



ANEW SUPPORT SERVICES STRATEGIC PLAN 2024 – 2026

ANEW

Abstract

This is Anew's Statement of Strategy for the period 2024 – 2026. 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 – 24/10/23

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EXECUTIVE SUMMARY

This is Anew's Strategic Plan for the period 2024 – 2026. It is a working document updated and approved annually by the Board of Directors who are committed to achieving the vision and mission of Anew and having a process in place to ensure that this Strategy is at the core of the organisations culture and activities for the future.

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, cultural stigma or other wide ranging complex needs all of which means the pregnancy is very traumatic for the woman and child. Anew keeps the mother and baby as the top priority through its unique service, working intensively to support, safeguard and protect them while supporting them to access appropriate housing and accommodation as soon as possible.

Our Aims:

1. Provide preventative and early intervention support for better lifelong outcomes – to break the cycle of poverty and socio-economic disadvantage.
2. Improve 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, practically through the provision of s accommodation, practical supports and life skills, 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.

Anew has identified the following areas for strategic development:

- Programmes of work around pregnancy and early motherhood (known as the "Fourth Trimester") through day services, accommodation, and outreach .
- 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 particularly during pressurised situations such as homelessness.
- Bespoke Programmes specific to the women we work with such as care-leavers, women with children in care, young mothers, women from minority groups, women in recovery from substance addiction and women who have experienced Domestic Abuse

Our Strategic Goals - Taking 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 the following four goals have been identified

Goal 1 Extended and Expanded Core Services

Goal 2 Increased and Diversified Funding

Goal 3 Organisational Excellence

Goal 4 Effective Communication

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.

1.0 | 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.

Our aims:

1. Provide preventative and early intervention support for better lifelong outcomes – to break the cycle of poverty and socio-economic disadvantage.
2. Improve 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 do this through the provision of housing advice, supported accommodation, key working, day services and outreach support. As part of this we strive to implement cross organisation collaboration as we are working extensively with hospitals, homeless hubs, DV refuges and other agencies.

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 through our Nurture Programme. We empower them to parent their children confidently, avail of strong social networks and secure sustainable accommodation as part of our Empowerment Programme.

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.

1.1 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)¹: *"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 Project², (1962–1967) in the United States is the only study in the world to show evidence over a 40-year period that established the lasting human and financial value of early childhood education and found that at age 40, participants who experienced the pre-school program: had fewer teenage pregnancies, were more likely to have graduated from high school, were more likely to hold a job and have higher earnings, committed fewer crimes and owned their own home and car.

In an Irish context the early intervention Preparing for Life Programme³ operated by Northside Partnership in Dublin aims to improve levels of school readiness in disadvantaged areas of Dublin, beginning during pregnancy and lasting until children start school. It was evaluated extensively between 2008 and 2016⁴ and results 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's interventions are particularly effective.

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)⁵ 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)⁶ 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 Project 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.

The early and intensive 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. In particular we focus on avoiding entry to the Care System for the women and babies we work with.

1.2 Homelessness

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. Homelessness was at an all-time high in Europe in 2021 with a 70% increase in homelessness in the EU over past 10 years. 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.

In Ireland "Housing for All - a New Housing Plan for Ireland" is the Government's Housing plan to 2030, 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.

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.

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. They are supported by actions to enable a sustainable housing system 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.

Recent figures (April 2023) for family homelessness show approximately 1,733 families are in emergency accommodation, with 56% of these being one-parent families, and 3,594 child dependents. It is well established that even relatively short periods of homelessness can have both short and longer term consequences for child well-being. Many mothers who are homeless end up relinquishing their children either voluntarily or involuntarily to family members or the Care system. This is particularly true of younger women who may have fewer resources to draw upon². This leaves homeless pregnant women in a precarious situation if they are not accommodated and supported during 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.³

Crisis Pregnancy Agency⁴ 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".

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 over 60 women (Rotunda) and another reported a caseload of 141 women (National Maternity Hospital) for a six month period in 2023. Anew offers this early intervention and has done for almost 40 years and the demand is still very evident.

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.

