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Intersectional Approach to Combating Homelessness for Women

Project: 101172611 — INTERACT — ESF-2023-HOMELESS



INTERACT National Report English



Mais Cidadão



Azienda pubblica di servizi alle persone





Co-funded by the
European Union

June 2025

Deliverable responsible: Work Package 1: RIKK and Rotin

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Executive Summary

The INTERACT Project, running from October 1, 2024, to September 30, 2027, is co-funded by the European Social Fund Plus (ESF+) Programme of the European Union. It is a transformative initiative aimed at addressing the multifaceted vulnerabilities faced by women experiencing homelessness or living under precarious conditions. It is a multinational collaborative project with partners from Germany, Greece, Iceland, Italy, Portugal and Romania.

INTERACT emerges from a profound understanding of the intricate challenges faced by homeless women, acknowledging the multifaceted nature of their vulnerabilities, including gender-based violence (GBV) and intimate partner violence (IPV), problematic substance use (PSU), and mental health struggles. Recognizing the shortcomings of traditional interventions, the project introduces a holistic and intersectional approach, challenging siloed methods prevalent in addressing homelessness. It utilizes a comprehensive methodology, to address the underlying issues of homelessness and offer a sustainable solution to homelessness for women.

INTERACT aims to offer sustainable solutions and trauma-informed approaches to prevent homelessness. The project focuses on homeless women, especially those with complex service needs, stakeholders and social policy decision-makers in related fields, and the public. The core of the project is the Intervention Pilot Model. It will be based on interdisciplinary collaboration, recognising the intersectionality of the homelessness issue. The model will be executed across partner countries, providing multidisciplinary support, and offering a final model versatile enough to be implemented in differential national environments.

This National Report analyses homelessness in all INTERACT partner countries. It covers national and local statistics, policies, institutions, stakeholders, services, and interdisciplinary cooperation. The findings will guide the project implementation based on each country's unique status.

Germany

Definition and reporting of homelessness in Germany is based on ETHOS Light categorization. Access to homelessness data is good, but incomplete.

The state is legally required to provide shelter and address various needs of all who find themselves in such situations. There is a long-standing and comprehensive social support system for homeless people and others in emergency situations. Nevertheless, not all situations of homelessness, as defined by the ETHOS typology, are acknowledged for the right to use homelessness services. Germany has in place a National Action Plan against Homelessness (2024). It underpins the commitment of the Federal Republic of Germany to combat homelessness systematically, including gender-specific needs.

Housing First and harm reduction approaches in homelessness services are prominent in Germany. Also, practice of the support system shows differentiated offers that are partly or

specifically aimed at homeless women. There are also examples of offers that respond to complex vulnerabilities and problematic situations in which integrated approaches are represented. However, responding to complex vulnerabilities and problematic situations and intersectionality perspective is still rather an exception than mainstream in the design of support services.

In the Leipzig area, INTERACT intervention area, various organisations, initiatives and support services for the homeless are in place. Some of them are tailored to complex service needs, such as overnight accommodation for women or substance users. While the commitment of individual actors occasionally helps to address complex problems within the system, there are still deficits in the structural networking of social services and the interlocking of legal entitlements, especially for homeless EU citizens.

In conclusion, the proposed INTERACT focus on the national level in Germany is on networking actors and on questions regarding the impact of differentiation and the associated inclusions and exclusions by the support system, facilitated through the lens of intersectionality. In Leipzig, the intervention area, the focus should be on strengthening networking at the institutional level.

Greece

Homelessness data in Greece remains inconsistent and fragmented and largely inaccessible, with no publicly available up-to-date statistics on the total homeless population. For instance, it doesn't capture hidden homelessness, and not all service providers contribute to the national database.

Greece uses the ETHOS framework to define homelessness, which is legally recognized. There is a national policy and related programs on homelessness in place to combat homelessness including a pilot be implemented in the Municipalities of Athens and Thessaloniki. At the local level, Greece has no examples of policies specifically battling homelessness, but some programs are in place.

Greece has no HF strategy in place and relies primarily on emergency accommodation rather than long-term housing solutions. Trauma informed approaches are applied to address multiple vulnerabilities. Despite the presence of front-line professionals applying a gender-sensitive perspective in day-to-day homelessness intervention, this approach appears to be the exception rather than the norm. Nevertheless, some best practices have emerged, particularly in outreach programs, partnerships with women's organizations, and trauma-informed care. These efforts remain limited in scale and funding, and there is a critical need to expand successful models into national policy frameworks. While some cooperation exists between relevant services, it remains largely informal, based on personal relationships rather than institutionalized frameworks.

In conclusion, the proposed INTERACT focus in Greece aims to address critical gaps in homelessness support services for women with multiple vulnerabilities. This includes

emphasizing the urgent need for policy improvements, fostering enhanced inter-agency collaboration, and expanding access to essential resources. By strengthening service coordination and advocating for systemic change, the project seeks to create sustainable solutions that ensure long-term support and protection for this highly disadvantaged population.

Iceland

Homelessness has not been defined formally at the national level in Iceland, for example in legislation. However, definitions and classifications based on ETHOS are becoming more common.

Access to reliable and comprehensive homelessness data is limited in Iceland. Different parties collect data using various methods for distinct purposes, resulting in fragmented and poorly comparable information. There is no tradition for including certain groups identified by ETHOS as homeless. This includes refugees, people being released from institutions, those at risk of eviction, and people temporarily living with friends or family. This hampers a clear understanding of the issue's scope and nature. However, gender-disaggregated data on homeless individuals with complex service needs in Reykjavik, the INTERACT intervention, is easily available.

Iceland has a clear legal basis for the public sector's obligation to ensure access for homeless people to housing solutions in accordance with their needs and to provide comprehensive assistance aimed at solving their problems. However, legal protective measures for women facing homelessness remain limited and mostly related to DV, including IPV. Iceland does not have a national policy on homelessness, but one municipality, Reykjavik City, has established a gender sensitive policy and action plan on homelessness, specifically aimed at homeless people with complex and multifaceted needs.

Professionals are aware of the intersectionality of homelessness and the need for interdisciplinary collaboration across institutions and administrative levels. Still, despite examples of such successful collaborations, multilevel cooperation remains more informal than formal in nature. Obstacles to collaboration include unclear guidelines on service responsibility, authorization for information sharing, systematic consultation, and official quality criteria and control. Despite calls for a national policy and guidelines to support multi- and interdisciplinary cooperation, it has not yet been developed.

In conclusion, the national focus of INTERACT in Iceland should be on lobbying for development of a comprehensive national policy on homelessness, supporting comprehensive data collection on homelessness and multilevel cooperation. At the local level, the focus of INTERACT should be on broadening and strengthening the now in place network in the intervention area, systematizing cooperation, and ensuring effective case management.

Italy

Italy has no legal definition of homelessness, but Italian legislation refers to homelessness through regulations related to social services and the rights of disadvantaged people. The population census by ISTAT, Italian National Institute of Statistics, considers homelessness mainly linked to the lack of a stable residence. Fio.PSD, Italian Federation of Organizations working with homeless people, provides a broader definition, referring to housing precarity, social exclusion, and instability. The ETHOS classification has been adopted in Italy through collaborations between fio.PSD and FEANTSA. Statistical data on homelessness is available and shows significant regional disparities. However, the data is often fragmented and fails to fully capture the diversity and mobility of the homeless population.

Italian legislation implicitly addresses housing rights through broader social inclusion policies. Key policies include the "Linee di indirizzo per il contrasto alla grave emarginazione adulta in Italia", the Piano Nazionale di Ripresa e Resilienza (PNRR), and the Fondo Nazionale Povertà, that are national guidelines and measures to combat poverty. At the local level, Bologna has pioneered co-planning services to combat severe marginalization, offering a comprehensive range of services such as emergency shelters, outreach services, and temporary housing solutions.

The HF model in Italy emphasizes providing immediate, stable housing as a foundation for addressing other social issues. This approach, integrated into Bologna's services, aligns with harm reduction principles to mitigate the consequences of extreme marginalization. While trauma-informed care is not yet widespread in Italy, initiatives like MondoDonna's 'CARE4TRAUMA' project are working to incorporate these principles into service provision.

Italy offers a variety of services for the homeless, including emergency shelters, addiction services, health care and mental health services. Azienda Pubblica di Servizi alla Persona della Città di Bologna is responsible for the coordination, planning, and regulation of extensive support services, including outreach teams, emergency reception, and temporary shared housing. Specific initiatives address the needs of marginalized women, focusing on safety, psychological support, and social integration.

In Bologna, integrated systems involving social services, health services, and DV centres aim to protect women in vulnerable situations. Key agreements, such as the 2014 Metropolitan Area Agreement and the 2020 Memorandum of Understanding, support coordinated efforts among public and social sector stakeholders. However, challenges remain, including a lack of systematic cooperation and resources.

In conclusion, the proposed focus for INTERACT at the national level is to lobby for homeless women surviving GBV who also face mental health issues or are struggling with PSU. In Bologna, the intervention area should prioritize the development of coherent work methodologies and procedures, to share between services, while also broadening, strengthening, and stabilizing interdisciplinary cooperation. Furthermore, it is crucial to integrate the theme of protection, both

physical and emotional, and provide safe accommodation and comprehensive support for homeless women who are survivors of GBV. This includes ensuring their rights, safety and access to essential resources. By adopting this holistic approach, the Italian team aims to foster a more inclusive and effective system, contributing to the well-being and empowerment of women who have endured significant traumas related to GBV and homelessness.

Portugal

In Portugal, homelessness is officially defined within the framework of the National Strategy for the Integration of Homeless People (ENIPSSA), which since 2017 aligns with the ETHOS typology. Homelessness data, including gender sensitive, is officially registered and easily accessible in. Experts caution though that women's homelessness remains significantly underrepresented in official data, as many women avoid formal homelessness services due to stigma, fear of child removal, or reliance on informal and precarious housing arrangements.

While Portugal has legal protections related to housing and specific measures for survivors of DV and human trafficking, there is no dedicated national strategy addressing women's homelessness. The ENIPSSA 2025-2030 strategy acknowledges gender-specific vulnerabilities but lacks concrete implementation mechanisms to ensure a gender-sensitive, trauma-informed and harm-reduction oriented approach.

A critical challenge identified in Portugal is the fragmentation of services. Interventions remain siloed, coordination between housing, healthcare, and social support services is weak, and long-term support structures are insufficient. Although HF programs and harm reduction initiatives exist, these are not systematically adapted to the specific needs of homeless women.

The report underscores the need for a systemic, intersectional and gender sensitive approach to homelessness interventions. It also highlights the urgent need for a paradigm shift in Portugal's homelessness response, moving towards integrated, gender responsive and evidence-based policies that adequately address the structural determinants and lived realities of women experiencing homelessness.

In conclusion, to effectively address women's homelessness in Portugal, the INTERACT focus needs to be on a systemic, intersectional, and trauma-informed approach. By rethinking intervention models, integrating gender-sensitive policies, expanding HF and investing in peer-led initiatives, Portugal can create a more inclusive, effective, and sustainable framework for combating homelessness among women.

Romania

In Romania, homelessness is defined in the National Strategy on Social Inclusion of Homeless People and corresponding Action Plan, as "a social category made up of single persons or families who, for singular or cumulative reasons of social, medical, financial, economic, legal nature or due to force majeure situations, live in the street, temporarily live with friends or

acquaintances, are unable to support a dwelling under rental regime or are at risk of eviction, are in institutions or penitentiaries from where they are to be discharged within 2 months, respectively be liberated and they have no dwelling”.

Collecting accurate data on homelessness in Romania remains challenging, as official figures often underreport the true extent of the problem. Ministerul Muncii, Familiei, Tineretului și Solidarității Sociale [The Ministry of Labour and Social Solidarity] oversees homelessness strategies and faces limitations in resources, coordination and awareness. Despite existing programs, there is a need for more comprehensive and well-coordinated efforts to address homelessness effectively.

Romania employs HF approach which is gradually gaining recognition as a viable solution to homelessness, but the implementation remains limited in pilot stages. Trauma-informed care and harm reduction approaches are also employed in homelessness services. However, these models are still developing in the country and require broader implementation across services. Addressing homelessness in Romania necessitates strong collaboration between public institutions, NGOs, healthcare providers, and law enforcement. However, inter-institutional cooperation often faces obstacles due to unclear roles and responsibilities, limited resources and fragmented services. Successful interagency collaboration, as seen in cities like Cluj-Napoca and Timișoara, provides a model for improving service delivery and support for homeless individuals. National strategies emphasize the importance of coherent collaboration, yet practical implementation varies across regions.

Services for homeless individuals in Romania include emergency shelters, temporary housing and specialized support for those escaping domestic violence. Notable examples are Centrul Social de Urgență Cluj-Napoca and the night shelter "Sfânta Vineri" in Suceava. While these services offer essential support such as shelter, meals, medical assistance, and counselling, gaps remain in long-term housing solutions, gender-specific services, and support for individuals with high and complex service needs. Addressing these gaps requires expanding shelter capacity, providing tailored mental health and addiction services, and improving vocational training and employment support.

In conclusion, the suggested focus for national focus of the INTERACT project in Romania, is lobbying for gender-specific policies that acknowledge the barriers women face when experiencing homelessness, seeking housing and support services. Also, underlined is the need for a trauma-informed care approach in addressing the psychological impacts of IPV, a common contributing factor to homelessness among women. The focus in intervention areas needs to be on holistic interdisciplinary cooperation focusing on trauma informed care and complex intersectionality of issues such as DV, MH and PSU.

Conclusion

INTERACT National Report provides a comprehensive analysis of homelessness across six European countries, focusing on the intersectionality of the problem and specific challenges

faced by women experiencing homelessness. It highlights the difference in status quo in partner countries and the need for specific national and regional focus for each partner's implementation of the project.

Nevertheless, it also sheds light on a common denominator: the need for better access to HF resources and more systemized interdisciplinary cooperation between services and provision providers, integration of services, trauma-informed care and harm reduction, and gender-sensitive approaches to effectively support homeless women with complex service needs.



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1. INTRODUCTION

Homelessness is a multifaceted social issue that encompasses various administrative levels and intersects multiple disciplines and policy areas. These include housing, social services, health, substance use, employment, education, community integration, legal assistance, and law enforcement.

The ‘Intersectional Approach to Combating Homelessness for Women’ project (INTERACT), co-funded by the European Social Fund Plus (ESF+) Programme of the European Union (EU), is a transformative initiative designed to address the complex vulnerabilities faced by women experiencing homelessness or living in precarious conditions. Running from October 1, 2024, to September 30, 2027, this 36-month project is coordinated by Syndesmos Melon Gynaikion Somateion Irakleioy Kai Nomoy Irakleioy – UWAH in Greece. Partners come from six European countries, Greece, Germany, Iceland, Italy, Portugal, and Romania.

INTERACT emerges from a profound understanding of the intricate challenges faced by homeless women, acknowledging the multifaceted nature of their vulnerabilities, including gender-based violence (GBV), intimate partner violence (IPV), problematic substance use (PSU), and mental health (MH) struggles. Recognizing the shortcomings of traditional interventions, the project introduces a holistic and intersectional approach, challenging siloed methods prevalent in addressing homelessness. It utilizes a comprehensive methodology, to address the underlying issues of homelessness for women.

INTERACT aims to offer sustainable solutions and trauma-informed approaches to tackle and prevent homelessness. It focuses on homeless women with high and complex service needs, stakeholders and social policy decision-makers in related fields, and the public.

