Anew
Supporting women & families

HOUSING AND SUPPORT INTERVENTIONS FOR PREGNANT WOMEN AND NEW MOTHERS EXPERIENCING HOMELESSNESS

AGENDA

- Pregnancy in disadvantaged situations – the stark reality (CS)
- A bit about Anew (MB)
- What social issues is Anew Addressing (MB)
- Anew's Theory of Change (MB)
- Infant mental health (CS)
- Peri-natal maternal mental health (CS)
- Practical Interventions (CS)

PREGNANCY IN DISADVANTAGED SITUATIONS
THE STARK REALITY

Becoming a mother is a time of transition and an intensely emotional experience.

Mental Health remains a leading cause of maternal death during perinatal period.

(MMBRACE 2024)

Women receive fragmented care and fall through the cracks of service delivery.

(Higgins et al. 2016, Begley et al. 2010)

Recommendations concur that early detection and treatment is critical
Women's mental health needs can change and escalate quickly in perinatal period.

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THE 2024 MBRRACE-UK REPORT 'SAVING LIVES, IMPROVING MOTHERS' CARE'

looks at the cases of the 275 of women who died during pregnancy or the year after giving birth in the UK and Ireland between 2020 and 2022.

It considers each of these tragedies to uncover learning that could prevent avoidable deaths in future and identify improvements for the wider system of care.

The most common causes of death in women who died between six weeks and a year after giving birth were mental health-related, including suicide and drug and alcohol use.

More than one third (34%) of all maternal deaths recorded in this period were mental health-related.

Maternal suicide continues to be the leading cause of direct deaths between six weeks and one year after birth.

REACHING ALL WOMEN

Black women were **three times** more likely to die during pregnancy or up to six weeks after compared with white women. Asian women are almost **twice as likely** to die compared to their white counterparts.

Women living in the most deprived areas are more than **twice as likely** to die.

A third of the women's records did not have information on whether they were subject to domestic abuse before or during pregnancy, despite evidence showing abuse can begin or intensify during this time and clear guidance that it is important for women to be asked about domestic abuse throughout pregnancy. **(in Anew we are noting more female genital mutilation which has a huge effect)**

9% of the women who died were classed as facing 'severe and multiple disadvantages', with all of these having a mental health diagnosis and many experiencing substance use and domestic abuse.

A BIT ABOUT ANEW

The only charity in Ireland that specifically supports pregnant women and new mothers experiencing homelessness (since 1981) - 15 Staff

Emotional and practical support to approximately 200 women and their babies annually

Emergency and transitional accommodation (20 women and their babies annually)

Day and outreach services

Evidence based/trauma informed interventions – Outcome Star, Circle of Limited Security

Bespoke programmes e.g. young mothers, care leavers, women with children in care etc.

THE WOMEN

Our figures show many of the women are young (between 18 and 25).

Marginalised backgrounds such as migrants, members of the travelling community, many have been in care.

They often isolated and come from chaotic backgrounds with significant trauma.

They are at a high risk of exclusion, poverty and homelessness and their pregnancy increases this risk.

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ANEW SERVICES

Supported Temporary Accommodation

Cherry Blossom Cottage,

24 hour support

Transitional/Stepdown Accommodation

Lily Lodge

independent, own door

Day Services

Haven House

housing support, education programmes, peer support, donations

Outreach

Other emergency accommodation, maternity hospitals, IPAS

NURTURE/EMPOWER PROGRAMME

Specifically for pregnant women who are homeless; maternity services do not meet their needs as they assume that the woman has a home, partner etc.. They are often too embarrassed to admit that they are homeless. ***They are often afraid of their baby being taken off them.***

We check they are ok around ante-natal, we get their information, gain their trust, signpost where necessary and provide 1-1 pregnancy support.

Education includes preparation for birth, packing your hospital bag, signs and symptoms of labour, brief anatomy and physiology changes to the body during and after pregnancy. ***All pregnancy education is tailored to the woman's current needs.***

Each woman had the time to ask questions and learn in a private environment. Having a safe space reduces the level of shame or embarrassment due to their current living situation. ***We Teach them the language to advocate for themselves.***

NURTURE/EMPOWER PROGRAMME

Provides a ‘wrap around’ support.

Physical and emotional wellness planning including daily food intake needs and assessment dependent on woman’s current homeless accommodation.

