



# ANNUAL REPORT

2021

Anew



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## FROM THE CHAIRPERSON



I am delighted to welcome you to Anew's Annual Report for 2021. Being pregnant and facing homelessness is surely the worst situation a woman can find herself in. Anew has been helping women in this situation for over 30 years and our services have evolved to provide intense and effective evidence-based interventions around pregnancy, parenting, housing and life skills.

In 2021 the world was again dominated by Covid 19; this created fear and uncertainty for the women who used our services. However, our staff and volunteers really rose to the challenge; they adapted, put aside their own fears and maintained our amazing services throughout the lockdowns and restrictions. I would like to extend my sincere gratitude.

Face-to-face services such as those required for our 24-hour accommodation were run with safety measures based on the most recent HSE and Government advice. Supports such as counselling and housing advice were provided by phone and on-line.

The women we work with are from difficult backgrounds and have experienced issues such as domestic abuse, addiction, cultural

stigma and isolation. Many of these issues were exacerbated by lockdowns and restrictions.

Anew provided a safe space for the women who used our services, where they were welcomed and looked after during their pregnancy and into the early days of motherhood.

We were very fortunate to receive funding and donations from government, corporate and local organisations. Without these we could not have maintained our services.

We are very grateful that our funding from Dublin Regional Homeless Executive (DRHE) and Tusla for services was not affected by the pandemic in 2021. However, as this funding does not provide full cost recovery, we rely on trading income, which was significantly affected.

To address this, we applied for and were awarded funding from Pobal's Covid Stability Scheme over 2020 and 2021, which allowed us to continue providing much-needed services.

**Claude Daboul**

## FROM THE CEO



Well, 2021 has been another challenging year with the Covid Pandemic and the various restrictions, lockdown, opening up and lockdown again! The women we work with and their babies (when they arrived) needed our help more than ever, as restrictions increased so too did the incidence of domestic violence, isolation and family breakdown.

The team in Anew continued to provide accommodation, support, counselling, advice and housing services and as you can see from details in this Report, the service was as busy as ever, with excellent outcomes for the women and babies who come through our service.

However, we have seen many challenges such as increased demand for our services, eligibility issues, complexity of need and lack of accommodation options. The need for additional funding and staff is an ongoing problem.

We rely on trading income to bridge the gap of our funding and cost of services and to

cover important compliance and overhead costs. We manage the budget very carefully, and through the generosity of amazing donors we were able to keep our services going throughout 2021.

I would like to thank all the staff, volunteers, and our committed Board of Directors. I could not do my job without their support and expertise. Thanks to all the wonderful women who use our services; they are strong women who have come through very difficult times. I am truly humbled by their bravery and resilience. Thanks to our main funders the DRHE and Tusla who provide ongoing funding for our service, to the Hospital Saturday Fund, the Community Foundation of Ireland, The Ireland Fund and Fingal County Council who funded several projects in 2021. Last but certainly not least, a big shout-out of gratitude to all our corporate and local sponsors and supporters; we really appreciate your support!

**Marian Barnard**

## ABOUT US - WHO WE ARE

Anew is a charity (CRA 20022983) and a company limited by guarantee (CRO 494801), founded in 1981. We provide intensive emotional and practical support for pregnant women and new mothers, particularly those experiencing or at risk of homelessness. The women we work with have wide-ranging, complex needs.

Through participation in our programmes the women experience pregnancy and new motherhood in a safe environment. The women and their babies are supported to make secure attachments and source a home, leading to better long-term outcomes.

We provide three categories of service:

1. Accommodation in Cherry Blossom Cottage, our Supported Temporary Accommodation - staffed 24 hours per day and offers intensive support services for up to four pregnant women and new mothers and their babies.

2. Day Services in Haven House in Dublin City which provides life skills training, peer to peer support, counselling, ICT facilities, housing support and information services.

3. Outreach Support Services to women in their own and emergency accommodation.

Our services are currently located in Dublin; however, we know there is a need outside Dublin, and we would like to be able to support women in other parts of Ireland. Due to lack of capacity as well as funding constraints around our accommodation we are currently unable to do this, but it is something we are actively pursuing.

### OUR AIMS

1. Provide preventative and early intervention support for better lifelong outcomes – to break the cycle of poverty and socio-economic disadvantage.

2. Improve post-natal health and well-being for mother and baby.

3. Reduce homelessness for pregnant women and new mothers.

4. Promote and protect the health, wellbeing and rights of the women and babies we work with.

**Last year, 41% of the women we worked with reported that they were victims of domestic abuse - but the reality is probably far higher.**

Our services are currently located in Dublin; however, we know there is a need outside Dublin, and we would like to be able to support women in other parts of Ireland.

## STRATEGIC PLAN 2021-2024

**During 2020 we carried out a Strategic Review involving directors, management, staff and other stakeholders to develop a three-year Strategic Plan, which is updated annually. At the end of each year the Board approve the Strategic Plan; a full copy of the current plan can be viewed and downloaded on our website [www.anew.ie](http://www.anew.ie)**

Anew's Strategic Plan is a working document which enables volunteers, management, and staff to focus on agreed goals, objectives, actions, and measurements for a three-year period. The development and maintenance of this document confirms the commitment of the Board to achieving the vision and mission of Anew through strategic planning and having a process in place to ensure that this Strategic Plan is at the heart of the organisation's culture and activities for the future.

This Strategy identifies our primary beneficiaries as pregnant women and new mothers, in particular, those who are experiencing or at risk of experiencing homelessness. The service evolution of Anew 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 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 primary beneficiaries, Anew keeps the mother and baby as the top priority and Anew's main objective is to improve post-natal outcomes for these women. One of our top objectives is a rapid exit from

homelessness and a move to sustainable and safe long-term homes.