The project's main objectives are as follows:

- To empower marginalized women to find a way out of homelessness
- To integrate harm reduction and trauma-informed care approaches into services
- To reinforce the efficiency of interventions provided
- To influence policy changes towards gender sensitive and inclusive strategies
- To foster cross-country collaboration

The INTERACT Intervention Pilot Model, the core of the project, is based on multidisciplinary collaboration, recognising the intersectionality of the issue. This will give women experiencing homelessness access to tailored pathways, based on their unique needs, including provision for IPV, PSU and severe marginalisation. The capacity building training of stakeholders involved in the pilot will ensure a common approach to trauma-informed care and harm_reduction, emphasizing the necessity of gendered approaches. The interventions will be executed across partner countries, providing multidisciplinary support, and offering a final model versatile enough to be implemented in multiple differential national environments.

The INTERACT National Report represents an initial step in the creation of the INTERACT Pilot of Intervention Model. It provides a comprehensive overview of the status of homelessness in each partner country and offers information to facilitate localization of the model, foster interdisciplinary collaboration, and influence policy changes related to homelessness. The report encompasses national and intervention area homelessness statistics, the legal and policy landscape, prevailing theories and frameworks, listings of stakeholders and accessible services, and the status of interdisciplinary cooperation. Based on self-reported data from partners, it is intended to be descriptive rather than analytical.

Access to homelessness data varies significantly between countries, occasionally necessitating the use of unverifiable data from partners and professionals. This may result in data that appears to contradict the core values of the INTERACT project, as they may reflect prevailing national discourses rather than partners' perspectives. The use of terms can also differ between partner countries due to difference in legislation, cultural variations in social norms, values, and linguistic contexts, which shape the perception and articulation of concepts related to homelessness and associated issues. Nevertheless, the report emphasizes both commonalities and differences in data collection methods, legal environments, policy formulation, discourses, approaches, and interdisciplinary collaboration. These findings underline the necessity for specific localization of the model in each partner country, making the partnership ideal for testing its adaptability in diverse national contexts.

The report begins with a glossary of terms and abbreviations used and a summary on methodology, followed by status reports from the six partner countries and concludes with a short summarising overview.

To facilitate reading and understanding, readers are encouraged to read first the chapters on abbreviations and terms and methodology.

2. ABBREVIATIONS AND TERMS

The chapter introduces the main terms and abbreviations used in the INTERACT National Report, as well as core theories influencing the INTERACT project. As this is a fundamental list of terms and abbreviations used in the INTERACT project it is more extensive than perhaps needed for the National Report alone. It is based on the EIGE Glossary & Thesaurus, available in all European Union languages, FEANTSA documents and other acknowledged resources. The aim is to harmonize terminology and abbreviation used in the projects deliverables and give readers an insight into the discourse of the project.

In this chapter we reference EIGE without direct link to individual terms, only to the glossary on EIGE's web which has an A-Z index. In an effort to move the glossary to a more gender inclusive terminology definitions from the CoE, Gender Matters, glossary, have been added. For practical purposes, other individual terms and abbreviations are not referenced but linked to main sources.

2.1 ABBREVIATIONS FOR ORGANISATIONS AND TOOLS

[CoE](#) – Council of Europe

[EIGE](#) – European Institute for Gender Equality

[ETHOS](#) – The European Typology on Homelessness and Housing Exclusion

[ETHOS Light](#) – The European Typology on Homelessness and Housing Exclusion

[EUDA](#) – European Union Drug Agency

[FEANTSA](#) – European Federation of National Organisations Working with the Homeless

[HFE](#) – Housing First Europe

[HRI](#) – Harm reduction International

NGO – Non-Governmental Organizations

[WHO, ICD-11](#) – The World Health Organization has released the 2025 edition of the International Classification of Diseases 11th Revision

2.2 ABBREVIATIONS FOR TERMS

CPTSD – Complex Post Traumatic Stress Disorder

DV – Domestic violence

GBV – Gender-based violence

GEM – Gender empowerment measures

MH – Mental health

HF – Housing First

IPV – Intermate partner violence

LGBTQIA+ – Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and/or Aromantic, with the + representing other identities that don't quite fit other labels

PTSD – Post traumatic stress disorder

PSU – Problematic substance use

2.3 TERMS AND DEFINITIONS

Term	Definition
<u>Abstinence-based policies</u>	The term ‘abstinence’ originates from the temperance movement in the temperance movement and refers to complete cessation of substance use. The support given in abstinence-based approach is structured support, behavioural change and encourages participation in community, mainly 12 step groups.
<u>Asylum seeker</u>	In the EU context, a third-country national or stateless person who has made an application for protection under the Geneva Refugee Convention and Protocol in respect of which a final decision has not yet been taken.
<u>Complex post-traumatic stress disorder (CPTSD)</u>	A disorder that can arise after exposure to extremely threatening or horrific events, particularly those that are prolonged or repetitive, such as torture, slavery, genocide, prolonged domestic violence, and repeated childhood abuse. CPTSD includes severe and persistent issues with emotion regulation, negative self-perception, and difficulties in relationships, leading to significant impairment in various areas of functioning. See also: Post traumatic stress disorder (PTSD); (WHO, ICD-11).
<u>Continuum of care</u> ¹⁰	A model where homeless people are only placed in independent housing when they exhibit sufficient evidence of ‘housing readiness’. It is founded on a ‘treatment first’ philosophy which assumes that sobriety and/or psychiatric stability are necessary preconditions for independent living. See also ‘staircase model’.
Disadvantaged group	Groups of persons that experience a higher risk of poverty, social exclusion, discrimination and violence than the general population, including, but not limited to, ethnic minorities, migrants, people with disabilities, isolated elderly people and children. Use instead of ‘vulnerable groups’ (EIGE 2025).
Domestic Violence (DV)	All acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether the perpetrator shares or has shared the same residence with the victim, or not (EIGE 2025).
Economic violence	Any act or behaviour which causes economic harm to an individual. Economic violence can take the form of, for example, property damage, restricting access to financial resources, education or the labour market, or not complying with economic responsibilities, such as alimony (EIGE 2025).
<u>ETHOS Light</u>	ETHOS Light is a version of ETHOS developed for statistical purposes. It is a pragmatic tool for the development of homelessness data collection, rather than a conceptual and operational definition to be used for a range of policy and practice purposes (FEANTSA 2015).

<p>ETHOS - European Typology on Homelessness and Housing Exclusion</p>	<p>ETHOS classifies living situations that constitute homelessness or housing exclusion. ETHOS identifies 4 main categories of living situation: Rooflessness, Houselessness, Insecure Housing and Inadequate Housing. These conceptual categories are divided into 13 operational categories that can be used for different policy purposes, such as mapping the problem of homelessness, as well as developing, monitoring and evaluating policies (FEANTSA 2015).</p>
<p>Family care</p>	<p>Provision of public, private, individual or collective services to meet the needs of parents and children or members of the immediate family (EIGE 2025).</p>
<p>Gender</p>	<p>Socially constructed notions of masculinity or femininity. The term 'gender' is different from the term 'sex', which focuses on biological differences. Gender is a psychological, cultural and social construct, developed in the process of socialisation, and is related with our own identity and how we feel about ourselves. For example, people may identify themselves as masculine, feminine, transgender, other or none (indeterminate/unspecified). Gender is not necessarily related to biological sex: a person's gender may or may not correspond to their biological sex (CoE 2025).</p>
<p>Gender analysis</p>	<p>Critical examination of how differences in gender roles, activities, needs, opportunities and rights/entitlements affect women, men, girls, boys and transgender in a given policy area, situation or context (EIGE 2025).</p>
<p>Gender awareness</p>	<p>Ability to view society from the perspective of gender norms, roles and relations impacts individuals and society and understand how this has affected women's needs in comparison to the needs of men. (EIGE 2025).</p>
<p>Gender awareness raising</p>	<p>Process that aims at showing how existing values and norms influence our picture of reality, perpetuate stereotypes and support mechanisms (re)producing inequality (EIGE 2025).</p>
<p>Gender-based violence (GBV)</p>	<p>Violence directed against a person because of that person's perceived sex, gender, sexual orientation and/or gender identity or violence that affects persons of a particular gender disproportionately. Violence against women is understood as a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in physical, sexual, psychological or economic harm or suffering to women. It can include violence against women, domestic violence against women, men or children living in the same domestic unit. Although women and girls are the main victims of GBV, it also causes severe harm to families and communities (EIGE 2025).</p>
<p>Gender blindness</p>	<p>Failure to recognise that gender roles and responsibilities are ascribed to people, or imposed upon them in specific social, cultural, economic and political contexts (EIGE 2025).</p>

<p>Gender dimension</p> <p>Gender perspective</p>	<p>Ways in which the situation and needs of, and challenges facing, women, men (and girls and boys) and transgender people differ, with a view to eliminating inequalities and avoiding their perpetuation, as well as to promoting gender equality within a particular policy, programme or procedure (EIGE 2025).</p>
<p>Gender empowerment measures (GEM)</p>	<p>Bottom-up' process of awareness and capacity building leading to greater participation in transforming gender power relations through individuals or groups developing awareness of women's subordination and building their capacity to challenge it (EIGE 2025).</p>
<p>Gender mainstreaming</p>	<p>Systematic consideration of the differences between the conditions, situations and needs of women, men and transgender in all policies and actions. (EIGE 2025).</p>
<p>Gender roles</p>	<p>Social and behavioural norms which, within a specific culture, are widely considered to be socially appropriate for individuals of a specific sex or gender (EIGE 2025).</p>
<p>Gender sensitivity</p>	<p>Policies and programmes that consider the particularities pertaining to the lives of women, men and transgender people, while aiming to eliminate inequalities and promote gender equality, including an equal distribution of resources, therefore addressing and considering the gender dimension. A gender sensitive approach to homelessness recognizes that women's experiences differ significantly from men's due to GBV, caregiving roles, and systemic inequalities (EUDA, FEANTSA).</p>
<p>Gender-based violence (GBV)</p>	<p>Violence directed against a person because of that person's gender, gender identity or gender expression, or which affects persons of a particular gender disproportionately (EIGE 2025).</p>
<p>Harm reduction</p>	<p>An approach based on justice and human rights. It refers to a set of practical strategies aimed at minimizing the negative health, social, and economic consequences of risky behaviours, particularly in the context of homelessness where substance use, and other high-risk activities are common. Unlike approaches that require immediate abstinence, harm reduction meets people "where they are" and supports safer practices without necessarily demanding they stop their behaviour. Grounded in public health and human rights principles, this approach includes measures such as needle exchange programs, supervised consumption sites, and access to safer sex supplies and health services. It is especially relevant for homeless women, who may use substances as a response to trauma and often avoid services with abstinence requirements. By removing such barriers, service providers can build trust and support ongoing engagement (HRI, HFE, EUDA).</p>
<p>Hidden homelessness</p>	<p>There is no formal definition of hidden homelessness, but the general understanding of the term refers to individuals whose living situations align with the ETHOS Light typology but aren't captured in official statistics. This includes people not in contact with services, those ineligible or not prioritized for support, and those in inadequate shelters (FEANTSA).</p>
<p>Housing First (HF)</p>	<p>The HF model offers immediate access to permanent housing for people experiencing homelessness, without preconditions like sobriety or treatment compliance. Grounded in the belief that housing is a basic human right, HF stabilizes lives before addressing issues such as mental health, substance use, or employment (HFE).</p>

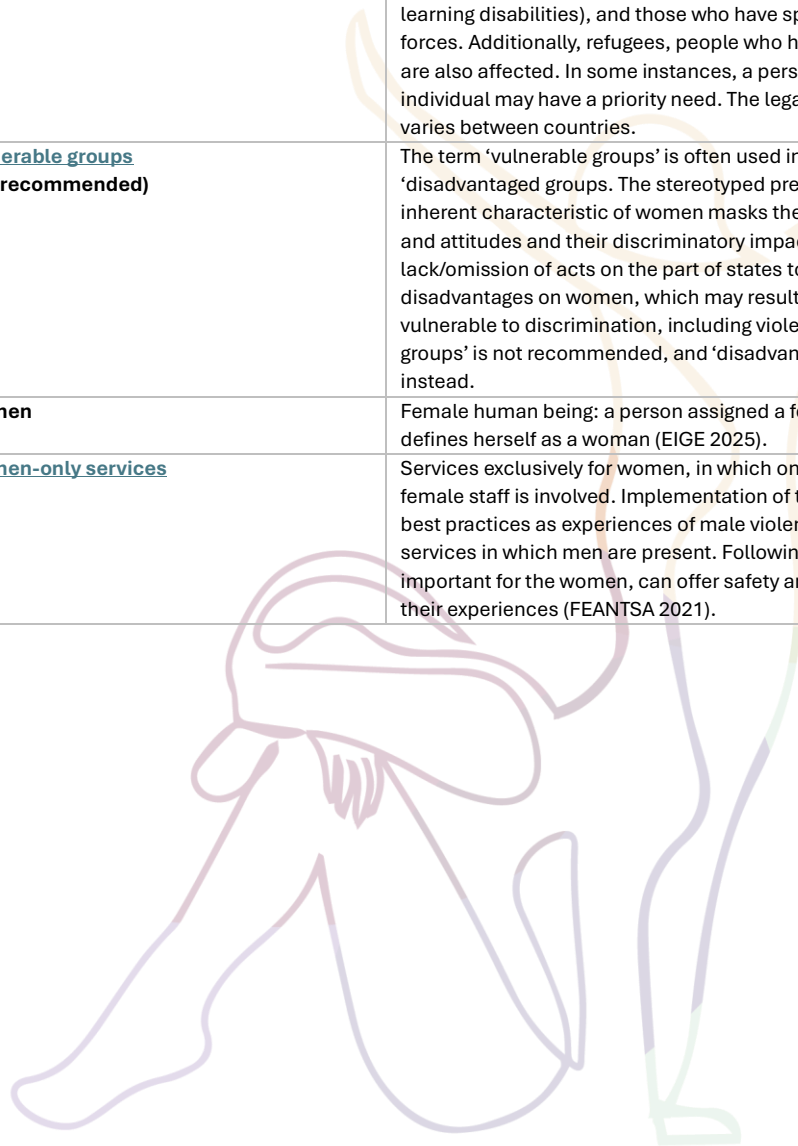
<p><u>Housing-led</u></p>	<p>A housing intervention through which low-intensity services are offered to people whose needs can be largely met just by the provision of an adequate, affordable and secure home. Floating support is offered to clients if needed. Housing-led approaches are a departure from the “staircase” or “continuum of care” approach.</p>
<p><u>Inclusion (Social inclusion)</u></p>	<p>Social inclusion involves enhancing the conditions for individuals and groups to engage in society, focusing on their ability, opportunity, and dignity, especially for those facing identity-based disadvantages. It is a complex process beyond just caring for people.</p>
<p><u>Innovation - Innovative approaches</u></p>	<p>The European Union does not have a standardized definition of social innovation, and the term is used to describe various overlapping concepts. However, there is emerging consensus on its meaning. Generally, social innovations are considered new ideas that help achieve social goals. Innovation does not necessarily mean creating entirely new products, services, or concepts. It can involve applying existing ideas in new contexts, crossing sectoral boundaries, or combining existing ideas in novel ways. Improvement is a key aspect of social innovation and effective social innovations must address social needs more efficiently than previously available alternatives. This definition is central to the INTERACT project, which introduces a comprehensive and intersectional approach, addressing homelessness among women with complex intersecting problems more effectively than siloed methods.</p>
<p><u>Interdisciplinary Cooperation</u></p>	<p>Interdisciplinary approaches involve experts from various fields collaborating to solve complex problems. By integrating diverse knowledge, they offer innovative solutions, enhanced creativity, and holistic understanding that single disciplines can't achieve. This method is ideal for multifaceted issues, like homelessness, needing broad expertise. Key benefits include innovative solutions and new problem-solving methods (FEANTSA 2019).</p>
<p><u>Intersectionality</u></p>	<p>A theoretical framework for dealing with complex and multiple disadvantages and discrimination. One of the main assumptions of the framework is that disadvantages can only be adequately addressed if the interplay of different categorisations and inequalities is considered. The concept of intersectionality has its origin in the US context and in black feminism. After initially focusing on the interplay of the categories of ‘race’, class and gender, intersectionality is now used as a theoretical framework in various ways and in different academic, educational and activist contexts. In the discourse on the disadvantages faced by homeless women, an intersectional perspective demonstrates that it is necessary to focus on the interplay between the categories of homelessness and gender. Furthermore, it shows the importance to include other aspects, such as the exposure to sexual violence or IPV, mental health issues or PSU.</p>
<p><u>Intimate Partners Violence (IPV)</u></p>	<p>Any act of physical, sexual, psychological or economic violence that occurs between former or current spouses or partners, whether the perpetrator shares or has shared the same residence with the victim or not (EIGE 2025).</p>
<p><u>Lived experiences/First-hand experiences</u></p>	<p>Refers to the direct experience of individuals facing social injustices, such as homelessness. Lived experience is defined as the experience of those directly affected by social issues. ‘Experts by Experience’ are change-makers using their lived experience to inform and drive social change work. See also Peer support (FEANTSA).</p>
<p><u>LGBTQIA+</u></p>	<p>Umbrella term used to denote individuals from the Lesbian, Gay, Bisexual, Trans and Queer/Questioning Community (EIGE 2025).</p>

