



# ANEW SUPPORT SERVICES STRATEGIC PLAN 2021 – 2023

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## Abstract

This is the ANEW Statement of Strategy for the period 2021 – 2023. It is a working document approved by the Board of Directors which enables the volunteers, management, and staff to focus on agreed goals, objectives, actions and measurements for the period outlined.

Approved By: Anew Board of Directors – 28 November 2020

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**TABLE of CONTENTS**

1.0   Executive Summary .....	4
2.0   CONTEXT FOR THE STATEMENT OF STRATEGY .....	5
2.1 Homelessness.....	6
2.1.1 Homelessness in Ireland – Women and Families.....	6
2.1.2 Homelessness and Pregnancy.....	6
2.1.3 Anew’s Homelessness.....	6
2.2 Parenting.....	7
2.2.1 Children and Families in Ireland.....	7
2.2.2 One Parent Families in Ireland.....	7
2.2.3 Parenting Support Services.....	7
2.2.4 Positive Parenting.....	8
2.2.5 Anew’s Parenting Support.....	8
2.3 Counselling Services.....	9
2.3.1 Peri-natal Mental Health.....	9
2.3.2 Background to Peri-natal Health Services.....	9
2.3.3 Focus of the National Model of Care.....	9
2.3.4 Service Provision.....	10
2.3.5 Goals of the National Care Model 2020.....	10
2.3.6 Anew’s Counselling and Peri-natal Care.....	10
2.4 Aftercare.....	11
2.4.1 After Care Services.....	11
2.4.2 After Care Outcomes.....	11
2.4.3 Aftercare Criteria for Care-Leavers.....	11
2.4.4 Anew’s Care Leavers.....	12
2.5 Women with Children in Care.....	13
2.5.1 The Plight of Women with Children in Care.....	13
2.5.2 The Pause Model of Support.....	13
2.5.3 Anew Support for Women with Children in Care.....	13
2.6 Funding.....	14
2.7 Regulation.....	14
Table 1 – Legal and Regulatory Framework of Anew.....	14
Table 2 – Additional Requirements for Anew.....	15
3.0   ORGANISATION OVERVIEW.....	15

3.1	History.....	15
3.2	Organisational Details.....	16
3.3	Services.....	16
	Table 3 – Anew’s Services.....	16
3.3	Structure and Staffing.....	17
	Table 4 – Operational Structure of Anew.....	17
	Figure 2: Anew Organisation Chart.....	18
4.0	STRATEGIC ANALYSIS.....	19
4.1	VISION, MISSION, VALUES.....	19
4.2	STAKEHOLDERS.....	20
	Figure 3 – Anew Stakeholders.....	20
4.3	SWOT Analysis.....	21
	Figure 4 – Anew SWOT Analysis, March 2020.....	21
5.0	STRATEGIC GOALS, OBJECTIVES & OUTCOMES.....	22
	GOAL 1 - Extended Core Services and Expanded Complimentary Services.....	22
	GOAL 2 - Increased and Diversified Funding.....	24
	GOAL 3 -Optimal Organisation Design.....	25
	GOAL 4 - Quality Improvement & Operational Excellence.....	26
	GOAL 5 - Effective Communication.....	27
Section 6	STRATEGIC OBJECTIVES, ACTIONS and KPI’s.....	28
	KPIs for GOAL 1 -Extended Core Services and Expanded Complimentary Services.....	28
	KPIs for GOAL 2 - Increased and Diversified Funding.....	32
	KPIs for GOAL 3 - Optimal Organisation Design.....	33
	KPIs for GOAL 4 - Quality Improvement & Operational Excellence.....	34
	KPIs for GOAL 5 - Effective Communication.....	35
Section 7	REFERENCES.....	36
Section 8	APPENDICES.....	37
	APPENDIX 1 Stakeholders.....	37
	Funders.....	37
	APPENDIX 2 Projects/Strategic Goals.....	37
	Ongoing Projects.....	37
	APPENDIX 3 Anew’s People (as of 30 <sup>th</sup> October 2020).....	37
	Board of Directors.....	37

Management Team..... 38

External Support ..... 38

Volunteers..... 38

APPENDIX 4 Anew Budget 2021..... 39

## 1.0 | Executive Summary

This is Anew's Strategic Plan for the period 2021 – 2023. It is a working document approved by the Board of Directors which enables the volunteers, management, and staff to focus on agreed goals, objectives, actions, and measurements for the period outlined. The development of this document confirms the commitment of the Board to achieving the mission of Anew through strategic planning and to having a process in place to ensure that this Statement of Strategy is at the core of the organisations culture and activities for the future.

This strategy identifies our primary stakeholders as pregnant women and new mothers, in particular, those who are experiencing or at risk of experiencing homelessness. The service evolution of Anew clearly illustrates that even today the mere fact of becoming pregnant can often lead to a temporary crisis with many emotional and practical implications and a very high risk of homelessness. This may be due to unsuitable accommodation, domestic abuse, relationship issues or cultural stigma all of which means the pregnancy is very traumatic for the woman and child.

As the main stakeholder, Anew keeps the mother and baby as the top priority and as such Anew's main objective is to improve post-natal outcomes. This is achieved by ensuring that pregnant women are supported through their pregnancy and early motherhood, practically through the provision of temporary accommodation and life skills and emotionally through key-working, peer to peer support and counselling. A top objective is for a rapid exit from homelessness and a move to sustainable and safe long-term tenancy.

Based on the needs of our primary stakeholders Anew has identified the following services for strategic development:

- Homelessness – expanding our current housing advice and accommodation service.
- Parenting – ensuring that the women we work with are supported and educated around confident and positive parenting.
- Counselling – offering therapeutic support to the women we work with, who may have experienced trauma around not just their pregnancy, but other events in their lives.
- Care-Leavers - developing a specific service for Care-leavers, who by their nature are classed as “an at risk of homelessness” category, particularly when they become pregnant.
- Women with children in care - integrating supports for the women we work with who have children in care or whose current pregnancy results in that child going into care.

This strategic plan takes into consideration services (as described above), sustainable funding, quality improvement and operational excellence (including compliance to a vast array of regulations), organisational design and communication to identify five goals as shown in Figure 1.

Each goal is broken down to individual objectives and then into action plans with Key Performance Indicators, which are used as a basis for operational plans within the organisation.

Figure 1 - Anew Strategic Goals 2021 to 2023



The context for these goals is described in detail and based on this our objectives and key performance indicators have been developed in Anew's Operational Plans, which are updated, distributed, and monitored on an ongoing basis.

## 2.0 | CONTEXT FOR THE STATEMENT OF STRATEGY

Anew's primary stakeholders are pregnant women and new mothers in particular those who are experiencing or at risk of homelessness. The main objective of the service is to improve post-natal outcomes for these women. We do this through the provision of housing advice, supported accommodation, key working, day services and counselling.

The women we work with are often from marginalised communities such as migrants, care-leavers, and members of the travelling community. They are often victims of abuse including physical, psychological, and sexual and many of them have come through deep trauma in their lives.

Our aim is to support these women through their pregnancy and into new motherhood by providing temporary accommodation, life skills and emotional support. We empower these women to parent their children confidently, avail of strong social networks and secure sustainable accommodation.

Due to the nature of a pregnancy our interventions necessitate intensive support during pregnancy and new motherhood, with continued supports to ensure a stable home is created for these new families.

Anew works closely with the women and other agencies to ensure the best possible outcome for these women and their babies.

## 2.1 Homelessness

### 2.1.1 Homelessness in Ireland – Women and Families

These recent figures from the Homeless Report July 2020<sup>1</sup> show a total of 6077 people homeless in Ireland. Nationally, there are now 1664 adults, 1142 families and 2,651 children homeless meaning more than 1 in 3 people who are experiencing homelessness in Ireland is a child.

Many mothers who are homeless end up relinquishing their children either voluntarily or involuntarily to family members or the child welfare system. This is particularly true of younger women who may have fewer resources to draw upon<sup>2</sup>. This leaves homeless pregnant women in a precarious situation if they are not accommodated and supported during their pregnancy and early days of motherhood.

