



ANEW SUPPORT SERVICES CLG
ANNUAL REPORT

2022





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Chairperson's Report



I am delighted to introduce Anew's Annual Report which provides an overview of our work in 2022. We continued to support pregnant women and new mothers experiencing homelessness both practically and emotionally.

Unfortunately, due to the homelessness situation in Ireland which was aggravated by the consequences of the war in Ukraine during 2022, all types of accommodation became even more scarce. As a result the need for our service is now more evident than ever.

During 2022 the Board progressed Anew's Strategy for the period 2022 to 2024 with the securing of a second house as the top priority. Thanks to work done during 2022 by our team and the support of Minister O'Brien (Housing) and Kate Duggan (CEO, Tusla), in early 2023 we secured funding to open a "Step Down" house for women exiting Cherry Blossom Cottage (our Supported Temporary Accommodation). With this service we will be able to more than double the number of women we can accommodate. We are looking forward to launching this new service soon.

I would like to thank our CEO, Marian Barnard for her leadership within Anew and to my fellow Trustees for their support. We have a great team around us in Anew who ensure the women we work with are supported and that the services are operated in a compliant and compassionate way. I would like to express my sincere gratitude to their dedication.

We are also fortunate to have the continued support of our funders and supporters without which we could not operate, on behalf of Anew board I would like to thank them.

Claude Daboul

Chairperson, Anew Support Services CLG



CEO Report

It was a year of change for Anew, having operated our accommodation service successfully through Covid, we transitioned back to business as usual in 2022. We recommenced our Day Services in Haven House and thanks to funding from the Argyle Fund at Community Foundation Ireland we developed and implemented our “Nurture Project” which provides bespoke pregnancy support specifically for women experiencing homelessness. Following the success of this project we are now delighted to have secured new funding from the Katherine Howard Foundation to continue to run and integrate this into our services over the next three years.

While it was great to get out of Covid and back to full service delivery we noticed a sharp increase in demand for our service with the number of calls to our Housing Support Worker tripling in the second half of 2022. To compound this, with the opening up of society and the influx of refugees the availability of rental properties dropped significantly and Family Hub accommodation became even more scarce. This meant that it was harder to move the new mothers and their babies on from our accommodation to suitable homes and it was very stressful for the women to end up in this situation with their new babies.

The need for us to secure a “Step-Down” house became more urgent and at the end of 2022 we submitted several applications for staff and a second house. At the time of writing we have extended and expanded our outreach service in Dublin and a new house is on the horizon.

We continue to work in partnership with our fellow NGOs and we gained valuable support from our membership of Treoir, Dublin’s Homeless Network and Child Family Support Networks. During 2022 we were delighted to join the Children Rights Alliance and we were fortunate to receive funding for food vouchers from them at Christmas 2022 to combat child poverty for the families we work with.

I would like to thank our Chair, Claude Daboul for her steady and consistent guidance and support. Thanks indeed to all the Trustees for their dedication, advice and enthusiasm for the organisation. I'd like to thank our dedicated Services Manager, Social Care Workers, Support Workers, Housing Support Worker and our qualified midwife as well as our Finance Officer, who keeps us very much on track with our budgets and accounts.

We could not do what we do without our statutory funders Dublin Regional Homeless Executive and Tusla and our sponsors (listed on page 31). I want to express our deepest gratitude to everyone who supported Anew in 2022 and continue to support us to evolve to be the best service possible for the women and babies we work with. The early intensive interventions provided by Anew make all the difference in the long term outcomes for these families.

Marian Barnard

CEO, Anew Support Services CLG

About Anew

We focus our services on providing intensive support and accommodation for pregnant women and new mothers, in particular those experiencing homelessness. Our services have evolved around our key values of nurture and empowerment for the women we work with.

Anew is a company limited by guarantee, a registered charity and an Approved Housing Body. Our funding comes from The Dublin Region Homeless Executive (DRHE), Tusla – Child and Family Agency and project-related income from funds such as The Ireland Fund, The Lottery, The Community Foundation of Ireland etc. We also utilise earned income from our Charity Shop in Thurles, rental income from our premises in Tara Street in Dublin, donations from members of the public, fundraising activities and corporate donations.

Anew has a staff of qualified managers, social care workers, support workers, and other professionals working in partnership with women and their families as well as cross-organisation collaboration with hospitals, homeless hubs, Domestic Violence refuges and other agencies. We provide Day Services in Haven House, our centre in Dublin, homeless accommodation in Cherry Blossom Cottage and outreach support services in Dublin .

Our Aims:

- 1.** Provide preventative early intervention support for better lifelong outcomes – to break the cycle of poverty and socio-economic disadvantage.
- 2.** Improve pre- and 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 ensure that pregnant women are supported through their pregnancy and early motherhood, through the provision of supported temporary accommodation, practical supports and life skills, housing advice and emotionally through intensive key-working and peer to peer support . A top objective is for a rapid exit from homelessness and a move to sustainable and safe long-term homes.

The nature of a pregnancy and the complex needs of many of the women who use our services necessitates intensive support during pregnancy and into new motherhood, and with continued supports a stable home is created for these new families.

During 2022 we supported four residents with premature babies who were in the Neo-Natal Intensive Care Unit for an extended period.

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 intensive emotional and practical support to pregnant women and new mothers, in particular those at risk of homelessness. We provide a safe space where we nurture and empower the families we work with to fulfil their full potential.

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 those who use our services.

Empower

We strive make the women stronger and more confident, especially in controlling their life and realising 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.

Almost half the women referred to our services in 2022 were under 26 years of age. These young mothers are particularly vulnerable and benefit from our Nurture and Empowerment Programmes.

The Women We Work With

All the women we work with come from very disadvantaged backgrounds and this leaves them at a high risk of experiencing poverty and social exclusion. In addition, certain elements of their background have added trauma to their lives. We develop and utilise evidenced-based programmes to support the women around their specific needs during pregnancy and the vital fourth trimester where bonding with their baby is so important to ensure a good start for these new families. We have identified the following categories as needing specialised support.

Care Leavers

A significant number of referrals to our service are care-leavers. 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. This may be extended if a young adult is in full-time education or accredited training to 23 years. Tusla promotes 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.

Tusla acknowledge that the most important requirements for young people leaving care are for secure, suitable accommodation as well as further education, employment or training and family support.

Tusla provides for an assessment of need for young people and young adults who meet the eligibility criteria for an aftercare service. This assists the aftercare service to determine the level of support which the young person/young adult will require as part of an Aftercare Plan and determines the requirement for the allocation of an aftercare worker. It encompasses all categories of need including education, financing and budgeting matters, training and employment, health and wellbeing, personal and social development, accommodation and Family support. .