Migrant	In the EU/EFTA context, a person who either: (i) establishes their usual residence in the territory of an EU/EFTA Member State for a period that is, or is expected to be, of at least 12 months, having previously been usually resident in another EU/EFTA Member State or a third country; or (ii) having previously been usually resident in the territory of the EU/EFTA Member State, ceases to have their usual residence in the EU/EFTA Member State for a period that is, or is expected to be, of at least 12 months.
Multiple discrimination	Any combination of forms of discrimination against persons on the grounds of sex, racial or ethnic origin, religion or belief, disability, age, sexual orientation, gender identity or other characteristics, and to discrimination suffered by those who have, or who are perceived to have, those characteristics (EIGE 2025).
Multiple vulnerabilities	A person might be vulnerable for one of the reasons mentioned in the definition of 'Vulnerability' or a combination of more than one vulnerability.
Non-Governmental Organizations (NGO)	Non-profit, voluntary citizens' groups, principally independent from government, which are organised on a local, national or international level to address issues in support of the public good. NGOs are recognised as key third-sector actors within the landscapes of development, human rights, humanitarian action, gender equality, the environment, and many other areas of public action (EIGE 2025).
Peer support	Peer support is a supportive relationship between people who have a lived experience in common, in this report the lived experience is homelessness. It is characterized by shared experience, self-advocacy and participation. It can be either formally organised or structured more informally by clients themselves. Either way, peer support systems have at least one common element of the support in common for the clients, that is to provide support by other people with lived experience of homelessness (FEANTSA).
Perpetrator	A person who deliberately uses violent and abusive behaviour to control their partner or former partner, whether they have been charged, prosecuted or convicted, or not (EIGE 2025).
Physical violence	Any act which causes physical harm as a result of unlawful physical force. Physical violence can take the form of, among others, serious and minor assault, deprivation of liberty and manslaughter (EIGE 2025).
Post traumatic stress disorder (PTSD)	PTSD may develop following exposure to an extremely threatening or horrific event or series of events. It is characterised by all the following: 1) re-experiencing the traumatic event or events in the present in the form of vivid intrusive memories, flashbacks, or nightmares, accompanied by strong or overwhelming emotions; 2) avoidance of thoughts and memories of the event or events, or avoidance of activities, situations, or people reminiscent of the event(s); and 3) persistent perceptions of heightened current threat. The symptoms persist for at least several weeks and cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning. Women diagnosed with PTSD are more likely than men to experience a longer duration of impairment and higher levels of negative emotionality and somatic symptoms as a part of their clinical presentation (WHO, ICD-11)
Precarious housing	Refers to the situations in which people are either (1) living in unsuitable, insecure, unaffordable, or unsafe housing, or (2) not housed at all and living either as street homeless or in hostels, encampments, or temporary accommodation provided by states, charities, and some religious organisations.
Prejudices	Attitudes and feelings, whether positive or negative and whether conscious or non-conscious, that people have about members of other groups, which may be based on preconceived ideas and influenced by elements such as gender, race, class, personal characteristics or other factors (EIGE 2025).

<u>Problematic Substance Use (PSU)</u>	PSU is a complex condition in which patterns of substance use may interfere with a person's life and lead to physical and/or psychological dependence and withdrawal symptoms.
Protection order	Fast legal remedy to protect persons at risk of any form of violence by prohibiting, restraining or prescribing certain behaviour by the perpetrator (EIGE 2025).
Protective measures	Legislative and other measures aimed to protect victims as well as their families and witnesses from any further form of violence and re-victimisation or secondary victimisation, at all stages of investigations and judicial proceedings (EIGE 2025).
Psychological violence	Any act which causes psychological harm to an individual and impairs another person's psychological integrity through coercion or threats. Psychological violence can take the form of, for example, coercion, defamation, verbal insult or harassment (EIGE 2025).
<u>Refugee</u>	In the EU context, either a third-country national who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership of a particular social group, is outside the country of nationality and is unable or, owing to such fear, is unwilling to avail themselves of the protection of that country, or a stateless person, who, being outside of the country of former habitual residence for the same reasons as mentioned above, is unable or, owing to such fear, unwilling to return to it, and to whom Art. 12 (Exclusion) of Directive 2011/95/EU (Recast Qualification Directive) does not apply.
Re-victimisation / secondary victimisation	Secondary victimisation refers to the further harm experienced by a victim that is not directly related to the criminal act, but rather due to interactions with institutions and individuals. This can occur through repeated exposure to the perpetrator, repeated questioning about the same events, or the use of inappropriate language or comments by those who interact with victims (EIGE 2025).
<u>Right to Housing</u>	Access to housing is increasingly recognized as human rights. International bodies, such as the UN Committee on Economic, Social and Cultural Rights, affirm that everyone should live "in security, peace and dignity." 30 Adequate housing extends beyond shelter to include legal protection from eviction, affordability, habitability, basic services, location, and cultural adequacy. In Europe, applying a human rights lens to homelessness highlights that lacking a home is not only a social issue but a violation of fundamental rights, including the right to health and safety. A rights-based approach to homelessness policy requires governments to act on ensuring that no one, including women and children, is left without secure housing. This perspective also underpins effective interventions such as the Housing First model (EUDA 2023).
Sexual violence	Any sexual act performed on the victim without consent. Sexual violence can take the form of rape or sexual assault (EIGE 2025).
<u>Siloed</u>	Siloed methods are based on siloed mentalities defined as the absence of systems thinking and vision of the overall organization that has a negative effect on overall efficiency, reduces morale, and may contribute to the demise of a productive project/organisational culture. It is alleged that the silo mentality results in the reluctance to share information and cooperate across projects and organisations.
<u>Staircase model</u>	Staircase models, clients are only placed in independent housing when they exhibit sufficient evidence of 'housing readiness'. They are founded on a 'treatment first' philosophy which assumes that sobriety and/or psychiatric stability are necessary preconditions for independent living. See also 'continuum of care'.

<p>Stigma</p>	<p>A mark of disgrace tied to a person, condition, or behaviour. In the case of addiction, stigma has long fuelled a “punish, don’t treat” mindset, reinforced by the criminalization of drug use. It causes guilt, shame, and reluctance to seek help. Ultimately, stigma contributes to unnecessary suffering and increases the risk of overdose deaths. “Homelessness is stigmatized and often addressed with criminalization, violence, and aggressive policies that violate, rather than safeguard, the rights of the persons involved.” (OHCHR 2025).</p>
<p>Trafficking in human beings / sex trafficking</p>	<p>The recruitment, transportation, transfer, harbouring or reception of persons, including the exchange or transfer of control over those persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation (EIGE 2025).</p>
<p>Transactional sex</p>	<p>Transactional sex involves the exchange of sex for material goods (e.g., money, drugs, food, shelter) or other benefits (e.g., protection, to gain power). Poverty, economic hardship, and social inequalities are significant drivers of transactional sex.³⁵ It is an umbrella term that includes the exchange of sexual services for money (e.g., sex work), but also the transaction of sex of material, relational, or emotional compensation. Women living in homelessness may use transactional sex as a survival strategy to deal with material deprivation and street unsafety. Other concepts may be used as synonyms of transactional sex, namely, sex for compensation and survival sex. However, it is relevant to highlight that women engage in transactional sex voluntarily. When it is coerced, forced, and non-consensual, it is sexual exploitation.</p>
<p>Transgender</p>	<p>An umbrella term used to describe certain people or different forms of behaviour and expression related to gender – for example, people whose biological sex is different from their gender identity and who are in need of gender reassignment surgery (transsexuality), people who do not fit into generally defined notions of masculinity or femininity or gender binary, people who define themselves as queer or genderqueer (CoE 2025).</p>
<p>Trauma-Informed Care</p>	<p>Trauma-informed care recognizes the impact of trauma and aims to create a safe, supportive environment. It follows the “do no harm” principle, ensuring compassionate responses without blaming individuals for their coping strategies. This evidence-based framework prioritizes physical, psychological, and emotional safety, while fostering empowerment for survivors. For homeless women, who often face gender-based violence and complex trauma, trauma-informed care is crucial. It provides supportive, empowering services that help women regain control, build trust, and work toward recovery and stability.</p>
<p>Unique individuals</p>	<p>Distinct persons in a data set are recognized by unique identifiers like name, age or ID number, ensuring individuals aren’t counted multiple times.</p>
<p>Victim</p>	<p>A natural person who has suffered harm, including physical, mental or emotional harm or economic loss, which was directly caused by a criminal offence, as well as the family members of a person whose death was directly caused by a criminal offence and who have suffered harm as a result of that person’s death. The term survivor (e.g. of GBV) is often used interchangeably with the more conventional term victim. It may, however, be misleading when used about a woman who has been raped, since it might imply that her actions could have made a difference and thus be consistent with victim-blaming. Thus, in this report, use of the term is encouraged in deliverables in English (EIGE).</p>
<p>Victimisation</p>	<p>A person’s experience of suffering a rights violation by a criminal offence; offences against the person are understood as violating individuals’ rights protected by criminal law (EIGE 2025).</p>

<p><u>Violence against women</u></p>	<p>Understood as a violation of human rights and a form of discrimination against women and means all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (FEANTSA 2021).</p>
<p><u>Vulnerability</u></p>	<p>Homelessness affects various disadvantaged groups, including young people, the elderly, individuals fleeing DV, victims of trafficking and modern slavery, those with mental health conditions, disabled individuals (both physical and learning disabilities), and those who have spent time in care or the armed forces. Additionally, refugees, people who have fled conflict, and rough sleepers are also affected. In some instances, a person who resides with a vulnerable individual may have a priority need. The legal framework regarding vulnerability varies between countries.</p>
<p><u>Vulnerable groups (not recommended)</u></p>	<p>The term ‘vulnerable groups’ is often used interchangeably with the term ‘disadvantaged groups. The stereotyped preconception that ‘vulnerability’ is an inherent characteristic of women masks the fact that stereotypical gender roles and attitudes and their discriminatory impact on women, sustained by the lack/omission of acts on the part of states to effectively address them, impose disadvantages on women, which may result in increased risks of becoming vulnerable to discrimination, including violence. Therefore, the term ‘vulnerable groups’ is not recommended, and ‘disadvantaged groups’ should be used instead.</p>
<p>Women</p>	<p>Female human being: a person assigned a female sex at birth, or a person who defines herself as a woman (EIGE 2025).</p>
<p><u>Women-only services</u></p>	<p>Services exclusively for women, in which only women can participate, and only female staff is involved. Implementation of these services is evidence based best practices as experiences of male violence and abuse lead women to avoid services in which men are present. Following this, women-only services are very important for the women, can offer safety and enable them to talk freely about their experiences (FEANTSA 2021).</p>



3. METHODOLOGY

RIKK/UI and Rotin, the lead beneficiaries of WP1, collected data from all partners using a questioner in the projects joint folder. Partners conducted desk research to answer 46 questions about the homelessness status in their country, focusing on contextual and demographic data, vulnerabilities, legal and cultural contexts, policy landscapes, stakeholders, service provision gaps, theoretical inputs, and best practices. It should be noted that access to national data and research on homelessness, including statistical, varies greatly between countries. Thus, partners also reached out to service providers and other stakeholders, working in the field of homelessness, for additional information and data needed. Thus, data gathered by individual partners is sometimes very fragmented and not always possible to confirm with public statistic reports and academic data. RIKK and Rotin were jointly responsible for data analysis and report writing, while partners were involved in the review process of the reports. A part of this process included a partners' WP1 focus group review, which was conducted following the approval of first draft of the National Report. The meetings were organized by partners and conducted face-to-face or online with participation of academics, other experts, professionals and stakeholders in the field of homelessness. The purpose of the WP1 focus groups was to refine existing data, gather additional information and insights, and address specific areas of interest for each country. The individual status quo reports refer to the results of the WP1 focus groups in different ways and to varying extents.

Partners were given significant autonomy in presenting their findings. The Icelandic team sought to respect their method of describing the current situation by minimizing editorial efforts. Consequently, each country's presentation of data, use of terms and the depth and approach to discussing individual issues, varies considerably and reflects the prominent local discourse. This variance also serves practical purposes, as such distinctions highlight areas that require specific attention and emphasis within the INTERACT Model of Intervention and Manual, which are the projects next deliverables to follow.

The use of terms differs between partners countries due to difference in legislation, ideology and cultural variations in social norms, values, and linguistic contexts, which shape the perception and articulation of concepts related to homelessness and associated issues. To ensure uniformity, clarity, shared understanding, and ease of translation, the usage agreed upon of terms and abbreviations, listed in 'Terms and Abbreviations', was encouraged and coordinated as possible.

Additionally, the presentation of statistical data and lists of stakeholders and service providers was standardized where possible. For consistency, respect, and clarity, use of the names of stakeholders, service providers, laws, acts and policies in tables and texts in native languages was also encouraged. This approach aims to avoid confusion and ensures that readers can accurately identify the stakeholders, service providers, laws, acts and policies referred to, regardless of the document's language.

4. GERMANY

Germany, with a population of approximately 83.4 million on 1 January 2024,¹ is an EU member state. The INTERACT partner in Germany is HTWK Leipzig Hochschule für Technik, Wirtschaft und Kultur Leipzig (HTWK Leipzig). This chapter provides an overview of the current state of homelessness in Germany.

4.1 HOMELESSNESS

In Germany, the notion of homelessness is based on the further developed definition and categorization of ETHOS Light. This assumes homelessness if a housing or living situation does not meet at least two of the following three criteria:

- Physical and structural suitability (“habitability”)
- Legal security
- Social adequacy (e.g. privacy or the possibility of receiving guests)

According to the German *Homelessness Reporting Act (WoBerichtsG)* from 2020, individuals are legally considered homeless in Germany if they lack access to a dwelling or if their use of a dwelling is not secured by a tenancy agreement, lease contract, or a right in rem.²

Furthermore, the German social system applies a broad definition of homelessness with regard to the provision of public support and social services, which also includes exclusion from the housing market and precarious living conditions. Accordingly, the prevention of homelessness and appropriate action play a crucial role. Public services at municipal level and non-governmental welfare organizations are common institutions that fulfil the legal obligation to prevent housing emergencies and to provide emergency accommodation.