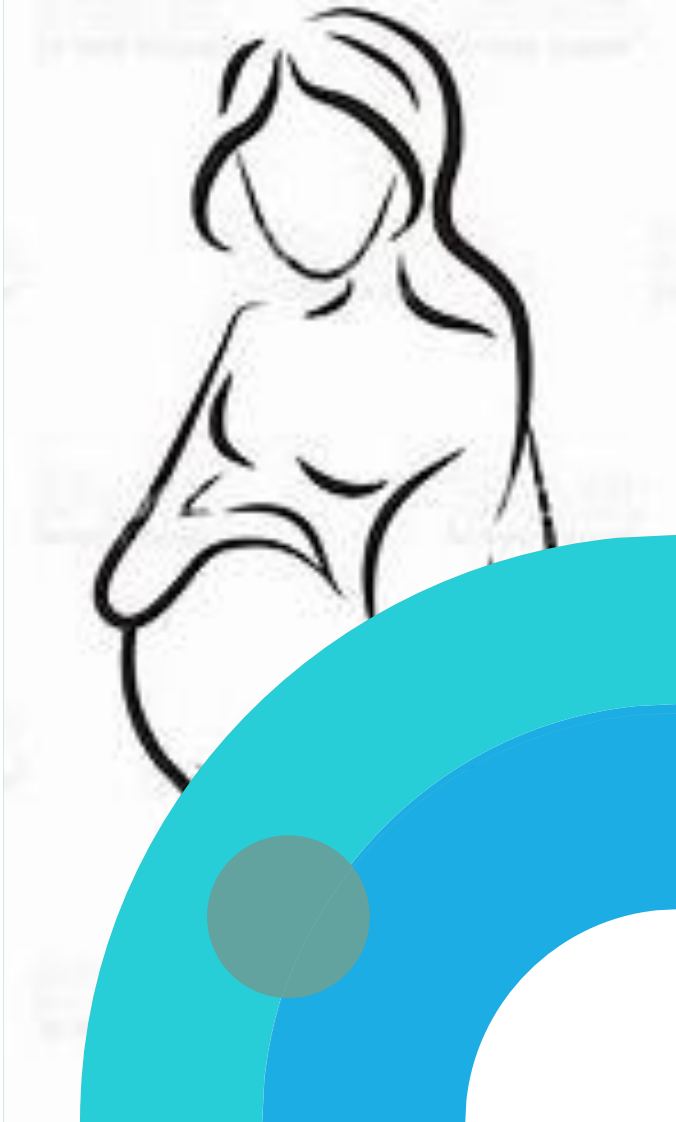
A key aim of this program is to ensure the women are healthy, eating right, cooking, hygiene facilities.

The women provide support to each through shared experiences of facing homelessness during pregnancy.

Coffee mornings, some are peer led by women who have previously used Anew services and gained successful long-term accommodation and/or education and employment.

THE SOCIAL ISSUE

- The numbers of homeless pregnant women in Ireland is unclear as they are not categorised in homeless figures.
- The women are at a high risk of mental health issues and post-natal depression.
- The trauma transfers to the unborn baby.
- The women are difficult to engage with.
- They have more health issues, including:
  - high risk pregnancies
  - pre-mature births
  - low birth weight babies.



ANEW'S THEORY OF CHANGE

We involve the women in everything we do by including them in the planning process, seeking ongoing feedback and re-engaging with women who have previously used the service.

We have recently completed a "Theory of Change" exercise to develop our model of service; the women who use our service past and present were very much part of this process.

Feedback showed that the women's needs are focussed on emotional support; other homeless services do not offer the level of support that Anew do - this is the difference that Anew provides.

The women really appreciate the nurture and care they receive in Anew, as a result they can finally enjoy their experience of pregnancy and new motherhood.