Homeless women are significantly more likely to experience stressful life events, abusive situations, and poor maternal health than non-homeless women during pregnancy. Women with children are being housed with single women who are often more chaotic and so the provision of appropriate homeless services for women should account for the needs of each woman where women in recovery should not be asked to share accommodation with women who are still in addiction.<sup>3</sup>

### 2.1.2 Homelessness and Pregnancy

Crisis Pregnancy Agency<sup>4</sup> research confirms the findings of other Irish based studies which highlight that changing societal attitudes mean that a pregnancy, on its own, has become less of a potential crisis event (although women still experience significant cultural stigma around an unmarried pregnancy). The research found that women presenting to accommodation services very often had a range of needs aside from the pregnancy that put them at risk of homelessness or other crisis-related situations i.e. they may have welcomed the pregnancy but needed support in other areas. This study found that the following long-standing reasons for supported accommodation for women experiencing a crisis pregnancy are still very relevant today:

1. Providing an expecting/new mother with the time, 'safe space' and opportunities.
2. An opportunity to 'break free' from an environment that was unsafe or inappropriate for either mother or child.
3. Facilitating the new mother to develop skills necessary to respond appropriately to the needs of her new child.
4. Helping a new mother to develop the required independent living skills.
5. Providing an expecting/new mother with an opportunity to remain in education/ training.

The study also found that women who were homeless, or in another situation of crisis, and in need of support and who had experience of a crisis pregnancy attached most value to having a safe and affordable home, access to affordable childcare, transport so they could access education, training and employment, and a society that did not judge them as 'bad mothers'.

### 2.1.3 Anew's Homelessness

Homelessness amongst pregnant women is a significant and often unidentified problem in Irish society as women who are homeless are categorised as having children or not having children – there is no category for "pregnant". There are no figures collated around this as it is very transient it is difficult to capture. Anew offers this early intervention and has done for almost 40 years and the demand is still very evident.

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*The current homelessness situation is having a significant effect on the lives of pregnant woman in Ireland and meeting their needs therefore forms a key pillar of our future strategy.*

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## **2.2 Parenting**

### **2.2.1 Children and Families in Ireland**

Since Census 1996, the number of families in the State has increased by 51% and stood at 1,218,370 in April 2016. The number of families in Ireland increased by 3.3% from 2011 to 2016. Among families with children, the numbers of married couples, cohabiting couples and one parent families all increased, with cohabiting couples showing an increase of 25.4%.

The number of families with children increased by 28,455 to 862,721. Looking at larger families, 62,192 families had 4 or more children, 4,352 had 6 or more, while the average number of children per family, which had been declining between 1996 and 2006, remained unchanged at 1.38 children.

The Census 2016<sup>5</sup> revealed that of the 218,817 one-parent families recorded, the vast majority (189,112) were female. Over half (125,840) had just one child. One parent families with children increased by 1.5 per cent to 189,112 in the case of mothers and 2.3 per cent to 29,705 in the case of fathers. One parent fathers were on average considerably older than their female counterparts with 68 per cent aged 50 years or over compared with just 38.3 per cent of women.

Single women made up 44.5 per cent of one parent mothers, whereas among one parent fathers widowhood dominated, accounting for 39.4 per cent of the total. Just over 1 in 5 one parent mothers were widowed, while a further 58,127 were either separated or divorced, accounting for 30.7 per cent of the group.

This illustrates the increase in single parents and the different situation of single mothers as opposed to single fathers – single mothers tend to be younger and there is an indication that they have less family support. This is certainly what we find in Anew with pregnant women presenting to the service often very alone and isolated.

### **2.2.2 One Parent Families in Ireland**

Most one parent families were living in one-family households. Only 47.8 per cent of single parents were at work, compared with 70.2 per cent for heads of two-parent families. 13.1 per cent of one parent families were unemployed. For couples, this figure stood at 6.9 per cent. Those looking after the home or family were also prevalent among one parent families, accounting for 17.7 per cent, although this was unevenly spread between men and women. Only 4 per cent of one parent fathers were homemakers, compared with 19.8 per cent of one parent mothers<sup>6</sup>.

Single parenthood has been normalised over time and the State provides supports for these families. However, there are still barriers to participation in education and the workforce for such parents, chiefly arising from the shortage and cost of childcare and crèche facilities, and the dispersal of the wider family unit, which was traditionally regarded as a familial support structure.

While it appears that the stigma of illegitimacy has been removed, for many migrant women this is still culturally unacceptable, and they will be ostracised by their families. Government aid for single parents provides a level of monetary support that was virtually unknown when Anew was established, however, women of all cultures will still find themselves in unsuitable accommodation and very little support.

### **2.2.3 Parenting Support Services**

It is recognised that supporting parents is a very important element of the work to improve outcomes for children and young people. It is also recognised that working in partnership is an important aspect of this work. The Child and Family Agency works in partnership with all stakeholders, particularly parents, in the delivery and evaluation of parent support services within the community.



Tusla's Parenting Support Strategy<sup>7</sup> is about supporting parents within their communities to be the best parents they can be. The Parenting Support Strategy is part of an overall mission to improve outcomes for children and young people in Ireland (Department of Children and Youth Affairs, 2012). The purpose of the strategy is to ensure that there are appropriate supports and services available to parents within their community and that these services are accessible and friendly. Supports will be available to parents over the life course, at all stages of their children's development, from birth to the teenage years and beyond when needed. It is hoped in this way to encourage a partnership approach to improving outcomes for children and families.

The term 'parent' is used as shorthand to include mothers, fathers, grandparents, stepmothers, stepfathers, carers and other adults with responsibility for caring for a child or young person including, for example, those with responsibilities for children in residential care.

#### **2.2.4 Positive Parenting**

Children do better when they have a close and positive relationship with their parents and the Child and Family Agency considers that positive parenting has the following characteristics:

- Is strong but caring (authoritative) and is not bossy (authoritarian).
- Is supportive, warm and responsive.
- Is understanding of children and their daily lives.
- Expects children to follow age appropriate rules, gives explanations and is not controlling.
- Involves children in decision making and encourages two-way communication and discussion.
- Is non-violent.
- Promotes dignity, recognising children as individuals in their own right.
- Assumes full responsibility for the quality of the relationship with the child.

People come to parenthood from different starting points, with different capacities and with different beliefs and values as well as in a range of family forms. While there will be differences, therefore, in styles of parenting, the core parenting tasks of protecting, nurturing, guiding, and directing are common to all cultures.

#### **2.2.5 Anew's Parenting Support**

In Anew we are typically dealing with the mother, (with others who have parenting responsibility welcome to attend supports). Problems are likely to arise after the birth when women who have very little support systems face the day-to-day challenges of parenting. Parenting support provided by Anew reduces parental stress, increases parental confidence, and addresses trauma associated with an often-unplanned pregnancy coupled with homelessness and other issues.

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*Positioning the services of Anew to complement Tusla's Parenting Support Strategy, by providing intensive parenting support for pregnant women and new mothers, particularly those who are at risk of homelessness, is a key focus in our strategy.*

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## **2.3 Counselling Services**

### **2.3.1 Peri-natal Mental Health**

It is just as important to be aware of and have treatment for mental health problems as it is for physical health problems in pregnancy. In Ireland, the aim for each maternity hospital/unit is to have access to perinatal mental health services to support women with mental health problems in pregnancy. They will also offer advice to women with mental health problems who may be planning a pregnancy. The GP, midwife, mental health midwife, public health nurse or psychiatrist may refer women to a perinatal mental health service.

As many as 1 in 5 women have mental health problems in pregnancy or after birth. It can happen to anyone. Depression and anxiety are the most common mental health problems in pregnancy. These affect 10 to 15 out of every 100 pregnant women. Just like at other times in life, you can have many different types of mental illness and the severity can vary<sup>9</sup>.

### **2.3.2 Background to Peri-natal Health Services**

Perinatal mental health disorders are those which complicate pregnancy (antenatal) and the first postnatal year. They include both new onset and a relapse or reoccurrence of pre-existing disorders. Their unique aspect is their potential to affect the relationship between mother, child, and family unit with consequent later development of significant emotional and behavioural difficulties in the child. The HSE's National Specialist Perinatal Mental Health Services Model of Care<sup>7</sup> describes the specialist (secondary and tertiary care) component of an overall perinatal mental health service.