However, the German official reporting on homelessness does not include all situations of homelessness, housing exclusion, or precarious housing as defined by the ETHOS typology as eligibility criteria for the right to use homelessness services. For example, people living in accommodation centres for survivors of domestic violence or living in inadequate housing have been excluded so far from the legal definition underlying the reporting. Nevertheless, the latest report explicitly mentions this gap, as well as the need to expand data sources and reporting on such previously neglected groups.

4.1.2 HOMELESSNESS AND CAUSES

Research on causes of homelessness in Germany suggests that rent arrears are one of the most prevalent reasons why people lose a regular home and fall into homelessness.³ Other reasons, sometimes leading to rent arrears, are divorce or split-up of partnerships, and health reasons. Neither of these necessarily leads to homelessness, but co-occurring poverty or precarious financial status can. For women, experiences of interpersonal violence in a partnership or family context are remarkably often mentioned as a reason.

The most disadvantaged subgroups of women, identified in Germany, in no specific order, are asylum seekers and refugees, survivors of human trafficking, women experiencing IPV and women facing multiple vulnerabilities such as IPV, PSU and/or problematic health issues.

4.1.2. HOMELESSNESS AND GENDER

In Germany, the role of gender in homelessness has gained specific attention in recent years.⁴ However, it has not yet been fully incorporated into the practices and policies of homelessness service provisions and prevention measures. Specialized services for women exist to a certain extent, while LGBTQIA+ persons' needs are rarely addressed. Rather, a focus on the age-specific needs of minors, adolescents and older 50-years-plus homeless people has gained some momentum. Nonetheless, independent welfare organisations and national interest groups for the homeless are increasingly bringing the need for gender-specific support services and gender-specific reasons and forms of homelessness into the public debate.

4.2. NATIONAL AND LOCAL STATISTICS

In Germany, three surveys on homelessness on a national level have been conducted by the Federal Statistical Office⁵, following the legal obligation of the Homelessness Reporting Act from 2020.⁶ Only homeless people who were accommodated in services (no hidden homelessness, no rough sleeping) are captured in these surveys. Results are publicly available. Two national reports on homelessness in Germany have been published so far, complementing the survey data with information and analyses on the extent and structure of homelessness, including hidden homelessness and rough sleeping. The first in 2022⁷, followed by the second in January 2025.⁸ The data is presented predominantly in gender-specific terms.

Non-official, in the sense of voluntary, not government approved, but long-term statistics on homelessness are provided by NGOs. The most prominent is the Dokumentationssystem zur Wohnungslosigkeit [Documentation System on Homelessness] by BAG W⁹ with data going back to 1990. Non-statutory welfare services' statistics cover data from their services at varying levels, e.g. Diakonie Sachsen for services across Saxony¹⁰.

The data presented in Table 1 is the most recent available, based on a survey of homeless and accommodated people executed on 31 January 2024. Local statistics on the extent of homelessness for the INTERACT intervention areas, the Free State of Saxony, and City of Leipzig, are partly available. The data on accommodated homeless people, provided by the Federal Statistical Office, can be disaggregated into spatial sub-levels of the Federal States and administrative districts/urban districts. Data is available in gender-specific terms. Applicable variables besides gender are age (age groups), nationality (German/Other), household type, household size, service provider (of accommodation), type of offers (accommodation), duration of accommodation. Compared to other Federal States, Saxony has one of the lowest rates of accommodated homeless people (11.1 per 10,000 inhabitants), whereas the cities of Berlin (125.9) and Hamburg (172.4) have significantly higher rates. Among the 14 biggest cities in Germany, Leipzig has the lowest rate of accommodated homeless people (15.24 per 10,000 inhabitants), but still the second-highest rate among all municipalities in Saxony. Unfortunately,

data on hidden homelessness and rough sleeping is not available at these sub-scales. A study by GISS, from 2024, subsumes the five Eastern Federal States (Mecklenburg-Hither Pomerania, Brandenburg, Saxony-Anhalt, the Free State of Thuringia, the Free State of Saxony), of which the Free State of Saxony is the biggest, population-wise, and estimates that there are 5,429 people as hidden homeless or rough sleeping

TABLE 1. HOMELESS IN GERMANY, EAST GERMAN FEDERAL STATES, SAXONY AND CITY OF LEIPZIG IN 2024.

County/Region/Intervention area	Total	% Women
Germany (Federal Republic of Germany)	547,200	41%
Homeless accommodated	439,500	43%
Rough sleeping	47,300	21%
Hidden homeless	60,400	43%
Eastern German Federal States (MV, BB, SAH, SA, TH) *	-	-
Homeless accommodated	-	-
Rough sleeping	2,740	26%
Hidden homeless	2,689	
Saxony (Free State of Saxony) *	4,535	31%
Leipzig (City of Leipzig)	-	-
Homeless accommodated	945	32%
Rough sleeping + hidden homelessness**	-	28%

* Homeless accommodated, **In big cities GKPOL 7

No gender-specific data is available including or combining IPV, PSU, and MH issues. Nonetheless, the Federal Government's latest report contains gender-specific data concerning hidden homeless and rough-sleeping people on distinct forms of violence experienced, different forms of discrimination experienced, physical and mental health issues and disabilities, and PSU.¹¹

4.2.1 DATA RELIABILITY

Statistics on homelessness in Germany are generally considered accurate. The survey is carried out as an annual complete census, and data is published by the Federal Statistical Office, usually in July of the same year, according to the law mentioned above. While it contains only data on people accommodated in services, data on hidden homelessness and people sleeping rough is usually collected bi-annually through multi-stage random sampling of municipalities, institutions and homeless people. The latest data collection occurred in 2024, and a comprehensive report was published in January 2025. Methods and limitations are discussed in the previously mentioned study reports by GISS.¹²

4.3 LAW AND POLICY LANDSCAPE

In general, Article 1 of the German Grundgesetz¹³, which corresponds to the constitution, forms the legal basis for the state's obligation to provide accommodation for every person in an emergency, and consequently the municipalities are obliged to provide accommodation for

homeless people).¹⁴ There are no binding national standards for general or gender-specific forms of accommodation. Nevertheless, efforts are currently being made to develop such standards.¹⁵

Social legislation in Germany includes the granting of social benefits to overcome particular social difficulties under sections 67 et seq. SGB XII [Aid for Special Life Situations].¹⁶ Gender dimensions are not considered separately in this legal text. Benefits are granted to people whose living conditions are associated with social difficulties and who are unable to overcome these difficulties on their own. This legal framework is of central importance in cases of homelessness, as clearly confirmed by the experts from the INTERACT focus group who contributed to this report. The benefits also include measures for maintaining and obtaining housing. Especially if (imminent) homelessness overlaps with other needs for assistance, these social benefits can be seen as a guiding aid for the development and implementation of further entitlements.

Germany has policies and action plans in place for combatting homelessness at the federal, regional, and local levels, as well as in Leipzig, the intervention area.

- Federal
Nationaler Aktionsplan gegen Wohnungslosigkeit (NAP).¹⁷
- State
Free State of Saxony, Gemeinsame Empfehlungen des Sächsischen Staatsministeriums für Soziales und Gesellschaftlichen Zusammenhalt, des Sächsischen Staatsministeriums für Regionalentwicklung und des Sächsischen Staatsministeriums des Innern zur Vermeidung und Beseitigung von Wohnungsnotfällen.¹⁸
- Local
City of Leipzig, Fachplan Wohnungsnotfallhilfe in Leipzig 2023 bis 2026.¹⁹ There are various strategies and programs on regional/local levels to protect women from homelessness. In Leipzig, the intervention area, the following measures Leipzig Fachplan²⁰ are especially targeting women:
 - Measure 6: Create offers of outreach medical care (p. 34).
 - Measure 7: Increase capacity for women with PSU (p. 34).
 - Measure 14: Create housing/shelter accessible for handicapped women (p. 51).
 - Measure 17: Improve sheltering capacities for women (p. 52).

The Federal Government acknowledges the interdisciplinary aspect of the problem in its reports on homelessness.²¹ Intimate partners violence and PSU are acknowledged as causes of homelessness²², as well as MH issues. However, the measures outlined in the national action plan to combat homelessness do not reflect this significantly, since measures to prevent or overcome these overlapping issues are to be made by local authorities and are thus not laid out nationally.

4.3.2 GENDER IN LAWS AND LEGAL FRAMEWORKS

There are no legal regulations in Germany that relate directly to the interface between homelessness and gender. In practice, women are considered a disadvantaged group, and thus, gender-specific measures are being introduced, such as women-only shelters. Gender-specific housing rights are not in place.

Gender is primarily considered in the data collection process. Apart from that, certain women-exclusive measures are taken to help combat their specific vulnerabilities. Gender-specific experiences with violence are mainly supposed to be tackled. Accordingly, gender-specific services in emergency housing assistance, including gender sensitive healthcare and prevention, are considered as very important.²³

A noteworthy development is the recently passed new national law which grants every woman affected by GBV or DV the right to counselling and support from 2032.²⁴ Women who are homeless or living in precarious conditions are explicitly named as beneficiaries. The same law enshrined adequate public funding of specialized support structures in the field of gender-based violence, including women's shelters. A gradual increase in funding these specialized support structures was agreed from 2027.

4.4 INFLUENCING THEORIES AND FRAMEWORKS

On the local level, various HF projects are being tested.²⁵ Housing First and housing-led approaches are widely known and applied in bigger cities. Many examples could be given here. With regards to the aspired intervention area, the following is noteworthy. The local government of Leipzig established a HF project in July 2021. Two interim evaluations were published in 2023, and the project will continue.²⁶ Starting with 25 apartments provided by the local municipal housing company, the city council decided in 2024 to increase the project to 50 apartments.

The commissioned social organisation 'Das Boot gGmbH' collaborates with the relevant authorities, other providers of emergency accommodation assistance, and community mental health services in Leipzig. The project is aimed at homeless adults with multiple problems who are willing to live independently in their own apartments. To be accepted, an application must be submitted to the Leipzig Social Welfare Office. Contacting a specialist or undergoing a medical examination in advance is not required. Similarly, abstinence or a willingness to undergo therapy are not prerequisites for acceptance.²⁷

In general, providers of support services observe and acknowledge that people experiencing homelessness have significantly higher rates of psychiatric disorders. Since women affected by housing and homelessness issues have often experienced or are still experiencing violence, a high number of untreated trauma-related MH conditions can be assumed, along with the risk of re-traumatization due to further experiences of violence. In this context, poor overall health can be both a cause and a consequence of homelessness.²⁸ As with harm reduction measures, shelter and prevention can be achieved by creating social housing and helping with brokerage.²⁹ As with HF, harm reduction approaches are prevalent all over Germany. With regards to the

intervention area, e.g. a mobile consumption room is going to be implemented by the City of Leipzig in 2025.

4.5 INSTITUTIONAL SETTINGS AND STAKEHOLDERS

The German Federal Government sees itself as responsible for significantly contributing to overcoming homelessness. Therefore, in the previous coalition agreement of 2021, in alignment with the initiatives of the European Union, the former governing parties reaffirmed the goal of ending homelessness in Germany by 2030. To this end, the National Action Plan Against Homelessness (NAP) was adopted on April 24, 2024. After the 2025 elections, the recently appointed new government agreed on continuous implementation of the NAP.

The plan serves as a nationwide action framework for the first time, reflecting the collective efforts of all levels to overcome housing exclusion and homelessness in Germany. It identifies framework conditions and challenges and establishes an accepted and coordinated framework for action for all involved stakeholders through its substantive guidelines and procedural principles. The implementation of measures lies with the federal states and municipalities.³⁰

The non-statutory social welfare organisations and their associations are the most important service providers with manifold support services for homeless people. The German experts who commented on this report as part of an INTERACT focus group largely emphasised this fact. According to the Association of German Social Welfare Organizations (BAGFW)³¹, the coexistence of public and independent welfare organisations in the Federal Republic of Germany is unique in the world. They operate in close cooperation with public welfare institutions.

4.5.1 NATIONAL STAKEHOLDERS

For the German context, the following national stakeholders have been identified as relevant for the INTERACT project, as presented in table 2 in alphabetic order. This is a non-exhaustive list.

TABLE 2. INTERACT NATIONAL STAKEHOLDERS IN GERMANY.

Name	Details
Arbeiterwohlfahrt (AWO)	As a federal organisation, the AWO is committed to social justice and raises awareness of various aspects and drivers of poverty. As an advocacy organisation, the AWO draws attention to shortcomings in housing and social policy. In the local associations, the AWO provides emergency housing assistance through various counselling services for acute and impending homelessness. Non-statutory welfare organisation. Humanitarian or religious NGO.
Blaues Kreuz Deutschland e.V.	As a federal association, the Blue Cross offers addiction counselling as well as referrals to self-help groups, treatment options, housing assistance and information on addiction prevention. This help is also aimed at homeless people. NGO.
Bundesarbeitsgemeinschaft Wohnungslosenhilfe e.V. (BAG W)	The BAG W is a nationwide organisation for political lobbying and representation of the interests of homeless people. It regularly draws the attention of the federal government to grievances and potential for improvement. In addition, BAG W deals with almost all issues and

	groups of people who are affected by or at risk of poverty and homelessness - this explicitly includes the situation of women. NGO.
Bundesverband Frauenberatungsstellen & Frauennotrufe - Frauen gegen Gewalt e.V. (BFF)	The BFF is the federal association of women's counselling centres and women's emergency helplines in Germany. It brings together over 210 women's helplines and counselling centres. The BFF comprises the majority of counselling and support services for female victims of violence in Germany. NGO.
Caritas Deutschland	The Federal Association of Caritas is active as an advocacy organisation and campaigns for various social justice issues. Caritas offers help and advice for almost all social emergencies, from addiction help, suicide prevention and career counselling to couples counselling and childcare. In the area of homeless assistance, Caritas provides support through mediation and direct aid. Non-statutory welfare organisation. Humanitarian or religious NGO.
Der Paritätische (Gesamtverband)	Der Paritätische is a welfare association made up of independent welfare organisations, institutions and groups that carry out social work for others or as self-help. Der Paritätische acts as an advocacy organisation for homeless people or people affected by housing emergencies. Non-statutory welfare organisation. Humanitarian or religious NGO.
Deutsches Institut für Menschenrechte (DIMR)	The DIMR is an independent institution for policy advice, human rights education, information and documentation, applied research on human rights issues and cooperation with international organisations. It has been entrusted by the German Federal Government with reporting on the Council of Europe Conventions on Trafficking in Human Beings, Violence against Women and Domestic Violence. To this end, the Institute has set up monitoring and reporting bodies. NGO / state funded.
Deutsches Rotes Kreuz (DRK)	Throughout Germany, the German Red Cross (DRK) offers homeless people a range of low-threshold services such as emergency/overnight accommodation, day centres, advice and support centres, hostels and assisted living, first aid and, if necessary, medical care and support such as warming rooms and cold buses. Non-statutory welfare organisation. Humanitarian or religious NGO.
Diakonie Deutschland	Diakonie offers personal support, counselling, assistance in finding and securing accommodation, support in finding work and training opportunities. The service also includes warming buses and street work teams that provide outreach support. Non-statutory welfare organisation. Humanitarian or religious NGO.
Frauenhauskoordinierung e.V. (FHK)	The FHK is committed to the protection of women against violence and provides information about group-related risks. As an association of women's shelters in Germany, their members' needs are recorded and passed on to decision-makers in order to resolve grievances and improve help for those affected by violence. NGO.
Heilsarmee	The Salvation Army offers support and counselling at its locations and provides emergency accommodation and meeting places for homeless people. People in acute need are supported locally with emergency vehicles, meeting places and, in some communities, emergency beds. Religious NGO.