1.3 Parenting

There were 1,279,951 families in the State on Census Night in 2022, an increase of 5% since 2016 and of 59% since Census 1996. While the number of families grew in the 1996 to 2022 period, the average number of children per family fell between 1996 and 2006 from 1.82 to 1.41 before levelling off in 2016 (1.38) and 2022 (1.34). There were over five times more one-parent mother families (186,487) than one-parent father families (33,509) in Census 2022, a ratio of 5.6 to 1. This ratio was higher in both 2011 and 2016 when there were more than six times as many one-parent mother than one-parent father family units.⁶

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.

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 Strategy⁷ 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. 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.

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 we consider the pressure the women are under particularly around their housing needs and we work to reduce parental stress, increase parental confidence, and address 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 and the impact that “parenting under pressure” causes. In line with Tusla’s “National Guidance and Local Implementation, Investing in Families; Supporting Parents to improve Outcomes for Children (2013)”⁷.

- 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.

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

1.4 Perinatal Mental Health

As many as one in five women have mental health problems in pregnancy or after birth. Depression and anxiety are the most common mental health problems in pregnancy. These affect 10 to 15 out of every 100 pregnant women. There are many different types of mental illness and the severity can vary⁹. 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 Care⁷ describes the specialist (secondary and tertiary care) component of an overall perinatal mental health service.

The Maternity Strategy (2016 – 2026) maps out the future for maternity and neonatal care 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.

There are 19 maternity services in Ireland and 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.

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.

Addressing peri-mental health issues for the pregnant women and new mothers who use our services is a key focus for Anew and we link in with the Per-natal Mental Health Services around this.

1.5 The Women we work with

Almost all the women we work with come from very disadvantaged backgrounds and this leaves them at a very high chance of experiencing poverty and social exclusion in their lives. In addition certain elements of their background have added trauma to their lives. In Anew we develop evidenced based programmes to support the women around these issues during their pregnancy and the vital fourth trimester where bonding with their baby is so important to ensure a good start for these new families. The following categories have been identified as needing specialized 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.

They 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. These core requirements will be prioritised in the provision of aftercare services.

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 Plan¹⁰ 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 - A significant number of referrals to our service are women with children in Care. These women are 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. 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. 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.

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 and to support these women, Anew favours a model of care "Pause"¹¹, 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.

Young Mothers - Many of the women we work with are under the age of 25 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 - Mothers 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 (Reference Poverty Stats). Anew work to ensure that these women have the same opportunities as everyone else when they have had their baby and moved 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. Anew 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, Anew uses a trauma informed model of care to help them address deep seated issues and move on with their lives.

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.

1.6 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 the context of insecure and inadequate 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. A reliance on select sources of funding and potential funding cuts and 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.

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.

1.7 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 Siochana (Garda Vetting Legislation)	Anew is an Approved Housing Body: The Housing Regulator (The Housing Acts)
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)

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.

2.0 | ORGANISATION OVERVIEW

History

The organisation 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. In the 1980s pregnant women, especially unmarried were ostracised, put out of the family home and left with no support. The Charity as it was then helped these women through their pregnancy by providing support and a safe place for them to have their baby. They were approached by the Crisis Pregnancy Agency who funded the organisation to provide non-directive and non-judgemental crisis pregnancy counselling (CPC) and post termination counselling (PTC) on behalf of the Health Service Executive under the Statutory Instrument at the time.

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 2016 the organisation underwent significant modernisation and rebrand changing its name to Anew Support Services which better reflect the new services – the women and their babies are starting “Anew” and we offer an intensive support element. A new Strategy was developed and in 2017 and Anew secured funding from Tusla and the Dublin Regional Homeless Executive to provide support in the areas of key working, life skills, parenting support and accommodation, for pregnant women and new mothers and their babies who were experiencing homelessness. In 2018 Anew exited the HSE funding for CPC and PTC and focused our services on providing intensive support and accommodating for pregnant women and new mothers, in particular those experiencing, or at risk of experiencing homelessness. We have been developing this ever since and our services have evolved around our key values of nurture and empowerment for the women we work with.