The Specialist Perinatal Mental Health: Model of Care for Ireland was launched on 30th November 2017. The HSE's then Mental Health Division (MHD), in recognition of the importance of Perinatal Mental Health included in its 2016 Service Plan the development of a Model of Care for Specialist Perinatal Mental Health Services. A National Working Group chaired by Dr. Margo Wrigley completed this work on behalf of the then Mental Health Division in the HSE.

This Model of Care supports seven actions on mental health to be implemented by the HSE's National Women & Infants Health Programme outlined in Ireland's first National Maternity Strategy and launched by the Minister for Health in January 2016. The Maternity Strategy maps out the future for maternity and neonatal care from 2016 to 2026, to ensure that it will be safe, standardised, of high-quality and offer a better experience and more choice to women and their families.

### **2.3.3 Focus of the National Model of Care**

The Working Group's task was to design a specialist Model of Care. The terms of reference encompassed both the strategy for and operation of a specialist perinatal mental health service for Ireland taking into account:

- The interests of women, infants and their families.
- Relevant national and international research and evidence-based practice and standards.
- Relevant national and international policy documents and reports.

Whilst the focus of this specialist service will be women with moderate to severe mental illness, it ensures women with milder mental health problems will be both identified and receive appropriate help from skilled staff within maternity services through the development of the role of the mental health midwife nationally. This also plays a central role in educating and training all involved in the delivering of services to women during the antenatal and postnatal periods.

### **2.3.4 Service Provision**

There are 19 maternity services in Ireland. In each hospital group, the maternity service with the highest number of deliveries is the designated hub. In the smaller maternity services, mental health midwives are being employed to work with liaison mental health teams. Access to the service is through the GP or booking clinic and the mental health midwife in both hub and spoke sites. The contact details for Specialist Perinatal Mental Health Service in hub hospitals are:

- National Maternity Hospital
- Rotunda Hospital
- Coombe Women & Infants University Maternity Hospital
- University Maternity Hospital Limerick
- Cork University Maternity Hospital
- Galway University Hospital

Each hub within a hospital group should have a specialist perinatal mental health service. Its staffing is multidisciplinary and led by a consultant psychiatrist in perinatal psychiatry. In the remaining maternity units (13) referred to as "spokes", the liaison psychiatry team continues to provide the input to the maternity service with the addition of a mental health midwife. This team will be linked to the hub specialist perinatal mental health teams for advice, regular meetings, training, education and clinical opinions.

### **2.3.5 Goals of the National Care Model 2020**

- Continue to implement the National Model of Care in the six hub sites identified.
- Support the recruitment of Staff for both 6 hub and 13 spoke sites.
- Develop online supports for women seeking information on mental health in pregnancy.
- Support frontline staff working to support women with mental health problems in pregnancy through online training and supports.
- Continue to collect and analyse core clinical outcome datasets from hub and spoke sites.
- Continue to work closely with the National Women & Infants Health Programme.
- Continue to work to establish links with other key clinical areas such as Directors of Midwifery and Public Health nursing and other key partners.
- Continue to work to establish the first Mother & Baby Unit in Ireland.

### **2.3.6 Anew's Counselling and Peri-natal Care**

Working with pregnant women and new mothers, Anew personnel are very aware of the importance of peri-natal health and it is a key focus for all our personnel. Anew have a long history of providing counseling services to pregnant women and new mothers and the importance of continuing to provide this support very clear.

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*Positioning the services of Anew to provide counselling services to address peri-mental health issues for the pregnant women and new mothers who use our services is a key strategic focus.*

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## **2.4 Aftercare**

### **2.4.1 After Care Services**

Aftercare services are support services run by Tusla, the Child and Family Agency, that build on and support the work that has already been undertaken by many including, foster carers, social workers and residential workers in preparing young people who have been in care for adulthood. Everyone has a key role to play in preparing young people to reach their developmental milestones. The provision of aftercare services should not be seen as an event, but a service that builds on the skills and capacity that young people have learned and developed during their time in care.

The introduction of the 'Child Care Amendment Act 2015 has led to a strengthened legislative basis for the provision of aftercare services. Aftercare services are in the main an adult service but are integral to the continuum of alternative care. Not only does a comprehensive aftercare service rely on the full participation and informed consent of young people/young adults in the development and implementation of their aftercare plan, it also relies on cooperation and partnership with other key stakeholders, including the Health Service Executive, the Department of Social Protection, the Department of Education, SUSI, voluntary groups, community groups, the Department of Environment, the Department of Children and Youth Affairs etc.

### **2.4.2 After Care Outcomes**

Tusla is committed to promoting and achieving the best outcomes for young people in care in keeping with the role of the "good parent". Tusla is committed to maintaining support to care leavers through the delivery of programmes which enable young people to adequately prepare for leaving care and in ensuring consistency of support to these young people/young adults in aftercare from 18 years and up to 21 years of age. This may be extended if a young adult is in full time education or accredited training to the age of 23 years.

In doing so Tusla seeks to promote better outcomes, which can be measured and defined as:

- The young people leaving care have developed the necessary life and social skills.
- Young people have developed a level of resilience to cope with the adversities that many young care leavers face in adult life.
- Young people are encouraged and supported in training, employment and continuing in further and higher education.
- Young people establish themselves in suitable accommodation which can afford them stability and integration into communities.
- Young people have appropriate social networks.

*It is emphasised that the most important requirements for young people leaving care is for secure, suitable accommodation as well as further education, employment or training and family support. These core requirements will be prioritised in the provision of aftercare services.*

### **2.4.3 Aftercare Criteria for Care-Leavers**

The Child Care Amendment Act 2015', Section 2 places a statutory responsibility on Tusla to provide for an assessment of need for young people and young adults who meet the eligibility criteria for an aftercare service. If eligibility is affirmed an assessment of need will be undertaken by an aftercare service within four months of affirmed eligibility or six months prior to their 18th birthday if referral is late.

The service offered will be determined based on each young person's/young adults' assessment of need. The aftercare service is mainly an adult service which is dependent on the cooperation, and participation of the young person/young adult. The young person/young adult will be asked to sign a service agreement on their initial engagement with the aftercare service.

This agreement will provide an outline of the expectations of the young person/young adult and the aftercare service. It also includes a commitment from the young person/young adult, the social work department/key personnel, foster carers and the aftercare service to work in a respectful and collaborative partnership in the development of the aftercare plan.

The assessment of need assists the aftercare service to determine the level of support which the young person/young adult will require as part of an Aftercare Plan. It encompasses all categories of need including ('Child Care Amendment Act 2015'): Education.

- Financing and budgeting matters.
- Training and employment.
- Health and wellbeing.
- Personal and social development.
- Accommodation.
- Family support.

The assessment of need document will determine the requirement for the allocation of an aftercare worker. The assessment of need will be completed within four months of referral to the aftercare service once eligibility has been determined. This assessment is undertaken with the young person/young adult and will assist and support the development of the aftercare plan. Following an assessment of need the aftercare service provided can include:

- An allocated aftercare worker from the age of 17 years up to the age of 21 years and up to 23 years if in education/training.
- A drop-in service which will provide advice guidance, support and signposting when required to all young people/young adults eligible for aftercare provision.
- Financial support based on a financial needs' assessment and eligibility for those in education or accredited training up to the age of 21 years, or until completion of their course up to the age of 23 years

Aftercare managers should where possible assign an aftercare worker who has capacity to be the allocated worker if the assessment of need determines allocation as a need. This is important in terms of establishing a relationship with the young person/young adult.<sup>10</sup>

#### **2.4.4 Anew's Care Leavers**

All the categories of need as per Tusla's National Policy are integrated into Anew's support package both in our supported temporary accommodation in Cherry Blossom Cottage and in the Day Services in Haven House.

In particular, the need for suitable accommodation when care-leavers become pregnant is evident in the referrals that Anew receive from after-care services. Anew are currently tied into the Dublin area for the provision of accommodation, but referrals from care leavers come from all over Ireland. The development of a supported accommodation service specifically for care leavers would mean that we could help women who are currently outside of our jurisdiction.

