



# ANEW SUPPORT SERVICES STRATEGIC PLAN 2023 – 2025

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## Abstract

This is Anew's Statement of Strategy for the period 2023 – 2025. 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 – 3 Dec 2022

Version 3

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## 1.0 | Executive Summary

This is Anew's Strategic Plan for the period 2023 – 2025. 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 vision and mission of Anew through strategic planning and to having a process in place to ensure that this 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. The women we work with have wide ranging complex needs and are level three to four on the Hardiker Model.

As the main stakeholder, Anew keeps the mother and baby as the top priority and through its unique service. We work intensively to support, safeguard and protect women, babies and children, particularly those at risk of or those experiencing homelessness, while supporting them to access appropriate housing and accommodation as soon as possible. We aim to:

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.

This is achieved by ensuring that pregnant women are supported through their pregnancy and early motherhood, practically through the provision of supported temporary accommodation and life skills and emotionally through intensive 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 areas for strategic development:

- Bespoke programmes of work around pregnancy and the "Fourth Trimester" through day services, accommodation, outreach and counselling.
- Accommodation – expanding our current housing advice and accommodation service.
- Parenting – ensuring that the women we work with are supported and educated in confident and positive parenting.
- Care-Leavers - developing a specific programme for care-leavers, who by their nature are classed as "at risk of homelessness" category, particularly when they become pregnant.
- Bespoke programmes for 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 four 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 2023 to 2025**

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 experiencing homelessness. We work intensively to support, safeguard and protect women, babies and children, particularly those at risk of or those experiencing homelessness, while supporting them to access appropriate housing and accommodation as soon as possible. We aim to:

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.

We do this through the provision of housing advice, supported accommodation, key working, day services outreach support and counselling.

The women we work with are often from marginalised communities such as migrants, care-leavers, and members of the travelling community. They have often experienced abuse including physical, psychological, and sexual and many of them have come through deep trauma in their lives. Our aim is to support them through their pregnancy and into new motherhood by providing transitional accommodation, life skills and emotional support. We empower them to parent their children confidently, avail of strong social networks and secure sustainable accommodation.

The nature of a pregnancy and the complex needs of many of the women who use our services necessitates intensive support during the pregnancy and into new motherhood, with continued supports a stable home is created for these new families. Anew works closely with the women, their families and other agencies to ensure the best outcome for them and their babies.

## 2.1 Breaking the Cycle

One of our key objectives in Anew is to intervene to break the inter-generational transmission of poverty and disadvantage that the women we work with are experiencing, which then, are passed on to their children i.e. to “Break the Cycle.” As noted in the report of the World Health Organisation’s Commission on Social Determinants of Health (2008)<sup>1</sup>: *“Many challenges in adult society have their roots in the early years of life, including major public health problems such as obesity, heart disease, and mental health problems. Experiences in early childhood are also related to criminality, problems in literacy and numeracy, and economic participation.”*

It is a proven fact that early intervention can drastically improve life trajectory, the Perry Pre-school Project in the United States is the only study in the world to show evidence over a 40-year period and the Preparing for Life Programme operated by Northside Partnership in Dublin shows the effectiveness of interventions from pregnancy through early childhood. Research into the first 1,000 days of a baby’s life including pregnancy and the “Fourth Trimester” compounds this.

## 2.2 Evidence Based Early Intervention

### 2.2.1 The Perry Pre-school Project

The Perry Pre-school Project<sup>2</sup>, conducted from 1962–1967 led to a longitudinal study over 40 years that established the lasting human and financial value of early childhood education and found that at age 40, the participants who experienced the pre-school program:

1. Had fewer teenage pregnancies
2. Were more likely to have graduated from high school
3. Were more likely to hold a job and have higher earnings
4. Committed fewer crimes
5. Owned their own home and car

### 2.2.2 Preparing for Life

The early intervention Preparing for Life programme<sup>3</sup> 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<sup>4</sup>, 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.

### 2.2.3 Pregnancy and the First 1,000 Days

There is the 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 NSPCC (2011)<sup>5</sup> 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 and 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 Itasca Project (2021)<sup>6</sup> 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.

#### **2.2.4 The Itasca Project**

The Australian 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.

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 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.

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*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.*

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## **2.2 Homelessness**

### **2.2.1 EU Directive to end Homelessness by 2030**

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

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 2022, 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.