All the categories of need as per Tusla's National Policy are integrated into Anew's programmes for care leavers. In particular, the need for suitable accommodation when care-leavers become pregnant is evident in the referrals we 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.

Women with Children in Care

Many of the referrals to our service are women with children in Care. These women are from extremely disadvantaged backgrounds, have little or no support and for various reasons their child is taken into Care. 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. 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

The Women We Work With

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.

Anew have felt for a long time that with the right support, this cycle can be stopped with early intensive interventions and it is a key focus to integrate supports for these women into our programmes. Anew favours a model of care “Pause”, 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. In addition, Anew personnel work to ensure that mothers with children in care can be the best parents possible for those circumstances.

Young Mothers

Many of the women we work with are under the age of 26 and they have very different needs than older mothers. Peer to peer support is vital for these mothers as well as options to return to education. Our programmes integrate these needs for the young women we work with.

Women from Minority Groups

Women from minority groups such as migrant families and members of the travelling community

are still ostracised for a pregnancy outside of their community and or outside marriage. In addition to this they are less likely to remain in education and less likely to be employed. They are statistically more likely to experience poverty and disadvantage. We work to ensure that these women have the same opportunities as everyone else when they have had their baby and move on to the next stage of their lives. We ensure their basic needs are met so that they can concentrate on their hopes and dreams for the future.

Women in Recovery from Addiction

Many of the women who come to Anew have suffered with addiction issues in the past. We work with the women and other agencies to support them in their recovery during their pregnancy and new motherhood. Their situations can be very complex and a multi-disciplinary response is taken to ensure wraparound services are maintained for these vulnerable families.

Women who have Experienced Domestic Abuse

All of the women that come to Anew have suffered some form of domestic abuse including violence, sexual and psychological. This causes deep trauma in their lives. We use a trauma-informed model of care to help them address deep-seated issues and move on with their lives.

All the women we work with come from complex situations; we are committed to developing bespoke person centred evidence based programmes of work to ensure that the new families we work with get the best possible start from pregnancy to early motherhood.

Strategic Plan 2022-2024

Each year, in collaboration with the wider team, the Board updates and approves a new Strategic Plan; a full copy of the current plan can be viewed and downloaded on our website www.anew.ie

The development and maintenance of this Plan 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.

We have identified the following areas 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.

Women With Specific Needs

The women we work with come from complex situations, including:

Care Leavers

Women with Children in Care

Young Mothers

Women From Minority Groups

Women in Recovery From Addiction

Women Who Have Experienced Abuse

Domestic abuse is a recurring theme in all elements of our service, with almost all the women having experienced it in some form.

Cherry Blossom Cottage

In Cherry Blossom Cottage (CBC) 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 lowers mother's stress, promotes well-being and reduces the 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.

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.

Bespoke support programmes.

Housing support – eligibility, HAP, other accommodation options and tenancy sustainment.

Peer support programmes.

Nurture and Empowerment Programmes.

CHERRY BLOSSOM COTTAGE - 2022 HEADLINES

28 women were referred to CBC from Anew's Housing Support Worker.

14 were accommodated during the year.

Many of the women had been in care themselves (25%).

All of the women were coming from Domestic Abuse backgrounds.

We dealt more situations of premature births and health issues for the babies.

Mother and baby staying longer in CBC due to lack of housing (this uncertainty caused huge anxiety for the women).

There were more Hub move-ons - often at the last minute, again causing huge anxiety for the women

Measuring the Impacts

We measure the impact of the work that we do in Cherry Blossom Cottage (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.

CBC Residents Outcome Star Measurements in 2022

	Made Progress	No Change	Dropped Back %
Life Skills	10	4	0
Health & Well Being	8	3	3
Looking after Your Baby	9	5	0
Your Baby’s Development	11	3	0
Safety & Stability	3	11	0
Connecting with your Baby	12	2	0
Relationship	3	8	3
Family & Support Network	3	9	2
Goals & Aspirations	11	3	0

During 2022, 10 of the women we worked with showed progress in life skills, with four remaining the same. Health and Wellbeing are key areas of work in the cottage; eight of the women showed improvements in this area with three showing no change. **Three showed disimprovement, which was due to health issues surrounding premature births.**

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 upbringing, 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 nine to twelve of the women made progress in this area, with the remainder 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 vulnerable time in their lives. In this area of work, three of the women showed progress but eleven reported that they had stayed the same. **The women were very anxious and stressed due to uncertainty around move-on options once they had their baby.**

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 three feeling they had made progress, eight noting no change and three dropping back. Family support network is similar and support is often non-existent. Progress was reported for three of the women however nine reported no change and two 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 for a while.

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 NSPCC (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 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 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.

Breaking the Cycle



Case Study 1 - Grace

Grace contacted Anew in March 2022 looking for support. She was just 18 years old living with an older man and was a victim of domestic abuse. She had just discovered that she was pregnant and wanted advice about housing, accommodation, and ante natal support.

Our Housing Case Worker arranged for her to attend an assessment. She did not attend, and we could not contact her, so we contacted the relevant maternity hospital and spoke with a Medical Social Worker (MSW). In June 2022 the MSW contacted Anew and informed us that Grace had delivered her baby six weeks prematurely and was living in a refuge. She was linking in with the MSW for support. A plan was put in place for Anew to support this young mammy while her baby was still in hospital. A keyworker was appointed who met with Grace in the hospital regularly. Grace was invited to Cherry Blossom Cottage (CBC) prior to her baby being discharged from hospital. Staff felt it was important for her to meet the other mummies and see the room where she and her baby would spend their first night alone together. In her own words **"Now, I know where my baby will sleep."**

Grace spent over six months in CBC, she worked well with staff and after some time started to trust and confide in them. She eventually told the staff why she did not attend her initial assessment: her partner at the time went through her phone, found Anew's phone number and made her delete it. When she delivered her baby she contacted the Domestic Violence Helpline, and they placed her in a refuge.

Grace worked hard to be the best mother to her baby, she attended all medical appointments, took advice from staff, learnt to budget, and improve her cooking skills, but most important she learnt that it is OK to ask for help. She also linked with the Domestic Violence Outreach Worker, who

supported her in securing a safety order.

During her stay in CBC, she applied for many different properties and attended many viewings, but she failed to secure a tenancy. Due to the demands for beds in CBC, she had to move to a family hub. Staff linked in with Central Placement Service to try and get a family hub that would support this 19-year-old new mother who has no reliable support network. She was moved to a busy hub in Dublin city center with little facilities for cooking for her and her baby. Grace spoke with staff at length about her anxieties at moving from CBC. Her biggest fear was the safety of her baby and if they would be exposed to drugs.