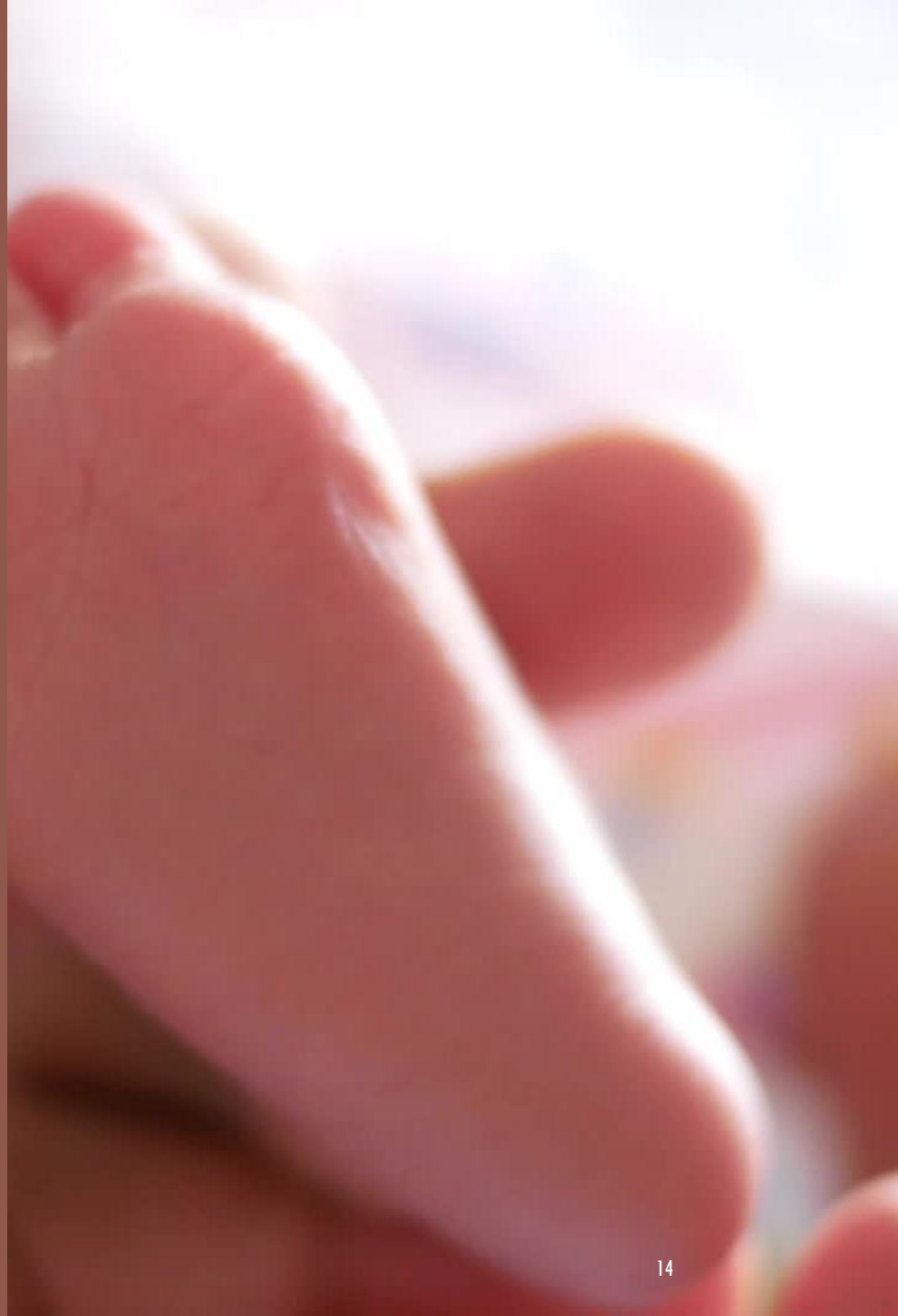
What is the problem we are trying to solve?	What is our proposed solution to this problem?	What are we going to do?	What short term outcomes will be experienced?	What long term impact will be experienced?	Our Impact statement
Pregnant women and new mothers, experiencing homelessness, with limited or non-existent support network in need of pre and post natal supports and secure accommodation.	Provide pregnant women and new mothers, experiencing homelessness with pre and post natal supports and short-term accommodation whilst seeking long term housing.	Case Management Preparation for birth Early childhood parenting skills Short term accommodation Transitional accommodation Housing support Practical supports Cross agency collaboration	Improved physical health Improved mental health Increased safety Increased attachment with baby. Increased confidence Improved self esteem.	Confident parenting skills. Increased social connection Improved community supports & connection Improved employment opportunities Increased independence Recovery from trauma. Early childhood attachment is developed.	Women have safe, secure accommodation and are confident mothers with a support network that meets their needs.

INFANT MENTAL HEALTH

Infant mental health encompasses the social and emotional well-being of children from birth to age three. It reflects whether infants have secure, responsive relationships that are crucial for their development.

Healthy infant mental health lays the foundation for future emotional, social, and cognitive outcomes, influencing a child's ability to thrive in later life.

parentinfantfoundation.org.uk



KEY FACTORS INFLUENCING INFANT MENTAL HEALTH

Early Relationships: The interactions between infants and their caregivers are fundamental. Responsive and sensitive caregiving helps infants manage their emotions and develop secure attachments, which are vital for their emotional regulation and overall development.