## 2.2.2 Homelessness in Ireland – National Strategy

Housing for All - a New Housing Plan for Ireland' is 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:

- To purchase or rent at an affordable price
- Build to a high standard and in the right place
- Offer a high quality of life

The government's vision for the housing system over the longer term is to achieve a steady supply of housing in the right locations with economic, social and environmental sustainability built into the system. It is estimated that Ireland will need an average of 33,000 new homes to be provided each year from 2021 to 2030.

The policy has four pathways to achieving housing for all:

1. Supporting home ownership and increasing affordability.
2. Eradicating homelessness, increasing social housing delivery and supporting social inclusion.
3. Increasing new housing supply.
4. Addressing vacancy and efficient use of existing stock.

The pathways contain actions to be taken by government departments, local authorities, Approved Housing Bodies, State agencies and others. The pathways are supported by actions to enable a sustainable housing system. Housing for All contains 213 actions which will deliver a range of housing options for individuals, couples and families.

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 to towards eradicating Homelessness by 2030 keeping the targets of this pathway uppermost when we are planning our own goals, objectives and actions.

## 2.2.3 Homelessness in Ireland – Women and Families

Figures from the Homeless Report Jan 2022<sup>1</sup> show that Nationally, there are now 1664 adults, 1119 families and 2,563 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>

## 2.2.4 Homelessness and Pregnancy

Crisis Pregnancy Agency<sup>4</sup> research confirms the findings of other Irish based studies highlighting 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 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".

Pregnant women experiencing homelessness are not recognised as a separate cohort under the National Strategy and they continue to be a largely hidden group in Ireland.

### **2.2.5 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." The numbers of pregnant women and new mothers experiencing homelessness are not identified in the Homeless Numbers distributed by the Department of Housing, Local Government and Heritage, however, we are aware that the numbers are worryingly high; one Maternity Hospital Social Worker we spoke to reported that she had a caseload of 59 women (Rotunda) and another reported a caseload of 141 women (National Maternity Hospital) for the period between January and August (2022). 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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## **2.3 Parenting**

### **2.3.1 Children and Families in Ireland**

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.

### **2.3.2 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, 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.

### **2.3.3 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 and 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.

### **2.3.4 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.

### **2.3.5 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. We recognise that the pregnant women and new mothers are very much "new families" and as such we classify the support we offer as "Family Support." As part of this the 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.

Our approach is an evidence-informed style of work that recognises the importance of relationships in delivering support services to families. In line with Tusla's "National Guidance and Local Implementation, Investing in Families; Supporting Parents to improve Outcomes for Children (2013)"<sup>7</sup>.

- Raising awareness of the importance of the parent/child relationship, the parent as expert in their child's care.
- Developing a respectful, non-judgemental working relationship between women and staff.
- Working with women on their perceived needs.
- Collaborating with women throughout the support process by using the Outcome Star Assessment tool.

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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 Perinatal Mental Health**

### **2.3.1 Background**

As many as one in five 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>.

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.

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.

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 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.

### **2.3.2 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. The 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 and Galway University Hospital.

Each hub hospital should have a specialist perinatal mental health service with multidisciplinary staff led by a consultant psychiatrist in perinatal psychiatry. In the remaining maternity units (13) referred to as "spokes", the liaison psychiatry team provides 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.

### **2.3.3 Perinatal Mental Health in Anew**

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 providing this support, while recognising and utilising the supports that are available within the National Specialist Perinatal Mental Health: Model of Care for Ireland are very clear.

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*Addressing 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 Background

The introduction of the 'Child Care Amendment Act 2015 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, but 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.

Tusla is committed to maintaining support to care leavers through the delivery of programmes enabling young people to adequately prepare for leaving care and ensure consistency of support 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 care leavers have developed a level of resilience to cope with the adversities that many face in adult life.
- They are encouraged and supported in training, employment and continuing in further and higher education.
- They establish themselves in suitable accommodation to 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.*

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. 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. It is undertaken with the young person/young adult and will assist and support the development of the aftercare plan.<sup>10</sup> Following an assessment of need the aftercare service provided can include:

- An allocated aftercare worker from age of 17 years up to age 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