**Based on the needs of our primary beneficiaries, we have identified the following services for development:**

### HOMELESSNESS

Expanding our current housing advice and accommodation service.

### PREGNANCY & PARENTING SUPPORTS

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 pregnancy and other events in their lives.

### CARE-LEAVERS

Developing a specific programme 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.

## THE WOMEN

The women we work with come from all backgrounds and difficult socio-economic situations. They are experiencing poverty, extreme social exclusion, and isolation.

In 2021, of the 61 women we worked with, most were in the age group 17 to 30 (60%), with 15% older than this and 25% unknown. The majority of the women identified as Irish (62%), followed by 16% who identified as other nationalities (22% unknown).

The women are often first-time mothers and need specialised and intense support. Some have other children who are in the care system or residing with other family members. We work with a large cohort of Care Leavers (adults / adolescents who have spent time in care).

Many of the women are from marginalised groups such as the Traveller Community and Migrants.

Due to issues such as relationship breakdowns, domestic abuse, migrancy and different cultural backgrounds, almost all are parenting alone. Anew are the only charity in Ireland specialising in providing support and care to pregnant women, new mothers and their babies who are experiencing or at risk of homelessness in Ireland.

The women we work with fall into one or more of the following categories:

- First-time mothers
- Women with other children in care
- Care leavers
- Women experiencing domestic abuse
- Women experiencing homelessness for the first time
- Women In recovery from addiction
- Women with no or limited support networks
- Women experiencing relationship breakdowns
- Women experiencing loss of employment
- Women excluded from family and community because of pregnancy
- Women with mental and emotional wellbeing impacted by homelessness
- Women with physical and medical needs

Homeless women who are pregnant feel significantly more vulnerable and socially isolated and the level of specialised intensive care and support is required.

## BREAKING THE CYCLE

### PREGNANCY AND THE FIRST 1,000 DAYS

There is a growing body of evidence which shows that experiences during the first 1,000 days of life including pregnancy, can have life-long consequences for health and wellbeing which is where the work in Anew is particularly valuable.

Research carried out in the UK by the NSP-CC (2011) outlines how during pregnancy, a woman's mental and physical health, behaviour, relationships and environment all influence the intrauterine environment and the developing foetus. This can have a significant impact on the baby's wellbeing and long-term outcomes.

The research highlights that after birth, babies' brains and bodies continue to develop rapidly (during the first two years of life 700 new neural connections form in the brain every second) because of this, early experiences – positive or negative - can potentially have long term and far-reaching impacts. **Without firm foundations in infancy, success later in life can be more difficult.**

The first 1,000 days impact a child's health, learning, and executive function for the rest of their life. The Australian Itasca Project (2021) recognises that multiple factors drive healthy brain development, such as

adequate health and nutrition, exposure to language, parent bonding, mitigation of stress, and more. Deep inequities exist in accessing these conditions and experiences. **As a result, disparities across socioeconomic status first appear at just 18 months, as parents and families with low incomes need to focus on basic needs and babies are exposed to less enriching environments.**

The Itasca Project has defined four major factors in optimal brain development during those first 1,000 days that offer opportunities for intervention: health and wellness, knowledge and skills, community resources and support, and social determinants of health. These are:

1. Healthcare and age-appropriate nutrition for child and parents, includes mental and emotional support.
2. Learning principles to stimulate and support brain development.
3. Resources for parents and caregivers, including informal sources like peer mothers and family and formal sources like high quality childcare.
4. Foundational elements for children and families including steady housing, financial stability, food security, safety, reduction/elimination of pollution and toxins from ambient environment, etc.

The first 1,000 days impact a child's health, learning, and executive function for the rest of their life.

The supports we provide in Anew meet these defined needs in pregnancy and the fourth trimester for women in vicarious situations and can really help them to give their babies the best start to life. The interventions in Anew provide a real opportunity to break the cycle of intergenerational disadvantage and poverty for the women and their babies we work with.

### PREPARING FOR LIFE

Preparing for Life is a community-led prevention and early intervention programme operated by Northside Partnership.

The early intervention Preparing for Life programme aims to improve levels of school readiness in several designated

disadvantaged areas of Dublin, beginning during pregnancy and lasting until the children start school. Evaluated extensively between 2008 and 2016, results from the evaluation showed that the programme improved children's school readiness at age five in terms of cognitive development, physical wellbeing and motor development, social and emotional development, language development, and approaches to learning.

This study continues to be followed and evaluated so it will provide excellent longitudinal research that includes the pregnancy and fourth trimester which is where Anew feel interventions can be particularly effective.

### ANEW'S VISION

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.

### ANEW'S MISSION

ANEW provides quality, inclusive, professional, and compassionate support to any pregnant women and new mothers, 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.

## CHERRY BLOSSOM COTTAGE (CBC)

**In Anew we create the most nurturing and safe environment possible, and women often report to staff that when they arrive at the cottage, they “feel safe and can begin to enjoy their pregnancy.” The environment we create reduces mother’s stress, promotes well-being and reduces negative impact on her unborn baby.**

During their stay, women are supported to attend important ante and post-natal appointments as this can be extremely difficult and overwhelming when facing and experiencing homelessness. Each woman is allocated a keyworker who offers intense and specific support, including where possible accompaniment to essential appointments.

Keyworkers liaise closely with maternity hospitals, medical social workers and Public Health Nurses. This ensures continuity of care as well as reducing missed appointments for both mother and baby. Mothers are supported to attend immunisation appointments, developmental check-ups reducing the likelihood of childhood illnesses and further medical needs.