Anew Today

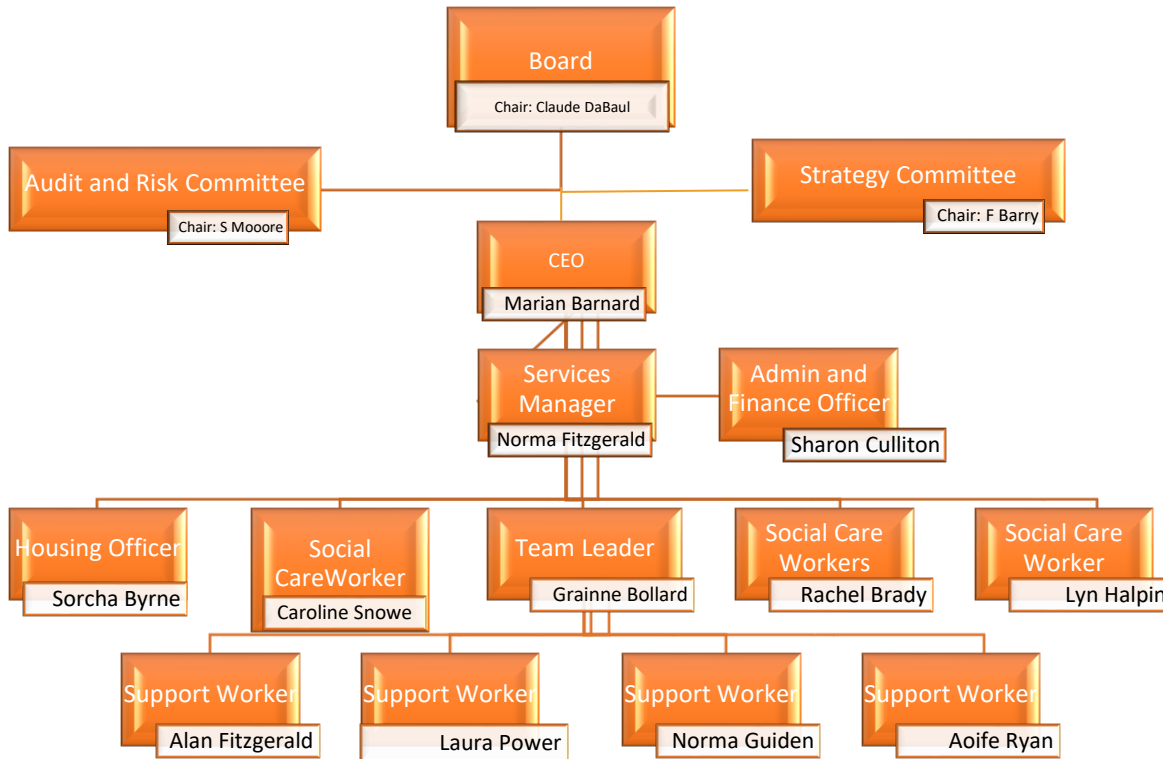
Anew is a company limited by guarantee and a registered charity. Funding for Anew is from The Dublin Region Homeless Executive (DRHE), Tusla – Child and Family Agency, Project related income from funds such as The Ireland Fund, The Lottery, The Community Foundation of Ireland etc..., Earned Income Strategies such as income from a Charity Shop in Thurles and rental income from Anew’s premises in Tara Street in Dublin and 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, DV refuges and other agencies. We provide Day Services Haven House, our centre in Dublin, homeless accommodation in Cherry Blossom Cottage and outreach support services in Dublin. The services and activities provided by Anew are shown in Table 2 and staff structure is shown in Table 2.

Table 2 - Anew Services and Activities

Activity	Details	Location	Funder
Day Services	The Nurture and Empowerment Programme, (Circle of Security / Trauma Informed Care) Peer to Peer Support, , Housing Advice and Tenancy Sustainment	Haven House, Dublin	Tusla, Hospital Saturday Fund, DRHE, Community Foundation of Ireland, Katherine Howard Foundation, Dublin Airport Authority, DCEDIY
Supported Temporary Accommodation (STA)	The Nurture and Empowerment Programme (Circle of Security / Trauma Informed Care) Key working and Interventions, Life Skills Classes, Pre-natal and Antenatal support	Cherry Blossom Cottage, Swords (New premises TBC)	DRHE, Tusla
Outreach	The Nurture and Empowerment Programme (Circle of Security / Trauma Informed Care) Key working and Interventions, Life Skills Classes, Pre-natal and Antenatal support	Various – Family Hubs, Migrant Centres, Hotels etc..	Tusla
Earned Income Initiatives	Charity Shop, , Rental Income	Thurles, Tara Street, Dublin	Not Applicable
Fundraising	Corporate, Social Media, Events	Various	Not Applicable

Anew Organisation Chart



Anew is governed by the board consisting of seven 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 and support workers. Anew's Charity Shop is managed and staffed by the tireless efforts of volunteers, Community Employment and TUS workers.

