare professional, who would be able to confirm that the service was appropriate for the woman. There would be strict guidelines in place and recorded in individual care plans on what action to take should a woman's condition deteriorate, and their needs become complex. This would be outside of the respite homes remit and specialist input would be required, in this instance the woman would be referred onto the more specialised and medical services.

Referral to the service will be self-referral as well as via healthcare professionals such as midwives, health visitors, GP's, other registered charities such as Homestart but self-referrals will be vital to meet those highlighted by the Bill Kirkup report who are reluctant to engage with NHS services.

The respite home will be an alternative approach to dealing with perinatal mental health, before reaching severe/complex level, where the focus is on the alternative therapies and respite for the mother, with the intention of reducing the need for psychiatric interventions and treatments.

Examples of these therapies has been provided, along with evidence to support their use as early interventions for women in the perinatal period. This is also a method that has been advocated by the British Psychological Society. There is a well-documented shortage of mother and baby mental health units across England and Wales. With access to an early intervention respite home, it is hoped that this will alleviate the pressure on the one unit that services the entire of Kent, Sussex, and Surrey counties.

The respite home will be Employ staff that are qualified to work with women in the perinatal period, whether midwives, mental health nurses or health visitors. Along with qualified staff, there will also be staff that have lived experiences of perinatal mental illness, whether this is someone who has recovered from poor perinatal mental health, friends or family who have supported a mother or other loved experience. This will be based on the peer support model of supporting women, where carers are experts by experience and have aptitude for providing the TLC and reassurance that the mothers need at that specific moment in time.

Individual outcomes will be monitored and verified throughout a mothers stay. All staff will be trained in the monitoring and key things to look out for, with all details being logged in personal care plans. Verifications will be undertaken by staff with relevant qualifications/experience in this area.

There have been conversations with Canterbury College, in relation to providing work experience for their student on their levels 3-4 childcare and health and social care courses. Those on the childcare courses will assist mothers with feeding and general care of the babies, allowing the mothers to take a needed break. Health and social care students will assist with mothers' meals and domestic care. All care provided will be overseen by the qualified staff of the home and lecturers from the college.

For those who access the services of the respite home there will also be signposting to financial support services, support around relationship issues and housing. One of the trustees, Lyn Richardson, has not only first-hand experience of the failings of the NHS services but also has a diploma in Social Science, along with a BSc (Hons) degree in Psychology. These qualifications make Lyn adequately qualified to work with the respite home to assist with formulating assessments and where necessary assessing the women's needs.

All other aspects of providing a safe and secure home form home will be investigated and procedures put in place. These include the appropriate health and safety, safety and security of the building, confidentiality and registration with the Care Quality Commission (CQC). Talks are currently underway with the CQC regarding how to proceed with registration, at what point an application needs to be submitted and what the expected requirements are that the trustees would need to meet to successfully register with them.

The trustees will also identify and consult with specialists in all areas to ensure the care and services provided are of the highest quality possible. The support is

already there from the likes of CEO of KMPT Helen Greatorex, Jemma Hames Programme Manager for Dept., of Health and Social Care, Canterbury College, Carol Drummond CEO E Kent Hosp Trust Maternity Dept, and Tracey Fletcher CEO E Kent Hosp. Trust through the Bill Kirkup Investigation.

Planning for the respite home is still in its infancy as the ability to provide this service relies heavily on gaining charity status and the funding that will be available as a result of gaining charity status. But in the meantime, a lot of support has been gathered for this element of the proposed charity's activities.

Staff and Volunteer Recruitment

All volunteers will be recruited via the safer recruitment policy. Job roles and specifications will be identified to ensure everyone know their roles and responsibilities. Safeguarding Safeguarding is a vital part of how the charity will achieve its aims. Policies and procedures will be drafted and in place prior to the commencement of any activities where there is contact with beneficiaries. Safeguarding training will be provided as part of the induction process and there will be periodic supervision for all staff, allowing for any concerns to be highlighted and dealt with straight away, as well as providing praise and positive feedback where it is due.

