BRIEFING 70

UNDERSTANDING LOCAL PROVISION FOR BLACK MATERNAL MENTAL HEALTH

INTRODUCTION

Led by the Motherhood Group, in partnership with Maternal Mental Health Alliance and Centre for Mental Health, the Black Maternal Mental Health project is a three year project driving meaningful, long-term change for Black mothers, centred on Black mothers' lived experience.

Centre for Mental Health undertook a project to capture the information held by Integrated Care Boards (ICBs) on any training or services they had commissioned on or to support Black maternal mental health.

We sent a range of questions, via email as Freedom of Information requests to 36 ICBs in England on 10 July 2026. As of 14 September 2026, 35 out of 36 ICBs responded to these FOI requests.

This briefing summarises the key observations, findings and recommendations from the responses we received.

FUNDING AND RESPONSIBILITY

FUNDING FOR SPECIFIC SERVICES FOR BLACK MOTHERS MUST BE PRIORITISED

The national picture of the support and training available for Black maternal mental health is unclear due to a patchwork system and inconsistent funding and support. This raises serious questions about whether it is deemed a priority at the local level as much as it is nationally and whether the needs of Black mothers are being met.

Finding 1: The vast majority of ICBs (25) do not commission services that specifically support Black maternal mental health and a few ICBs (5) do not hold information on services that support Black maternal mental health.

Finding 2: Some ICBs do commission specific services (5) and training (4), or invest in work outside of formal commissioning, which means that for many ICBs investing in training and more localised, community-led support is possible, but may not be deemed as a priority.

Finding 3: Many ICBs reported that responsibility sits with other broader perinatal mental health services, local authorities, NHS trusts or provider-led support that caters to mothers from all ethnicities and were therefore unable to describe what local training or services provision looked like.

Finding 4: A majority of ICBs state that their perinatal mental health services are available for all women, meaning Black maternal mental health care is often addressed through general service provision rather than through distinct commissioning arrangements. Due to limits to the data (see section below) it is difficult to say whether this provision meets the needs of Black mothers or if it has positive outcomes for them.

Recommendations:

- Black mothers deserve clarity about the care they receive. NHS England and the Department of Health and Social Care should develop clear national guidance for ICBs outlining their responsibility for commissioning, monitoring and evaluating culturally competent and trauma-informed mental health services and training that is targeted to support Black mothers, and regional oversight over this. These standards should be coproduced with Black women and communities through the active involvement of lived experience and there must be remuneration for this work.
- Expand targeted community-led provision with ICBs providing sustainable long-term funding and partnering with organisations, community groups, and Voluntary, Community and Social Enterprises (VCSEs) that are trusted by Black mothers, such as The Motherhood Group and Black Maternal Health Matters.

TRANSPARENCY AND ACCOUNTABILITY

A LACK OF DATA AND A PATCHWORK APPROACH

The complexity of the system, the inconsistency and absence of data collected and available, and the gaps in knowledge of ICBs reveals a system where it is almost impossible to understand what is happening and where. Black mothers cannot be reassured that services will meet their needs if they do not know who is responsible, what they are doing and the impact it is having on health outcomes for Black mothers.

Finding 5: The responses do not provide a consistent picture of data on Black mothers' access to support, experiences of care and outcomes on their specific perinatal mental health experiences, making it difficult to say with assurance what they are doing, and whether it is working. However, ICBs reported that ethnicity data is held by maternity or perinatal services, providers of services, VCSEs and Trusts.

Finding 6: We know work is being done to support Black maternal mental health which was not reflected in FOI responses, including training carried out by The Motherhood Group and other voluntary sector organisations. This means that many ICBs do not have a full picture of what work is being undertaken in their area.

Finding 7: Recurring comments about data quality, lack of separate reporting, and reliance on provider organisations show that there remains a significant gap between the aim of equitable care and the ability to evidence outcomes clearly for Black mothers. The absence of data makes it incredibly difficult for communities and VCSE organisations to hold the NHS accountable for the experiences of Black mothers.

Finding 8: There is a clear need to develop a consistent approach to monitoring and evaluating Black maternal mental health, sharing and supporting existing examples of good practice and moving beyond universal service models.

Recommendations:

- NHS England and DHSC should ensure routine data collection on the perinatal mental health experiences, service provision and health outcomes for Black mothers across services supporting mothers in the perinatal period is embedded across the system. Datasets across maternity, mental health, GPs and social care, should be linked to enable earlier identification of risk factors and allow for national comparison and transparency. This would improve outcomes for Black mothers.
- Ensure national guidance is backed by consistent funding, training and monitoring and evaluation measures with audits against outcomes reported by Black mothers.

GOOD PRACTICE EXISTS

THERE ARE EXAMPLES OF GOOD PRACTICE WHICH SHOULD BE LEARNT FROM

Despite the challenges, there are examples of good practice in different areas, both revealed through the FoI responses and other sources. This work is often driven by and in partnership with community organisations. There is a wealth of expertise to draw on and learn from, including from The Motherhood Group, which shows how crucial community organisations are to creating safe, connected spaces where Black mothers and women can engage and recover best.

Finding 9: There are some good examples of ICBs who are proactively engaged in commissioning specific services and training, working with community organisations and monitoring the mental health needs of Black mothers, and we encourage other ICBs to learn from these.

Recommendations:

- ICBs should share and support existing examples of good practice. This includes provider organisations and VCSEs that are already supporting the needs of Black mothers and are providing cultural competency and anti-racism training to staff as well as assessing changes in care alongside staff learning.
- ICBs should map and sustainably invest in existing community-led models, including digital provision. They should partner with organisations that embed community groups into pathways, with named budgets, two-way referral protocols, and regular reporting.

CENTRE FOR MENTAL HEALTH

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