Environmental Stressors: Factors such as parental mental health, family conflict, and socioeconomic challenges can negatively impact infant mental health. Disorganised attachment often arises in stressful environments, leading to potential long-term emotional and developmental issues.

Brain Development: The first 1,000 days of life are critical for brain development. During this period, infants' brains are highly adaptable, forming millions of neural connections that shape their future learning and behaviour.

parentinfantfoundation.org.uk

SUPPORTING INFANT MENTAL HEALTH

Responsive Caregiving: Caregivers should engage in nurturing interactions, responding to infants' needs promptly and sensitively. This helps infants feel secure and understood, fostering healthy emotional development.

Community and Professional Support: Access to resources and support services is essential for families. Programs that educate parents about infant mental health and provide strategies for effective caregiving can significantly enhance outcomes for infants.

Preventive Measures: Early intervention is crucial. Addressing mental health needs in infancy can prevent the escalation of emotional disturbances and reduce the need for more intensive support later in life.

MATERNAL PERINATAL MENTAL HEALTH

- Pregnancy to 1year post-partum.
- Concerns the mental and emotional well-being of women during this time period, (it also concerns the emotional well-being of the infant during this time period).
- Mental health difficulties can arise during this time.
- Mental health deterioration or red flags can look like- anxiety, depression, anger, rage. Lack of interest in pregnancy or normal life events. Extreme highs or extreme lows.

Vulnerabilities during pregnancy

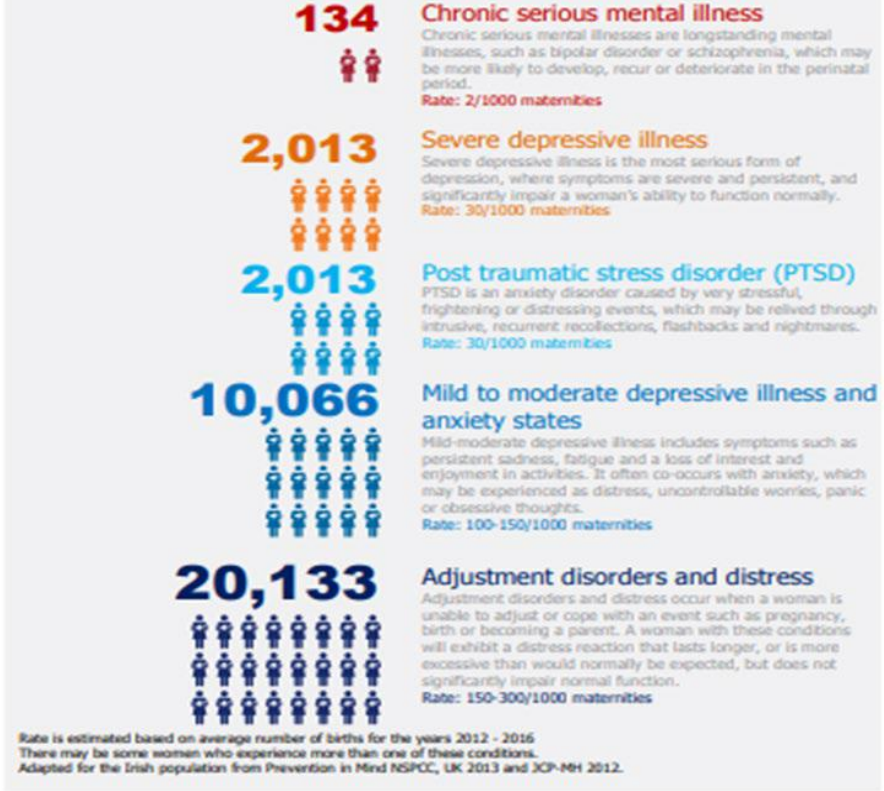
- Domestic Violence history
- Mental health history
- Homelessness/ couch surfing
- Pain- physiological changes exasberated by living situation.
- Health difficulties i.e hyperemesis, Gestational diabetes.
- Fear of labour and giving birth- not attending antenatal classes or appointments due to this.
- Hospital staff unsympathetic to woman's current situation.
- Language barrier, literacy issues- no interpreter provided or inconsistent service.
- Unable to have access to support network- being in hostels, distance, transient nature of a homeless person.
- Unable to pay for transport to and from hospital.

Pregnancy is not a protective factor for suicide

Psychological Challenges of Pregnancy

- Fear of birth/ hospitals
- The unknown/ control
- Shame/ feeling like a failure
- Loss – complete change to your life
- Experiences of being parented – expectations of self as parent
- Changes to your body.
- Unsupportive family, partner, religion.