- 2) Advance the education of the general public, and healthcare professionals, in all areas of the subject of perinatal mental health, including influencing factors and the specialised care required.**

Through campaigns (not in the political sense of the word but to raise awareness) the proposed charity will look to educate the public and increase the knowledge and awareness of health care professionals of maternal mental health issues and promote inclusion and reduce stigma, reduce inequalities in parents accessing mental health services, support all parents and children achieve positive physical and emotional development milestones, ensure all parents have access to support for emotional health and wellbeing and all children are supported to reach their full potential.

It is hoped that the proposed charity will be able to encourage professionals to develop indicators and ways of measuring outcomes to assess improvement.

Educating and raising awareness of MMH in Health Care Professionals.

When researching “Barriers to addressing perinatal mental health issues in midwifery settings” (Bayrampour et al, 2019) highlighted the need for training, expansion of the scope of practice and collaborative care are central for successful screening, management, and appropriate and timely referrals of PMH issues as being required.

Midwives and assessment of perinatal mental health (McCauley et al, 2011) describes midwives reported feeling ill equipped to work with women with mental illness as well as not being aware of the resources available to them and the mothers and how midwives need to have appropriate education, knowledge, and skills to work with this vulnerable group of women.

By raising awareness and ultimately educating Health Care Professional on MMH, the work of the proposed charity would be assisting in areas highlighted above, along with impacting the public by reducing the impact on the factors listed in the Public Benefit section of this document.

It is hoped that through working in partnership with organisations such as Optima Birth and encouraging the facilitation of the training of doctors, midwives, and other healthcare

3. Raising awareness of perinatal mental health and the need for improvements to services and the required support for women and their families.

To campaign, again this is not in the political sense of the word but by way of speaking up to everyone who is responsible for making decisions on maternal mental health services. To be advocates and voices for those who have experienced poor mental health in the perinatal period, whether the woman, her partner/husband, her children or wider family. To challenge decision and policy makers and ensure they factor in all areas of, maternal mental health. That decisions are made in the best interest of the women and families. Ensuring that reports such as the Okenden Report, The Bill Kirkup Report and the Report of the Morcombe Bay Investigation are acted upon and improvements are made.

The Service

The services of the respite home will be to offer early intervention for mothers suffering with a decline in their mental health and well being during the perinatal period. As a non-medical approach to mental health and well being support, this service will have qualified health care professionals on hand to allow the constant evaluation of the women’s health, whilst providing peer support from

other women and family members who have either experienced poor mental health themselves or have supported women during times of poor mental health in the peri natal period.

The Target Market

In the just released findings, of the independent investigation into the maternity and neonatal services provided by East Kent University NHS Foundation Trust, Dr Bill Kirkup explains how mothers have become disengaged from maternity services due to their lack of confidence in these services. Having access to a service that is not an NHS service, where the women feel they can approach without judgement and receive care from those with first-hand experience of perinatal mental health is a service that is missing, not just in Kent but nationwide. It is hoped that the proposed charity will act as a safety net, catching those mothers who have lost confidence in the maternity services, and giving them a place that feels warm, friendly, and approachable.

Fundraising Strategy

Funding will be sought through grant applications, including the national lottery community fund. There will be regular funding searched to highlight any eligible grants. Public donations will be welcomed, and trustees will look at appropriate methods of fundraising through organised events. Tenders through local CCG's – there is already a huge amount of support for this project through Helen Greateorex, the CEO of the Kent Medway Partnership Trust.

The Competitors

Research has shown that there is no equivalent to the respite home. This will be the first of its kind in the UK. There are successful examples in the United States of America and New Zealand where this model of care has already been recognised.