Grace moved to a different family hub in Jan 2023. She was given a keyworker who supported her with her housing needs. She linked in with our Peer Support Programme in Haven House and attended weekly. She availed of all the support on offer, used the kitchen to cook for her baby, sought advice from staff and learnt from other mothers. She enjoyed our Nurture Programme which focussed on her needs. Grace became a peer leader working alongside staff helping them organise coffee mornings and sorting out donations etc. She continued to attend viewings but to no avail. Her keyworker from family hub contacted Anew staff to ask if we could offer extra support with her housing needs as she was struggling to engage with some landlords.

We spoke to Grace about this, and she identified that she does not have the confidence to deal with landlords and finds the situation very overwhelming. She requested staff attend some viewings with her.

After several viewings with the support of staff from Anew Grace secured a rented property in June 2023. She has returned to education and still links in with Haven House every Wednesday.

Case Study 2 - Claire

Claire was admitted to Cherry Blossom Cottage (CBC) in November 2021. Her baby was due Christmas week. She became homeless due to domestic violence and initially returned to live with her family, sleeping on the couch as her five brothers and parents occupied the three bedrooms in the house. Due to this overcrowding, Claire knew she could not remain in the house after her baby arrived, so she contacted Anew for help.

When Claire arrived at the cottage she presented as very fragile and cried a lot. She spoke about the luxury of having her own bedroom and bathroom and she called it '*her tiny home*'. She took immense pride in keeping her space clean and tidy. This space helped her settle into the cottage, and she began engaging well with staff and her peers. Staff noticed she cried less.

One of Claire's biggest fears was going into labour, and what would happen if something happened to her, who would look after her baby. Her keyworker helped her prepare for all ante-natal appointments and worked to empower her to ask questions of her medical team. After one of her ante-natal appointments she informed staff that the doctor had discussed the possibility of having a planned induction. Claire did not understand what this meant. Our social care midwife explored this at length with her. The outcome was that when Claire attended her next ante-natal

appointment, she was empowered to ask the doctor whether it was '*medically necessary*' for her to have an induction to deliver her baby. As a result, her birth plan changed.

This was a particularly important piece of work for staff in Anew. We realised the importance of giving our women the language and knowledge to empower them to ask questions and that they have choices. Anew's Empower Programme was born. Two staff members developed a programme to help educate and empower all the women we work with to have the language and knowledge to be able to ask questions and know they have choices in all areas in relation themselves and their babies.

Claire worked well with staff; she showed great insight into her own situation. Staff highlighted this with her and explored the possibility of returning to education. However, her family did not support this opportunity and told her she should stay at home and look after her child. Claire moved to her own apartment last summer. Life is lonely and chaotic for her at times, and she is struggling to establish herself as a new family. However, she has contacted local creches and the baby is on a waiting list. She attends Haven House, where we will continue to support her through our Nurture and Empowerment Programmes.

We are seeing a definite association between domestic violence and premature birth.

Anew Outreach Support

Anew Staff provide Outreach Support to women in other emergency accommodation. This had been limited during Covid, and due to lack of staff. During 2022 we submitted a significant funding application to be able to increase the following supports in Family Hubs and other emergency accommodation:

Support planning for the arrival of baby

Emotional and mental wellbeing support

Physical support with baby after the birth

Communication and advocacy support

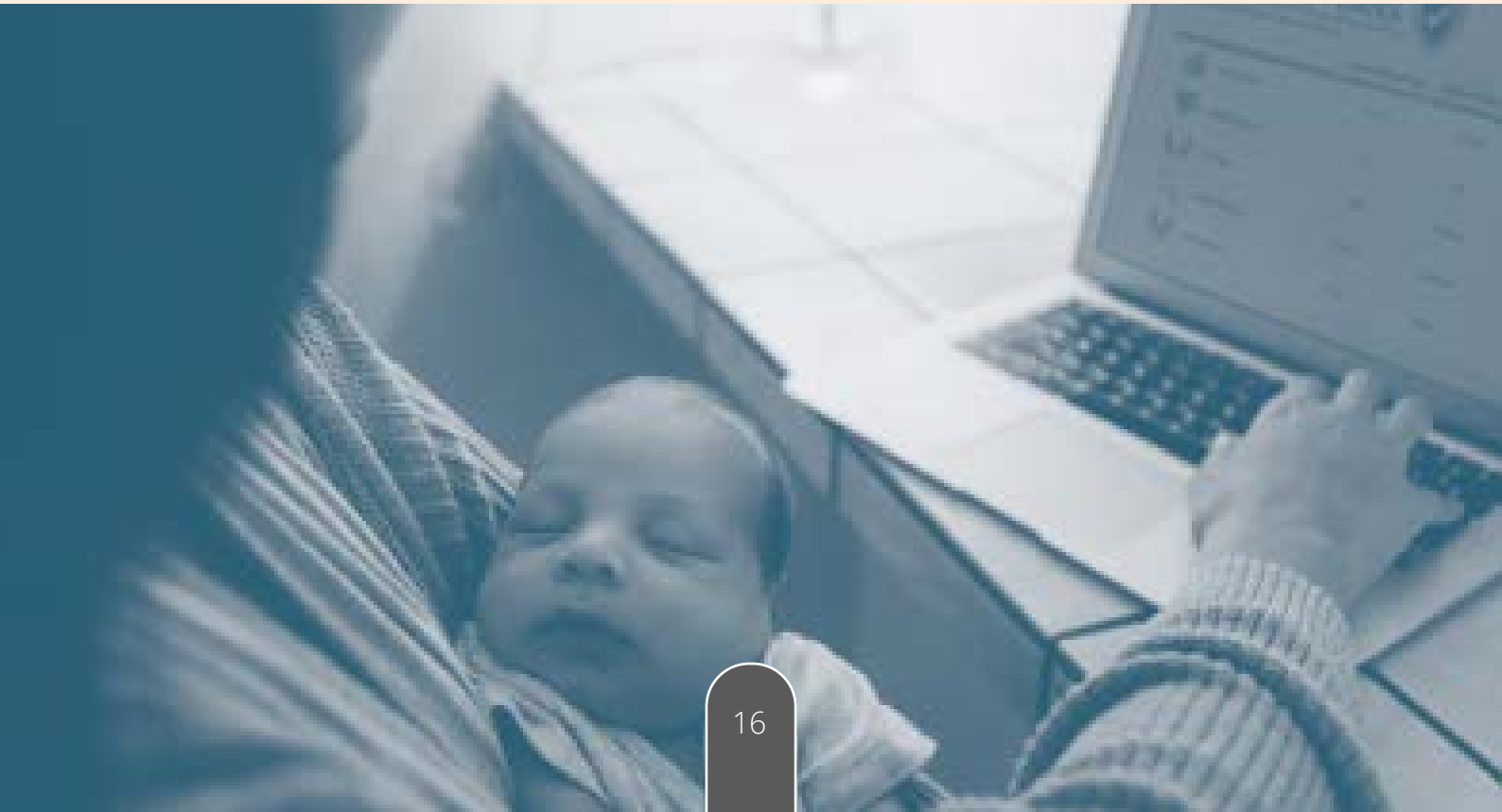
Accompaniment to medical appointments

Recovery support

Parenting and child development support

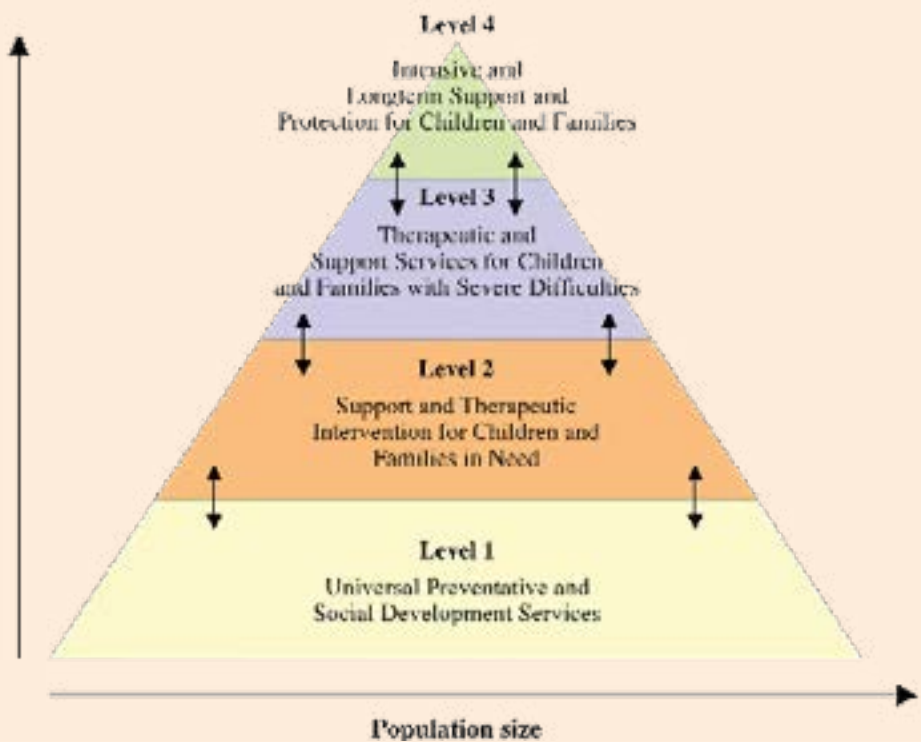
Liaising with migrant services and support with housing options and Stamp 4 applications

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

- 28% Maternity Hospitals
- 37% Self-Referral
- 10% Other NGOs
- 8% DV Services
- 8% TUSLA
- 9% Central Placement Service

Haven House

Our Day services in Haven House offer supports to pregnant women and new mothers including those who have moved on from Cherry Blossom Cottage, as well as those on our waiting list.

We have seen an increase in 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.

We offer the following services in Haven House:

Group and One-to One-Support

Nurture and Empowerment Programmes

Life Skills – cooking, budgeting

Peer Support Programmes

Pregnancy and Parenting Support

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

Support with physical and mental health



Housing Support

In 2022, our Housing Case Worker provided intensive emotional and practical support to 67 women, who we could not accommodate due to capacity, eligibility, timing and other numerous and unique situations.

She also worked intensively with the 14 residents from Cherry Blossom Cottage (CBC). At the end of 2022, six of these women progressed to their own homes, five had moved to Family Hubs and three were still resident in CBC.

The move-on in 2022 was much slower than in previous years due to a severe lack of private rental accommodation and also lack of alternative emergency accommodation. The housing crisis and the war in Ukraine have exacerbated an already difficult situation.

This meant the women had to stay much longer in CBC. ***The focus inevitably becomes all about finding new homes and this creates anxiety and stress for the women.*** Anew staff helped the women secure their move-on accommodation, but sometimes the women only knew where they were going the day before.

We support every woman who 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 all 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 was limited in 2022 due to staff constraints as our Outreach Social Care Worker was 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.

HOUSING SUPPORT HEADLINES 2022

Worked with 67 women.

Housing eligibility was an issue in a significant number of cases.

Nationality: African (9), Irish (45), Eastern Europe (5), Other (8)

Ages: 17 – 19 (6), 20 - 25 (16), 26 - 30 (11), 31 – 35 (8), 36 – 39 (5), unknown (21).

15 had previous children and 7 of these had children in care of these 4 had multiple children in care and one woman had 7 children in care.

A significant issue for all these women was domestic abuse; violence sexual and psychological.

The Nurture Project

Funded by The Argyle Fund, Community Foundation Ireland and In collaboration with the women using our services, the "Nurture Project" was developed and run by our experienced Social Care staff including a qualified Midwife.

The Project consisted of a two-step programme for pregnant women and new mothers experiencing homelessness. We worked with 20 families (Mum and Baby) in the Project.

Firstly; "one to one" pregnancy support which included support around physical and emotional wellness tailored to the woman's needs. Secondly; a "step down" programme where the women attended fortnightly coffee mornings, peer led by ex-service users who have gained successful accommodation/work/education and symbolised hope and encouragement.

Our specialised and unique programmes included peri-natal support and education for life skills such as budgeting, baby care and self-care.

We provided practical care for the women by ensuring they ate nutritious meals, had access to hygiene facilities and supplies and engaged in good perinatal care (pre and post birth).

We taught them the language they need to advocate for themselves around their pregnancy and birth as well as new motherhood.

The Project was run in our Day Service in Dublin and through outreach to other emergency accommodations in the Dublin region.

The women we worked with were also often recovering from addiction, trauma and abuse and our staff provided trauma informed care.

As well as being homeless, the women were from difficult socio-economic situations including

domestic abuse, childhood sexual abuse, relationship breakdown and other complex situations and now they are facing the trauma of homelessness while pregnant.

More than half the women were care leavers, a very vulnerable cohort with limited or no support when they reach 18. Through their lives they have not been taught basic life skills or had good role models.

In addition, over half of the women were members of the travelling community or from migrant backgrounds so these cultural backgrounds were considered through their pregnancy and birth.