Hilfetelefon Gewalt gegen Frauen	The hotline offers counselling and support for women who experience violence and provides information about the various forms of violence that women can experience. These include IPV, sexual assault and rape as well as stalking, human trafficking and violence in connection with prostitution.
Malteser	The Order of Malta contributes to meeting the existential needs of homeless people nationwide with a range of services, including counselling centres, the provision of food, warming buses and clothing stores. In addition, services are organised as social meeting places. Humanitarian or religious NGO.
Selbstvertretung wohnungsloser Menschen e.V.	As a self-representation of homeless people, the members of the association are committed to an open society in which people are protected from homelessness, poverty, exploitation, discrimination and stigmatisation. There is a women's group within the organisation. NGO (part of Diakonie Germany).
Weißer Ring e. V.	The Weiße Ring offers support for people affected by violence. The support includes personal counselling, accompaniment to appointments with the police, public prosecutor's office and court, legal protection and financial support in emergency situations associated with experiences of violence. In addition, support is offered with moving house and furnishing - an important service in the context of preventing homelessness. NGO.

4.5.2 LOCAL STAKEHOLDERS

Germany has identified the following list of stakeholders in Leipzig, the intervention area, presented in table 3 in alphabetical order. The list is non-exhaustive.

TABLE 3. INTERACT STAKEHOLDERS IN SAXONY AND LEIPZIG, THE INTERVENTION AREAS IN GERMANY.

Intervention Area	Details
Saxony	
LAG Gewaltfreies Zuhause Sachsen e.V.	The Landesarbeitsgemeinschaft (LAG) Gewaltfreies Zuhause Sachsen e.V. is a professional association of all women's and child protection shelters and counselling centres (intervention and coordination centres) against domestic violence and stalking in Saxony. The association pools the expertise of all members. The members work together to improve the support network and working conditions in the field. The aim is to expand and extend the care available to people affected by violence in Saxony. NGO.
Liga der Freien Wohlfahrtspflege in Sachsen	Association of non-statutory welfare organisations. The league is an association of the leading organisations of independent welfare services in the Free State of Saxony. These include the State Association of Workers' Welfare in Saxony (AWO), the Caritas Association for the Diocese of Dresden-Meißen, the Caritas Association for the Diocese of Görlitz, the Diakonisches Werk Sachsen, the German Red Cross State Association of Saxony, the Paritätische Wohlfahrtsverband Sachsen and the State Association of Jewish Communities in Saxony. The respective associations are characterised by different ideological and religious motives or objectives. With their facilities and services, the welfare organisations contribute to a large part of the social landscape in Saxony. Their services range from basic social services of general interest to helping people to help themselves and strengthening participation and self-determination. The associations also see

	<p>themselves as representing the interests of disadvantaged groups. The aim of their work is to create a society in which all people can participate on an equal footing. In addition to the specific tasks of social and educational work, welfare organisations play an important mediating role between society, politics and administration. They identify social imbalances and focus on dialogue in order to achieve joint solutions for all stakeholders involved. NGO.</p>
SZL Suchtzentrum gGmbH	<p>The Addiction Centre operates a range of addiction-related support services in several municipalities in Saxony. In addition to long-term outpatient addiction counselling, there are also special housing projects that offer a combination of living and care. State-funded initiative.</p>
Leipzig	
Advent-Wohlfahrtswerk e. V.: Übernachtungshaus für wohnungslose Frauen	<p>The overnight shelter for homeless women is an emergency accommodation centre for single, adult women who are affected by acute involuntary homelessness. The services provided aim to cover basic needs (food, clothing, toiletries). They also include social counselling, i.e. support in securing a financial livelihood, dealing with authorities and registration matters, finding accommodation, etc. Referral to specialised services, e.g. social psychiatric service, debt counselling, crisis intervention, basic medical care once a week or as required, possibility of addiction counselling in cooperation with Alternative I (home visits by arrangement). Possibility of psychosocial counselling in cooperation with the Social Psychiatric Service South-East. Non-statutory welfare organisation, religious organisation. NGO.</p>
AG Recht auf Wohnen in Leipzig	<p>The Right to Housing Working Group in Leipzig is a voluntary association of employees from social organisations and services, the city administration and representatives of the city council factions of Die Linke, Bündnis 90/Die Grünen and SPD. Together, they are committed to helping those in need and those seeking help. Since 2018, they have held and organised the annual nationwide "Day of the Homeless" campaign day in public spaces in Leipzig. Representation of interests, working group - without legal form.</p>
Alternative I and Alternative III, Zentrum für Drogenhilfe am Klinikum St. Georg	<p>With Alternative I and Alternative III, the Centre for Drug Help offers accommodation for homeless people who use drugs, including overnight accommodation, medical care in emergencies, low-threshold support services that work with the harm reduction approach and general counselling. Public.</p>
Ambulant Betreutes Wohnen	<p>Ambulant Betreutes Wohnen (outpatient assisted living) is a socio-pedagogical service offered by the emergency housing assistance programme, in which clients are looked after in their own homes. Non-statutory welfare organisation, religious organisation, NGO.</p>
CABL - Clearingstelle und Anonymer Behandlungsschein Leipzig e.V.	<p>The CABL clearing centre is dedicated to providing medical care for people with no fixed abode near their place of residence, e.g. through free medical consultations and mobile services. NGO.</p>

Caritasverband Leipzig e.V.:	The Caritas Association Leipzig offers support for people in various social emergencies, for homeless people or those at risk of homelessness, for debtors, the unemployed, offenders, former prisoners, mentally and physically disabled people, people on low incomes and people affected by the consequences of dictatorship.
Caritasverband Leipzig e.V.: Ökumenische Bahnhofsmision Leipzig	The station mission offers mediation and initial counselling in existential emergencies such as homelessness, addiction, impoverishment, despair and suicidal tendencies. Non-statutory welfare organisation, religious organisation, NGO.
Das Boot gGmbH : Eigene Wohnung	The joint project of the Social Welfare Office of the City of Leipzig and Das Boot gGmbH to trial the HF approach in the city of Leipzig offers homeless people whose access to housing is particularly restricted their own flat with a tenancy agreement and social support services, with no preconditions. The following services are offered: Contact services, individual support and training in everyday skills, accompaniment to public offices and authorities, crisis intervention and crisis support & mediation on request. NGO.
Das Boot gGmbH: Notunterbringung	With intensive socio-pedagogical counselling and support, the organisation helps homeless people with mental illnesses to overcome their homelessness and receive long-term psychiatric care in the ‚Notunterbringung‘ project. The emergency shelter for homeless people with mental illness is a transitional aid programme and the stay is limited to three months. NGO.
Diakonisches Werk Innere Mission Leipzig e.V.: Homeless help centre "Leipziger Oase"	The Leipziger Oase is a day centre for homeless people with breakfast, lunch, showers, laundry service, social counselling, psychosocial counselling, clothing store, street social work, etc. Diakonie furthermore offers advice centres, assisted living, street work and day centres. Non-statutory welfare organisation, religious organisation, NGO.
Frauen für Frauen e.V. Leipzig	The association's services include coordination and referral to women's shelters, outpatient counselling in cases of domestic violence and stalking as well as a specialist and counselling centre for sexualised violence. It also carries out educational and prevention work. The association also offers a 24-hour emergency hotline for victims of sexualised violence. In addition, a prevention project "Specialist and Coordination Centre for Gender-Reflective Education (FuKs)" is operated. NGO.
Gesundheitsamt der Stadt Leipzig – Psychatriekoordination	The psychiatry coordination is responsible for all areas of psychiatric care, planning and development in the area of care for mentally ill people as well as the organisation and management of the psychosocial working groups in Leipzig. Public.
Gesundheitsamt der Stadt Leipzig – Suchtbeauftragte	The Health Department of the City of Leipzig - Addiction Officer is in charge of the various services, such as street social work and day centres, which are provided for people in existential crises who are unable to change their consumption in their current situation. The aim is to support people in overcoming crisis experiences with as little psychological, physical or social damage as possible. Public.
Leipziger Erwerbslosenzentrum e.V.	The organisation offers help for self-help for the unemployed, especially the long-term unemployed, combined with motivation and support for integration into social and professional life. It also offers counselling services for tenants. NGO.

Leipziger Wohnungs- und Baugesellschaft mbH (LWB)	Together with the City of Leipzig, the municipal housing company LWB is involved in a number of projects to reduce the housing shortage in the long term and is working together with "Das Boot gGmbH" in the HF project "Eigene Wohnung", for example. Public.
Soziale Wohnhilfen der Stadt Leipzig,	The area of responsibility of the Social Welfare Office includes economic assistance in housing emergencies, personal assistance in the event of actual or imminent homelessness, emergency accommodation for homeless people, assistance in the event of imminent cut-off of energy supplies, support in finding accommodation and the issuing of housing entitlement certificates. The office is also responsible for the supervision of accommodation costs and the implementation of the Homelessness Reporting Act. Public.
Suchtzentrum Leipzig e.V.: Haus Eythstraße	The "Haus Eythstraße" project is one of the few projects in Germany that is aimed at substance users with a migration background who require particularly close support due to their life situation. NGO.
Suchtzentrum Leipzig e.V.: SAFE	Street social work for adults. SAFE involves street social work with people who find themselves in difficult life situations, are struggling with PSU or are homeless, have no fixed abode or are at risk of homelessness. The aims are to provide information and counselling about existing support structures, referrals to and support with public offices, authorities and other institutions, as well as crisis intervention in the event of acute problems. NGO.
Suchtzentrum Leipzig e.V.: Sozialtherapeutische Wohnstätte	The Socio-therapeutic residential facility is aimed at young adults aged 18-35 who are no longer able to independently organise their everyday lives due to substance abuse and the associated physical, mental and social limitations. The programme offers support for acquiring certain skills, learning a daily structure, increasing earning capacity and support for abstinent reintegration into society. NGO.

4.6 SERVICES AND PROVISIONS

In Germany, services are rarely exclusively for women but most often for people affected by homelessness in general. These include PSU programs, health care, and outreach services. Shelters which are exclusively for women, either because of IPV or homelessness, are often operating at maximum capacity.

Services are organized and financed on local levels. Leipzig offers services in all categories to some degree. The municipality's aim is to increase funding and capacities for most of them, especially shelters.³²

Information on flagship projects or noteworthy offers is available in various forms. For example, the National Action Plan against Homelessness contains a summary that provides an insight into developments in the federal states. This shows, for example

- Hamburg
Accommodation under regulatory law is increasingly being differentiated to meet specific target groups and requirements. Specialized forms of accommodation and locations are available for young adults, people in need of care, older individuals, LGBTQIA+ persons, and disadvantaged women with experiences of violence.

Additionally, ongoing efforts are being made to develop a simple and cross-jurisdictional care concept for homeless people with mental illnesses.³³

- Schleswig-Holstein
Since 2018, the "Frauen_Wohnen" project has provided quick and uncomplicated support for women with children, as well as single women, in finding appropriate and affordable housing. This includes women who no longer require acute protection in a women's shelter, as well as other women affected or threatened by violence, where a change in living situation could improve their overall circumstances. For women who have not yet been housed in a women's shelter, inclusion in the project requires that one of the counselling centres communicates the need for support to the regional service centres. This allows for direct assistance to those affected. Beyond finding housing, many women struggle with the costs of moving, renovating, or new furniture. This is where the "Frauen Wohnen" project offers targeted support. Women, and their children, receive counselling, guidance, and follow-up housing-related support.³⁴
- Saxony
Women should regularly be informed about special social assistance programs for pregnant women and young families, particularly about the support services provided by the "Help for Families, Mothers, and Children" Foundation, as well as the benefits under the Federal Parental Allowance and Parental Leave Act and the State Parental Allowance Act.³⁵
- Leipzig
Expansion of emergency shelters and accommodations for women with drug addiction.

Further and more detailed examples of flagship projects and initiatives can be identified based on social work practice. Various noteworthy offers with intersectional approaches or a focus on complex vulnerabilities can be found, for example:

- Lebensplätze für Frauen. Wohnen für ehemals wohnungslose, ältere Frauen des Evangelischen Hilfswerks der Diakonie München und Oberbayern³⁶
The organization rents apartments with a separate rental agreement to formerly homeless, older women whose living conditions are characterized by special difficulties. Low-threshold advice is offered.
- Ragazza e. V. Hamburg³⁷
The organization offers a low threshold contact and contact point and help for women who use drugs and work in the field of prostitution. The women can use a health and consumption room.
- Housing First für Frauen des Sozialdienstes der katholischen Frauen in Berlin³⁸
The project supports homeless women and mothers with their children in finding their

own accommodation and obtaining a tenancy agreement as quickly as possible. It also includes a counselling service.

4.6.1 BARRIERS TO SERVICES

Some barriers to services and provisions are mentioned in the German NAP. It is explicitly mentioned that women, more often than men, live in hidden homelessness, often because of the gender-specific vulnerabilities in (sexualized) violence that homeless women face. Therefore, mixed-gender shelters can be problematic for women, who might fear experiencing violence from men. Thus, not providing enough women-explicit shelters creates a barrier.³⁹

4.6.2 GAPS IN SERVICES

With its latest evaluation on Germany from 2022, GREVIO identified several gaps in services in connection to the implementation of the Istanbul Convention. These involve:⁴⁰

- Homeless women often do not find adequate support within the current system of specialized service provision for victims of violence to meet their unique needs. This is in connection with a general lack of specialized, victim-centred services.
- Homeless women, along with other marginalized groups such as migrant women, women with disabilities, and women with addiction issues, face intersectional discrimination. This means they experience multiple disadvantages and are often overlooked in mainstream services. The intersectionality of vulnerabilities is usually not properly addressed by the design of service provision.
- GREVIO urges Germany to develop more inclusive policies and services that address the specific needs of homeless women. This includes ensuring that shelters and support services are accessible and equipped to handle the complexities of homelessness and violence.

In the beginning of 2025, a national law was passed in Germany responding to these gaps in prevention and service provision for victims of GBV, explicitly including homeless women. The so-called ‘Gewalthilfegesetz’⁴¹ [Violent Crimes Assistance Act] guarantees women a right to counselling and support when affected by gender-based or domestic violence, starting in 2032. The law ensures sufficient funding from federal and state governments for these services. It is expected to significantly impact the support system and enhance services for homeless women affected by violence.

For Germany no other gaps in services and provisions have been identified. However, some measures may have limited funding, which could affect their ability to achieve their goals in the mid- or long-term. Capacities and funding need to be increased at the local level, necessarily backed by more national funding, though this is difficult, as government spending is being cut, especially for social matters.⁴²

4.6.3 OFFICIAL REQUIREMENTS FOR SERVICES

For certain German regions, like Brandenburg and Hesse, standards are defined because shelters and housing need to fulfil specific architectural and safety standards. There are also regulations on how disadvantaged groups have different needs and that programs must fulfil these requirements.⁴³ For Saxony, the INTERACT project's area of intervention, it is regulated among other things, that emergency shelters must meet the requirements of humane housing and offer space for essential living needs while avoiding health hazards. The accommodations must also have separate sanitary facilities for women and men, and communal kitchens.⁴⁴ According to the regulation, pets are not entitled to accommodation, but individual cases (especially when housing dogs) should be handled generously. Emergency accommodations may include makeshift shelters such as homeless shelters, municipal accommodations, or guesthouses and hotels. Municipal accommodation is a public facility in the municipality. According to section 4 of the Saxon Municipal Code, the municipality can regulate the use of accommodations by statute. This statute may also include the imposition of fees by the Saxon Municipal Charges Act. Upon admission to homeless shelters, exclusion of pulmonary tuberculosis is required under section 36, subsection 4 of the Infection Protection Act.