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*A significant number of referrals to our service are care-leavers, the supports that we have in place are closely aligned with Tusla's objectives, extending our services to more fully meet the needs of this cohort is therefore key to our future strategy.*

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## **2.5 Women with Children in Care**

### **2.5.1 The Plight of Women with Children in Care**

Over the years, our staff have noticed the plight of women with children in Care. Often, these women are coming from extremely disadvantaged backgrounds and have little or no support. For various reasons their child is taken into Care and this leaves the mother devastated and most times with still no support.

Women in this situation often go on to have more children and it is not unusual for these children to also end up in care. Anew have felt for a long time that with the right support, this cycle can be stopped. There are no numbers for women with multiple children in care in Ireland, but we do know that there are over 6,000 children in care. Tusla's foster care costs approximately €18,000 per annum per child, rising to €58,000 per annum per child if a private fostering company is used.

These costs are without any peripheral costs (of which there are many) and if "special care" is required the cost has been quoted as up to €1 million per child per annum. Extrapolate those figures over a child's life in care and the economic benefit of stopping this cycle is significant. From a services perspective we have found that there is a huge interest finding a solution, people working on the ground are seeing this situation repeatedly, which heart is breaking for the mother and her children.

### **2.5.2 The Pause Model of Support**

To support these women, Anew favours a model of care "Pause"<sup>11</sup>, a proven system operating in the UK. Pause is a voluntary programme for women who have experienced, or are at risk of, repeat removals of children from their care. It aims to reduce the number of children being removed into care by working with women who have had children removed to improve their wellbeing, resilience, and stability. Pause offers women an 18-month, individually tailored, intensive package of support, delivered by a dedicated Practitioner, to address a broad range of emotional, psychological, practical, and behavioural needs.

As a condition of beginning this voluntary programme, women agree to use an effective form of reversible contraceptive for the 18-month duration of the programme. This is intended to allow women the opportunity to reflect and focus on their own needs. In addition to providing support, Pause works in collaboration with partner agencies (such as health and domestic violence services), at operational and strategic levels, to improve the broader service response to Pause women. Pause began in Hackney in 2013 and received funding from the Department for Education Innovation Programme in 2015 to expand the pilot within Hackney, and to Doncaster, Greenwich, Hull, Islington, Newham, and Southwark. While initially Pause Practices worked only with women who had had at least 2 children removed from their care, Practices are now working with women who had had just one or two children removed (earlier intervention).

### **2.5.3 Anew Support for Women with Children in Care**

Anew have linked in with Pause and investigated their model of service; a significant investment is required into this service which would ultimately result in significant long-term cost savings to the state. However, the basic principles of intensively supporting the woman and addressing the core issues, rather than blaming and demonising her for her children ending up in care are integral in Anew's programme development. In addition, Anew personnel work to ensure that mothers with children in care can be the best parents possible for those circumstances.

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*A significant number of referrals to our service are women with children in Care. Often, these women are coming from extremely disadvantaged backgrounds and have little or no support., for various reasons their child is taken into Care and this leaves the mother devastated and most times with still no support. It is therefore a strategic focus to integrate supports for these women into our programmes.*

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## 2.6 Funding

Community and voluntary organisations face the same challenges as those in the private and public sector in meeting their business objectives. They also face the additional challenges of providing a rewarding experience that sustains their volunteers and of recruiting and retaining staff in a context of insecure funding.

Community and voluntary organisations raise funds from diverse sources, but many rely on a proportion of funding from the State. Those that depend on such statutory funding, many encounter difficulties in securing funds that allow for the full cost (including overheads for example) of the work that they do. Compounding this difficulty is the fact that statutory funding is generally provided on an annual basis. This diverts the time and energy away from their work towards an annual cycle of identifying and securing new funding. It also makes the planning of complex multi-annual programmes more difficult.

Funding cuts and reliance on select sources of funding has been identified as a significant risk to Anew's ability to provide its current and proposed future services to the full extent of its capacity.

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*Addressing future funding needs through a strategy of diverse and sustainable funding sources will be imperative for Anew to continue and expand its services over the period of this plan.*

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## 2.7 Regulation

Charities in Ireland work in a complex legal and regulatory environment that involves interacting with many of the following stakeholders as shown in Table 1 below.

**Table 1 – Legal and Regulatory Framework of Anew**

The Charities Regulatory Authority	The Revenue Commissioners	The Companies Registration Office
The Register of Lobbying	An Garda Síochána	Local Authorities
Health and Safety Act	HR legislation	SORP

The Charities Act 2009 represented a very significant milestone for community & voluntary activity in Ireland. The Act established the Charities Regulatory Authority which commenced work in October 2014. The purpose of the Act was to reform the law relating to charities to ensure greater accountability and to protect against abuse of charitable status and fraud and to enhance public trust and confidence in charities and increase transparency in the sector.

Although certain parts of the Act have not yet taken effect, it is considered best practice for charities to abide by all the provisions of the Act. Additional activities require compliance with other regulations and Anew's specific obligations are shown in Table 2 below.

**Table 2 – Additional Requirements for Anew**

The Charity Governance Code	DRHE, TUSLA and other funder Returns	Internal and External Auditors
Children First Act	Garda Vetting Act	Housing Authority Regulation

*Ensuring the highest standards of governance and being compliant with the relevant regulatory requirements of its sector will remain a significant focus of the Board and management of Anew over the period of its strategy.*

## 3.0 | ORGANISATION OVERVIEW

### 3.1 History

For us to plan for the future, it is important for us to acknowledge our past, giving huge credit to those without whom we would not exist. Anew was established as a charity in 1981 under the name Life Pregnancy Care Ireland by Collette and Michael Hayes. Its purpose was to provide help and support to women facing an unplanned pregnancy. Services included practical and emotional supports such as accommodation, counselling, parenting support, and life skills.

The social situation in Ireland when the organisation was set up meant that women who had an unplanned pregnancy, especially those that were not married were ostracised, were often put out of the family home and left with no support. Anew helped these women by offering a safe place for them to have their baby. Anew was approached by the Crisis Pregnancy Agency to provide non-directive and non-judgemental crisis pregnancy counselling (CPC) and post termination counselling (PTC) on behalf of the Health Service Executive. In line with its ethos Anew did not provide referral for termination services should a women make the decision to have a termination.

Anew provided these counselling services alongside parenting classes and practical support with accommodation and life-skills. As time went on it became apparent that the crisis many pregnant women were facing were often practical issues, safety related issues and related to anxieties around parenting. Many women still become homeless because of their pregnancy due to living in unsuitable accommodation and the cultural stigma that still exists in some communities. Unplanned pregnancies are also often associated with an increase in domestic abuse which again leads to a crisis where a woman may have to leave her home. Another significant issue was parenting support, many women reported felt unsupported in this area, care leavers often have no role model and do not know how to parent, early parenting intervention is hugely beneficial for these women and their children.

In 2017, Anew secured funding from Tusla to provide support in the areas of key working, life skills, therapeutic parenting support and accommodation, for pregnant women and new mothers and their babies who were experiencing homelessness. The aim of the service is to improve post-natal outcomes for these women and their children. In 2018 Anew's accommodation service became a 24-hour service under increased funding from the DRHE.

In 2018 Anew carried out a strategic review of its services and made the decision to exit CPC and PTC. The objective in 2019 was to consolidate and focus our services on supporting and accommodating pregnant women and new mothers, in particular those experiencing, or at risk of experiencing homelessness, and providing counselling and parenting support.



### 3.2 Organisational Details

The organisation initially utilised trained volunteers as a means of providing services. That situation has changed over the years and Anew now has a staff of qualified managers, social care workers, support workers, accredited counsellors and other professionals who work in partnership with women and their families to provide a sensitive, confidential and professional service.

Anew is a company limited by guarantee and a registered charity. Funding for Anew is from several sources:

- The Dublin Region Homeless Executive (DRHE).
- Tusla – Child and Family Agency.
- Project related income from various funds such as The Ireland Fund, The Lottery, The Community Foundation of Ireland etc...
- Earned Income Strategies such as income from Anew's Charity Shop in Thurles and online Charity Shop sales via a partnership with Thriftify.
- Rental Income from Anew's premises in Tara Street in Dublin
- Corporate Donations via Corporate Social Responsibility initiatives
- Other services are funded completely by donations from members of the public and fundraising activities

Anew has a Therapeutic Centre in Haven House in Dublin, homeless accommodation in Swords and visiting support services in Dublin City Centre and Swords.

