

**PERINATAL MENTAL HEALTH PEER SUPPORT GROUP/S FOR EXPECTANT
OR NEW MOTHERS
Grant Scheme**

GRANT PROSPECTUS

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1. Introduction

Perinatal mental health (PMH) problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 27% of new and expectant mums and covers a wide range of conditions. If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family. There is an opportunity to support nearly 3,000 parent-infant relationships per year in Kent.

Protected characteristics

Perinatal mental health disparities persist among diverse racial and ethnic groups in the UK. Women of ethnic minority background struggle to access and engage with perinatal mental health support for many reasons. For example, women might present with mental health difficulties in different ways to white women and so they remain unacknowledged. Women might experience stigma and fear of disclosing any mental health difficulties even with family, fear of being seen to not coping and difficulties in medication adherence. These issues are particularly concerning for women from gypsy and traveller communities where there is significant taboo around mental health in general. There is an increased risk of perinatal mental health difficulties in asylum seeking women due to trauma of displacement and other stressors. These women are likely to experience difficulties accessing services due to language barriers and lack of awareness of the services.

Young mothers are at increased risk of experiencing perinatal mental health difficulties compared to older mums. Younger mothers are less likely to engage with services and are likely to not benefit from perinatal mental health support/services unless specifically targeted. Young people leaving care, are likely to experience a range of mental health issues that may continue into adulthood, leading to an increased risk of perinatal mental health difficulties.

Studies show that women with disabilities are at an increased risk of perinatal mental illness compared to women without disabilities. Risks are greatest among women with intellectual/developmental disabilities and those with multiple disabilities. Autistic people may be at higher risk of perinatal mental health conditions given that autism and mental health conditions commonly co-occur and that autistic people face additional stressors that may prevent access to appropriate maternity care.

This grant fund is to fund local organisations who deliver or could deliver targeted perinatal mental health peer support groups to expectant or new mothers who fall under the following protected characteristics:

- Age - young parents
- Disability

- Gender reassignment
- Race or culture
- Religion or belief
- Sexual orientation

New and existing projects can apply.

Grant recipients would provide information on the services (in particular supporting maternal mental health, infant health and infant feeding) available for mothers locally.

Grants will commence on January 8th 2025 and complete on 31 March 2025. The budget for this programme is based on funding from the KCC's Family Hubs programme grant.

2. Aims of the Grant

It is expected that the programme will meet the following outcomes for expectant mothers or new mothers;

- Feeling safer when interacting with the health system more widely
- Report being more aware of the services that are available to them, particularly with regards to their mental health.
- Felt more confident to access support and knew when and how to access support and know who to ask if they are not sure.
- Felt they had made strong relationships with other mothers

Advertising and Registrations

The promotion and advertising of the peer support group will need to be targeted to the protected characteristics that they support.

Grant recipients will provide promotional material (flyers, posters) and distribute these appropriately.

3. Funding available and how much can be applied for:

KCC has allotted up to £74,000 as a total grant fund for 2024/25. The maximum allocation for an application is £11,000.

Organisations should request the exact amount of funds that they will use.

We reserve the right to request a copy of any funding agreement or application specifying the commitment and obligations made by the applicant to a third party in this respect.

4. Grant Process

KCC will ensure the grant Process is transparent, open and fair and operates in line with the KCC grants policy. Grants will be evaluated as set out in Section 7 of this document.

The application window for grants will be 16th December 2024 to 31st December 2024. Submissions must be received by midnight on 31st December 2024. No late applications will be considered.

All projects delivered by successful applicants must be delivered by 31 March 2025.

Application outcomes will be shared with applicants no later than and a grant agreement will be issued.

80% of awarded funding will be paid to successful applicants within 30 days of a signed grant agreements being returned, subject to new suppliers providing details in sufficient time. The remaining 20% of funds will be released upon submission of a project report within 30 days.

As part of the grant process, there will be vital documents the Grant recipient will need to read and/or complete as listed below.

- Grant Prospectus
- Application Form (required as part of application submission)
- End of Project Report Template
- Grant Agreement
- Data Protection Declaration (required as part of application submission).

KCC reserves the right to reject applications.

5. Grant requirements

There are a number of mandatory requirements a grant bid must meet, and these to :

- Be targeted to support expectant or new mothers who fall under the following protected characteristics; age - young parents, disability, gender reassignment, race, culture, religion or belief or Sexual orientation
- Be a culturally relevant peer support programme co-designed with mothers to address maternal (mental health) needs

- Be delivered weekly, for 1.5 to 2 hours per week until March at each of a community venue.
- Empower women to advocate for their maternal health rights through education.
- Include a diversity of staff representing the target population.
- Collaborate with healthcare providers, professionals, community leaders and organisations to support maternal (mental) health.
- Liaise directly with family hub district managers in (whichever is relevant), Community maternity leads and Health Visiting District Managers
- Collect outcome data (GAD7, PHQ9 or WEMWEB) to measure change in mental health and wellbeing in mothers who access the group
- Collect demographic data in order to understand equality needs (postcode/ethnicity/gender/age etc)
- Be evaluated with feedback from participants into a report with recommendations for continuation and development of the programme.
- Develop the programme with sustainability in mind i.e. how it might continue beyond the project end.
- Understand that support provided to families is completely confidential
- Take a MECC¹ approach
- Be delivered and supported by DBS checked staff and peer supporters

It is everyone's right to live in a safe environment, free from harm. Organisations will be expected to demonstrate competent safeguarding procedures. All projects, activities and initiatives must keep adults, children and young people safe and meet the statutory safeguarding requirements, following local guidance and policy. Please refer to Working Together to Safeguard Children 2023 (WTSC), The Care Act (2014) and Mental Capacity Act (2019).