## **2.4.2 Care Leavers in Anew**

All the categories of need as per Tusla's National Policy are integrated into Anew's support package for care leavers 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 aligned with Tusla's objectives, extending our services to fully meet the needs of this cohort is key to our 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 is heart 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. 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. Anew have linked in with Pause and follows 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

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

Anew is a charity: The Charities Regulatory Authority and The Charities Governance Code. (The Charities Act, 2009)	Anew has tax obligations: The Revenue Commissioners	Anew is a Company Limited by Guarantee: The Companies Registration Office. (The Companies Act, 2014)
Anew has lobbying activities: The Register of Lobbying (The Lobbying Act, 2015)	An Garda Síochána (Garda Vetting Legislation)	Anew is an Approved Housing Body: The Housing Regulator (The Housing Acts)
Internal and External Auditors	Anew is funded by Government Funders such as DRHE and TUSLA and Local Authorities	Child Protection (Children First Act 2015)
Health and Safety, Employment Legislation	General Data Protection Regulations	Accounting Standards (FRS102) and Statement of Recommended Practice (SORP)

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*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.*

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## 3.0 | ORGANISATION OVERVIEW

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 a pregnancy in difficult circumstances. Services included practical and emotional supports such as accommodation, counselling, parenting support, and life skills.

In the 1980s pregnant women, especially unmarried were ostracised, put out of the family home and left with no support. Anew helped these women through their pregnancy by providing support and 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. Anew provided these counselling services alongside parenting and practical support with accommodation and life-skills. In line with its ethos Anew did not provide referral for termination services should a women make the decision to have a termination.

As time went on the social situation in Ireland changed, pregnancy outside of marriage became acceptable and it became apparent that often the crisis many pregnant women were facing were practical, safety 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 of being pregnant outside of marriage 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 their home. Another significant issue was parenting support, many women reported feeling unsupported in this area, for example 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 and the Dublin Regional Homeless Executive 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 was 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 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.

Today, we work intensively to support, safeguard and protect women, babies and children, particularly those at risk of or those experiencing homelessness, while supporting them to access appropriate housing and accommodation as soon as possible.

We aim to:

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.



### 3.1 Organisational Details

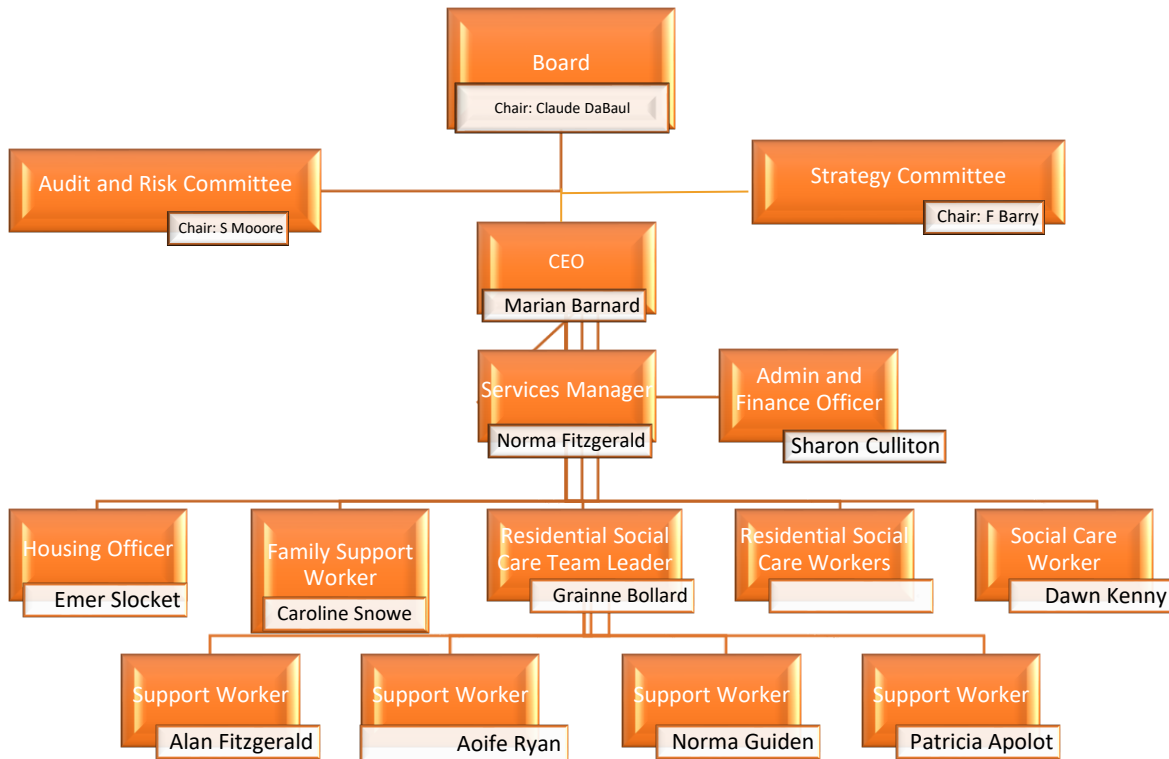
Anew has a staff of qualified managers, social care workers, support workers, qualified counsellor and other professionals working in partnership with women and their families to provide a sensitive, confidential and professional service. Anew is a company limited by guarantee and a registered charity. Funding for Anew is from several sources:

- The Dublin Region Homeless Executive (DRHE).
- Tusla – Child and Family Agency.
- Project related income from funds such as The Ireland Fund, The Lottery, The Community Foundation of Ireland etc...
- Earned Income Strategies such as income from a Charity Shop in Thurles and rental income from Anew's premises in Tara Street in Dublin.
- Other services are funded by donations from members of the public, fundraising activities and corporate donations.

Anew provides Day Services Haven House, our centre in Dublin, homeless accommodation in Cherry Blossom Cottage and outreach support services in Dublin City Centre and Swords. The services and activities provided by Anew are shown in Table 2 and staff structure is shown in Figure 2.

**Table 2 Anew Services and Activities**

Activity	Details	Location	Funder
Day Services	Peer to Peer Support, Counselling, Housing Advice and Tenancy Sustainment	Haven House, Dublin	Tusla, Hospital Saturday Fund, DRHE, Community Foundation of Ireland
Supported Temporary Accommodation (STA)	Key working and Interventions, Life Skills Classes, Pre-natal and Antenatal support	Cherry Blossom Cottage, Swords	DRHE, Tusla
Outreach	Key working and Interventions, Life Skills Classes, Pre-natal and Antenatal support	Various	Tusla
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 managers, administrators, social care workers, counsellor 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 13 paid personnel, consisting of the CEO and an administrator, service manager, team leader, an outreach midwife and two social care workers, one provides day services in Haven House and one supports the women in CBC, as well as providing visiting support. There is one counsellor who works in Haven House providing counselling services. Our Housing Officer is the first point of contact, she 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 external contractors, volunteers and workers from various employment schemes.

## 4.0| STRATEGIC ANALYSIS

### 4.1 VISION, MISSION, VALUES

**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.*

**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.*

**Values**

**Accountability** – *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.*

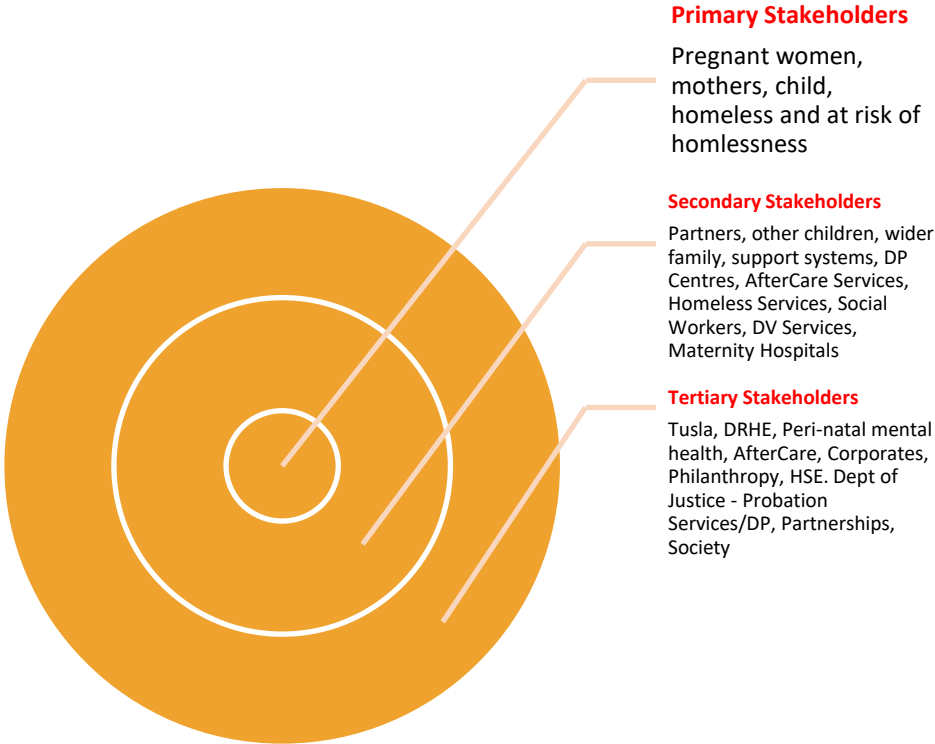
**Nurturing** - *We aim to bring out the potential in people including our staff as well as the women and families that we work with. We think, feel, listen, see and understand with those who use our services.*