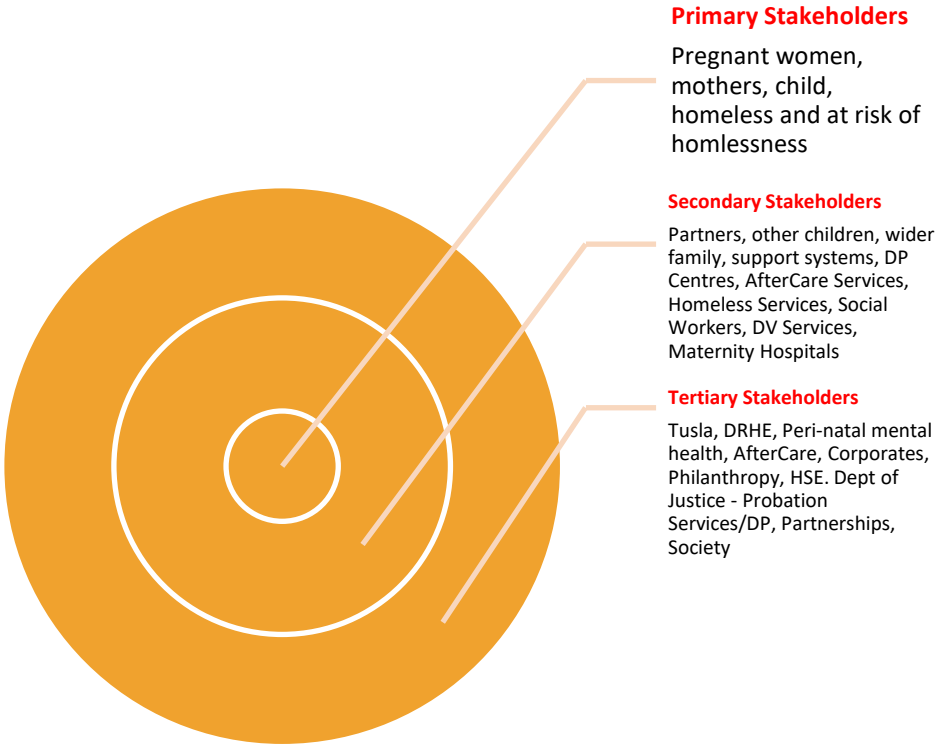
As shown on the organisational chart above the Anew team consists of 15 paid personnel, consisting of the CEO and an administrator, service manager, team leader, an outreach midwife and two social care workers, one provides day services in Haven House and one supports the women in CBC, as well as providing 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.

3.0| STRATEGIC ANALYSIS

3.1 VISION, MISSION, VALUES

Vision	<i>ANEW envisions an Ireland where all pregnant women, in particular those at risk of homelessness have access to high quality, professional and compassionate services through the provision of practical and emotional supports.</i>
Mission	<i>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.</i>
Values	<p>Accountability – <i>We take personal responsibility for using our resources efficiently, achieving measurable results, and being accountable to supporters, partners and, most of all, the women, children, and families who we work with.</i></p> <p>Nurturing - <i>We aim to bring out the potential in people including our staff as well as the women and families that we work with. We think, feel, listen, see and understand those who use our services.</i></p> <p>Empower - <i>We strive make the women stronger and more confident, especially in controlling their life and realise their abilities and potential in life.</i></p> <p>Welcoming - <i>We provide a safe non-judgmental place for the women and families who use our services. We reassure, respect, and provide an environment of trust.</i></p>

3.2 STAKEHOLDERS



3.3 SWOT Analysis



4.0 | 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	Social Housing and/or Private Rental Accommodation is very hard to get and many of our women and their babies are moving on to Family Hubs	To secure sustainable tenancies for women and their babies using our service.	More women and their babies will avoid transitional accommodation and move into their forever home.