As a result of the project we were able to work intensively with them around their specific needs on a one to one basis to have healthy pregnancies and births. We were able to provide them with much needed "peer support" to educate, motivate and empower them.

We ensured their basic needs were met through our donations and food vouchers, so that they had the space and safety to pursue their hopes and dreams as well as the support to make a good start on their journeys into employment or education while learning skills to be connected and confident mothers.

As a result of the project we have been able to work on an outreach basis with women who we could not otherwise have reached. We were able to go out to where they live.

Women attended Haven House, where our Midwife Social Care Worker provided peri-natal support and key working.

We taught them that it is OK to ask questions about their pregnancy, birth and new motherhood.

The Nurture Project

The women reported back that they felt confident to do this in the hospital when they met the doctors and nurses and that this made them feel much more in control of their lives.

We supported the women to access entitlements, source accommodation, source childcare, apply for work visas, education grants, prepare CVs, applications and providing references. We offered support communicating with external agencies.

Five women who participated in the project returned to education/employment.

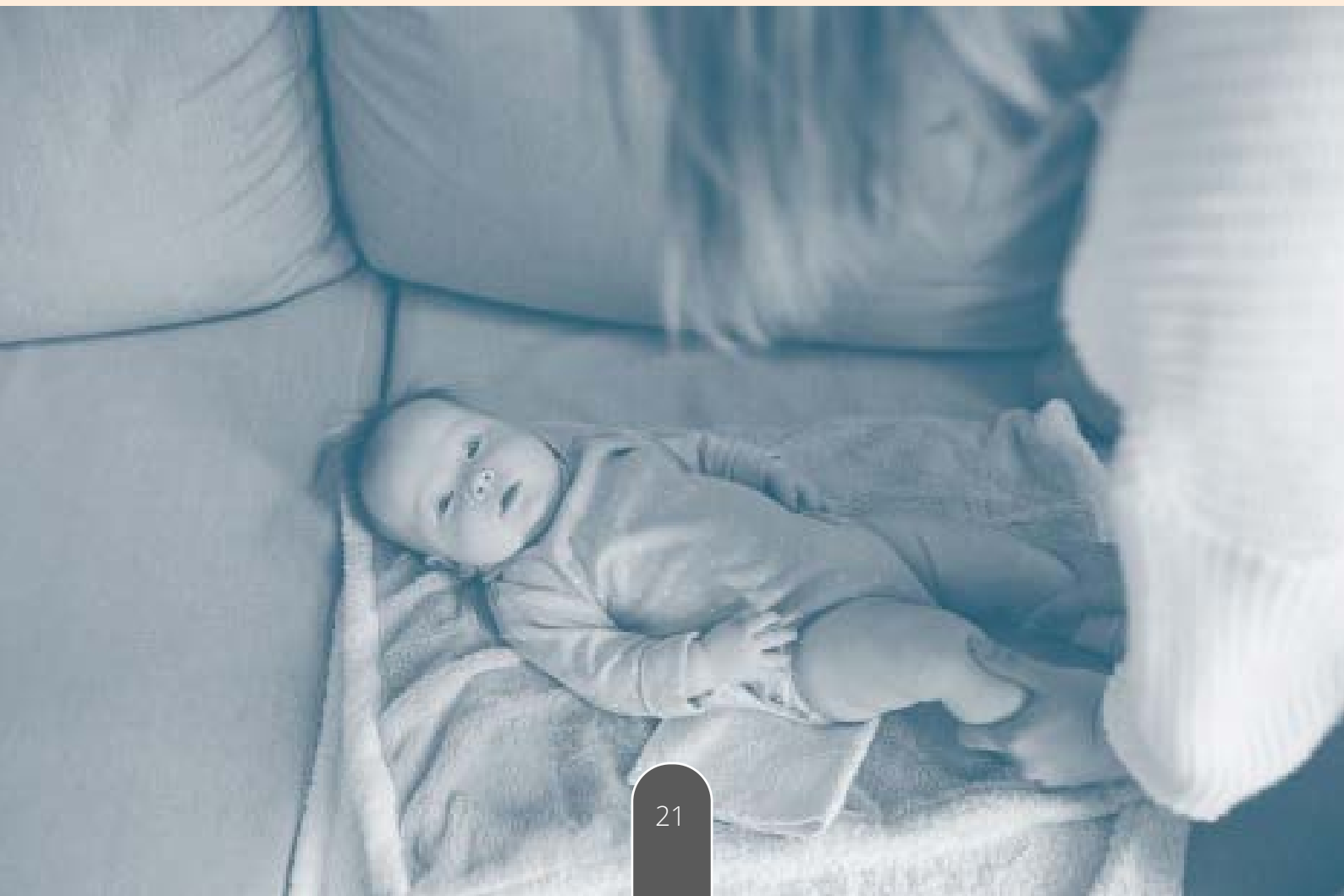
One woman completed an online course supported by Anew and then she secured employment. Another woman, as a result of

sharing her experiences and aspirations during the project commenced employment at the end of December 2022.

A challenge for the women is always childcare and sourcing affordable child care is a key priority after the birth of the baby.

The project has not run for long enough so far for us to follow up on the success of all the women returning to education and employment.

We are delighted to have secured funding from the Katherine Howard Foundation to continue this project for the next three years, and we will follow up on the outcomes under the extended project.



Anew Child Poverty Brief

Anew are committed to being part of the co-ordinated effort to make Ireland the best country in Europe to be a child.

We work with pregnant women and new mothers experiencing homelessness; the mere fact that they are experiencing homelessness puts the women and their babies at a particularly high risk of poverty as they do not have the basic necessity of a safe home.

Some of the women we work with have been in the homeless system all their lives; ***it is not unusual for a young women aged 19 years old to have a record on the homeless system with over 100 presentations as homeless.*** It is well established that even short periods of homelessness can have both short and long term consequences for wellbeing so you can imagine the impact of this situation which is unfortunately not unusual.

The women we work with are also lone parents and many are young, under the age of 25 and it might be argued are classed as children themselves. In addition many of our women are from minority groups and have suffered childhood trauma and domestic abuse. Pregnant women have particular needs, especially when they are experiencing homelessness, isolation and other trauma.

1. The income they need

The pregnant women and new mothers we work with find things very tight financially while pregnant and into new motherhood - living without basic necessities undermines a child's potential to thrive, particularly in those early months.

Additional social welfare and family allowance payments mean a lot but it should be balanced with incentives and supports for the women to get back to education and/or work. Things like accessible childcare and flexible study or working arrangements are vital.