In line with Tusla's Supporting Parents: A National Model of Parenting Support, staff work closely with all the women to build on existing strengths and support positive parenting. For parents of children at risk of entering care, staff work with the women to maintain guardianship on an individualised basis with child protection as a top priority.

While resident in the cottage the women receive 24-hour care and the following supports which are not available in other homeless accommodation such as hubs and hostels:

- **Intense person-centred key working on one-to-one basis.**
- **Evidence-based support planning in collaboration with residents.**
- **Life skills – pregnancy and baby care, budgeting, relationships and cooking.**
- **Support with physical and mental health – including referrals to Maternity Mental Health as well as Anew’s Counselling Service.**
- **Bespoke programmes for women with children in care.**
- **Housing support – eligibility, HAP, other accommodation options and tenancy sustainment.**
- **Peer support programmes.**

Each woman is allocated a keyworker who offers intense and specific support.



## A TYPICAL DAY IN CBC

BY ANEW'S SOCIAL CARE WORKER

**I arrive to work at 8am and meet with the staff member who was working the evening and night before. We have a handover to communicate how the women's and babies' nights have been, plan for the day and review any case notes, issues and communications.**

Throughout the morning I check in with each woman and their babies and see if they need anything, We may need to help the women feed themselves and their babies after possibly a long exhausting night, or give support with her baby so the woman can rest or shower.

To empower the women I offer tips, advice and answer any questions on how she can do things on her own going forward. As most women we work with are new mothers, I offer support in areas such as baby development, advise on safe baby sleeping, making bottles and nappy changes and how to bathe baby. I also often help with practical tasks such as laundry and cooking.

In Anew we are aware of the how difficult it is during the 'fourth trimester' as women are adapting to being new mothers, lack of sleep as well as hormonal changes taking place. This can be exceptionally difficult for women as they can have little or no external supports. Emotional support is offered and feedback and observations on how well they are managing as new mothers is noted. I support women with any issues relating to their mental health or worries or concerns, they have. As a team we actively engage with midwives, medical social work-

ers, and local Public Health Nurses with and on behalf of the women to ensure they receive the best pre- and post-partum care possible.

Key working sessions usually take place after lunch. This is tailored to each woman's needs; we discuss what they feel they want or need support with.

The staff team plan programmes for the women including, life skills, cooking, and most importantly selfcare evenings. These include things like cultural cooking nights for meals under €10 and pamper evenings for the women.

Thanks to many kind donors we regularly receive lots of amazing essentials for new mothers and babies. We organise these and ensure they are shared with women in CBC as well as those on our waiting lists who need them most.

At 1.30pm a second staff member arrives and again a handover is given. This staff member follows up with the women they key-work and ensures that any plans for the evening are carried out. The same tasks are completed throughout the day to ensure continuity of care.

Our sleepover staff arrive at 8pm and carry out important health and safety checks ensuring our accommodation is safe and up to standard daily. Staff on shift help settle women and babies for the evening and are on hand throughout the night if a woman needs additional supports.

There is always a senior staff member 'on call' should any issues arise.

## OUTCOMES & IMPACTS - CBC

**We measure the impact of the work that we do in CBC using the evidence-based Outcome Star Measurement Tool. We use the "New Mum Star" which measures the changes the pregnant women and new mothers feel in nine areas of their lives.**

**During 2021, we measured outcomes for the 18 women who were resident in CBC in the nine areas of the Star at the start and end of their stay in CBC. The table below shows the progress using the nine areas.**

**CBC Residents Outcome Star Measurements in 2021**

	Made Progress %	No Change %	Dropped Back %
Life Skills	100		
Health & Well Being	80	20	
Looking after Your Baby	80	20	
Your Baby's Development	80	20	
Safety & Stability	80		20
Connecting with your Baby	80	20	
Relationship	20	80	
Family & Support Network	60	20	20
Goals & Aspirations	60	40	

During 2021, all 18 women we worked with showed progress in life skills. Health and Wellbeing are key areas of work in the cottage, 80% of the women showed improvements in this area with 20% showing no change, this is very much due to the care and support they receive in CBC.

As new mothers it is vitally important that they have the right skills to look after their new baby, understand baby's development and connect with baby. Often the women have not had role models in their own up-

bringing, and they do not have any family support so these areas can be unknown to them. Staff support the women with these elements of motherhood and 80% of the women made progress with 20% showing no change.

The women are often coming from very precarious situations such as domestic abuse and homelessness. Safety and stability are extremely important to ensure the women and their babies are in a safe and secure environment during this very

Length of Stay In CBC ranged from 1 month to 7 months with an average stay of four months

vulnerable time in their lives. In this area of work, 80% of the women showed progress but 20% reported that they had dropped back, this may be because the women sometimes do not initially recognise the danger they are facing until they have worked on some of the issues, and they feel worse about their situation.

Relationships with the baby's father and other key people are another area where women often do not recognise issues until they have done some work with their keyworker. This is shown in the outcomes with only 20% feeling they had made progress and 80% noting no change. Family support network is similar and support is often non-existent. Progress was reported for 60% of the women however 20% reported no change and 20% reported that this becomes worse. The women may only acknowledge difficulties as they work through things with their keyworkers so this may appear as a backward step initially.

For their future it is vital that the women have hope and are optimistic for their future. Anew staff work with the women to identify their goals and aspirations, particularly in the areas of returning to work and/or education as well as the essential need to secure a home. Progress in this area was 60% and 40% reported no change.

## TUSLA SPECIFIC OUTCOMES

In 2021 we worked with six women in CBC referred by Tusla Child Protection/Tusla Aftercare. Of these six women, three had other children in care with Tusla and three women were themselves care leavers.