Ref	Context	Objectives	Outcome
1.3	<p>Over the years Anew has noted the plight pregnant women and new mothers who are:</p> <ul style="list-style-type: none"> - Care Leavers - Women with children in care. - Young Mothers - Women from Minority Groups - Women in recovery from addiction - Women who have experienced domestic abuse 	<p>To include projects and programmes within our services to support women who are:</p> <ul style="list-style-type: none"> - Care Leavers - Women with children in care. - Young Mothers - Women from Minority Groups - Women in recovery from addiction - Women who have experienced domestic abuse 	<p>Mothers from complex situations will be nurtured and empowered to parent their children to the best of the ability.</p> <p>Ultimately breaking the cycle of poverty and socioeconomic exclusion.</p>
1.4	<p>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.</p>	<p>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.</p>	<p>Promote the awareness of peri-natal mental health services.</p>
1.5	<p>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>	<p>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.</p>	<p>The extension of our Family Support services into other areas and locations will enable a wider range of women to avail of our services.</p>

Ref	Context	Objectives	Outcome
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 peer to peer 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.	<p>To develop and improve outcome-based models of practice in Anew around intensive support with housing, life skills, parenting, key-working and peer to peer support.</p> <p>we aim to increase cross agency collaboration in order to raise awareness of our service</p>	<p>All women who use the services of Anew can avail of intensive support around housing, life skills and parenting until they are empowered to move on. This ensures better outcomes for the women and their children and helps to break the cycle of intergenerational disadvantage and poverty.</p>

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 ensure the best use of our asset in Tara Street. Maintain and monitor the Charity Shop in Thurles.	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 fit for purpose Fundraising Strategy.	Sustainability for non-funded activities e.g. compliance, audits and more.
2.4	Grants for projects and programmes will enable service development and provide a contribution to Overheads.	Secure new grants for projects and programmes.	To provide services that are not funded through other funding streams and contribute to overheads.

GOAL 3 - Operational Excellence

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>

5.0 | 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, Children's Rights Alliance, PEIN.</p> <p>Engage proactively with Tusla/DRHE/HSE to develop homeless accommodation for pregnant women in Dublin and throughout Ireland.</p> <p>Submit proposals to Tusla /DRHE/HSE managers and Commissioning Departments.</p> <p>Collaborate with the Homeless Network/Tusla Networks in Dublin and other NGOs around Ireland.</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>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 Q1 2024.</p>

Ref	Objectives	Actions	Outcome	KPI's
1.2	To secure sustainable tenancies for women and their babies using our service.	<p>Programmes of work to prepare the women for viewings.</p> <p>Accompany the women to viewings.</p>	More women and their babies will avoid transitional accommodation and move into their forever home.	<p>Secure forever home for 25% of the women in 2024 (Housing Officer)</p> <p>Secure forever home for 30% of the women in 2025 (Housing Officer)</p> <p>Secure forever home for 50% of the women in 2026 (Housing Officer)</p>
1.3	<p>To include projects and programmes within our services to support women who are:</p> <ul style="list-style-type: none"> - Care Leavers - Women with children in care. - Young Mothers - Women from Minority Groups - Women in recovery from addiction - Women who have experienced domestic abuse 	<p>Deliver programmes for the various categories identified.</p> <p>Set up evidence based complementary programmes to provide , 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 Programmes for in the various categories in section 1.3 Service-Manager/FSW, Q1 2024.</p> <p>Apply for funding for the above programmes – Service Manager/CEO, Q1/2 2024.</p> <p>Apply for funding to carry out a scoping exercise– Service Manager/CEO, Q2 2024</p> <p>Apply for funding for an external service evaluation CEO/Manager Q1/2 2025</p>

Ref	Objectives	Actions	Outcome	KPI's
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.	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.	Produce a Perinatal Pathway Document - Service Manager, Q2 2024.
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>	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>Produce a programme of Outreach support . The first plan by Q1 2024 and the remaining three in quarterly monthly instalments - Services Manager.</p> <p>To develop and roll out two new workshops by Q1 2024 and an additional four by Q4 2024 to populate a calendar of training events for 2024 – Services Manager.</p>