**Empower** - *We strive make the women stronger and more confident, especially in controlling their life and realise their abilities and potential in life.*

**Welcoming** - *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.*

## 4.2 STAKEHOLDERS

Figure 3 – Anew Stakeholders



### 4.3 SWOT Analysis

Figure 4 – Anew SWOT Analysis



## 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 and expand our core 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 using the Capital Acquisition Scheme (CAS) or other to open a new accommodation unit for pregnant women at risk of homelessness or experiencing homelessness.	The ability to provide suitable support and accommodation for pregnant women at risk of homelessness or experiencing homelessness 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 accommodation and programmes for young care leavers throughout Ireland.	Provision of programmes and supported accommodation for pregnant care-leavers throughout 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	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.	To ensure that women pre and post birth who require therapeutic interventions are linked in through the National Specialist Perinatal Mental Health Services and under the Sharing the Vision Health Policy. Anew will source an appropriate service in-house or through other accredited services.	Ensure availability of therapeutic interventions where necessary, to support peri-natal mental health and address traumatic and deep-seated issues.

Ref	Context	Objectives	Outcome
1.5	Pregnant women and new mothers may not be eligible for CBC or may be unable to access our Day Services; Outreach "Family Support" assures that our services are accessible to all.	To have our professional team providing outreach "Family Support" in other areas of need such as direct provision, family hubs, hostels, prisons etc. throughout Ireland.	The extension of our Family Support services into other areas and locations will enable a wider range of women to avail of our services.
1.6	Pregnant women and new mothers 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 in all Anew's services.	To develop and improve outcome-based models of practice in Anew around intensive support with housing, life skills, parenting, key-working and counselling support.	All women who use the services of Anew 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 and helps to break the cycle of intergenerational disadvantage and poverty.

## 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 .	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.	<p>Sustainability for non-funded activities e.g. compliance audits and more.</p> <p>To provide services that are not funded through other funding streams.</p>



### GOAL 3 - Operational Excellence

*Anew is working in an environment of quality standards together with increased 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. 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	Breaches of governance in the charity sector have highlighted the increased need for proper control, oversight and reporting in those organisations.	To maintain compliance with the Charities Regulator's Governance Code and Fundraising Principles .	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.
3.2	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.
3.3	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.
3.4	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 it is aligned with its purpose and client proposition and that there is an adequate designation of roles and responsibilities.	Improvement to the overall effectiveness of the organisation together with a strong emphasis on positive culture and behaviours.

## GOAL 4 - 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
4.1	Many people have never heard of Anew.	To Raise the profile of the organisation for the women who need it most.	To be the organisation of choice for women who want to continue with their pregnancy
4.2	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.
4.3	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 using the Capital Acquisition Scheme (CAS) to open a new accommodation unit for pregnant women at risk of homelessness or experiencing homelessness.	<p>Identify and lobby key decision makers within Government, local authorities, Tusla and other funding bodies to obtain funding for new accommodation and staff.</p> <p>Attend conferences and networking events to build up relationships with Government Departments, the Housing Regulator, corporates and other potential supporters such as the Irish Council for Social Housing.</p> <p>Engage proactively with Tusla/DRHE to replicate current model of service for homeless accommodation for pregnant women in Dublin and throughout Ireland.</p> <p>Submit proposals to Tusla /DRHE managers and Commissioning Departments.</p> <p>Collaborate with the Homeless Network/Tusla Networks in Dublin and other NGOs around Ireland.</p>	<p>The ability to provide suitable support and accommodation for pregnant women at risk of homelessness or experiencing homelessness in line with increasing demand for services.</p>	<p>Contact and follow up annually with five key decision makers with recorded outcomes – CEO and Management Team, (ongoing).</p> <p>Obtain contact details of two relevant people per event and follow up record same – CEO and Management Team, (ongoing).</p> <p>Secure an additional house in Dublin and funding to support this – CEO/Services Manager Q3 2023.</p>