As a result of the work done in Anew, two of the women began the process of reunification with their older children when they moved into their own homes. One other woman recently (2022) moved to alternative emergency accommodation and had her older child returned to her care. These outcomes illustrate how Anew actively "break the cycle" for these women and their babies.

In addition to the socio-economic benefit the costs savings to the state of keeping families together is significant as the cost of a child in care ranges from €353 weekly in foster care up to €7,000 in private residential care settings.

The benefits of CBC for pregnant women with complex needs are recognised by Tusla social workers; in 2021, five cases referred to Anew were open to Tusla's Duty Social Work and due to the high level of support and interventions provided in Anew all five cases were closed shortly after admission to CBC.

## THE WOMEN CASE STUDY 1 – MARIA

**Background:** The woman, in her early 20s with Tusla involvement was referred to CBC from a Maternity Hospital at 21 weeks pregnant; her baby had been diagnosed with a serious medical condition, making it a high-risk pregnancy. When her tiny baby was born he was kept in a high dependency ward in the hospital due to ongoing serious medical needs. The baby had to undergo numerous treatments, tests and scans.

This woman had a complex social history; she had experienced severe domestic violence by an ex-partner who had been incarcerated for murder previously, she had a history of drug use but was working well with addiction services on completion of residential rehab and she was engaging well in CBC.

The woman had a young daughter who was in the care of one of her parents. The family situation was difficult, with one parent recently diagnosed with a terminal illness and other health issues and she had a difficult relationship with her other parent who had alcohol dependence and depression.

There was Childhood trauma and CSA; she attended CAHMS from age 14 to 18. She was currently not in a relationship and the father of this baby was not involved.

The woman had very little support and was exhausted by trying to manage this very difficult situation. She attended the hospital to visit her baby; she never missed a day since her baby was born. On discharge it was expected that the baby would have very high needs. While she did not have guardianship, she was very much part of her other child's life also and was trying to manage this.

### Hardicker Model Level of Need: 3

*This Case Study is based on a real woman and her experiences, but has been anonymised to protect her privacy.*



In 2021 there were 18 residents in CBC. 72% secured homes under the Homeless Housing Assistance Programme. 27% had planned moves to Family Hubs based on their individual needs.



## THE WOMEN CASE STUDY 2 – AOIFE

The woman who was just 20 with Tusla involvement was referred to CBC by a medical social worker from the maternity hospital and moved to CBC. She was effectively homeless since her baby was born as well as during her pregnancy. Following her baby's birth, she moved to live with her mother; however due to longstanding relationship difficulties this broke down and she returned to live with her baby's father.

She was assaulted by her baby's father and following this she moved around her own family members however there was domestic violence in these homes and it was not safe.

She was not eligible for emergency DV accommodation due to living with family and there were no refuges available to advocate for her placement.

The woman had a fractured relationship with her family. She had been the victim of sustained emotional abuse and recent physical abuse by her baby's father which resulted in her having to leave his accommodation. She had social work involvement as a child and there were concerns for her baby prior to and up until his birth.

The woman's baby was listed as active

*This Case Study is based on a real woman and her experiences, but has been anonymised to protect her privacy.*

on the CPNS under the category of emotional abuse due to DV concerns in her relationship, drug use and concerns about her ability to emotionally regulate at times during her pregnancy.

The woman also struggled with an eating disorder and had a lot of therapy in her life for her mental health and childhood trauma. Ongoing support was needed for her as she learned and grew as a new mother.

In this case the baby was born prior to moving into CBC and this was a short-term agreement between Anew, Tusla and CPS to allow the woman time to avail of intense supports to allow her baby to remain in her care.

**Hardicker Model Level of Need: 4**

The woman was not eligible for emergency DV accommodation due to living with family and there were no refuges available to advocate for her placement.

## THE WOMEN CASE STUDY 3 – GABRIELA

**Background:** The woman in her 30s had experienced much trauma in her life and was in recovery from addiction. She had two other children in care. Tusla referred this woman to Anew to support her so that her baby remained in her care. If she had not moved to CBC, her baby most likely would have entered the care system.

Anew's staff did a lot of pre-entry work with this woman prior to her moving to CBC. This enabled staff to build a trusting working relationship with her. She engaged successfully in the parenting programme in Anew. As a result, her baby remained in her care.

The relationship with her baby's father broke down while she was residing in

CBC. Staff supported her through this. She had an older child who died and shortly after moving on from CBC her father died.

She moved into her own home and she still engages with Anew. Her baby remains in her care.

**Hardicker Model Level of Need: 4**

## CASE STUDY 4 – TINA

**Background:** The woman, who was aged just 40 was referred to Anew from National Rehab Hospital (NRH). The woman who was originally from South America arrived in Ireland just before the pandemic. She arrived in Ireland on a student visa and had an older daughter who lived with her sister in her home country; she planned to bring her to Ireland in the future. English was the woman's fourth language.

Shortly after returning from visiting her family in South America, she had a stroke. The woman was in St James's Hospital before being transferred to NRH. She was then referred to Anew by the Medical Social Worker who had concerns regarding her entering emergency homeless service after having her baby.

She gave birth by section to her baby. Staff offered high levels of support as she was recovering from a section as well as a stroke. The woman's determination to get better, along with intense staff support allowed her to make an excellent recovery.

She moved on to a Family Hub which was approved on medical grounds.

While it was planned that she would move to a Family Hub due to lack of housing options, the move out was in response to a situation where a pregnant woman was sleeping in her car. Our Housing Officer worked with CPS on this to ensure the best possible Family Hub was sourced to allow the pregnant woman in crisis to move into our STA. The woman continues to engage in Anew's Day Services.

