

# Preparing for Motherhood Without a Home

## Pregnancy, Social Work and Interagency Cooperation in Hungarian Homelessness Services



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*This article explores the challenges faced by women experiencing homelessness during pregnancy, highlighting the importance of coordinated, trauma-informed and gender-responsive support. Drawing on two cases from Hungary, it shows how fragmented systems can limit women's choices and calls for stronger cooperation between homelessness, healthcare and child protection services.*

When people think about women experiencing homelessness, children rarely come to mind. Yet they are almost always part of the story. Some children are already adults, others live with relatives or in the child protection system, while some have not yet been born. Motherhood - whether experienced in the past, the present or the future - remains a defining part of many women's lives, even when they no longer have a home.

Our interest in pregnancy among women experiencing homelessness emerged from **an earlier European collaboration on women's homelessness**, where motherhood repeatedly surfaced as one of the central themes. We soon realised how little is known about women who become pregnant while already homeless. In Hungary, reliable data are scarce, and this period of women's lives has received little attention in either research or service development. Yet pregnancy is often the moment when decisions are made that will shape not only a woman's future, but also the life of her child.

This article draws on our experience as practitioners at the Budapest Methodological Centre of Social Policy and Its Institutions (BMSZKI), Hungary's largest homelessness service provider, and on our research into the lives of pregnant women using our services. Rather than describing the Hungarian homelessness system, we focus on a more fundamental question: **what does it mean to prepare for motherhood without having a home?**

### When Pregnancy Changes Everything

For several years, BMSZKI has operated a trauma-informed gynaecological clinic for women experiencing homelessness. The service was established in response to a simple observation: many women avoid gynaecological care because of previous experiences of violence, trauma or discrimination within healthcare. The clinic therefore aims not only to provide medical care, but also to create a safe environment where women feel respected, listened to and able to make informed decisions about their own health.

Our experience quickly showed that pregnancy creates needs extending far beyond healthcare. Organising antenatal appointments is only one part of the process. Many women have no stable address, limited family support and very little trust in public institutions. Some have experienced childhood trauma.

ma or domestic violence; others live with mental illness or substance use problems. Many have had limited access to education and possess little knowledge about reproductive health, contraception or sexually transmitted infections. Whether pregnancy is planned or unexpected, it often becomes a turning point in their lives.

Questions that many expectant parents take for granted suddenly become urgent. Where will I live after the birth? Will I be able to keep my baby with me? Who will support me? Will asking for help protect my family - or put us at greater risk?

Supporting pregnant women experiencing homelessness therefore requires much more than arranging medical appointments. It means helping them navigate a complex network of healthcare providers, child protection services, family support organisations, housing services and welfare agencies. Although each institution has an important role, co-operation is often based on individual professional relationships rather than established pathways of care.

Throughout this process, one principle remains fundamental. The role of social work is not to make decisions on behalf of pregnant women, but to ensure that they have the information, trust and support necessary to make decisions for themselves. Whether a woman decides to raise her child, consider adoption or terminate her pregnancy, each pathway is emotionally demanding and requires coordinated, respectful professional support.

## Two Women, Two Different Journeys

No two pregnancies are alike, and this is especially true for women experiencing homelessness. Yet one feature is common to almost every story: pregnancy is never the only challenge. Housing insecurity, poverty, trauma, health problems and uncertainty about the future all become part of the journey towards motherhood.

One of the women in our study became pregnant while living in a homeless shelter with her partner. They welcomed the pregnancy and shared a clear goal: they wanted to raise their child together. Contrary to common stereotypes, they were not passive recipients of support - they had plans, actively engaged with services and were determined to build a stable future for their family.

Their greatest obstacle was not a lack of motivation but a lack of housing. As the pregnancy became known, it was obvious that the shelter where they lived could not provide an appropriate environment for a newborn. Together with their social worker, they contacted numerous

family shelters and mother-and-baby services. Some had no vacancies, others could not accommodate couples, and waiting lists stretched well beyond the expected due date.

Eventually, the woman secured a place in a specialised mother-and-baby service - but several hours away from Budapest. The arrangement offered safety for the baby, yet separated the couple during the first months of their child's life. This had a profound impact on the father's mental wellbeing. Although the formal casework ended when the mother moved into the mother-and-baby home, their social worker continued to support the family as a volunteer. A few months later, this sustained support helped the couple reunite in a family shelter in Budapest, where they were finally able to begin life together with their child.