### 3.3 Services

The services provided by Anew are shown in Table 3 below.

**Table 3 – Anew's Services**

Supported Temporary Accommodation (STA)	Housing Advice Services
Counselling Services	Parenting Support
Individual Key-Working	Life Skills Classes
Peer to Peer Support	Day Services
Visiting Support Services	Tenancy Sustainment

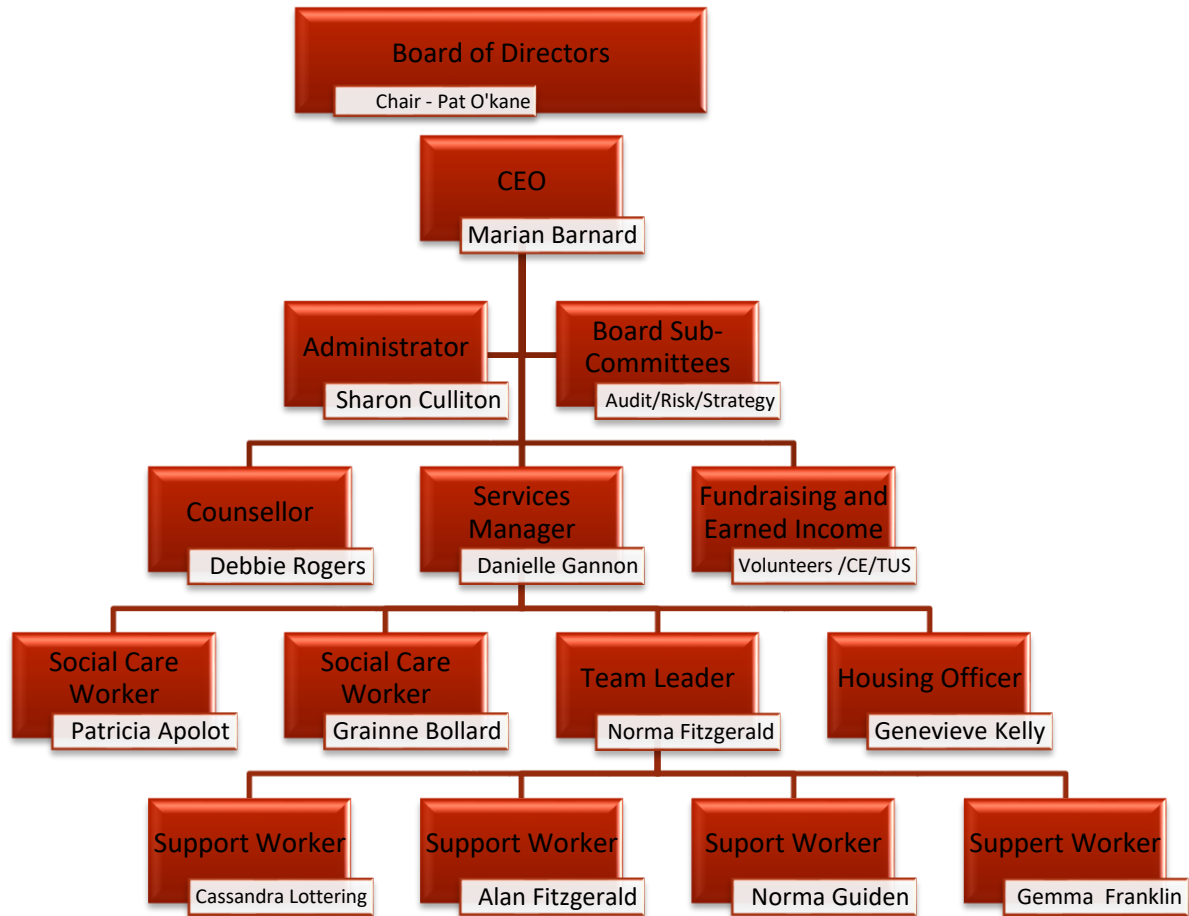
Our support is open to all irrespective of their age, status, gender, sexual orientation or beliefs and more details of our operations is provided in Appendix 1.

### 3.3 Structure and Staffing

The operational structure of Anew are divided into areas are shown in Table 4 below.

**Table 4 - Operational Structure of Anew**

<b>Activity</b>	<b>Details</b>	<b>Location</b>	<b>Funder</b>
Day Services	Therapeutic Parenting Support Peer to Peer Support Life Skills Classes Housing Advice and Tenancy Sustainment	Haven House Dublin	Tusla Hospital Saturday Fund DRHE
Supported Temporary Accommodation (STA)	Key working and Interventions Life Skills Classes Pre-natal and Antenatal support	Cherry Blossom Cottage Swords	DRHE Tusla
Projects	Direct Provision Project	Drishane	The Ireland Fund
Earned Income Initiatives	Charity Shop Online Charity Shop Rental Income	Thurles Online Tara Street, Dublin	Not Applicable
Fundraising	Corporate Social Media Events	Various	Not Applicable

**Figure 2: Anew Organisation Chart**

Anew is governed by the Board consisting of eight Directors elected at the annual general meeting, who are experienced in law, business, risk, accounting, finance, HR, and facilities. The CEO is responsible for the day to day operations of Anew which is staffed by a dedicated team of trained counsellors, managers, administrators, social care workers and support workers. Anew's Charity Shop is managed and staffed by the tireless efforts of volunteers, Community Employment and TUS workers and is a valuable source of funds for the organisation.

As shown on the organisational chart above the Anew team consists of 12 paid personnel, consisting of the CEO and an administrator, service manager, three social care workers - one of whom is a team leader for four support workers in CBC, one provides day services in HH and one supports the women in CBC, as well as providing visiting support. There is one counsellor who works in CBC and HH providing Counselling Services. Our Housing Officer supports all referrals to the service with their housing application and plays a key role in moving the women on to their forever homes. Earned Income and Fundraising support is provided by volunteers and workers from various employment schemes.

