



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 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 Greator, 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> <u>£ £1,579</u> <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