4.7 SUMMARY AND INTERACT FOCUS IN GERMANY

Homelessness in Germany is defined by a lack of access to a dwelling or inadequate living conditions not secured by a tenancy agreement, lease contract, or a right in rem. The German Homelessness Reporting Act highlights these criteria, aligning with the ETHOS Light definition which considers physical suitability, legal security, and social adequacy.

Germany has reliable homelessness data collected through annual complete censuses and bi-annual random sampling. The Federal Statistical Office publishes data on accommodated homeless people, while NGOs provide tailored long-term statistics. Although official surveys exclude hidden homelessness and rough sleeping, efforts are being made to expand data sources and reporting on these groups. The accuracy of these statistics is generally upheld, with reports highlighting methodological considerations.

Germany has a robust legal framework addressing homelessness, with Article 1 of the 'Grundgesetz' mandating accommodation provision for those in emergencies. The Homelessness Reporting Act and various national and local action plans, such as the Nationaler Aktionsplan gegen Wohnungslosigkeit (NAP) and local strategies like the Fachplan Wohnungsnotfallhilfe in Leipzig, aim to combat homelessness. Despite recent attention towards gender-specific needs, gender mainstreaming is still not fully implemented into policies and practices. However, a new national law guaranteeing women affected by GBV the right to counselling and support starting in 2032, explicitly includes homeless women.

Germany has a historically evolved, highly differentiated social support system for homeless people. In addition to the state obligation to accommodate people in emergency situations, i.e. homeless people, through regulatory law, social law addresses the diverse problems and support needs of homeless people. The social support system includes municipal services and

non-governmental welfare organizations tasked with preventing housing emergencies and providing emergency accommodation. Interdisciplinary cooperation is emphasized in addressing homelessness, although gender-specific needs are not always adequately incorporated. Local initiatives, like the HF project in Leipzig, exemplify the integration of various support services, mental health care, and community collaboration.

Homeless services in Germany are characterized by a lack of exclusivity for women, with shelters often operating at maximum capacity. Services commonly include PSU programs, health care, and outreach services. Specialized women-only shelters are limited. Primary barriers to services are the lack of sufficient women-specific shelters and integrated services tailored to complex vulnerabilities, leading to homeless women often facing hidden homelessness and exclusion from mainstream services.

Non-gender-segregated services for homeless people are prevalent, with many shelters and support programs designed to serve all genders collectively. These services often include access to emergency accommodation, food provision, medical care, psychological support, and employment assistance. However, the mixed-gender nature of many shelters can pose significant challenges for women, who may experience safety concerns and the risk of gender-based violence within these environments. Consequently, there is a pressing need to expand the availability of women-specific shelters and services to address their unique vulnerabilities and ensure they receive the necessary support and protection.

Housing First and trauma-informed care are widely known and applied, particularly in larger cities. Initiatives like Leipzig's HF project demonstrate the successful implementation and expansion of these approaches. Harm reduction measures are prevalent, with local projects offering mobile consumption rooms and integrated social housing. The emphasis on interdisciplinary cooperation ensures that these approaches are effectively promoted within the support system, although national policies still need to provide more substantial measures.

In Germany, the INTERACT project should therefore focus on the one hand on networking actors and on the other hand on questions regarding the impact of differentiation and the associated inclusions and exclusions by the support system, facilitated through the lens of intersectionality.

5. GREECE

Greece, with a population of approximately 10.4 million on 1 January, 2023⁴⁵, is an EU member state. The INTERACT partners in Greece are KRITI – RoC and Dimos Palaio Faliro – MPF. This chapter provides an overview of the current state of homelessness in Greece.

5.1 HOMELESSNESS

Greece adheres to the ETHOS framework for defining and addressing homelessness. The legal definition is established under Act 29, L. 4052/2012, which recognizes homeless people as a disadvantaged social group entitled to social protection.

Homeless individuals are defined as all legally residing in the country with no or insecure access to adequate housing, whether owned, rented, or provided, that meets necessary technical standards and is equipped with essential services, including water and electricity. This definition mainly includes those living on the streets, in shelters, those temporarily accommodated out of necessity in institutions or other structures, and those in precarious housing.⁴⁶

5.1.1 HOMELESSNESS AND CAUSES

Homelessness in Greece is rising because legal social rights cannot be enforced, rendering the right to housing ineffective.⁴⁷ Several economic and legal factors have exacerbated housing insecurity. Housing unaffordability remains a major issue, with 60.25% of Greek homeowners struggling to heat their homes.⁴⁸ Rising property taxes have led to a surge in inheritance renunciations, leaving many properties unclaimed or abandoned. Additionally, the introduction of electronic property auctions⁴⁹ and the expiration of main residence protection have increased concerns about a new wave of evictions, further worsening the homelessness crisis. At the same time, austerity measures and budget cuts have significantly reduced the capacity of social services, even as demand continues to grow.

There is a rapid increase in hidden homelessness driven by financial, economic, social, and housing crises. This empirical estimation comes from a 2018 street research study on homelessness, conducted by Panteion University.⁵⁰ Rising unemployment rates, reduced incomes and cuts in social services have made housing unaffordable for many,⁵¹ The recent housing crisis has worsened the situation, particularly impacting women.

Other factors contributing to the rise in homelessness and for women in Greece, homelessness is often linked to gender-specific vulnerabilities. Domestic violence is one of the leading causes, forcing many women to leave unsafe living situations without adequate support or housing options. Economic insecurity is another major factor, as women are more likely to face lower wages, unstable employment, and financial dependence, making it difficult to afford housing. Single motherhood further increases the risk, as many women struggle to provide for their children without sufficient financial or social support. Additionally, PSU and MH issues can contribute to homelessness, often exacerbated by limited access to specialized support

services. The combination of these factors, along with insufficient social preventive measures, leaves many women particularly vulnerable to homelessness in Greece.

Among the most disadvantaged subgroups of homeless women in Greece identified are migrants, refugee, asylum seekers LGBTQIA+ individuals, single mothers, victims of DV and IPV, people dealing with PSU, individuals with severe MH challenges, older women with minimal income, and those facing multiple vulnerabilities. The intersection of economic hardship, social exclusion, and insufficient social protections continues to drive homelessness in Greece, disproportionately affecting the most marginalized populations.

5.1.2 HOMELESSNESS AND GENDER

Despite evidence that gender significantly influences pathways into homelessness and the types of support required, Greece's national legislation is gender neutral. The lack of gender sensitivity overlooks the specific challenges faced by homeless women. Thus, Greek laws lack specific protective measures or interventions for homeless women.

Act 29, L. 4052/2012 defines homelessness and recognizes homeless people as a disadvantaged group entitled to social protection but does not include a gender perspective. Thus, it fails to acknowledge DV as a major cause of homelessness among women or include provisions for victims of DV seeking emergency shelter assistance.

General homelessness services, such as emergency shelters and transitional housing, are not specifically designed to accommodate the needs of women, particularly those with children or those escaping DV. Existing homelessness facilities operate under municipal authority, with services available only in major cities like Athens and Thessaloniki, further limiting access for disadvantaged women in rural areas. The absence of dedicated long-term housing solutions for women increases their risk of prolonged homelessness or forced return to unsafe living situations.

Women experiencing homelessness often require specialized support, such as trauma-informed care, childcare services, legal aid, and job training, yet these services are not systematically integrated into homelessness policy.

5.2 NATIONAL AND LOCAL STATISTICS

The General Secretariat for Demography and Housing Policy, under the Ministry of Social Cohesion and Family Affairs, manages the sole platform in Greece that collects data on homeless people in public facilities. This platform gathers information on gender. However, it is only accessible to Coordinators of Homelessness Facilities. Its data is also limited to individuals housed in public facilities, excluding those living in informal shelters, overcrowded housing, or staying temporarily with family and friends. The most recent national estimate, from 2023, recorded 1,387 homeless people in Greece, of whom 305 (22%) were women. Table 4 shows data breakdown of this and other accessible data from various sources.

TABLE 4. HOMELESS IN GREECE, AND CRETE, THE INTERACT INTERVENTION AREAS.

County/Intervention area	Total	% Women
Greece in 2023*	1,387	22%
ETHOS 1: Living rough	-	-
ETHOS 2: In emergency accommodation**	440	-
ETHOS 3: In accommodation for the homeless***	947	-
ETHOS 4: In institutions	-	-
ETHOS 5: In unconventional dwellings	-	-
ETHOS 6: Staying with family/friends	-	-
Crete in 2024	-	-

Source: OECD Questionnaire on Affordable Housing (QuASH), 2023; Greek Ministry of Labour and Social Affairs (2023), Digital registry of homeless structures and “Housing and Work for the Homeless” program.

Note: The headline estimate includes a combination of the digital registry and the Housing and Work Program.

* Data refers to the gender breakdown as recorded by the digital registry

** Data refers to people currently residing in night shelters, among them two minors as recorded by the digital registry.

*** Data refers to 704 people living in transitional housing through the *Housing and Work for the Homeless* program and 243 living in homeless hostels among them four minors as recorded by the digital registry.

Additional data from Athens-based services suggest that since 2021, 850 unique homeless individuals have been identified, with over 20% being women, according to Street Work programs. Earlier street work research at Panteion University (2018), covering Athens, Thessaloniki, Piraeus, Heraklion, Ioannina, and Trikala, found 317 individuals living on the streets, though underreporting is deemed likely due to the voluntary nature of the study. Within this group, more than 10% identified as women, while 23% identified as non-binary. Majority of participants were between 40 and 49 years old. Notably, for more than 50% of them, this was not their first experience of homelessness.⁵²

The Digital Registry of Homeless Structure system records information on individuals experiencing homelessness who use night shelters and hostels. The registry is designed to facilitate coordination between homeless support services, gather point-in-time and flow data on the number and profile of homeless people, and track the type and quality of services these structures provide. In conclusion, demographic details and characteristics are included in this digital registry. Beyond the national registry, specific homelessness services provide insight into sheltered populations during 2024⁵³:

- Ξενώνας Γυναικών (women’s shelter)⁵⁴
Hosted 11 women and 12 children in 2024.
- Πολυδύναμο Κέντρο Αστέγων (multi-purpose homeless centre)⁵⁵
122 new admissions from early 2024 (no gender breakdown available).
- Ξενώνας Μεταβατικής Φιλοξενίας Αστέγων Χρηστών Ψυχοδραστικών Ουσιών (transitional shelter for homeless substance users):⁵⁶
221 individuals housed in 2024 (90% men, 10% women).
- Ξενώνας ΕΣΤΙΑ (ESTIA shelter)⁵⁷
27 elderly residents (no gender breakdown available).

- Υπνωτήριο Αστεγών OKANA (OKANA night shelter)⁵⁸
978 unique individuals since June 2022, 75% men and 25% women.
- Κέντρο Ημέρας Αστεγών Δήμου Ιλίου με δυνατότητα Βραχείας Φιλοξενίας (day centre for homeless people, Municipality of Ilion, with short-term accommodations)⁵⁹
258 unique individuals, 76% men and 24% women.
- Εθνικό Κέντρο Κοινωνικής Αλληλεγγύης - ΕΚΚΑ⁶⁰ (national centre for social solidarity)
55 women received assistance, with 27 accommodated in a hostel operated by ΕΚΚΑ in Athens. Among them: 2 were housed due to homelessness, 1 was a patient's companion, and 24 were victims of violence and multiple discrimination.
48 individuals were housed in ΕΚΚΑ's facilities in Thessaloniki, 28 women with 20 children.

Data on the percentage of homeless women facing multiple vulnerabilities such as IPV, PSU, and MH issues is usually available through an electronic platform.⁶¹ The legal entities that provide services to the homeless are interconnected electronically, and they submit and manage housing requests. Despite the platform being operational, not all involved professionals are required to upload their data, resulting in gaps and outdated information. The availability of beds compatible with the profile of housing applicants is monitored online. In particular, the platform enables:

- Recording the number of housing requests and faster service through online referrals.
- Extracting data on the profile of people who apply for housing and are served by homeless structures.

No comprehensive data is available on the amount spent explicitly per person in Greece on measures to combat homelessness. Some indications can be found in data obtained from the relevant ministry after our contact with them, but it has not been verified. According to this data, the estimated number of individuals living at the poverty line in Greece in 2023, making them vulnerable to homelessness, was 6.300. Under the Joint Ministerial Decision D13/oik./33475/1935/15.6.2018, which has been amended at least three times with the last amendment being 97046/06/.11.2023, these individuals are entitled to a Minimum Income of €54 per month, with an additional €100 per child. This provision outlines the terms and conditions for implementing the Social Solidarity Income Programme. Also, the minimum guaranteed income is a welfare scheme and refers not only to money but also to services.

Income support: the monetary amount of support for the beneficiary unit, as defined in Article 2.

- Complementary social services, benefits and goods:
- Free medical care for the uninsured.
- Referral and integration into social care and support structures and services.
- Inclusion in programmes and social structures for poverty alleviation.
- Inclusion in the actions implemented under the Operational Programme of the Fund for European Aid to the Most Deprived
- Social tariff of electricity providers.
- Social tariff for water suppliers.
- Social tariff of municipalities and municipal enterprises

5.2.1 DATA RELIABILITY

The statistical data from Greece is incomplete. Overall, the measures and estimates following ETHOS indicate a significant increase in the number of people in shelters for the homeless, both Greek and immigrant. This can be considered to reflect the increased needs expressed by a hidden homeless population to which the care system responds in a partial and fragmented manner.

Surveys conducted by Panteion University in 2018 in various municipal areas of Greece, particularly in large cities like Athens, Thessaloniki, Ioannina, Trikala, have revealed that existing methods are often inadequate due to structural limitations. These include the inability to estimate short-term or seasonal homelessness and the lack of a reliable assessment of individuals sleeping in vacant buildings or their specific characteristics.⁶²

Moreover, a significant proportion of people experiencing homelessness do not reside in private households, collective dwellings, or any buildings at all. As a result, they are often excluded from institutional surveys, which typically rely on registered data collected from hospitals, hostels, care centres, prisons, shelters, and camps.

Examining some underlying factors contributing to the disparity in how homelessness is measured and perceived is crucial. The Greek government's figures fail to capture a large portion of people who find themselves in a less visible form of the phenomenon at the national and regional levels. Their invisibility in homelessness data makes this form of poverty especially dangerous, keeping it outside public awareness and absent from political discourse.

At the same time, there is no comprehensive mapping of the current efforts to address homelessness in Greece. It remains unclear whether the individuals identified through street work are the same as those accommodated in municipalities' facilities or if they are entirely different groups. This lack of clarity is likely due to insufficient communication between systems and the absence of a standardized beneficiary coding system to track and count unique individuals receiving services across the municipality's various programs. Moreover, the concept of "unique individuals" seems to be inadequately understood or applied within these services. Consequently, a substantial number of homeless people may receive multiple interventions, while another similarly large group may remain unaware of the available services. Thus, the reported data on homelessness interventions may be inaccurate or incomplete, as there is no effective way to distinguish and track unique beneficiaries—except for cases recorded through street work initiatives.