Figure 1: **Estimated number of women affected by perinatal mental illnesses in Ireland each year**



HOW ANEW RESPOND AND SUPPORT WOMEN DURING THE PERINATAL PERIOD?

Trauma Informed

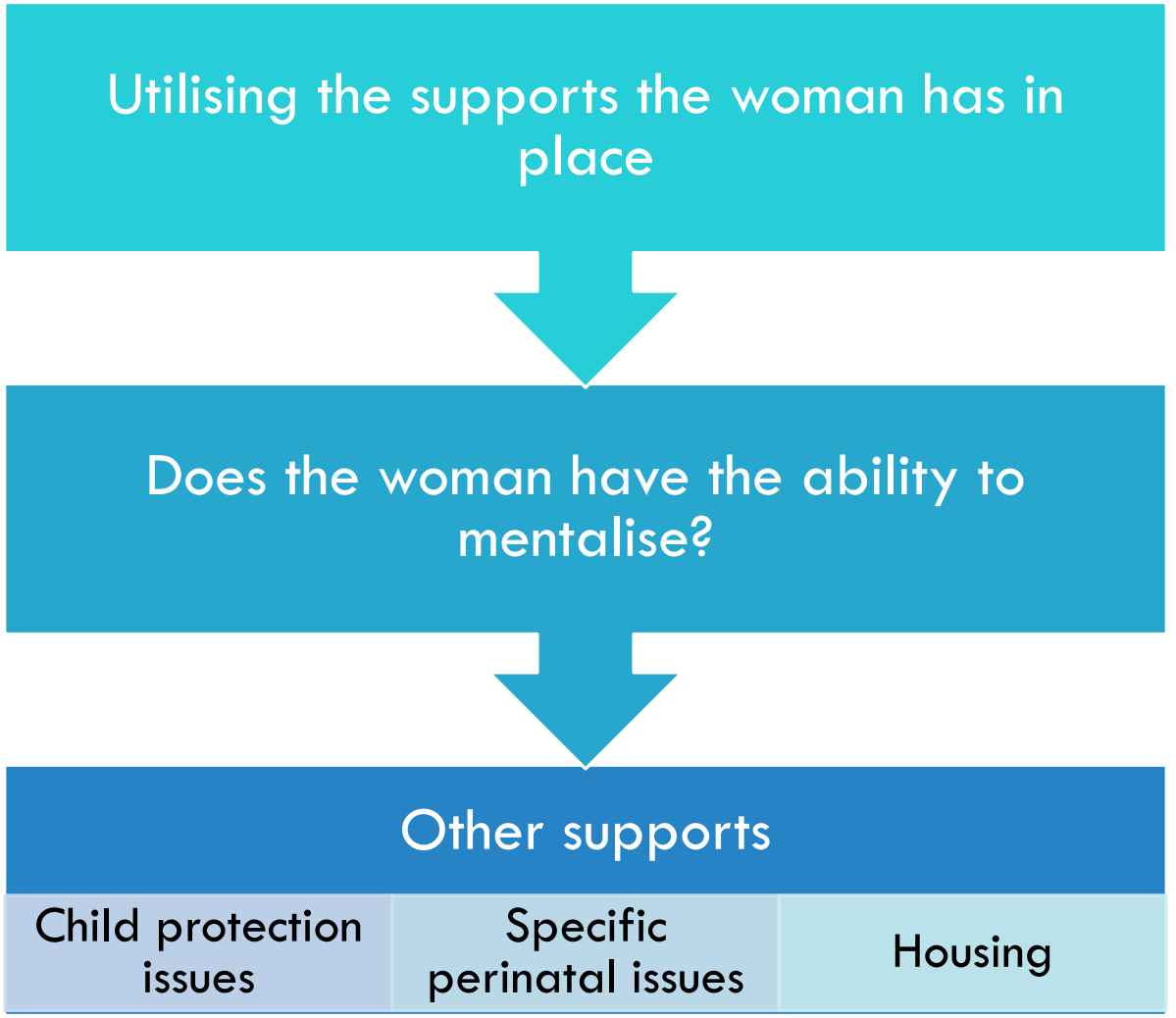
Pre-birth and post-birth planning

What does this pregnancy mean to them?