**Hardicker Model Level of Need: 2**

*These Case Studies are based on real women and their experiences, but have been anonymised to protect their privacy.*

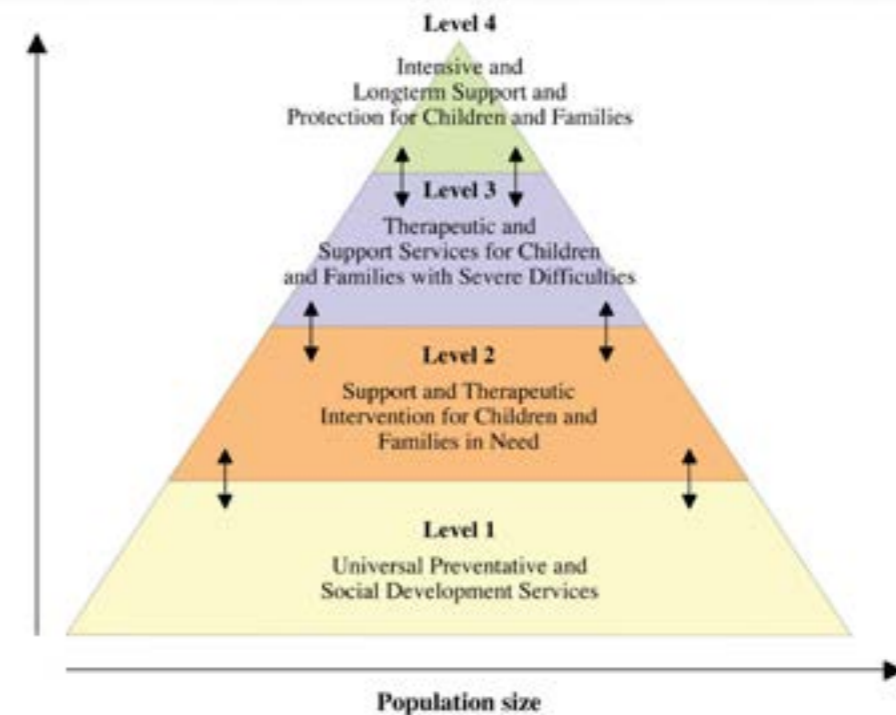
## INTENSE SPECIALISED SUPPORTS OFFERED BY ANEW

Specialised Supports are individualised, person-centred holistic interventions

- Pre-entry work prior to move into CBC
- Medical support and liaising with medical staff as required.
- Support planning for the arrival of baby
- Emotional and mental wellbeing support
- Physical support with baby after the birth
- Communication and advocacy support
- Accompaniment to medical appointments
- Recovery support
- Intense parenting and child development support
- Liaising with migrant services and support with housing options and Stamp 4 applications
- Housing and accommodation advice and advocacy

## HARDIKER MODEL OF CARE

We use the Hardiker Model as the basis for our care plans in Anew. The women's needs are assessed using this model.



### Sources of referral for Anew:

36% Maternity Hospitals

30% Self-Referral

12% Other NGOs

11% DV Services

8% TUSLA

3% Central Placement Services



## HAVEN HOUSE



**Our Day services in Haven House offer supports to women who have moved on from CBC as well as those on our waiting list.**

Day Services were reduced in 2021 due to pandemic restrictions. However, we have seen an increase of women re-engaging with the programmes in Haven House due to isolation. Some of the women are in their own homes while others are in family hubs and other emergency accommodation.

### Services in Haven House

Group and one to one support

Life skills – cooking, budgeting

Pregnancy and parenting support

Support with physical and mental health

Anew's counselling service

Peer support programmes

Housing support – information and support around housing eligibility, HAP, other accommodation options and tenancy sustainment

Face-to-face elements of the service in Haven House were disrupted in 2021 due to lockdowns and restrictions.

## HOUSING AND OUTREACH SUPPORT

In 2021, our Housing Support Officer worked intensively with 18 residents from CBC. At the end of 2021, fourteen of these women had progressed to their own homes, two had progressed to alternative homeless accommodation and two were still residents in CBC.

She also provided intensive emotional and practical support to 61 additional women, who we could not accommodate due to capacity, eligibility, timing and other numerous and unique situations.

Our staff support every woman that contacts our service in some way; there is always a need for emotional support as the women are stressed, isolated and frightened due to being pregnant in less than ideal circumstances and at risk of homelessness. However, unless the women move into CBC or attend our Day Services we are limited through time and capacity in offering much-needed support around

pregnancy and the impact of homelessness on the physical and mental health and wellbeing of the women and their babies.

We only track progress on referrals to CBC as we do not have capacity to track the referrals that need outreach support, although we do maintain records of our work with them.

The need for our service is particularly evident with women who are residing in Family Hubs and other emergency accommodation as there are no parenting or family supports offered. The outreach element of our service is severely limited due to staff constraints as our Outreach Social Care Worker is often needed to provide cover in CBC. We believe this element of our service is key in terms of providing early intervention for children experiencing homelessness and the adverse effects of this on early childhood and development.



## PROJECTS

As well as running the charity and providing much-needed services for the women and babies we work with the staff in Anew work on various projects to improve and grow the organisation. In 2021 we worked on the following projects.

### IT Room in Haven House

Through funding from the Community Foundation of Ireland we were able to set up an IT Room in Haven House. This will enable the women to access IT equipment such as computers, screens and printers, as well as free WiFi.

### Launch of Annual Report 2020.

The actress Claire Dunne worked with Anew previously on our animation and based her film 'Herself' on the situation that many of the women we work with find themselves in. We were delighted that she launched our annual report for 2020.