Ref	Objectives	Actions	Outcome	KPI's
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 peer to peer support.	<p>Provision of housing advice services from HH.</p> <p>Delivery of parenting courses in HH – staff to facilitate the delivery of parenting courses.</p> <p>Facilitate peer to peer workshops.</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>2024: HH utilised for services three days per week</p> <p>2025: HH utilised for four days per week</p> <p>2026: HH utilised five days per week</p> <p>In 2024-2026 provide housing support from HH – Housing Case Worker,. (ongoing)</p> <p>In 2024, to deliver three parenting courses per year to Anew service users – Social Care Workers. (ongoing)</p> <p>Through 2025 and 2026, deliver 3 parenting courses per year to marginalised groups and source funding for same – Social Care Workers/Service Manager. (Ongoing)</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>Implement the "Circle of Security"</p> <p>Utilise the Trauma Informed Model of Care</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 2024, 2025, 2026 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 ensure the best use of our asset in Tara Street	Monitor and Maintain Tara Street Rental and Room rental (Advic). Review the possibility of securing funding to use Tara Street for Services Continuously review the viability and feasibility of the Charity Shop in Thurles	Reduced reliance on traditional state funding sources albeit for a smaller portion of the funding needs.	Earned Income to raise €85,000 – 2024 €100,000 - 2025 €110,000 - 2026
2.3	To develop and implement a “fit for purpose Fundraising Strategy.	Support the CEO to build and expand our current fundraising strategy. Management team and board to implement a comprehensive Fundraising Strategy using corporate partnerships, social media, fundraising initiatives.	Ensure sustainability for non-funded activities e.g. compliance audits and more. To provide services that are not funded through other funding streams.	To build and expand our fundraising strategy with the help of an external expert. Through corporate partnerships, social media, fundraising initiatives to raise the following (net of fundraising costs): 2024 - €15,000 2025 - €25,000 2026 - €30,000

Ref	Objectives	Actions	Outcome	KPI's
2.4	Secure new grants for projects and programmes.	Maintain a grant data base identifying grant agencies, project descriptors, resources and templates. Apply for appropriate grants annually	To provide services that are not funded through other funding streams and contribute to overheads.	Using the grant database apply for projects and grants linked to the aims and objectives of Anew and this strategic plan: 2024 – 7 grants €2k to €10k 2024 - 3 grants €11k to €100k 2025 - 10 grants €2k to €10k 2025 – 4 grants €11k to €100k 2026 - 15 grants €2k to €10k 2026 – 5 grants €11k to €100k

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>	<p>A well governed organisation that manages the legitimate needs of its stakeholders through a transparent and inclusive approach that builds trust and its long-term reputation.</p>	<p>All board meetings to continue to assess and monitor compliance to the governance code. (ongoing).</p>
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>	<p>Scalability of service provision combined with cost containment and a high level of client satisfaction.</p>	<p>Update structures for risk management, training, clinical excellence, monitoring & reporting and critical incident planning – Service Manager/CEO, Q1 2024 (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 2024.</p> <p>Develop IT system as a platform to hold contacts, fundraising, clients, and service statistics - CEO/Service Manager Q2 2024 (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 2024. (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 Children's Rights Alliance, Treoir, ICSH, PEIN</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, 2024.</p> <p>Ongoing meetings with National Organisations such as Children's Rights Alliance, Treoir, ICSH, PEIN, 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>Updated Communication plan – Q1, 2024 – CEO.</p> <p>Social Media messaging linked into communications plan on-going – CEO/Services Manager.</p>

Ref	Objectives	Actions	Outcome	KPI's
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 – 2024 – 2025.</p>

6.0 | REFERENCES

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10. <https://www.tusla.ie/services/alternative-care/after-care/> - 08/10/20
11. <https://www.pause.org.uk/>

Bibliography

CEMACE data of poor maternal outcomes without the right supports to be added.

MBRRACE report specifically notes that peer support/advocacy groups play a key role with vulnerable pregnant women

Childhood Poverty and Wellness Unit

7.0 | APPENDICES

APPENDIX 1 Funders

- Dublin Regional Housing Executive (DRHE)
- TUSLA
- The Ireland Fund
- The Hospital Saturday Fund
- The Community Foundation of Ireland
- Kathrine Howard Foundation

APPENDIX 2 Projects

- Develop Day Services - Haven House Project development and expansion to other locations
- Outreach Family Support – Tusla/Community Foundation of Ireland
- Youth Pregnancy Integration Project – Community Foundation Ireland (CFI)
- Nurture Project – Katherine Howard Foundation / CFI
- Empowerment Project – Tusla SLA 2
- CAS House – Dublin City Council
- Peer to Peer Support – The Airport Fund
- International Women’s Day
- Launch of Annual Report
- Developing Fundraising strategy – CEO/Management Team /Social Media Person
- Expanding services to Direct Provision Centres, Prisons, Mental Health, Family Hubs – Strategic Goals
- Programmes for the Women we Work with – Strategic Goals
- Implementation of this Strategic Plan