Ref	Objectives	Actions	Outcome	KPI's
1.2	To extend our accommodation service to include accommodation and programmes for young care leavers throughout Ireland.	<p>Utilise current and new contacts in Tusla or other agencies and organisations 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>	Provision of programmes and supported accommodation for pregnant care-leavers throughout Ireland.	<p>Contact and follow up with five key decision makers per quarter and record same – CEO and Management Team, (ongoing).</p> <p>Secure one unit for care leavers – CEO/Services Manager Q1 2023.</p>
1.3	To include programmes within our services to support women with children in care.	<p>Set up 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>Publicise Anew's Programme for Women with Children in care to start in Service-Manager/FSW, Q1 2023.</p> <p>Apply for funding for the above programmes – Service Manager/CEO, Q1/2 2023.</p> <p>Apply for funding to carry out a scoping exercise– Service Manager/CEO, Q2 2023.</p>
1.4	To ensure that women pre and post birth who require therapeutic interventions are linked in through the National Specialist Perinatal Mental Health Services and under the Sharing the Vision Health Policy. Anew will source an appropriate service in-house or through other accredited services.	In collaboration with Medical Social Workers develop a Perinatal Mental Health Pathway within Anew and identify service needs for the women we work with.	Ensure availability of therapeutic interventions where necessary, to support perinatal mental health and address traumatic and deep-seated issues.	<p>Produce a Perinatal Pathway Document - Service Manager, Q1, 2023</p> <p>Apply for HSE or other funding for therapeutic support services – Service Manager/CEO, Q1 2023.</p>

Ref	Objectives	Actions	Outcome	KPI's
1.5	Pregnant women and new mothers may not be eligible for CBC or may be unable to access our Day Services; Outreach "Family Support" assures that our services are accessible to all.	<p>Develop a programme of outreach support service in direct provision, family hubs, hostels prisons and other accommodation</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>	<p>The extension of our social care services into other areas and locations will enable a wider range of women to avail of our Family Support services.</p>	<p>Produce a programme of Outreach support . The first plan by Q1 2023 and the remaining three in quarterly monthly instalments - Services Manager</p> <p>To develop and roll out two new workshops by Q1 2023 and an additional four by Q4 2023 to populate a calendar of training events for 2023 – Services Manager.</p>
1.6	To provide ongoing support to pregnant women and new mothers 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 2023 provide housing support from HH – Housing Case Worker,. (ongoing)</p> <p>In 2023, to deliver three parenting courses per year to Anew service users – Social Care Workers. (ongoing)</p> <p>Through 2023, deliver 3 parenting courses per year to marginalised groups and source funding for same – Social Care Workers/Service Manager. (Ongoing)</p> <p>Housing Outcomes – aim for 70% move on to HAP and 30% to Hubs.</p>

Ref	Objectives	Actions	Outcome	KPI's
1.7	To develop and improve outcome-based models of practice for all Anew's services 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>	<p>All women who use the services of Anew can avail of intensive support around housing, life skills and parenting until they gain the confidence to move on.</p> <p>This ensures better outcomes for the women and their children and help break the cycle of intergenerational poverty and disadvantage.</p>	Throughout 2023 review and assess effectiveness of all practice models biannually and submit report to the CEO – Services Manager, (Ongoing).

**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 three substantive government applications – annually – Management Team. (ongoing)  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 activities that Anew can charge for (separate to funded services).such as Thurles Charity Shop, Thriftify and other on-line platforms.  Maintain Tara Street Rental and Room rental (Advic).	Reduced reliance on traditional state funding sources albeit for a smaller portion of the funding needs.	Earned Income to raise €90,120 - 2023 €100,000 – 2024 €110,000 - 2025  Through earned income strategies.