There should also be a focus on a range of other

supports and services to promote physical, mental, emotional and social wellbeing. For the women in Anew who are very isolated peer to peer support is vitally important, for example they don't feel comfortable in regular mother and toddler groups where they are listening other moms talking about their partners and they feel shame about their homelessness. so we need to have the funding available to run these groups and for other specialised supports.

2. Early learning and care (ELC)

Finding safe and affordable childcare is vital for the mothers we work with this enables them to get back to education or work and empowers them to move on as a family. Participation in ELC benefits all children, but has the greatest benefit for children living in poverty, and is a critical intervention in breaking cycles of intergenerational exclusion and deprivation.

Continued investment is vital in ELC; very low cost/free childcare is essential for families on low incomes and there is also a lack of places – long waiting lists.

3. Reduced cost of education

Many of the women we work with have had their education interrupted maybe through their pregnancy or for other reasons. Enhancing access to further and higher education for lone parents by extending access to free fees and maintenance grants to part-time students will support these new mothers back to educations. But they also need access to childcare as they have little or no support network.

One young mother was the only girl of four brothers (chaotic family – prison, mental health, DV) and she wanted to return to education but she never felt she could do this because she “got pregnant”. (this situation had happened for the girls own mother). Having the information and support from Anew she knew that she could have

Anew Child Poverty Brief

that opportunity and could “break the cycle”. She needed a role model and signposting to free access and childcare..

4. Prevention and mitigation of family homelessness;

There are no figures for pregnant women who are homeless, we are linking in with DRHE to establish them as a separate category in the homeless figures so that they can access the correct services. They need specialised supports like Anew (ante-natal, nurturing, empowerment) and safe accommodation. Even for those practical considerations such as packing their bag for the hospital (women are often embarrassed that they are not able to have an adequate bag – they feel judged). We try and take away the stress for them around this and other issues not having a home presents for pregnant women and new mothers.

5. Pathways to access the services they need; and,

Children and families have a wide range of needs, from one-off short term supports to longer-term interventions. The women in Anew need intensive specialised supports at a very vulnerable time in their lives. It’s important that maternity services work with homeless services and specialised services like Anew to identify and support pregnant women who are experiencing homelessness.

Anew are linked in with Social Inclusion Social Workers in the maternity hospitals and one worker reported that she had worked with 60 pregnant women experiencing homelessness in a six month period. Many women don’t say they are homeless due to shame and the fear that the baby will be taken off then when it’s born so figures are likely to be much higher.

Ante-natal services are not geared to homeless women and their needs, things like talking about “bringing their partners to appointments or the birth” and being aware that several appointments

cause a cost to them (better to have appointments in one day). Again women are exhausted trying to get a house; we help them prioritise themselves, they need their own space to breathe.

The women are leaving the wraparound service in Anew with a new young baby (less than 3 months old) sometimes at very short notice to family hubs which is not the ideal option. These Hubs often have anti-social behaviour and drug use. Recently we had a 19-year-old mom (victim of DV) whose baby was born prematurely, we kept her and the baby as long as we could in our cottage but she had to be moved to a very busy Family Hub in the City Centre. (picture that) All children are supposed to be equal and everyone matters but that’s not fair!

Anew would like to be part of a national approach to integrate services for pregnant women experiencing homelessness and create pathways for them to have a safe supported pregnancy and birth and a move on to secure accommodation. The support should then be continued for these new families through other relevant services.

6. Arts, culture and sports opportunities

Like all new moms, the women enjoy going out for a coffee with access to playgrounds, gardens and inside spaces. They need places to meet – if they are in homeless accommodation, where can they meet to see their friends? There needs to be the resources available to make this happen.

Children’s Right Alliance grant to alleviate childhood poverty

We were delighted to receive a grant from the CRA to provide food vouchers from the women we work with over Christmas 2022. This meant they could enjoy the season with financial less worries.

Challenges

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 parents – 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. 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 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.

Challenges

Anew can reduce the risks associated with being homeless and unsupported during pregnancy through our specialised service. While we have limited capacity in CBC, 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 2022

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.

We submitted significant funding applications during 2022 and in early 2023 secured funding for a Step-Down house for women moving from Cherry Blossom Cottage.