### Re-activation of our online presence and communication plan.

Specky Scribbler and Molly Sterling came on board for this project funded by the Community Foundation of Ireland. They re-activated our social media on Instagram, Facebook, LinkedIn and Twitter, as well as setting up a mailing list and starting a quarterly newsletter.

Once this was all complete, Molly stayed on to maintain our online presence and to raise the profile of Anew. During 2021 Molly organically grew our Instagram account to 900 followers and engaged with 600 people on Facebook. She continued our engagement on Twitter and shared important updates across all platforms.

## THE COVID-19 EMERGENCY

**Covid 19 continued to be present during 2021, but with the emergence of vaccinations, it was easier to manage. However, our staff still had to work in very challenging conditions. Restrictions meant lone working so it could be very isolating for staff and the women we work with.**

**Working in partnership with the HSE, DRHE and other organisations in the Homeless Network we followed all government advice and remained opened despite the on again off again restrictions.**

**Fingal County Council and Tusla funded us to install air purifiers within our day services and in Cherry Blossom Cottage. We were also able to develop our outdoor areas for people to be able to work and socialise outside.**

Some services and projects could not be fully implemented during Covid. Our day services in Haven House, in particular restarted some programmes but had to close a few times and resume where possible. This was very challenging for staff and for the women but we maintained the services wherever possible and maintained contact with the women and their babies via visiting support.

## HOUSING ACTION PLAN

Homelessness was at an all-time high in Europe in 2021, with a 70% increase in homelessness in the EU over the past 10 years. Homelessness is one of the most severe forms of poverty, caused by a combination of structural, institutional, and personal factors. Member states should decriminalise homelessness and provide equal access to public services such as health care, education, and social services.

To put an end to homelessness, the European Commission has committed to support member states, improve monitoring, continue to provide funding, and present an EU Framework for National Homelessness Strategies. Member states are also recommended to adopt the principle of Housing First, which helps reduce homelessness significantly by introducing action plans and innovative approaches based on the concept of a home being a fundamental human right.

On 21 June 2021, Ireland Housing Minister, Darragh O'Brien, signed the European Declaration on combatting homelessness. This provides a means for EU Member States, the European Institutions and stakeholder bodies to work together in addressing homelessness. The Declaration commits all signatories to working towards the ending of homelessness by 2030. It is the first time such a structure has been put in place at a European level to deal with homelessness.

Figures from the government's Homeless Report for January 2022 show that there are now 6,587 adults, 1,119 families and 2,563 children homeless, meaning more than 1 in 3 people who are experiencing homelessness in Ireland is a child.

'Housing for All - a New Housing Plan for Ireland', the government's housing plan to 2030 was launched on 2nd September 2021. It is a multi-annual, multi-billion euro plan which will improve Ireland's housing system and deliver more homes of all types for people with different housing needs. The government's overall objective is that every citizen in the State should have access to good quality homes.

Anew's services fall under the second pathway of "Increasing Social Housing Delivery and Supporting Social Inclusion" and as such the strategic objectives of Anew will work in tandem with the Plan towards eradicating Homelessness by 2030 keeping the targets of this pathway uppermost when we are planning our own goals, objectives and actions.

The government's overall objective is that every citizen in the State should have access to good quality homes.

## CHALLENGES

### DEMAND

The actual number of pregnant homeless women in Ireland is unclear as they are not categorised separately in homeless figures. We have been working closely with Senior Medical Social Workers specifically Inclusion Health in Dublin based Maternity Hospitals who have highlighted how difficult it is to ascertain if a woman is homeless when attending the hospital. They are actively working on developing staff training around this as well as capturing this information better.

Homelessness is often not the biggest risk factor - addiction, foetal anomaly, domestic violence is generally higher. Social Workers noted that many women do not disclose if they are at risk of, or experiencing homelessness, and the numbers are likely to be significant, indicating a huge unmet need.

### WAITING LIST

We do not actively promote or advertise our service and yet there is always a waiting list of high-need pregnant women who require accommodation with additional supports during their pregnancy and into new motherhood. Our waiting list refers to women who require and are eligible for accommodation and intense pregnancy and post-partum supports in CBC. Due to the transient nature of pregnancy the waiting list changes, but we can always fill CBC at least twice.

### ELIGIBILITY

Many women present as homeless for the first time as a direct result of their pregnancy but can only access CBC from 12 weeks on and Family Hubs from 20 weeks. As a result, we often cannot accommodate pregnant women when they need it most.

We have seen an increase in referrals for pregnant women / new mothers who have older children. They need support around their pregnancy and also support to parent their older children who are often in the care of other family members or in the care system. Anew provide bespoke parenting programmes for these women, however we cannot offer accommodation and we have insufficient staff to offer outreach support for these families.

### COMPLEXITY OF NEED

All the women referred to us present with complex situations and needs including but not limited to one or more of the following:

- **Addiction**
- **Mental and physical health issues**
- **High risk pregnancies**
- **Care leavers**
- **Extreme isolation**
- **Domestic abuse**
- **Migrancy and language barriers**
- **Women whose children are at risk of entering the care system**

- **Women with other children in care ie. child protection and welfare concerns**
- **Lone Parenting – every woman we worked with in the past 12 – 16 months is parenting alone.**

Most women present at Level 3 to 4 on the Hardiker Model with high support needs. Over the last four years the level of need has increased consistently, and this continues to be the case.

Women with complex needs require supports outside CBC such as hospital visits, social worker meetings, court attendances etc.. The women are often extremely isolated and have little to no external support systems, so these external supports are vital. With our current staff, we are limited in what we can provide to residents outside of CBC. Our Outreach Social Care Worker and Social Care Workers cover shifts in the cottage and run programmes in Haven House. They work on a lone basis, therefore, there is little capacity to offer supports outside of CBC and Haven House, which are required for women with such high needs.