¹ **(Making Every Contact Count (MECC)** is about encouraging and empowering people to make healthier lifestyle choices to achieve positive long-term behaviour change. The fundamental idea underpinning the MECC approach is simple. It recognises that staff across health, local authority and voluntary sectors have thousands of contacts every day with individuals from the local population. Staff and volunteers working within these settings are in an ideal position to promote health and healthy lifestyles.)

6. Evaluation of Grant Bids

KCC will ensure the grant process is transparent, open and fair. Applications will be considered by a small panel from Kent County Council, comprising of at least two officers. All funded projects and schemes must be delivered within districts of Kent County Council.

The panel will be looking for:

- value for money
- sustainability
- effectiveness of suggested projects.

The application form asks organisations a series of questions that will be scored based on the below scoring criteria.

Score	Assessment	Interpretation
4	Excellent	Response is completely relevant and provides an excellent understanding of the requirements of the specification. The response is comprehensive, unambiguous and provides above the requirements. Offers significant beneficial added value
3	Good	Response is relevant and good. It demonstrates a good understanding of the requirement of the specification and provides additional details on how the requirements will be fulfilled. Offers additional beneficial added value
2	Acceptable	Response is relevant and acceptable and meets the requirement of the specification. The response addresses a broad understanding of the requirements and addresses the need
1	Poor	Response is partially relevant but lacks sufficient detail. The response addresses some elements of the requirement of the specification but contains insufficient or limited detail or explanation on how the requirement of the specification will be fulfilled.
0	Unacceptable	Nil or inadequate response. Fails to demonstrate an ability to meet any of the requirements of the specification. Does not have any understanding of the need/client group.

KCC reserves the right to increase the value of the total grant available, should there be a sufficient amount of high scoring bids or to not award the full value of the round if the bids received are of poor quality, would risk duplication or do not provide value for money.

The fund cannot be used to support any of the below activities. Any bids received which cover the below activities will be rejected:

- Activity organised for party political, religious or charity fund-raising purposes. - drinking, gambling.
- Capital schemes. We define capital expenditure as that being used to meet the provision and improvement of permanent fixed assets, for example buildings, land and play parks.
- Anything that promotes unhealthy behaviours or illegal activity, smoking,
- Activity which has already taken place or is funded via other sources.
- Activities which conflict with Kent County Council's policies.

Applications from applicants who previously failed to comply with KCC grant conditions will be rejected without scoring.

If the application does not adhere to the above criteria, it will not be scored by the panel and it will be rejected by KCC. Furthermore, KCC reserves the right to reject applications where the application form has not been fully completed or where the request for funding exceeds the maximum value of £10,000.

When submitting a grant application, organisations are asked to attach their latest full set of signed accounts (including a profit and loss account) together with a statement of any material changes that have either taken place, or are known about, since the last set of accounts to either the structure/management of the legal entity or to the legal entity's financial position. This is to help ensure that organisations receiving a grant are financially viable throughout the duration of the grant agreement.

Smaller organisations that may not have a full set of detailed accounts must provide the following:

- Income/ expenditure/ profit sheet and
- A balance sheet.

Should there be a sufficient amount of high scoring bids, KCC reserves the right to increase the value of the total grant value available.

7. Who can apply?

The grants are open to all organisations registered as legal entities in the districts of Kent County Council. All funded projects & schemes must be delivered within districts of Kent County Council. Joint bids and/or consortium bids are permissible under this scheme so long as one of the organisations is a legal entity.

All applicants must be of good financial standing, this will be verified by KCC in the form of financial checks as outlined in Section 7.

8. Performance and Reporting

End of project reports should be submitted to phperformance@kent.gov.uk by 15 March 2025.

Applicants will need to provide the End of Project Report (see Appendix 1) outlining the project outputs and outcomes.

9. Mobilisation

The service must be mobilised to commence on 8th January 2025.

10. Policies and Procedures

The grant recipient is expected to have in place policies, procedures and protocols in line with the area of delivery. Example policies that may be required are detailed below.

- Safeguarding
- Safe Recruitment of staff and volunteers.
- Whistleblowing
- Complaints and grievances (staff and service users)
- Equalities and Diversity - Ensure that the action that was developed for the Equality Impact Assessment (EqIA) is implemented and completed annually
- Health and Safety
- Induction and training including mandatory training and a matrix policy
- Information governance covering Data Protection, Confidentiality, Data Retention, and Information Security
- Peer support and volunteering
- Risk assessment-risk register

11. Queries

Any questions regarding these grants should be emailed to:
public.health@kent.gov.uk

Appendix 1

Grants Project Report Template

Project Name	Organisation	Total Spend	Approximate Reach

Quantitative Data & Feedback

- District(s) and postcode(s) of activity:
- Summary of the project:
- The number of attendees/participants:

Qualitative Data & Feedback

Please provide any qualitative data or feedback you can provide demonstrating impact.

This data and/or feedback can include one or more of the following:

- a report or summary detailing observations or reflections on the project,
- case studies,
- direct quotations from participants,

It is important that we have the informed consent of participants to use the data and/or feedback you do share. All qualitative data and/or feedback must be anonymised.

The following are key questions to consider as you reflect on your experience delivering the project:

- On a scale of 1 – 10, how well do you think the project went? Why?
- What do you think went well? Why?
- What do you think didn't go well? Why?
- What impact has the project had?