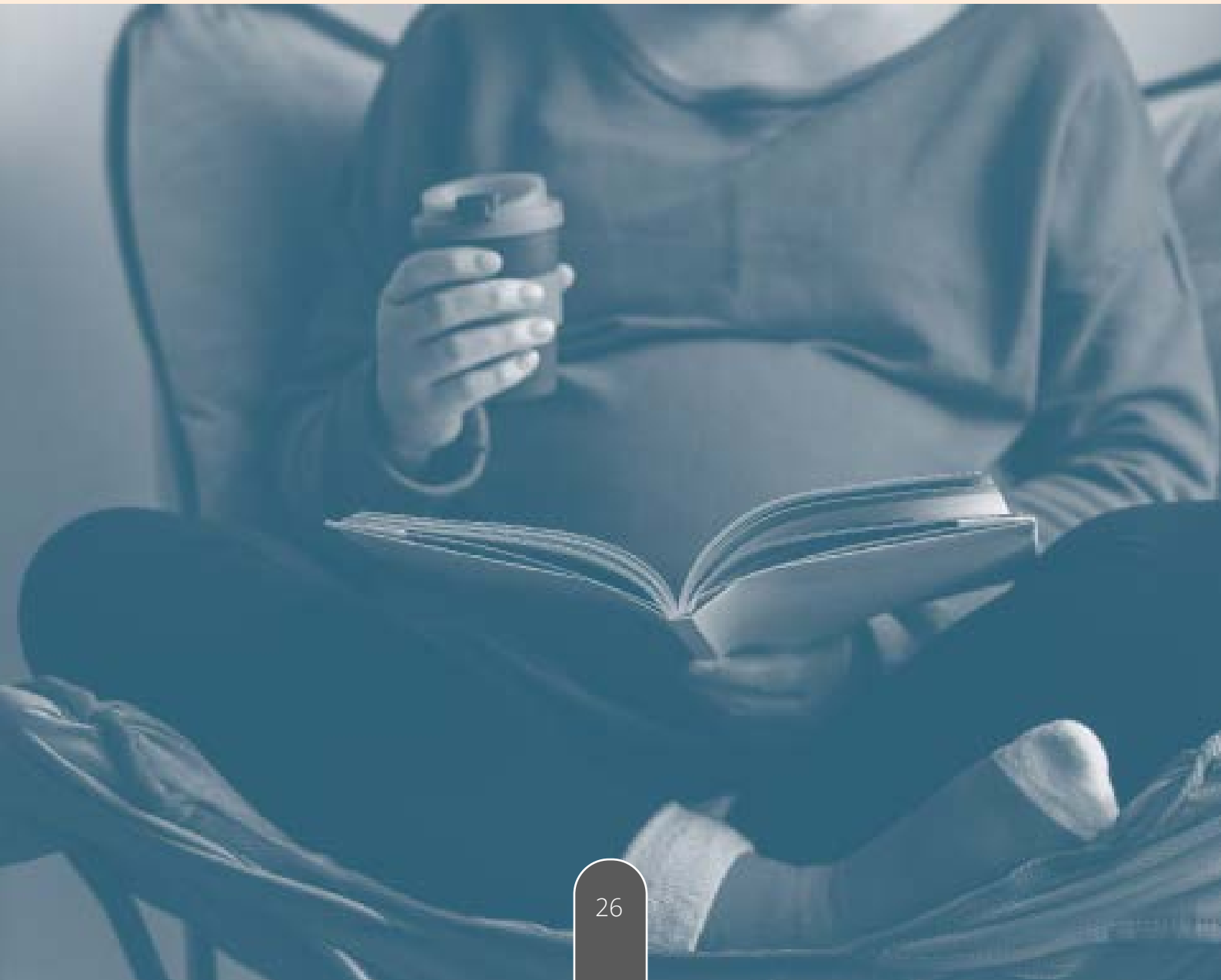
Our Charity Shop and Other Income

We have a charity shop in Thurles, which has been run for over 15 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. We would like to express our condolences on the sad passing of Moira's husband Connie in 2022. Sadly, we also lost our valued volunteer Mary O'Reilly, who gave many years to running the Shop.

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 fully 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 2022.

Anew aspires to the highest standards of the Code 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. As part of this they are satisfied that they have identified and actioned ongoing risks to the organisation.

Anew also adhere to the following compliance requirements:

Tusla's Governance Framework.

Anew is a mandated service under the Children First Act (2015)

DRHE's National Quality Standards Framework

As an Approved Housing Body (AHB), Anew is regulated by the Housing Regulator and adheres to all the governance requirements.

It is a policy of Anew to ensure the health and safety of its employees, volunteers, service users and visitors to its services.

Lobbying Activities

As required under the Regulation of Lobbying Act (2015), Anew records all lobbying activity and communications with designated public officials. It has made all the returns required by the Act.

The Anew Board

Chairperson – Claude Daboul

Secretary – Wayne Tyrrell

Director – Joanne Ryan

Director – Fiona Barry

Director – Nives Paic

Director – Stephen Moore

Director – John Hanafin

Anew Personnel

CEO – Marian Barnard

Finance Officer – Sharon Culliton

Senior Service Manager – Danielle Gannon / Norma Fitzgerald

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 – Patricia Apolot

Support Worker – Alan Fitzgerald

Support Worker – Norma Guidan

Support Worker – Kate Lennox

Support Worker – Kathryn Bannon

Support Worker – Laura Power

Support Worker – Cassandra Lottering

Relief Worker – Aoife Ryan

Charity Shop Manager – Moira Morrissey

Payroll Provider – Nicola Foster

Social Media – Rachel Sherlock

Digital Support – Conor O'Hagan

IT Support – Glitch IT

Statement of Financial Activities

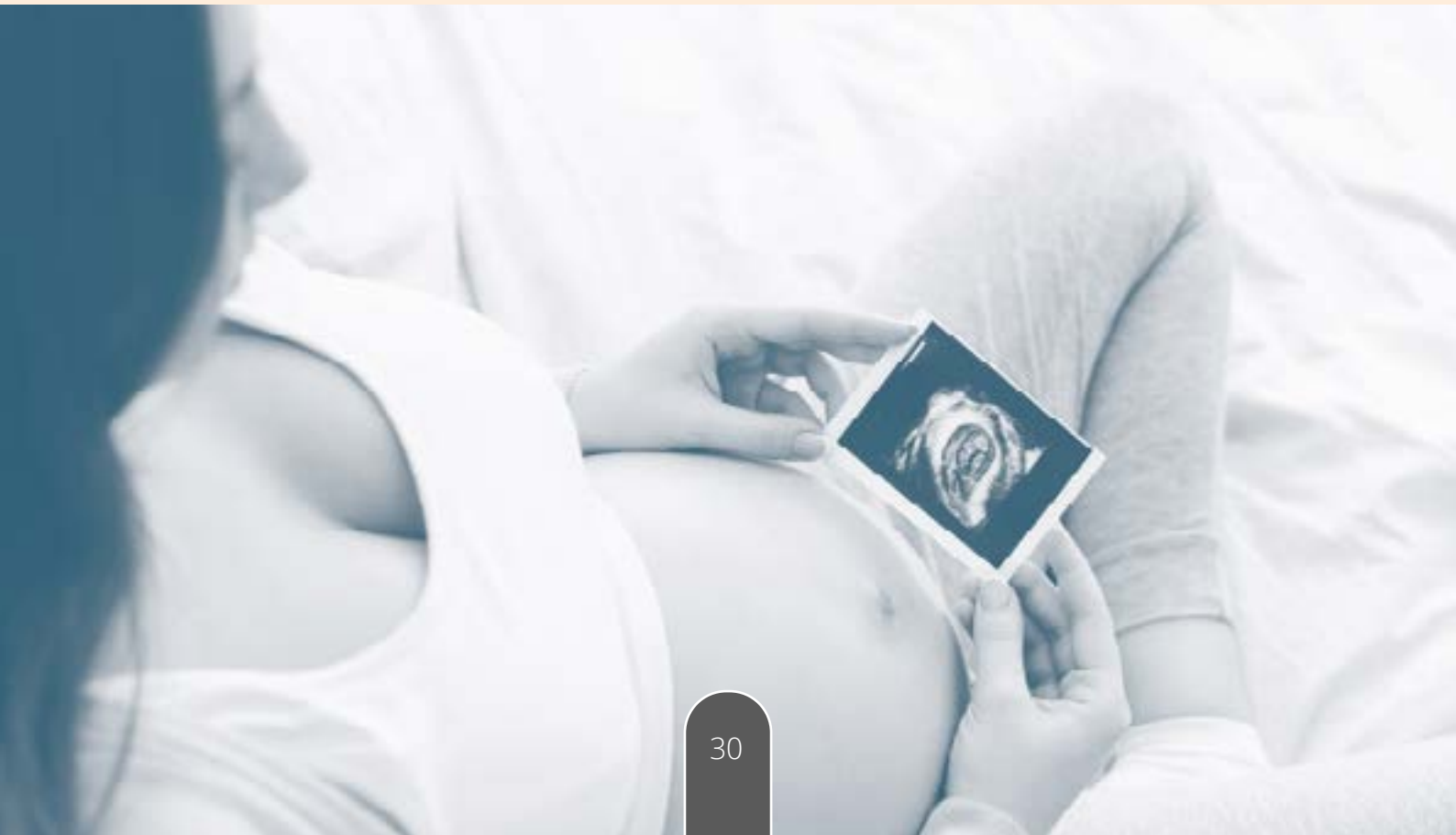
(INCORPORATING INCOME AND EXPENDITURE ACCOUNT) FOR THE YEAR ENDED 31 DECEMBER 2022