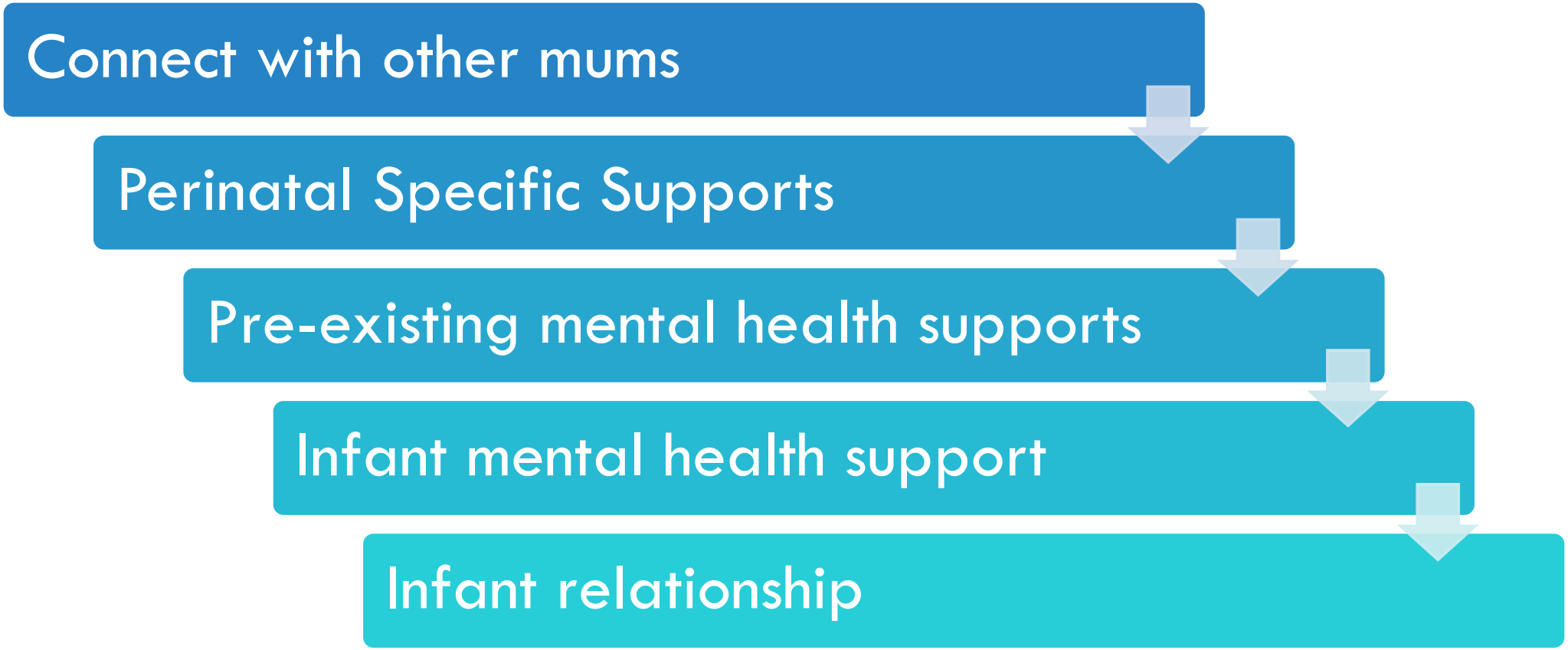
- What do they need to do to prepare? (Perceptions of birth)
- Lived experience that may impact on their birth

Who can help them

HOW ANEW RESPOND AND SUPPORT WOMEN DURING THE PERINATAL PERIOD?



BUILDING A SUPPORT NETWORK



COPING AS A PARENT

- Self care
- Fun and Joy
- Safety plan
- Time away
- Prioritise sleep
- Other children
- Notice drives towards perfection or collapse
- Balance

PRACTICAL TIPS FOR PROFESSIONALS

- Physical – Always ensure woman is linked in with a GP and maternity hospital. Has the woman access to a kitchen daily to prepare food for herself- this can be impinged if a woman has hyperemsis or gestational diabetes. Has the woman access to medication necessary for her during pregnancy?
- Mental – Every hospital will have a perinatal mental health department specific to perinatal mental health. These teams should be flagged of a woman's circumstances at the earliest stage of her pregnancy- this can be done through the medical social work department.
- Emotional- Can your service provide 1-1 or group emotional support for the woman, where she has a space to share her experience of pregnancy? A non judgemental space ensures the woman has a place to express her current living situation. Make the pregnancy the primary conversation- let your service be the space that the woman can connect and enjoy her pregnancy. Can this be done via whats app video or call- meet the woman where she is at.

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THANK YOU

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