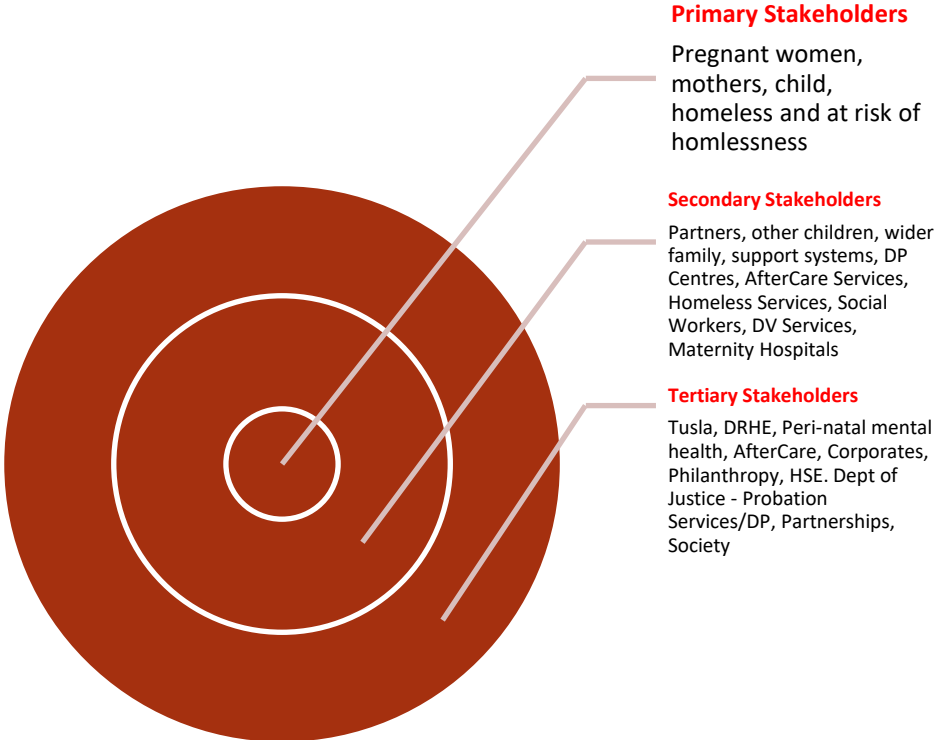
## 4.0| STRATEGIC ANALYSIS

### 4.1 VISION, MISSION, VALUES

<b>Vision</b>	<i>ANEW envisions an Ireland where all pregnant women in particular those at risk of homelessness have access to high quality, professional and compassionate services through the provision of practical and emotional supports.</i>
<b>Mission</b>	<i>ANEW provides quality, inclusive, professional, and compassionate support to any pregnant women and new mother in particular those at risk of homelessness. We are skilled in the areas of pregnancy, parenthood and homelessness and we empower our clients through intensive practical and emotional support services.</i>
<b>Values</b>	<p><b>Accountability</b> – <i>We take personal responsibility for using our resources efficiently, achieving measurable results, and being accountable to supporters, partners and, most of all, the women, children, and families who we work with.</i></p> <p><b>Nurturing</b> - <i>We aim to bring out the potential in people including our staff as well as the women and families that we work with. We think, feel, listen, see and understand with those who use our services.</i></p> <p><b>Excellence</b> - <i>We strive for excellence in all that we do. It should be more than “just good enough”. Our service should be excellent because everyone deserves it</i></p> <p><b>Welcoming</b> - <i>We provide a safe non-judgmental place for the women and families who use our services. We reassure, respect, and provide an environment of trust.</i></p>

## 4.2 STAKEHOLDERS

Figure 3 – Anew Stakeholders



### 4.3 SWOT Analysis

Figure 4 – Anew SWOT Analysis, March 2020



## 5.0 | STRATEGIC GOALS, OBJECTIVES & OUTCOMES

### GOAL 1 - Extended Core Services and Expanded Complimentary Services

*Anew must remain relevant by serving the needs of Irelands most vulnerable. To ensure our sustainability, we will need to extend our core services and expand into complimentary services so that our service users will receive a continuum of support. Diversification of services will bring sustainability through additional funding and increased service user numbers over time.*

Ref	Context	Objectives	Outcome
1.1	The demand for accommodation for pregnant women remains at a critical point.	To secure additional accommodation as required for homeless pregnant women.	The ability to provide suitable support and accommodation for homeless pregnant women in line with increasing demand for services.
1.2	Care leavers require our services but are often not eligible due to funding considerations.	To extend our accommodation service to include sustainable housing solutions for young care leavers from all jurisdictions.	Provision of supported accommodation services to pregnant care-leavers from all jurisdictions within Ireland.
1.3	Over the years Anew has noted the plight of women with numerous children in care.	To include programmes within our services to support women with children in care.	Mothers with children in care will be supported to parent their children in the best possible way. They will also be supported through self-care to address the reasons that they continue to have children who end up in care.
1.4	Anew has a skilled and accredited counselling service operating in a framework of good practice.	To promote Anew's counselling services and ensure that women pre and post birth are aware that they can avail of an impartial and non-judgemental counselling.	Increased promotion of our counselling services leading to the women we work with availing of counselling services for peri-natal mental health and other traumatic events.

Ref	Context	Objectives	Outcome
1.5	Pregnant women and new mothers may not be eligible for CBC or may be unable to access our services and visiting support assures that our services our services are accessible to all.	To have our professional team providing visiting support in other areas of need such as direct provision, family hubs, prisons etc.	The extension of our social care services into other areas will enable a wider range of women to avail of our services.
1.6	Women continue to require support even when they have moved into their new home and it can be crucial for tenancy sustainability and keeping a child out of the care system.	To provide ongoing support to our service users through day services in Haven House including housing, life skills, key-working and counselling support.	<p>Pregnant women and new mothers can avail of support around housing, life skills and parenting.</p> <p>After residency in CBC, social workers and other professionals can be assured that the women continue to be supported to care for their children. This ensures better outcomes for the women and their children.</p>
1.7	Pregnant women and new mothers require evidence based high quality and intensive support while resident in CBC.	To develop and improve outcome-based models of practice in CBC around intensive support with housing, life skills, parenting, key-working and counselling support.	Residents of CBC can avail of intensive support around housing, life skills and parenting until they gain the confidence to move on. This ensures better outcomes for the women and their children.



## GOAL 2 - Increased and Diversified Funding

*Funding cuts and a reliance on select sources of funding has been identified as a significant risk to the prosperity and sustainability of Anew. Any full or part withdrawal or of established funding will mean a significant reduction in services, staff and quality so addressing and mitigating this risk forms a key pillar of our future strategy.*

Ref	Context	Objectives	Outcome
2.1	Anew has a high reliance on three funding sources where good practice states that charities should have at least five funding sources.	To have five sustainable funding streams from Government and other sources.	The ability to confidently plan for future growth and expansion.
2.2	Diversity of funding is critical to long- term sustainability and earned income initiatives can help meet that need.	To have a robust earned income strategy in place where payment for services offered can be introduced where appropriate.	Reduced reliance on traditional state funding sources albeit for a smaller portion of the funding needs.
2.3	It is an absolute necessity for Charities to have a fundraising strategy to cover costs not included in other funding streams such as compliance and governance costs	To develop and implement a comprehensive Fundraising Strategy.	Sustainability for non-funded activities e.g. compliance audits and more.  To provide services that are not funded through other funding streams.

### GOAL 3 - Optimal Organisation Design

*An optimal organisational design for the future of Anew is necessary to ensure that our agreed strategy can be effectively implemented through the right people, process, systems, governance, and culture.*

Ref	Context	Objectives	Outcome
3.1	An optimal organisation design begins with defined business structures, processes, and roles. Once agreed and implemented, capacity, capability efficiency and accountability are all increased to the benefit of the organisation.	To have an appropriate and well-designed organisation structure underpinned by strong processes, responsibility, and accountability to successfully compete in the marketplace for charitable organisations in Ireland.	An organisation with the appropriate oversight, reporting lines and delegated authority to work autonomously and effectively in achieving common goals.
3.2	It is important to have an emphasis on organisation culture and any required changes in behaviours to compliment the work on structures, people, processes, and systems.	To have a regular review of the organisation design to ensure that it is aligned with its purpose and client proposition.	Improvement to the overall effectiveness of the organisation together with a strong emphasis on positive culture and behaviours.

## GOAL 4 - Quality Improvement & Operational Excellence

*Anew is working in an environment of quality standards together with increased of regulation and legislation. We strive to ensure that the service we provide are of the highest standard in this regard and remains committed to the implementation of ongoing quality improvement and operational excellence in that service delivery.*

Ref	Context	Objectives	Outcome
4.1	Breaches of governance in the charity sector have highlighted the increased need for proper control, oversight and reporting in those organisations.	To be compliant with the Charity Regulator's Governance Code and fundraising principles for voluntary, charitable and community organisations in Ireland.	A well governed organisation that manages the legitimate needs of its stakeholders through a transparent an inclusive approach that builds trust and its long-term reputation.
4.2	Quality and excellence of service delivery requires a continuous investment in people, processes, and systems throughout the organisations together with a culture where values are embraced and upheld.	To have ongoing training, process re-design and automation where possible in place to drive more efficient service delivery and better client outcomes.	A scalability of service provision combined cost containment and a high level of client satisfaction.