5.3 LAW AND POLICY LANDSCAPE

Homelessness structures are available in Greece, but their numbers are insufficient. Municipalities are granted jurisdiction, yet the financial instruments are defined by the competent ministry, with little to no involvement of the municipalities in planning or eligibility for funding.

The National Action Plan for the Prevention and Combating of Homelessness 2023-2027 was presented recently by the Minister of Labor and Social Affairs. This is a comprehensive plan structured into seven pillars. It includes actions with a total budget of 72 million euros for the next five years, which are estimated to help 5,700 households and will be used by the General Secretariat for Social Solidarity and Combating Poverty. The Plan prescribes interventions that open access to appropriate and decent housing for our vulnerable fellow citizens, aiming to prevent homelessness. The long-term goal is to permanently address housing problems for all Greeks, utilising national and European resources such as the new National Strategic Reference Framework 2021-2027 (NSRF) and the Recovery Funds.

Greece has no examples of local policies specifically battling homelessness, but some programs are in place. The Housing and Work for the Homeless program is for example an additional policy within the broader national strategy to combat homelessness. It is aimed at individuals and families experiencing homelessness. The program provides a rent subsidy for 24 months, psychosocial support, access to supplementary social benefits and services, and assistance with employment activation, training, and labour market integration. Also, the pilot Social Housing program will be implemented in the municipalities of Athens and Thessaloniki. It aims to prevent and address the exclusion from housing of disadvantaged groups threatened with or facing homelessness by using part of the private and public housing stock that is not being utilised. It is planned to expand to other large municipalities in the country through its inclusion in the new NSRF 2021-2027.

Greece lacks established legal frameworks that mandate protective measures for women experiencing homelessness.

5.3.1 GENDER IN LAWS AND LEGAL FRAMEWORKS

Gender does not play a role in legislation in Greece and gender mainstreaming is neither mandatory nor a common practice.

5.4 INFLUENCING THEORIES AND FRAMEWORKS

Greece has no examples of existing support structures or flagship projects, influenced by HF theories, neither for all genders nor explicitly aimed at homeless women. However, Greece has initiated several programs inspired by the HF model, aiming to address homelessness through immediate housing solutions coupled with supportive services. However, comprehensive, gender-specific HF programs, particularly those explicitly targeting homeless women, remain limited.

- Housing and Reintegration Program⁶³
This program marked Greece's initial foray into housing-led interventions. It provided rental subsidies and support services for homeless individuals and families, aiming to facilitate their social reintegration. While incorporating elements of the HF approach, it did not fully align with all HF principles.

- Housing and Work for the Homeless Program⁶⁴
Building upon the previous initiative, this program offers two-year transitional supported housing, rent subsidies, social support, and employment reintegration services to approximately 800 homeless individuals (600 households). It represents a more structured attempt to integrate housing and employment solutions for the homeless population.
- Support for Homelessness Women⁶⁵
While there are shelters and services available also for homeless women in Greece, such as those operated by the National Centre for Social Solidarity (EKKA), these are not explicitly labelled as HF programs, and they do not provide their facilities only for women or homelessness. These shelters provide emergency accommodation and support to women who have experienced violence or are in critical social need.

In Greece, trauma-informed approaches are applied to address multiple vulnerabilities. They are used by a large percentage of professionals working in facilities that assist individuals with PSU issues. A large percentage of stakeholders in WP1 focus group, representing the provision of social services in Crete, including seven municipalities, 1 Chronic Disease Centre, 2 Women's Counselling Centres, 3 Community Centres, 1 Directorate of Social Care-Region of Crete, 1 Women's Hospitality Guesthouse say they have mainstreamed trauma-related treatment practices into their care. Other examples include Short-term Shelter for Women Victims of Violence and Multiple Discriminations and Programme of Creativity and Care of Baby Toddlers.

The Short-term Shelter for Women Victims of Violence and Multiple Discriminations is a woman only service. It provides psychosocial support services to women and their children through trained social workers and psychologists. Using trauma-informed care methodologies, the shelter offers tailored services including individual and group sessions, follow-ups, empowerment, job counselling, psychosocial support, and connection to relevant community services and organizations. Children are enrolled in education, while legal counselling and representation, professional training, and job counselling are facilitated. Interpretation services ensure communication in native languages, and psychological support addresses trauma and promotes women's empowerment. Even though the Shelter is a protected accommodation for women, it is also open to cooperation with the local services of the municipality and prefecture. Close cooperation is also established with the local police departments, the Public Prosecutor for Minors (especially on issues regarding minors' custody and parental care), Health Care Units, the Anti-trafficking Department of the General Police Directorate of Attica, the International Organization for Migration (IOM), and any other appropriate institutions and entities.

The Programme of Creativity and Care of Baby Toddlers is designed for the children of women in the short-term-shelter. It has extended working hours with experienced professionals on childcare. It provides individual and group activities based on the developmental needs of the babies and toddlers, support and strengthening of the mothers' parental role, preparation for the integration of toddlers into preschool and primary school units, cooperation with volunteer

organizations for recreational and educational projects, reinforcement on paediatric care and nutrition issues of babies and toddlers, and connection with primary paediatric care units.

5.5 INSTITUTIONAL SETTINGS AND STAKEHOLDERS

In Greece, homelessness policy is managed by national and local public authorities. The Ministry of Social Cohesion and Family Affairs oversees social policy and supervises the National Centre for Social Solidarity (EKKA), which coordinates social services. The Minimum Income Scheme, implemented in February 2017, provides beneficiaries with a monthly payment of about €200 and access to the National Food Program (TEBA).

Local authorities, under a new governance structure, have become “operating units” of many social services including the regulation of public space, support for homeless and economically disadvantaged people, identification of beneficiaries of housing assistance, etc. Municipalities, in collaboration with the government and NGOs, have integrated homeless services into their plans and created Day Centres and Night Shelters.

Access to the homeless services is specifically protected and facilitated by provisions such as the special Tax Registration Number, the Social Security Number, or the acceptance of a homeless certificate issued by Day Centres or other public social services.

5.5.1 NATIONAL AND LOCAL STAKEHOLDERS

Greece has identified national and local stakeholders’ fields for the INTERACT project. They are listed in table 5, in alphabetic order. This is a non-exhaustive list.

TABLE 5. INTERACT NATIONAL AND LOCAL STAKEHOLDER FIELDS IN GREECE.

Field	Services
Community Centres	Public social services run by municipalities
Gynaecological Clinics	Public health care run by municipalities
Health Care Services	Public health care services
Legal Institutions and lawyers	Public and private legal services
Municipality Directorate of Social Services	Public social services
Night Centres	Public and NGO run night shelters
Non-Governmental Organizations	Social, psychological and legal support
Open Day Centres for the Homeless	Public and NGO run Day Centres
Police Forces	Public law enforcements agencies
Transitional Hospitality Hostels	Public and NGO run hostels
Women’s Counselling Support Centres	Public centres run by municipalities, offering social and psychological support.
Women’s Hospitality Hostel of the Municipalities	Public hostels run by municipalities offering social and psychological support

5.5.2 INTERDISCIPLINARY COLLABORATION

Greece has established several legislative frameworks and policies aimed at addressing homelessness and promoting social inclusion. Ministerial Decisions 92490/04-10-2013 & 9889/13-08-2020 (V' 3390) introduced the "Programme of Medical Screening, Psychosocial Diagnosis, Support, and Referral of Undocumented Third-Country Nationals to First Reception Facilities," ensures access to essential healthcare, psychosocial support, and referral services for undocumented migrants upon arrival.

Additionally, Law 4254/2014 defines the structure of homelessness services, distinguishing between facilities that address immediate and urgent needs, such as shelters and emergency accommodations, and those providing longer-term housing solutions, including transitional and supported housing. This law also promotes local partnerships among municipalities, regional authorities, public utilities, and certified NGOs, as per Law 2646/1998, to enhance service delivery for homeless people.

Furthermore, Law 4445/2016 [Government Gazette 236 A'] established the National Mechanism for Monitoring, Coordinating, and Evaluating Social Inclusion and Social Cohesion Policies, forming the foundation of Greece's National Strategy for Social Inclusion and Poverty Reduction. This strategy aims to combat poverty and social exclusion, enhance coordination between public and private stakeholders, and improve monitoring and evaluation mechanisms to ensure the effectiveness of social policies. Collectively, these legislative measures seek strengthening social protection, improving services for homeless populations, and facilitating the integration of disadvantaged groups into society.

These existing legislations appear to support cooperation between homelessness facilities and other structures, such as shelters for women experiencing DV and IPV. However, differences in operating regulations among these facilities create barriers to effective collaboration and communication. As a result, rather than providing solutions for professionals the legislation often imposes restrictions that limit their ability to respond flexibly to complex cases.

A significant concern in the current homelessness support framework is the exclusion of women facing complex challenges, such as trauma, PSU, or MH issues, from accessing certain shelter services. These exclusionary criteria prevent some women in the most vulnerable situations, including those with children, from receiving the immediate support and protection they urgently need. As a result, many are left with no safe alternative and are ultimately forced to live on the streets, exposed to further victimization, exploitation, and deteriorating health. In response to these multifaceted vulnerabilities, some shelters have begun to adopt an interdisciplinary approach. A notable example is the Kareas Social Shelter, which has established collaborative networks with a range of professionals and services. These include psychologists, psychiatrists, healthcare providers, social workers, financial advisors, and legal entities such as prosecutorial and law enforcement authorities. This integrated model of care aims to provide a more holistic and trauma-informed response, recognizing the interlinked nature of homelessness, gender-based violence, mental health, and socioeconomic instability.

Furthermore, the Emergency Shelter is an example of interdisciplinary cooperation in Greece, but its operation has been suspended since March 2020. It hosted women who were subjected to any form of violence, independent of age, nationality, religion. It also hosted women victims of human trafficking, homeless or women who are in a critical social need, single or mothers with children. However, emergency accommodation requests are now handled by the Attica Hostel, which operates under the same specifications. Liaison and mediation efforts focus on collaborating with services that meet the needs of guests and their children. These include hospitals, municipal clinics, the Ministry of Migration and Asylum, the Asylum Service, the Public Prosecutor's Office, police departments, and NGOs providing accommodation, language learning, legal assistance, activities, and interpretation. Additionally, partnerships extend to social services, counselling centres, and hostels within the General Secretariat for Equality and Human Rights network.

The Attica Shelter serves the admission requests. Admission can take place 24/7, with limited requirements. The Shelter's operation is supported by the Social Support Centre of Ampelokipi and is staffed with social workers, psychologists and social carers. The Emergency Shelter provides women with temporary accommodation and safety while alternative solutions are explored, with their active participation. The main objective is their safety, relief and prevention of further harm to themselves and their children. During this period, all the appropriate medical exams occur so they can safely cohabit with other people. They are referred to a longer-term NCSS shelter or a shelter for a different actor if deemed necessary. During their stay in the shelter, apart from safe accommodation, all the women's and their children's basic needs are covered and usually get medical exams. The hosted women cooperate with a social worker and a psychologist of the service, aiming at empowerment, and examining all the alternatives.

5.6 SERVICES AND PROVISIONS

The main types of services and provisions in Greece, are non-housing support, temporary accommodation, and a range of initiatives that provide non-housing-focused support services to people living rough. The regulatory framework for homelessness services is outlined in Joint Ministerial Decision No. D23/oik.19061-1457, 22.04.2016, which sets minimum standards for licensed facilities operating under municipal authorities. These facilities include:

- Open day centres
Providing essential services such as hygiene facilities, food, social support, and counselling.
- Homeless dormitories
Offering emergency overnight accommodation.
- Transitional accommodation hostels
Supporting individuals on their path to stable housing.
- Supported housing
Assisting disadvantaged groups, including individuals with health conditions or disabilities, in maintaining long-term housing stability.

Sheltered housing centres operate in several municipalities, while licensed Homelessness Facilities currently only exist only in Athens and Thessaloniki.

Additionally, the Beneficiaries Platform for Homelessness Facilities, under the General Secretariat of Housing Policy, allows for the accommodation of individuals without a residence permit or pending asylum application, given the significant number of homeless migrants in our country. This platform is available for front line agencies of the Public Sector and only. Table 6 gives an overview of homelessness service fields in Greece, in no specific order. This is a non-exhaustive list.

TABLE 6. HOMELESSNESS SERVICE FIELDS IN GREECE.

Field	Description
Day Centres for Homeless People Homeless People	Non-residential establishments covering basic daily needs. Urban centres, mainly Attica. Short stay accommodations, personal care including hygiene facilities, provision of clothing, and light meals
Transitional Accommodation Hostels	Temporary accommodation for up to six months. Urban areas, mainly Athens and Thessaloniki. Personal care services, access to hygiene facilities, provision of daily meals, and comprehensive psychosocial support including counselling and social integration activities. Target group: homeless people.
Hostels for Women Victims of Violence	Temporary accommodation for up to three months. Various locations. Basic medical care including first aid and emergency treatments, distribution of essential supplies such as food, clothing, and hygiene products, and social counselling to connect people with long-term support services. Target group: Women victims of violence and/or multiple discrimination
Mobile Units/Outreach Teams	Emergency relief services. Basic medical care including first aid and emergency treatments, distribution of essential supplies such as food, clothing, and hygiene products, and social counselling to connect people with long-term support services. Target group: Individuals living rough.
Rentis Shelter	Reception, temporary accommodation, and relief. Basic needs such as food, water, and hygiene; access to medical services and social support including case management and referral to more permanent housing solutions. Target group: Individuals or families with urgent housing issues
Kareas Social Shelter	Transition accommodation facility. Psychosocial support including individual and group counselling, assistance with basic needs such as food, clothing, and hygiene, and access to educational and vocational programs to promote social integration and self-sufficiency. Target group: Individuals or families lacking financial and social resources.

5.6.1 BARRIERS TO SERVICES

Research conducted in Greece, by Panteion University,⁶⁶ finds that female victims face barriers due to institutional racism, immigration laws, culture and religion, social stigma and issues of cultural competence. Such barriers, from a range of formal and informal resources, services and

other support mechanisms, exacerbate feelings of fear, threat, isolation and powerlessness. The barriers were also further weaponized by perpetrators to extend their reign of terror and control. As a result, women were caught in a double bind – remaining in an abusive relationship or facing further threats and consequences if they attempted to leave.

5.6.2 GAPS IN SERVICES

As the previous analysis highlights, the current support services for homeless people in Greece are primarily focused on managing homelessness and housing exclusion, with fewer interventions aimed at preventing or ending homelessness and housing exclusion. In other words, the interventions seem to be based on a one-dimensional approach, mainly addressing the most extreme and visible consequences of homelessness,⁶⁷ rather than adopting an integrated approach that focuses on prevention and offers sustainable solutions to exit homelessness. This is evident in the primary support services available to homeless people in Greece, which are emergency/temporary accommodation and non-housing-focused support. A more outreach-based methodology is needed to address these gaps, as the current structures remain static. Current legislation in Greece does not adequately address the need for emergency shelter or the frequent unavailability of appropriate accommodations, such as gender-specific shelters or spaces that accept families, individuals with PSU, or undocumented migrants. As a result, many individuals, particularly women and marginalized groups, are unable to access services when they are most urgently needed. In addition to expanding the capacity and availability of emergency accommodations, it is essential to improve quality of service delivery. Staff working in shelters and outreach services must be trained in cultural sensitivity, anti-racist practices, and trauma-informed care. Without such training, even existing services can become inaccessible due to discriminatory gatekeeping, misinterpretation of behaviour related to trauma, or the inability to provide safe and welcoming environments for diverse populations.