Capital Requirements

The focus to start off with is going to be raising significant funds and the securing of a property suitable for purpose. Trustees will begin to search for appropriate properties when they are in a better position should charity status be granted. In the meantime, they will continue to engage with other organisations to work out a plan of what they will need to establish the respite home.

Reference and administrative details

Charity number: 1202121 The focus to start off with is going to be raising significant funds and the securing of a property suitable for purpose. Trustees will begin to search for appropriate properties when they are Address: 22 Glebelands, Alkham, Dover, Kent, CT15 7BY

Our Advisors/ Auditors: Lynsey Heeley lynsey@simplythirdsector.co.uk and Andrew Wiltshire Ackrem Consulting

Banks: 1. Lloyds Bank treasurers and BB Inst Online, and 2. The Dudley Building Society , Harbour Buildings, 7 Waterfront W, Brierley Hill DY5 1LN Solicitors

Directors and Trustees

The directors of the company (the charity) are its trustees for the purpose of charity law. The trustees serving during this year and since year end are as follows:

Chief Executive Officer: Lyn Richardson

Elected Trustees Committee: Lyn Richardson
Christopher Gower
Elizabeth Smith

Committee: Kathryn Kruza
Louise Mermut
Laura Merrick
Elizabeth Richardson
Jasmine Bundock
Vicki Roughley

Structure, Governance and Management

The Rebecca Kruza Foundation is registered with the Charity Commission.

Appointment of Trustees: These are currently: Christopher Gower, Elizabeth Smith and Lyn Richardson

Guidance issued by the Charity Commission on Public Benefit

I can confirm that all Trustees and committee members of Everglow the Rebecca Kruza Foundation Charity understand that they must gain no financial personal benefit from any transactions related to our charity through events, fund raising activities and/or donations, with the exception of possible incidental personal benefit items. They have been given to understand that all events and fundraising activities are for the benefit of the Perinatal community, this being: mothers, their babies, fathers and siblings , and those authorities and organisations who provide services and care for this section of the public, for example East Kent Hospital University Foundation Trust Maternity Department and Dover Homestart. That no activities , actions or events arranged by our charity will deliberately act in any way to cause any detriment or harm to those we are working to benefit in the aforementioned. We work to provide benefits for the perinatal community for example: A Mother and Baby Residential Respite Home, Free Baby gift Bags for parents in financial hardship., training for midwives in birthing techniques, birth trauma and perinatal mental health, sharing information and campaigning for improvements in perinatal services and care including the prescribing of medications and safeguarding of medicated mothers and their babies.

Organisation

The board of trustees administers the charity. The board meets quarterly and covers fundraising, development, finance and audit. The Chief Executive is appointed by the trustees to manage day-to-day operations. of the charity. None of the trustees receive remuneration or other benefit from their work with the charity.

Trustees bear no financial responsibility for our charity since this is allocated to Treasurers Lyn Richardson C.E.O., and committee member Kathryn Kruza

The charity trustees are responsible for preparing a trustees annual report and financial statements in accordance with applicable law and United Kingdom Accounting Standards. (United Kingdom Generally Accepted Accounting Practice).

Everglow the Rebecca Kruza Foundation Charity :

ACCOUNTS April 1st 2023 to March 31st 2024

Includes:

Expenses for: Website Management, Administrator Wages, I.T Equipment, Miscellaneous Event Costs
 Income from: Festive Events, Sporting Challenges, Raffles, Auctions and Gofundme proceeds

Savings as shown below.

IN	OUT	D ATE
£ 5,003	£3,303	
<u>Donations</u> £ £1,579 <u>Charitable Activities:</u> Triathalon EverglowFest, Raffle and Gofundme Auction Total= £ 3,424	Expenses: Website and Administrative Fees £ 1,535 Event costs and Miscellaneous: £148 Total= £1,683	July 2023 Sept. 2023 March 2023
Investments/Savings Lloyds Treasurers Account £10,462 Lloyds Savings A/c £12,468 Total = £22,930		April 2023 to Feb. 2024