## GOAL 5 - Effective Communication

*Anew recognises the need to be able to communicate effectively with its stakeholders on all matters relating to the organisation, its ethos, and services. Stakeholders demand increasing transparency from all organisations in receipt of public funding and Anew envisages being in a strong position to continuously meet this demand.*

Ref	Context	Objectives	Outcome
5.1	There is a requirement to be able to deal proactively and reactively with all forms of communication.	To have an effective communications strategy and plan in place for the organisation.	Structured and planned communications by Anew taking advantage of every opportunity for proactive communication internally with staff and externally with relevant audiences and being ready to deal with any issues or crisis that may arise.
5.2	The competitive landscape for charitable donations from the public and other forms of funding means that communicating effectively about the organisation is imperative.	To have key messages consistently delivered to increase brand awareness and target all relevant audiences for funding.	<p>Increased trust, deeper relationships with the broader public.</p> <p>Positive media coverage and changing attitudes through the cultivation of relationships with journalists.</p> <p>Support from the public, policy makers and all other stakeholders.</p>

## Section 6 | STRATEGIC OBJECTIVES, ACTIONS and KPI's

### KPIs for GOAL 1 -Extended Core Services and Expanded Complimentary Services

Ref	Objectives	Actions	Outcome	KPI's
1.1	To secure additional accommodation as required for homeless pregnant women.	<p>Identify and lobby key decision makers within Government, local authorities and Tusla to obtain funding for new accommodation and staff.</p> <p>Attend conferences and networking events to build up relationships with Government Departments.</p> <p>Initiate talks with Tusla/DRHE to replicate current model of homeless accommodation for homeless pregnant women.</p> <p>Submit proposals to Tusla managers and Commissioning Department.</p> <p>Collaborate with the Homeless Network in Dublin and other NGOs around Ireland.</p>	<p>The ability to provide suitable support and accommodation for the homeless pregnant women in line with increasing demand for services.</p>	<p>Contact and follow up annually with five key decision makers with recorded outcomes – Management Team, ongoing.</p> <p>Obtain contact details of two relevant people per event and record same – Management Team, ongoing.</p> <p>Secure an additional house in Dublin and funding to support this – CEO/Services Manager Q4 2022.</p>
1.2	To extend our accommodation service to include sustainable housing solutions for young care leavers from all jurisdictions.	<p>Utilises current and new contacts in Tusla or other Government agency to start up a project for care leavers.</p> <p>Source staff funding for this service.</p> <p>Secure a house that allows sustainability of service to facilitate young people leaving care.</p>	<p>Provision of supported accommodation services to pregnant care-leavers from all jurisdictions within Ireland.</p>	<p>Contact and follow up with five key decision makers per quarter and record same – Management Team, ongoing.</p> <p>Secure one unit for care leavers – CEO/Services Manager Q4 2021.</p>

Ref	Objectives	Actions	Outcome	KPI's
1.3	To include programmes within our services to support women with children in care.	<p>Set up a complementary programmes to provide counselling, parenting support, group support and parenting capacity assessments to women with children in care.</p> <p>Scope the numbers of women with multiple children in care.</p>	<p>Mothers with children in care will be supported to parent their children in the best possible way. They will also be supported through self-care to address the reasons that they continue to have children who end up in care.</p>	<p>Develop Programme for Women with Children in care to start in Service-Manager/Counsellor, Q3 2021.</p> <p>Apply for funding for the above programmes – Service Manager/CEO, Q4 2021.</p> <p>Apply for funding to carry out a scoping exercise– Service Manager/CEO, Q1 2022.</p>
1.4	To promote Anew's counselling services and ensure that women pre and post birth are aware that they can avail of an impartial and non-judgemental counselling.	<p>Production of e-brochures and information on peri-natal mental health and the counselling services around it for our client group.</p> <p>Developing processes to monitor outcomes of counselling services.</p> <p>Communication to stakeholders and potential funders around the service and outcomes</p>	<p>Increased promotion of our counselling services leading to the women we work with availing of counselling services for peri-natal mental health and other traumatic events.</p> <p>Developing an evidence-based service.</p>	<p>Develop e-brochures and policies – Counsellor/Service Manager Q2 2021.</p> <p>Development of systems to measure efficacy and impacts of the service – Service Manager/CEO Q2 2021.</p> <p>Apply for HSE or other funding these services – Service Manager/CEO, Q3 2021.</p>

Ref	Objectives	Actions	Outcome	KPI's
1.5	To have our professional team providing visiting support in other areas of need such as direct provision, family hubs, prisons etc.	<p>Services Manager to develop a programme of service in direct provision, family hubs and prisons.</p> <p>Develop parenting workshops for the above areas of service.</p> <p>Link in with managers and other NGOs in these locations and source funding for these services.</p>	The extension of our social care services into other areas will enable a wider range of women to avail of our services	<p>Produce a proposed programme of service for the four areas. The first plan by Q3 2021 and the remaining three in quarterly monthly instalments for completion – Q3 2022. Service Manager</p> <p>Anew counsellor to develop and roll out two new workshops by Q2 2021 and an additional four by Q4 2021 to populate a calendar of training events into 2022.</p>
1.6	To provide ongoing support to our service users through day services in Haven House including housing, life skills, key-working and counselling support.	<p>Provision of housing advice services from HH.</p> <p>Delivery of parenting courses in HH – Team Leader to facilitate the delivery of parenting courses.</p> <p>Facilitate peer to peer workshops.</p> <p>Investigate the operation of access visits for families who need access venues.</p>	<p>Pregnant women and new mothers can avail of support around housing, life skills and parenting.</p> <p>After residency in CBC, social workers and other professionals can be assured that the women continue to be supported to care for their children. This ensures better outcomes for the women and their children.</p>	<p>In 2021 provide housing support from HH – Housing Case Worker, Q1 2021.</p> <p>In 2021, to deliver three parenting courses per year to Anew service users – Social Care Workers.</p> <p>To deliver 3 parenting courses per year to marginalised groups and source funding for same – Social Care Workers/Service Manager.</p> <p>Source funding for access visits – Services Manager/CEO Q4, 2021.</p>

Ref	Objectives	Actions	Outcome	KPI's
1.7	To develop and improve outcome-based models of practice for our service in CBC around intensive support with housing, life skills, parenting, key-working and counselling support.	<p>Review all service policies and update as required.</p> <p>Utilise and assess Outcome Star Measurement Tool.</p> <p>Review and Assess all practice models quarterly.</p>	Residents of CBC can avail of intensive support around housing, life skills and parenting until they gain the confidence to move on. This ensures better outcomes for the women and their children.	Review and Assess effectiveness of all practice models quarterly and submit report to the CEO – Services Manager, to start in Q1 2021



## KPIs for GOAL 2 - Increased and Diversified Funding

Ref	Objectives	Actions	Outcome	KPI's
2.1	To have five sustainable funding streams from Government and other sources.	Identify government funding opportunities through research, networking, and attendance at conferences.	The ability to confidently plan for future growth and expansion.	Submit 10 government applications – annually – Management Team.  Five face-to-face meetings with relevant government departments e.g. Justice and Mental Health Departments – Management Team annually.
2.2	To have a robust earned income strategy in place. Payment for services offered can be introduced where appropriate.	Research and develop services that Anew can charge for (separate to funded services).  Thurles Charity Shop, Thriftify and other on-line platforms  Tara Street Rental, Counselling room rental	Reduced reliance on traditional state funding sources albeit for a smaller portion of the funding needs.	Earned Income to raise €90,120 - 2021 €134,000 - 2022 €176,000 - 2023  Through earned income strategies
2.3	To develop and implement of a Fundraising Strategy as per funders recommendations	Develop a fundraising strategy.  Management team and board to implement a comprehensive Fundraising Strategy using corporate partnerships, social media, fundraising initiatives.	Ensure sustainability for non-funded activities e.g. compliance audits and more.  To provide services that are not funded through other funding streams.	Head Office to develop and implement a fundraising strategy – Q1 2021.  To raise €25,000 – 2021 €37,500 – 2022 €56,250 - 2023  Through corporate partnerships, social media, fundraising initiatives.

## KPIs for GOAL 3 - Optimal Organisation Design

Ref	Objectives	Actions	Outcome	KPI's
3.1	To have an appropriate and well-designed organisation structure underpinned by strong processes, responsibility, and accountability to successfully compete in the marketplace for charitable organisations in Ireland.	<p>Develop the organisational skills base in the areas of homelessness, key working, counselling, and parenting.</p> <p>Increase staff and volunteer numbers to complement new services and developments.</p> <p>Development of strategic and goal focussed Performance Management System.</p> <p>All members of the organisation to familiarise themselves with the values of Anew and live these through their work with Anew.</p> <p>Maintain the ethos of the organisation whilst being non-judgemental, non-directive and not engaging in any form of advocacy.</p>	An organisation with the appropriate oversight, reporting lines and delegated authority to work autonomously and effectively in achieving common goals.	<p>Develop and/or Recruit suitably qualified and skilled staff to effectively deliver the strategy of Anew – Management team, ongoing.</p> <p>Develop strategic and goal focussed Performance Management System across the organisation – CEO Q1 2021.</p> <p>To collect, review and action feedback from staff and report to the board – CEO/Service Manager annually.</p>
3.2	To have a regular review of the organisation design to ensure that it is aligned with its purpose and client proposition.	Maintain and develop organisational structures in line with strategic developments.	Improvement to the overall effectiveness of the organisation together with a strong emphasis on change in its culture and behaviours.	Review organisational structure – Board/CEO annually.