APPENDIX 3 Anew’s People (as of 1st January 2023)

Board of Directors

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

Sub-groups of the Board

Audit and Risk Committee	
Chairperson	Stephen Moore
Secretary	Nives Paic
Committee Member	Wayne Tyrrel
Committee Attendee	Marian Barnard (CEO)
Committee Attendee	Sharon Culliton (Admin and Finance)

Strategy Committee

Chairperson

Fiona Barry

Secretary

Nives Paic

Committee Member

Claude Daboul

Committee Attendee

Marian Barnard (CEO)

Committee Attendee

Norma Fitzgerald (Senior Services Manager)

Management Team

CEO

Marian Barnard

Senior Services Manager / Garda Vetting Officer/DLO

Norma Fitzgerald

Team Leader

Grainne Bollard

Housing Officer / IT & Training Officer

Emer Slockett

External Support

IT Support

Glitch IT

Payroll Provider

Nicola Foster

Website and Social Media

Grand Designs

Property Maintenance

Patrick Beakey

Financial Services

Sharon Culliton

External Auditors

Woods/Delaney, Portlaoise

Legal Services

McCormack Solicitors, Newbridge

Appendix 4 Anew Budget 2024

ANEW SUMMARY CONSOLIDATED BUDGET 2024	
Income	Total
TUSLA Funding	€ 139,743
TUSLA SLA 2 Funding	€ 65,000
TUSLA SLA 2 Funding brought forward from 2023	€ 51,000
DRHE Funding	€ 238,977
Beehive - Rental Income & Service Charge Tara Street	€ 55,680
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	€ 19,200
Donations	€ 1,075
Grants/Corporate Donations/Fund-raising	€ 20,000
Utility Bill Recovery from DRHE	€ 6,700
Tusla Step Down/Outreach Contribution to Overheads	€ 2,935
Other Project Contributions to Overheads (Yips/KHF)	€ 2,750
Other Restricted Grants and Donations	€ -
TOTAL INCOME	€ 623,580
Expenditure	
Professional Indemnity/D&O Insurance	€ 17,734
Gross Wages & Salaries	€ 429,350
Employers PRSI	€ 47,443
Employer Pension Contributions	€ 2,196
Procom Telephone System	€ 1,560
3 Mobile Phones	€ 2,758
Accounts and Payroll	€ 23,212
Grenke - Equipment leases	€ 1,290
Irish Council for Social Housing subscription	€ 250
The Wheel Annual Subscription & Fundingpoint	€ 455
Treoir Annual Subscription	€ 130
Children's Rights Alliance	€ 250
Staff Training	€ 4,300
Supervision	€ -
Room Hire/Conferences	€ 1,050
Alarm Monitoring and Safety	€ 275
Good Fire & Safety	€ 1,030
Rent payable - DCC & Thurles	€ 9,171
Rates - TCC	€ 946
Rental Income (Internal)	€ 7,800
Bohan Hyland Service Annual Charge	€ 289
Essential Health & Safety	€ 800
Panda - Refuse Service for CBC	€ 1,400
Client Expenses	€ 5,300
Employee/Volunteer Travel & Subsistence Expenses	€ 7,680
Staff Lunches / Canteen Supplies	€ 1,800
Utility Bills	€ 9,460
WiFi CBC	€ 1,200
Grand Designs	€ 1,850
Computer Software and Maintenance	€ 5,642
Social Media Work	€ 5,980
Employee Assistance Programme (EAP)	€ 660
Printing, Postage & Stationery	€ 2,564
Timoney Alumni and Leadership Institute	€ 540
Exertis - Photocopier Services	€ 880
Maintenance & Repairs	€ 6,307
Audit Fee	€ 5,000
Other Legal & Professional	€ 3,691
Bank Charges	€ 1,600
Board Fees	€ 1,000
Tusla SLA 2 Step Down/Outreach Contribution to Overheads	€ 2,935
Events and Recognition Costs	€ 5,150
Depreciation	€ 968
TOTAL EXPENDITURE	€ 623,894
SURPLUS/(DEFICIT)	-€ 314