Ref	Objectives	Actions	Outcome	KPI's
2.3	To develop and implement of a Fundraising Strategy.	<p>Support the CEO to build and expand our current fundraising strategy.</p> <p>Management team and board to implement a comprehensive Fundraising Strategy using corporate partnerships, social media, fundraising initiatives.</p> <p>Maintain a grant data base identifying grant agencies, project descriptors, resources and templates.</p>	<p>Ensure sustainability for non-funded activities e.g. compliance audits and more.</p> <p>To provide services that are not funded through other funding streams.</p>	<p>To build and expand our fundraising strategy with the help of an external expert.</p> <p>Through corporate partnerships, social media, fundraising initiatives to raise the following (net of fundraising costs):</p> <p>2023 - €25,000</p> <p>2024 - €37,500</p> <p>2025 - €56,250</p> <p>Using the grant database apply for projects and grants linked to the aims and objectives of Anew and this strategic plan:</p> <p>2023 - 5 grants €2k to €10k</p> <p>2023 - 2 grants €11k to €100k</p> <p>2024 – 7 grants €2k to €10k</p> <p>2024 - 3 grants €11k to €100k</p> <p>2025 - 10 grants €2k to €10k</p> <p>2025 – 4 grants €11k to €100k</p>



**KPIs for GOAL 3 – Operational Excellence**

Ref	Objectives	Actions	Outcome	KPI's
3.1	To be compliant with the CRA Governance Code and Fundraising Principles.	<p>Complete annual 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.	All board meetings to continue to assess and monitor compliance to the governance code. (ongoing)
3.2	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, Q1 2023. (ongoing)</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 2023. (done for 2022, will be done for 2023 updated document)</p> <p>Develop IT system as a platform to hold contacts, fundraising, clients, and service statistics - CEO/Service Manager Q2 2023 (ongoing)</p>

Ref	Objectives	Actions	Outcome	KPI's
3.3	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 2023. (Ongoing)</p> <p>To collect, review and action feedback from staff and report to the board – CEO/Service Manager annually. (Ongoing)</p>
3.4	To have a regular review of the organisation design to ensure that it is aligned with its purpose and client proposition. and that there is an adequate designation of roles and responsibilities.	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 (done as part of the review of this plan).

## KPIs for GOAL 4 - Effective Communication

Ref	Objectives	Actions	Outcome	KPI's
4.1	To Raise the profile of the organisation for the women who need it most.	<p>To be named on "My Options" as an organisation to support the continuation of the pregnancy.</p> <p>Link in with other agencies such as the Teen Parents Support Programmes, School Completion Programmes and other national bodies working with our cohort.</p>	To be the organisation of choice for women who want to continue with their pregnancy.	<p>Organise to meet with the organisers of "My Options" and propose our addition to the site. CEO/Services Manager Q1, 2023.</p> <p>Ongoing meetings with National Organisations such as TPSP, Services Manager/all Service staff.</p>
4.2	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>New Communication plan to be completed – Q1, 2023 – CEO.</p> <p>Social Media messaging linked into communications plan to be commenced in Q1, 2023 and on-going – CEO/Services Manager.</p>
4.3	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>CEO and 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. – CEO/Service Manager/Social Care Team. (ongoing)</p> <p>Ensure participation in one documentary/TV/Radio/Media show highlighting our services CEO - 2023.</p> <p>Sign up for and participate for awards periodically – Management Team, 2023 .</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)
2. Culhane, et al., 2003
3. Paula Mayock, 2014
4. CPA, 2005
5. Census, 2016
6. <https://www.cso.ie/en/releasesandpublications/ep/p-cp4hf/cp4hf/fmls/> - 08/10/20
7. [https://www.tusla.ie/uploads/content/Family\\_Support\\_CFA\\_Parenting\\_Support\\_Strategy.pdf](https://www.tusla.ie/uploads/content/Family_Support_CFA_Parenting_Support_Strategy.pdf)
8. <https://www.hse.ie/eng/services/list/4/mental-health-services/specialist-perinatal-mental-health/specialist-perinatal-mental-health-services-model-of-care-2017.pdf>
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 Hospital Saturday Fund
- The Community Foundation of Ireland

### APPENDIX 2 Projects/Strategic Goals

#### Ongoing Projects

- Develop Day Services - Haven House Project development and expansion to other locations
- Outreach Family Support – Tusla/Community Foundation of Ireland
- CBC Garden – The Airport Fund
- International Women’s Day – The Airport Fund
- Thriftify – Online Charity Shop (On Hold)
- Developing Fundraising strategy – CEO/Management Team /Social Media Person
- 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 using CAS – strategic goals
- Implementation of this Strategic Plan