Staffing constraints are particularly evident during periods of social care staff leave where we rely on Support Workers to cover this leave in CBC. Support Workers (DRHE funded) have specific roles and do not have the specialised training and skills that the Family Support and Social Care Workers (Tusla funded) have and which are necessary to meet the increasingly complex needs of the women.

### RISK

Pregnancy while homeless is a very profound event for any woman but for those already in precarious living situations, such as living within an environment of domestic abuse and/or unsuitable accommodation, it often represents a crisis and a high-risk situation where mother and baby need support and a safe place to go through the pregnancy and new motherhood.

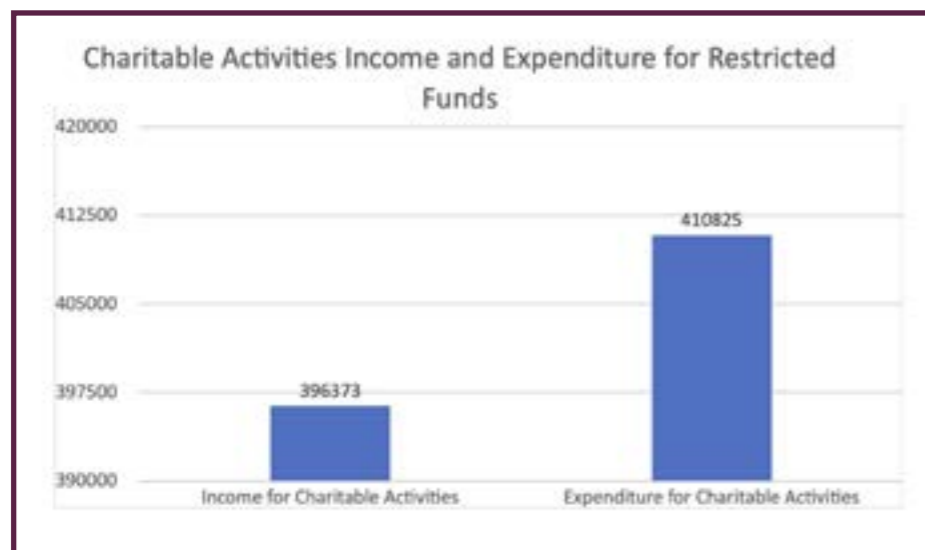
Anew can reduce the risks associated with being homeless and unsupported during pregnancy in our specialised service. While we have limited capacity in our STA, if we had more staff, we could replicate the intense supports offered in CBC on an outreach basis to women in other services and reduce the risk for these women and their babies.

### ACCOMMODATION OPTIONS

We were unable to accommodate many of the referrals to our accommodation service in 2021 due to lack of capacity, as we only have four beds. In addition, there has been a significant block to 'move-ons' in 2022. This is due to the increasing numbers of homeless families, lack of properties, as well as the Ukrainian Refugee crisis. There are few female beds in Family Hubs and limited Social Housing or Private Rented properties available for Homeless Housing Assistance Programme (HHAP). This is an extremely traumatising situation which negatively impacts pregnancy.

## PLUGGING THE GAP

We are funded by TUSLA and Dublin Regional Homeless Executive to run our services, with a 5% contribution to overhead costs. In 2021, even with the support of the stability fund, we had to contribute €14,452 from our own funds to meet the needs of the charitable activities. This gap will be wider in 2022, and we will be eating into our reserves. In addition to this, our trading income covers 70% of the CEO's salary and other compliance costs.



## TRADING AND OTHER INCOME

We have a charity shop in Thurles, which has been run for the past 10 years by the dedicated Moira Morrissey and a small team of volunteers and TÚS workers. It provides a consistent source of income for the charity.

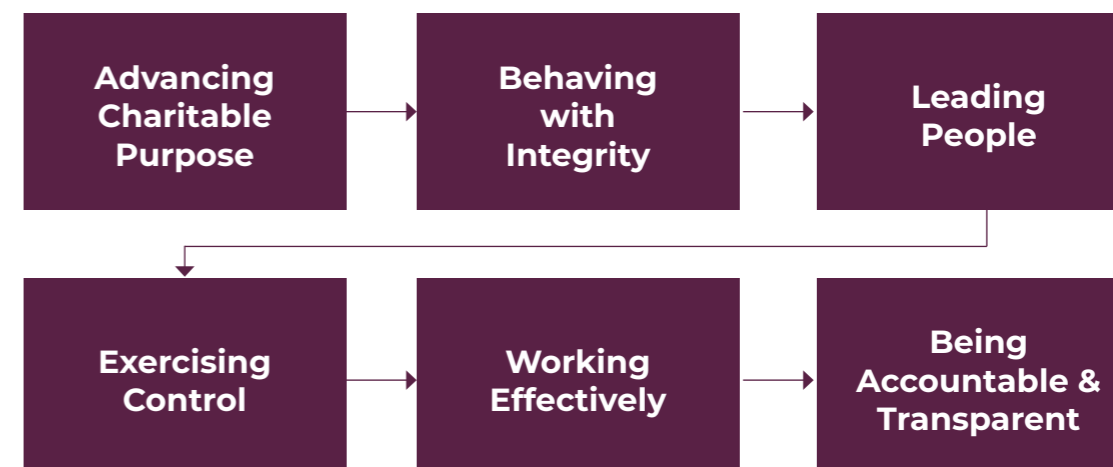
In 2019 we made the decision to rent out our offices on Tara Street, Dublin to provide much-needed income to fund the charity.