## KPIs for GOAL 4 - Quality Improvement & Operational Excellence

Ref	Objectives	Actions	Outcome	KPI's
4.1	To be compliant with the CRA Governance Code and fundraising principles for voluntary, charitable and community organisations in Ireland.	<p>Complete compliance statement for the Governance Code.</p> <p>CEO to update on-going governance compliance at each board meeting.</p>	A well governed organisation that manages the legitimate needs of its stakeholders through a transparent and inclusive approach that builds trust and its long-term reputation.	<p>The board to confirm compliance of the code – Q2 2021.</p> <p>All board meetings to continue to assess and monitor compliance to the governance code.</p>
4.2	To have ongoing training, process re-design and automation in place where possible to drive more efficient service delivery and better client outcomes.	<p>The CEO to design and implement structures to drive continuous improvement throughout the organisation and across each functional area.</p> <p>All staff will be encouraged by the CEO to innovate and workshops will be held to kick start this process.</p> <p>The CEO to focus the management team on the execution of the business strategy.</p>	Scalability of service provision combined with cost containment and a high level of client satisfaction.	<p>Update structures for risk management, training, clinical excellence, monitoring &amp; reporting and critical incident planning – Service Manager/CEO, Q2 2021.</p> <p>Ensure that personnel drive strategy within their respective locations by ensuring that every employee and volunteer is familiar with this document – CEO/Service Manager Q1 2021.</p> <p>Develop IT system as a platform to hold contacts, fundraising, clients, and service statistics - CEO/Service Manager Q2 2021</p>

## KPIs for GOAL 5 - Effective Communication

Ref	Objectives	Actions	Outcome	KPI's
5.1	To have an effective communications strategy and plan in place for the organisation.	<p>Create a strong and robust communications plan.</p> <p>Implement a social media campaign to highlight our work and communicate with stakeholders</p>	Structured and planned communications by Anew taking advantage of every opportunity for proactive communication internally with staff and externally with relevant audiences and being ready to deal with any issues or crisis that may arise.	<p>Communication plan to be completed – Q1, 2021.</p> <p>Social Media Campaign to be commenced in Q1, 2021</p>
5.2	To have key messages consistently delivered to increase brand awareness and target all relevant audiences for funding.	<p>Organise and publicise events to highlight the work of Anew.</p> <p>Management Team to commence building relationships with media contacts to highlight the work of Anew.</p> <p>To participate in the Great Places to Work Initiative and Investors in People awards (and any other applicable awards).</p>	<p>Increased trust, deeper relationships with the broader public.</p> <p>Positive media coverage and changing attitudes through the cultivation of relationships with journalists.</p> <p>Support from the public, policy makers and all other stakeholders.</p>	<p>Ensure that Anew holds at least one major event per year to celebrate the service and applies for funding for same.</p> <p>International Women's Day 2021 – Service Manager/Social Care Team.</p> <p>Management to ensure participation in one documentary highlighting our accommodation service - 2022.</p> <p>Sign up for and participate these awards annually – Management Team, 2022 onwards.</p>

## Section 7 | REFERENCES

1. [https://www.housing.gov.ie/sites/default/files/publications/files/homeless\\_report\\_-\\_july\\_2020.pdf](https://www.housing.gov.ie/sites/default/files/publications/files/homeless_report_-_july_2020.pdf)
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3. Paula Mayock, 2014
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5. Census, 2016
6. <https://www.cso.ie/en/releasesandpublications/ep/p-cp4hf/cp4hf/fmls/> - 08/10/20
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9. <https://www.hse.ie/eng/services/list/4/mental-health-services/specialist-perinatal-mental-health/> (14<sup>th</sup> October 2020)
10. <https://www.tusla.ie/services/alternative-care/after-care/> - 08/10/20
11. <https://www.pause.org.uk/>

## Section 8 | APPENDICES

### APPENDIX 1 Stakeholders

#### Funders

- Dublin Regional Housing Executive (DRHE)
- TUSLA
- The Ireland Fund
- The National Lottery
- The Hospital Saturday Fund

### APPENDIX 2 Projects/Strategic Goals

#### Ongoing Projects

- Haven House Project – HSF/Lottery/Zendesk
- CBC Garden – The Airport Fund
- Thriftify – supported by Zendesk
- Developing Fundraising strategy
- Direct Provision Parenting Project – The Ireland Fund
- Expanding services to Direct Provision Centres, Prisons, Mental Health, Family Hubs – Strategic Goals
- Develop Counselling service to include other types of counselling/ Court assessments – Strategic Goals
- Working with Mothers who have children in care – Strategic Goals
- Obtain a second house – strategic goals
- Implementation of this Strategic Plan

### APPENDIX 3 Anew's People (as of 30<sup>th</sup> October 2020)

#### Board of Directors

Chairperson/Director	Patrick O'kane
Secretary/Director	Moira Morrissey
Director	Eanna Hickey
Director	Stephen Moore
Director	Helen McEvoy
Director	Joanne Ryan
Director	Claude Daboul
Director	John Hanafin

#### Sub-groups of the Board

Audit and Risk Committee	
Chairperson	Stephen Moore
Committee Member	Patrick O'kane
Committee Member	Joanne Ryan
Committee Member	Marian Barnard

**Strategy Committee**

Chairperson	Claude Daboul
Committee Member	Patrick O’Kane
Committee Member	Marian Barnard

**Management Team**

CEO	Marian Barnard
Services Manager / Garda Vetting Officer/DLO	Danielle Gannon
Team Leader	Norma Fitzgerald
Housing Officer / IT & Training Officer	Genevieve Kelly
Psychotherapist	Debbie Rogers

**External Support**

IT Support	Glitch IT
Payroll Provider	Nicola Foster
Website and Social Media	Grand Designs
Property Maintenance	Patrick Beakey
Financial Services	Foresthill Consulting
External Auditors	Leonard & Co.
Legal Services	McCormack Solicitors

**Volunteers**

- Rosie Shortall
- Mary O’Reilly
- Nawwal Salieman
- Mary O’Rielly

**APPENDIX 4 Anew Budget 2021**

Consolidated Budget 2021	
Income	Amount
DRHE	€ 229,920.00
Tusla	€ 129,200.00
Rental Income	€ 69,000.00
Donations and Fundraising	€ 25,000.00
Charity Shop	€ 18,000.00
Thriftify	€ 3,120.00
Project Contributions	€ 1,300.00
<b>Total Income</b>	<b>€ 475,540.00</b>
Expenditure	
Salaries - Tusla	€ 103,200.72
Salaries - DRHE	€ 189,332.76
Salaries - CEO	€ 61,000.00
Salaries - Projects	€ 8,000.00
Programme Costs	€ 2,500.00
Supervision	€ 560.00
Staff Training	€ 1,815.00
Fundraising/Volunteer Expenses	€ 3,000.00
Meetings/Conference costs	€ 1,000.00
Rent and Rates	€ 19,232.00
Heat & Light	€ 2,500.00
Canteen	€ 550.00
Cleaning	€ 300.00
Alarm monitoring	€ 400.00
Refuse	€ 450.00
Repairs/Maintenance	€ 5,200.00
Computer Costs	€ 5,000.00
Postage	€ 200.00
Stationery	€ 1,470.00
Telephone & Intranet	€ 5,020.00
Bank Charges	€ 361.00
Insurance	€ 16,900.00
Safety Audit	€ 1,050.00
Fire Maintenance	€ 1,650.00
Client Expenses	€ 2,200.00
Audit	€ 5,000.00
Payroll and Professional Fees	€ 4,470.00
Travel & Subsistence	€ 10,700.00
Membership & subscriptions	€ 1,400.00
<b>Total Costs</b>	<b>€ 454,461.48</b>
<b>(Loss)/Surplus</b>	<b>€ 21,078.52</b>