### APPENDIX 3 Anew’s People (as of 1<sup>st</sup> January 2022)

#### Board of Directors

Chairperson/Director	Claude Daboul
Secretary/Director	Wayne Tyrrell
Director	Stephen Moore
Director	Helen McEvoy
Director	Joanne Ryan
Director	John Hanafin
Director	Fiona Barry
Director	Nives Paic

**Sub-groups of the Board**

Audit and Risk Committee

Chairperson

Secretary

Committee Member

Stephen Moore

Nives Paic

Helen McEvoy

Committee Attendee

Committee Attendee

Marian Barnard (CEO)

Sharon Culliton (Admin and Finance)

**Strategy Committee**

Chairperson

Secretary

Committee Member

Committee Attendee

Committee Attendee

Fiona Barry

Nives Paic

Claude Daboul

Marian Barnard (CEO)

Danielle Gannon (Senior Services Manager)

**Management Team**

CEO

Senior Services Manager / Garda Vetting Officer/DLO

Team Leader

Housing Officer / IT &amp; Training Officer

Marian Barnard

Danielle Gannon

Norma Fitzgerald

Genevieve Kelly

**External Support**

IT Support

Payroll Provider

Website and Social Media

Property Maintenance

Financial Services

External Auditors

Legal Services

Glitch IT

Nicola Foster

Grand Designs

Patrick Beakey

Foresthill Consulting/Sharon Culliton

Woods/Delaney, Portlaoise

McCormack Solicitors, Newbridge

**APPENDIX 4 Anew - Approved Budget 2023**

<b>Income</b>	
TUSLA Funding	€ 139,743
DRHE Funding	€ 232,452
Beehive - Rental Income & Service Charge Tara Street	€ 55,690
Advic Advocates - Rental Income	€ 7,200
Rental Income (DRHE - Internal) Haven House	€ 7,800
iDonate	€ 1,200
CBC Residents Rental Income	€ 4,320
Thurles Shop Revenue	€ 21,600
Thriftify Online Shop Revenue	€ -
Donations	€ 900
Campaigns/Corporate Donations/Fund-raising	€ 26,175
Department of Social Protection (sick benefit)	€ -
Utility Bill Recovery from DRHE	€ 24,600
<b><i>Other Restricted Grants and Donations</i></b>	<b>€ 21,495</b>
<b>TOTAL INCOME</b>	<b>€ 543,175</b>
<b>Expenditure</b>	
Professional Indemnity/D&O Insurance	€ 16,875
Wages, Salaries, PRSI and Pension	€ 365,721
Telephone & Video Conferencing	€ 4,530
Professional Fees (includes EAP)	€ 7,483
Foresthill Consultancy Services - Accounting service	€ 13,196
Grenke - Equipment leases	€ 2,054
Membership & Subscription Fees	€ 1,665
Staff Training	€ 4,540
Supervision	€ 840
Room Hire/Conferences	€ 1,100
Alarm Monitoring and Safety	€ 275
Good Fire & Safety/Health & Safety	€ 1,830
Rent, Rates & Service Charge (Incls internal rent charge HH)	€ 18,166
Client Expenses	€ 5,300
Employee/Volunteer Travel & Subsistence Expenses	€ 9,000
Staff Lunches / Canteen Supplies	€ 1,800
Light & Heat	€ 10,200
Utility Bills Rechargeable to DRHE for CBC	€ 24,600
Computer Software and Maintenance	€ 5,373
Printing, Postage & Stationery	€ 3,707
Maintenance & Repairs	€ 6,807
Audit Fee	€ 5,000
Other Legal & Professional	€ 2,360
Bank Charges	€ 1,600

Board Fees	€ 2,000
Staff gifts/events/Volunteer/Team Recognition/Team Building Events/Annual Report Launch	€ 5,150
Depreciation	€ 968
<b><i>Other Restricted Grants and Donations</i></b>	<b>€ 21,495</b>
<b>TOTAL EXPENDITURE</b>	<b>€ 543,634</b>
<b>SURPLUS/(DEFICIT)</b>	<b>-€ 459</b>