*The case illustrates a broader question faced by many services: when support is organised around institutional boundaries rather than family needs, who bears the cost of those compromises?*

The second story follows a single pregnant woman who had been living with epilepsy since childhood. She visited her five-year-old son every week, who was being raised by foster carers. Learning about her pregnancy brought both hope and uncertainty. Although she always arrived at medical appointments with the required documentation, she was repeatedly turned away because of prejudice, resulting in delays to several essential antenatal examinations. Eventually, it became necessary for a support worker to accompany her to every appointment to ensure that she received the care she was entitled to.

Alongside concerns about housing, her health and the future of her unborn child, another difficult decision emerged. The only available mother-and-baby home was located so far from Budapest that moving there would make regular contact with her older son virtually impossible for several months. Ultimately, she chose to relocate, believing that it offered the best chance to provide a safe start for her newborn, while accepting the painful consequence of temporary separation from her first child.

Although these women followed very different paths, their stories point to the same conclusion. Pregnancy does not simply add another task to homelessness services. It exposes how deeply housing, healthcare, mental health, social care and child protection depend on one another—and how difficult it can be for women to navigate systems that rarely operate as a coordinated whole.

## What Pregnancy Taught Us About Homelessness Services

Our research changed the way we think about pregnancy in homelessness.

At first, we assumed that the greatest challenges would be access to healthcare and safe accommodation. Both remain essential. Yet our experience suggests that the real challenge lies in helping women retain their ability to make meaningful choices at a time when almost every aspect of their lives is uncertain.

Pregnancy does not change the purpose of social work - it changes its context. The focus remains on supporting the woman, but every decision now also shapes the future of a child. The task is therefore not to decide what is best for either the woman or the baby, but to create the conditions in which informed decisions can genuinely be made. This requires trust, time and coordinated professional support.

Our cases also revealed a broader systemic challenge. Pregnancy brings together professionals who rarely work closely with one another in homelessness services: obstetricians, midwives, health visitors, child protection professionals, housing providers and social workers. Each contributes valuable expertise, yet collaboration often depends on personal commitment rather than established pathways of care. As a result, women frequently find themselves navigating fragmented systems at one of the most vulnerable periods of their lives.

For homelessness services, this means taking on a role that extends beyond traditional case management. Supporting a pregnant woman often involves connecting institutions that were not designed to work together, while maintaining a trusting relationship with someone who may have experienced repeated trauma, exclusion and institutional mistrust. At the same time, professionals must balance two equally important principles: respecting the woman's autonomy while recognising the responsibility to safeguard the wellbeing of the unborn child. This balance cannot be achieved through procedures alone; it requires collaboration, reflection and mutual trust across professions.

These experiences have prompted important developments within our organisation. BMSZKI is currently developing a multidisciplinary protocol to support professionals working with pregnant women experiencing homelessness. We are also planning a specialised mother-and-baby service for women who become mothers while already homeless. Rather than creating a parallel service, our goal is to strengthen cooperation between homelessness services, healthcare and child protection, ensuring that women experience these systems as a coordinated network rather than a series of disconnected institutions.

Although our work is rooted in the Hungarian context, the questions raised are probably shared across Europe. How can services support women without undermining their autonomy? How can healthcare, homelessness services and child protection work together more effectively? And how can we intervene early enough to prevent homelessness from becoming an intergenerational experience?

We do not present our approach as a model to be replicated. Instead, we hope it contributes to a broader professional conversation about pregnancy, homelessness and the importance of coordinated, gender-responsive support. Every country will find different answers, but we believe they should begin from the same place: listening to women, respecting their choices and recognising pregnancy not only as a period of vulnerability, but also as a unique opportunity to support both mother and child.

If we want to prevent homelessness from becoming an intergenerational experience, support cannot begin at birth. It begins during pregnancy - by trusting women, strengthening their choices and ensuring that no child's future is shaped by homelessness before they are even born.

We hope that, in the near future, there will be more opportunities to exchange experiences with organisations across Europe working with pregnant mothers experiencing homelessness during their pregnancy and after giving birth. Learning from one another's practices will help us adapt successful approaches to our own local context and strengthen the support we provide to women experiencing homelessness.