



***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 Administrative fees £889 Baby Bag Contents £3,200 Total £4,089	May 2024 Nov.2024 Dec. 2024 Oct 2024

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