	Unrestricted funds 2022	Restricted funds 2022	Total funds 2022	Total funds 2021
	€	€	€	€
Income from:				
Donations and legacies	6,289	950	7,239	9,708
Charitable activities		386,471	386,471	394,857
Investments	55,690		55,690	57,160
Trading activities	37,662		37,662	35,085
Total income	99,641	387,421	487,062	496,810
Expenditure on:				
Charitable activities	79,434	405,455	484,889	466,077
Trading activities	15,624		15,624	9,074
Total expenditure	95,058	405,455	500,513	475,151
Net income/(expenditure)	4,583	(18,034)	(13,451)	21,659
Net movement in funds before other recognised gains	4,583	(18,034)	(13,451)	21,659
Other recognised gains:				
Gains on revaluation of fixed assets				125,000
Net movement in funds	4,583	(18,034)	(13,451)	146,659
Reconciliation of funds:				
Total funds brought forward	640,095	(23,439)	616,656	469,997
Net movement in funds	4,583	(18,034)	(13,451)	146,659
Total funds carried forward	644,678	(41,473)	603,205	616,656

Balance Sheet

AS AT 31 DECEMBER 2022

	2022	2021
Fixed assets	€	€
Tangible assets	4,161	4,151
Investment property	550,000	550,000
	554,161	554,151
Current assets		
Debtors	22,273	31,196
Cash at bank and in hand	98,484	91,382
	120,757	122,578
Creditors: amounts falling due within one year		
	(71,713)	(60,073)
Net current assets	603,205	616,656
Total assets less current liabilities	603,205	616,656
Total net assets	603,205	616,656
Charity funds		
Restricted funds	(41,473)	(23,439)
Unrestricted funds	644,678	640,095
Total funds	603,205	616,656

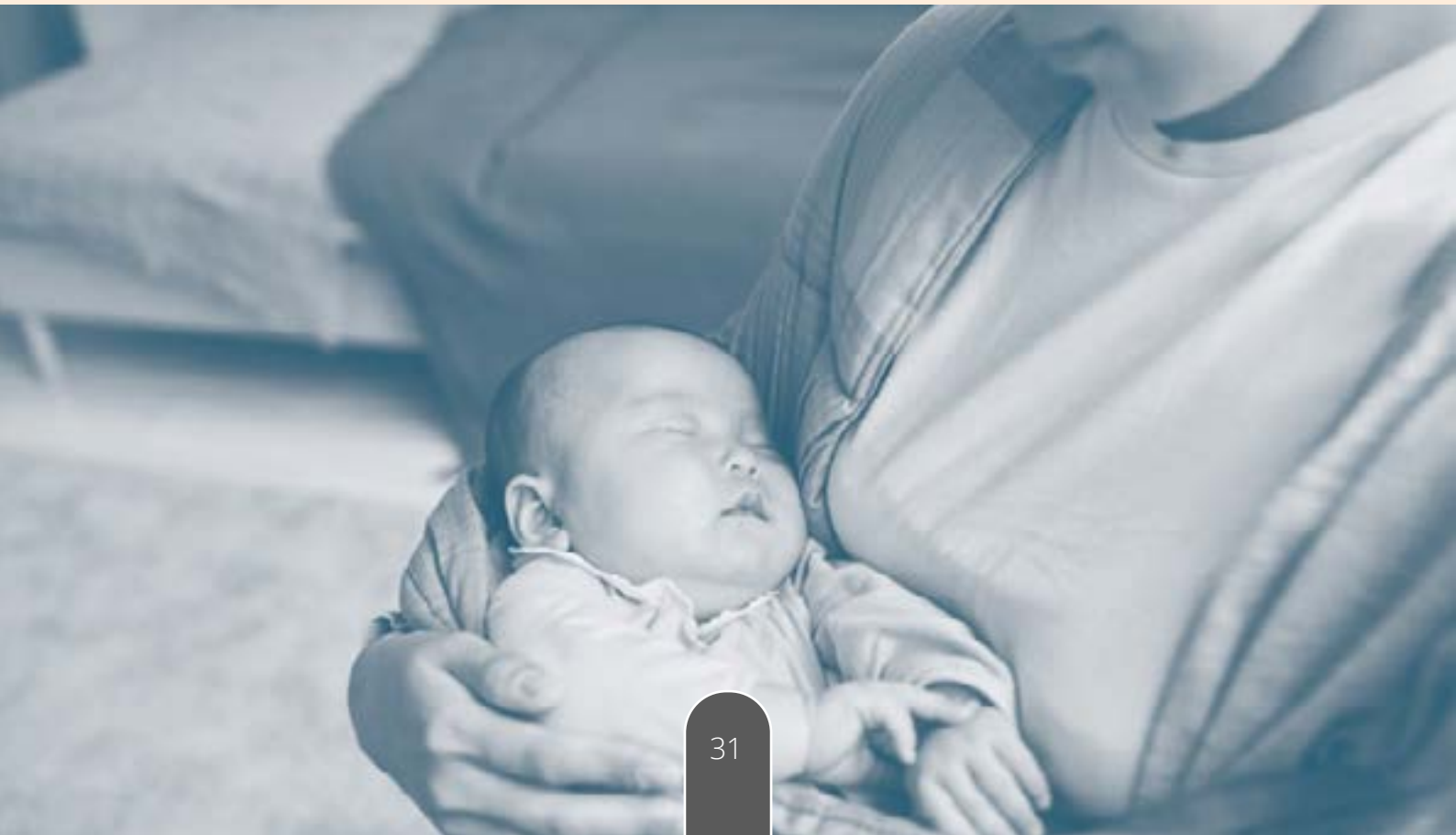


Thank You



We are members of Treoir, The Children's Rights Alliance, the Irish Council for Social Housing and the Dublin Homeless Network. We work closely with Child Family Support Network, Fingal Young People Service Committee and Tusla Child and Family Agency, Swords, and have close links with Tusla through the Maternity Hospitals.

Thanks to our tenants Beehive and Advic and all our volunteers in our Charity Shop.





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CHY No. 9172

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