Fundraising and corporate donations are also important income streams and any contributions in these areas are gratefully received.

Without these income streams we would not have the resources required to run the organisation. Sincere thanks to all who help us manage these income streams.

## GOVERNANCE

Good governance is critical for the proper functioning of any charity, and Anew takes this very seriously. Anew is compliant with the Charities Governance Code.



As a registered charity (Charity No. 20022983), Anew Support Services CLG is regulated by the Charities Regulatory Authority and adheres to the Charities Act 2009. As part of this we confirmed compliance with the Charities Governance Code in 2021.

The Code encompasses the minimum standards we must meet to effectively manage and control the charity. Good governance involves putting in place systems and processes to ensure that the charity achieves its charitable objectives with integrity and is managed in an effective, accountable and transparent way.

The Board of Directors are responsible

for the governance of Anew and ensure that the six principles of the Charities Governance Code are being applied.

Due to its size and complexity, Anew is classed as a Complex organisation in relation to the Code and as such satisfies all 49 standards of the Code, based on the six principles above.

Anew also adheres to the following compliance requirements:

- **Tusla's Governance Framework.**
- **DRHE's National Quality Standards Framework**
- **As an Approved Housing Body (AHB), Anew is regulated by the Housing Regulator.**

## THE ANEW BOARD

Claude Daboul - Chairperson

Stephen Moore - Director

Wayne Tyrrell - Secretary (joined March 2022)

John Hanafin - Director

Joanne Ryan - Director

Fiona Barry - Director

Helen McEvoy - Director

Nives Paic - Director

Moira Morrissey - Director (retired May 2022)

## ANEW PERSONNEL

CEO – Marian Barnard

Finance Officer – Sharon Culliton

Senior Service Manager – Danielle Gannon

Housing Support Officer – Genevieve Kelly

Team Leader – Norma Fitzgerald

Social Care Worker – Grainne Bollard

Social Care Worker – Niamh Rogers

Social Care Worker – Caroline Snowe

Support Worker – Cassandra Lottering

Support Worker – Patricia Apolott

Support Worker – Alan Fitzgerald

Support Worker – Norma Guidan

Support Worker – Kate Lennox

Counsellor – Dawn Kenny

Counsellor – Debby Rogers

Nicola Foster – Payroll Provider

Social Media – Molly Sterling

Digital Support - Conor O'Hagan

IT Support - Glitch IT

## STATEMENT OF FINANCIAL ACTIVITIES

(INCORPORATING INCOME AND EXPENDITURE ACCOUNT) FOR THE YEAR ENDED 31 DECEMBER 2021

Note	Unrestricted funds	Restricted funds	Total funds	
	2021 €	2021 €	2021 €	2020 €
<b>Income from:</b>				
Donations and legacies	8,192	1,516	9,708	13,475
Charitable activities	-	394,857	394,857	399,975
Investments	57,160	-	57,160	28,350
Trading activities	35,085	-	35,085	27,084
<b>Total income</b>	<b>100,437</b>	<b>396,373</b>	<b>496,810</b>	<b>468,884</b>
<b>Expenditure on:</b>				
Charitable activities	55,252	410,825	466,077	463,321
Trading activities	9,074	-	9,074	6,284
<b>Total expenditure</b>	<b>64,326</b>	<b>410,825</b>	<b>475,151</b>	<b>469,605</b>
<b>Net income/(expenditure)</b>	<b>36,111</b>	<b>(14,452)</b>	<b>21,659</b>	<b>(721)</b>
<b>Net movement in funds before other recognised gains</b>	<b>36,111</b>	<b>(14,452)</b>	<b>21,659</b>	<b>(721)</b>
<b>Other recognised gains:</b>				
Gains on revaluation of fixed assets	125,000	-	125,000	69,224
<b>Net movement in funds</b>	<b>161,111</b>	<b>(14,452)</b>	<b>146,659</b>	<b>68,503</b>
<b>Reconciliation of funds:</b>				
Total funds brought forward	478,984	(8,987)	469,997	401,494
Net movement in funds	161,111	(14,452)	146,659	68,503
<b>Total funds carried forward</b>	<b>640,095</b>	<b>(23,439)</b>	<b>616,656</b>	<b>469,997</b>

## BALANCE SHEET

AS AT 31 DECEMBER 2021

	2021 €	2020 €
<b>Fixed assets</b>		
Tangible assets	4,151	1,751
Investment property	550,000	425,000
<b>Current assets</b>	<b>554,151</b>	<b>426,751</b>
Debtors	31,196	6,919
Cash at bank and in hand	91,382	107,071
	122,578	113,990
Creditors: amounts falling due within one year	(60,073)	(70,744)
<b>Net current assets</b>	<b>62,505</b>	<b>43,246</b>
<b>Total net assets</b>	<b>616,656</b>	<b>469,997</b>
<b>Funds</b>		
Restricted funds	(23,439)	(8,987)
Unrestricted funds	640,095	478,984
<b>Total funds</b>	<b>616,656</b>	<b>469,997</b>

Note: increase in funds in 2021 is due to the revaluation of our premises in Dublin

## THANK YOU



We are members of Treoir, the Irish Council for Social Housing and the Homeless Network.

Thanks to our tenants Beehive and Advic.





# Anew



anew support services



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anew support services



anew support services

**RCN No.** 20022983

**CRO No.** 494801

**CHY No.** 9172

**[www.anew.ie](http://www.anew.ie)**

**OPERATIONAL ADDRESS**

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113 Pearse Street  
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D02 AV80

Tel: (01) 635 1492

**REGISTERED ADDRESS**

International House,  
College Close,  
Tara Street,  
D02 AE33

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Design: Conor O'Hagan

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