Additionally, the legislation does not account for emergencies or absent accommodations. As a result, many individuals, particularly women, cannot access services when needed. To address gaps in emergency and urgent accommodations, better training for staff on cultural sensitivity and trauma is needed.

Moreover, homelessness policy in Greece remains fragmented, with responsibilities divided across multiple ministries without a unified strategic framework for coordination. The primary responsibility for policy measures and actions relating to homelessness and housing exclusion lies with the Ministry of Labour, Social Security. It should however be noted, that responsibility for specific policy actions and some services rests with other ministries, in particular: the Ministry of the Interior (hostels for women victims of violence and/or multiple discrimination), the Ministry of Justice, Transparency and Human Rights (hostels for ex-prisoners), the Ministry of Health (community residential establishments for individuals with mental illness), the Ministry of Economy and Development (centres/offices for information and support to borrowers) and the Ministry for Migration Policy (programme targeted at recent refugees and migrants). This, in turn, implies that policy action relating to housing, particularly homelessness and housing exclusion, continues to be fragmented, and responsibilities are divided among several ministries. The lack

of established links between these ministries further complicates coordination and results in service inefficiencies, making it difficult to implement cohesive and effective homelessness interventions.

Beyond policy fragmentation, the Greek response to homelessness remains largely reactive, focusing on emergency accommodation rather than long-term solutions. The absence of comprehensive HF policies, which prioritize immediate and stable housing, exacerbates housing insecurity. Additionally, there is a significant lack of social housing initiatives and early intervention programs for at-risk populations such as low-income families, victims of DV, and recently unemployed individuals. Women experiencing homelessness face additional barriers due to the scarcity of gender-specific services, limited trauma-informed care, and insufficient child-friendly support, particularly for homeless mothers.

Another major challenge is the absence of legally established emergency response mechanisms for individuals who suddenly become homeless due to eviction, DV, or financial crisis. Many emergency services are already at capacity, leading to long waiting periods, particularly for women. The lack of a national crisis response framework further hinders access to immediate assistance.

5.6.3 OFFICIAL REQUIREMENTS FOR SERVICES

Greece has no official service requirements; the only requirements concern separate bedrooms or rooms. If they provide funding, municipalities issue the relevant permits and oversee operations, along with the Ministry and the Region.

5.7 SUMMARY AND INTERACT FOCUS IN GREECE

Homelessness in Greece is rising due to an inability to enforce legal social rights, rendering the right to housing ineffective. Hidden homelessness is increasing rapidly, driven by economic and legal factors such as housing unaffordability, rising property taxes, electronic property auctions, and the expiration of main residence protection. The most disadvantaged subgroup of homeless women includes migrants, LGBTQIA+ individuals, single mothers, victims of IPV, people dealing with PSU, individuals with severe MH challenges, and older women with minimal income.

The digital registry of homeless structures collects data on individuals using night shelters and hostels. This registry gathers point-in-time and flow data on homeless people's profiles and tracks service quality. Despite this, national statistics are incomplete, failing to capture hidden homelessness. Surveys in urban areas reveal inadequacies due to structural limitations and underreporting, making the data unreliable.

Greece's laws and policies on homelessness lack a unified strategic framework for coordination and homelessness policy remains fragmented across multiple ministries without specific measures for gender sensitive interventions. Although Greece recognizes homeless people as a disadvantaged group entitled to social protection, policies and action plans do not include gender-specific provisions.

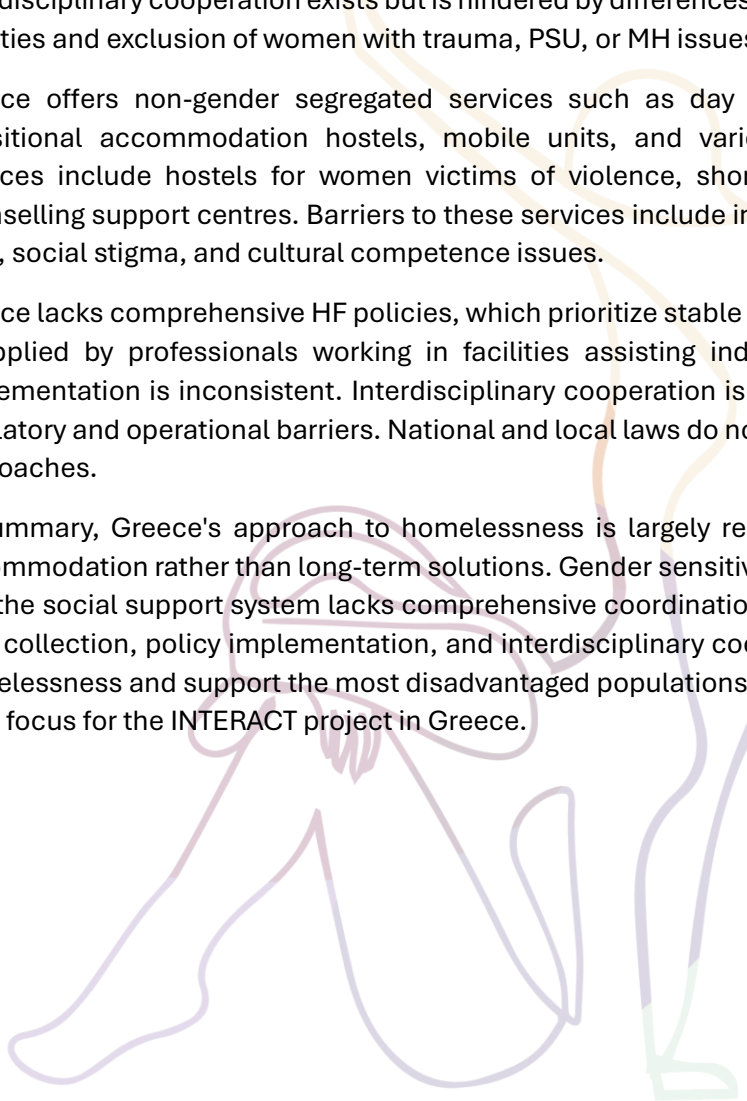
Greece's homelessness support system remains fragmented, with responsibilities divided among multiple ministries. This fragmentation and lack of coordination results in service inefficiencies and gaps in access, particularly in emergency housing and support for disadvantaged groups.

The social support system in Greece focuses on managing homelessness rather than preventing or ending it. Thus, the main emphasis has been on providing emergency relief services. Interdisciplinary cooperation exists but is hindered by differences in operating regulations among facilities and exclusion of women with trauma, PSU, or MH issues from certain shelters.

Greece offers non-gender segregated services such as day centres for homeless people, transitional accommodation hostels, mobile units, and various shelters. Women-specific services include hostels for women victims of violence, short-term shelters, and women's counselling support centres. Barriers to these services include institutional racism, immigration laws, social stigma, and cultural competence issues.

Greece lacks comprehensive HF policies, which prioritize stable housing. Trauma-informed care is applied by professionals working in facilities assisting individuals with PSU issues, but implementation is inconsistent. Interdisciplinary cooperation is in place but is often limited by regulatory and operational barriers. National and local laws do not systematically promote these approaches.

In summary, Greece's approach to homelessness is largely reactive, focusing on emergency accommodation rather than long-term solutions. Gender sensitive interventions are insufficient, and the social support system lacks comprehensive coordination. Improvements are needed in data collection, policy implementation, and interdisciplinary cooperation to effectively address homelessness and support the most disadvantaged populations. These are the field that should be in focus for the INTERACT project in Greece.



6. ICELAND

Iceland, with a population of approximately 384 thousand on 1 January, 2024⁶⁸, is a close EU partner even though not a member state. The INTERACT partners in Iceland are RIKK – Institute for Gender, Equality and Difference at the University of Iceland and Rotin, an NGO focusing on women with complex needs. This chapter provides an overview of the current state of homelessness in Iceland.

6.1 HOMELESSNESS

The concept of homelessness in Iceland was first officially defined in 2005 when the Minister of Social Affairs established a consultation group to discuss the situation of homeless people in the capital area of Iceland. The group proposed defining homeless people as those who do not have access to traditional housing, do not have a refugee on regular bases, and stay where possible every night, including shelters, guesthouses, or other people's accommodations. This includes individuals coming from temporary housing, such as prisons or drug treatment facilities, who have a history of multiple housing and social difficulties and do not have guaranteed housing one to two months before leaving temporary housing.⁶⁹ Although this definition has not been incorporated into Icelandic laws, it has been used nationally and locally, with and without ETHOS categorization.

Reykjavik City, the intervention area in Iceland, serves most of the homeless population in Iceland. The city integrates ETHOS into homelessness policy-making and strategic planning processes. Special focus is on the most disadvantaged group identified, homeless people with complex service needs. Individuals that fall within this group have for various reasons lost the ability to keep a home and have a permanent place to live. They often face addiction, MH issues, developmental disorders, physical illnesses, trauma, social difficulties, financial problems, and/or lack of social connections.⁷⁰

Currently, the welfare departments of other municipalities within the greater capital area of Iceland are collaborating on policies and actions addressing homelessness, particularly the homeless with complex service needs. The project's preliminary report highlights the absence of a unified definition and consistent understanding of homelessness among the collaborating municipalities.⁷¹ It underlines the importance of measures that promote coordination at both regional and national levels and access to comparable datasets for the preparation, implementation and evaluation of local and national policy in the field of homelessness.

In summer 2024, Althingi approved a new policy and action plan, Husnaedisstefna fyrir arin 2024–2038 ásamt fimm ara adgerdaaetlun fyrir arin 2024–2028, nr. 21/154 [National Housing Policy and Action Plan]. Action 3.13, Housing for Homeless People, includes analyses of the number of homeless people and their housing needs based on ETHOS categories. This implies the Icelandic government aims to adopt an ETHOS based uniform definition and classification of homelessness.

6.1.1 HOMELESSNESS AND CAUSES

According to professionals contacted in the Icelandic data collection process, the primary reasons for homelessness among women in Iceland are PSU and MH issues. Many women experience homelessness due to a long traumatic history of neglect and violence, often combined with developmental disorders and PSU. Intimate partner violence, poverty, and single motherhood are also significant contributing factors. Findings from a recent Icelandic MA thesis align with this conclusion, indicating that most homeless women in Iceland have a history of complex trauma and violence and suffer from poor health. Their upbringing is often marked by severe neglect and societal disregard for their situation. The women interviewed have frequently experienced sexual violence, and many struggle with PSU, MH issues, and physical health problems, leading to estrangement from their families.⁷² Consequently, the most disadvantaged groups of homeless women in Iceland are those facing multiple vulnerabilities and those with developmental issues and disabilities.

6.1.2 HOMELESSNESS AND GENDER

Gender sensitive approaches to policy, service provision, and preventive measures are not yet widely implemented in Iceland's homelessness field. Recently, though, there has been a growing focus on the impact of gender when addressing homelessness in Iceland, particularly in relation to services such as daycare centres, halfway houses, and PSU treatment for women. Despite this progress, there remains a lack of strategies and requirements from authorities to integrate gender mainstreaming, trauma-informed care and harm-reduction approaches into government funded services.

Reykjavik City has a policy on homelessness, *Stefna í málafnum heimilisláusra með miklar og floknaðar þjónustutharfir*⁷³ [Policy for Homeless People with Complex Needs]. The policy has a gender sensitive focus, acknowledges historical structural inequality in homelessness services and emphasizes the need for gender sensitivity in policy and service development. An urgent need for gender-specific housing resources is highlighted, as well as the importance of equal access to services and resources for all genders. An updated action plan from January 2025 also focuses on more services and provisions for women only, including 6 spaces in a 24-hour residential service, 12 spaces in special temporary housing, and a needs analysis for a new emergency shelter for women. Women are also expected to utilize the planned non-gender-specific resources.⁷⁴

6.2 NATIONAL AND LOCAL STATISTICS

Statistics Iceland collects and publishes data on individuals with registered ID numbers but does not gather information on those without it, for example asylum seekers and refugees.

Gender-specific homelessness statistics for all of Iceland, the capital area (Reykjavik and 7 other municipalities), and six other regional areas are also accessible in the census from 2021. Data on homeless in Iceland and the Capital Area is presented in table 7.

TABLE 7. HOMELESS IN ICELAND AND THE CAPITAL AREA IN 2021.

County/Intervention area	Total	% Women
Iceland	1,272	41%
Thereof primary homelessness*	194	28%
Thereof secondary homelessness**	1078	43%
The Capital area	940	39%
Thereof primary homelessness	177	28%
Thereof secondary homelessness	763	42%

Data: <https://fundur.reykjavik.is/sites/default/files/agenda-items/uttek-heimilislausir-med-miklar-og-flokna-r-thjonustuharfir-1-okt-2021.pdf>

In Iceland, national ETHOS based data on homelessness is not accessible. According to findings from the WP1 focus group, there are few indications that a coordinated data collection plan is being prepared at either the national or local level. However, there is a growing awareness of the need for and use of such data collection.

Reykjavik City is by far the largest municipality in Iceland's Capital Area. The most recent data on the total population of homelessness individuals in the city dates to 2001, when there were 301 homeless individuals, with 40% having complex service needs (see table 8). Further analyses of the data show that among women, this percentage was higher at 48%, compared to men at 36%.

TABLE 8. HOMELESS IN REYKJAVIK CITY 2021.

ETHOS Categories*	Total	% Women
EL1: People living rough	8	50%
EL2: People in emergency accommodation	93	30%
EL3: People living in accommodation for the homeless	121	21%
EL3: Women in Woman's Shelter/Under threat of violence	3	100%
EL3: People in housing with long-term assisted living	42	38%
EL4: People due to be released from institutions	12	25%
E5/6: People living in insecure accommodation	22	32%
Total	301	41%
Thereof with complex service needs	120	35%

6.2.1 DATA RELIABILITY

National Statistics data on homelessness is from the 2021 census, published every 10 years.⁷⁵ This data is reliable in its scope. Still, it does not accurately reflect Iceland's national or regional scope of homelessness as defined by ETHOS. Excluded are individuals who have not been issued an Icelandic ID number, e.g., some foreign inmates, refugees, and asylum seekers. Access to this group's data is provided by other public institutions, such as the Directorates of Labour and/or Immigration but is not easily accessible.

The local data from Reykjavik accurately reflects the homeless group served by the Reykjavik City Welfare Department. However, it is acknowledged, both in the city's policy documents and by professionals in the WP1 focus group, that women's homelessness is more hidden than men's and they are thus less likely than men to be in service by the city.

The WP1 focus group agreed that a national policy on homelessness is needed to ensure reliable data collection in Iceland. The policy should clearly define homelessness in line with the ETHOS classification system. A broad definition, preferably including all ETHOS operational categories, would give the best chance of a holistic mapping useful in all homelessness-related policy areas. Preferably, such national policy should also specify the roles of local authorities, government agencies, and service providers in systematically collecting and classifying data. Government mandates would also aid national coordination and follow-up in that field.

Data protection issues were also addressed in the WP1 focus group. Approval from the DPA is perceived as essential for collecting, processing, presenting, and sharing sensitive personal data without barriers. The need for better access to non-personally identifiable real-time data was also highlighted. It was noted that Iceland lacks a comprehensive database for available resources, service ideologies, and target groups. Foreign models with web portals providing such information, application processes, and valuable statistics on available spaces and waiting lists were mentioned as good examples.

6.3 LAW AND POLICY LANDSCAPE

Article 76(1) of Stjornarskra lydveldisins Islands nr. 33/1944 [Icelandic Constitution], stipulates assistance to those in need, including housing.⁷⁶ Iceland has also ratified The International Covenant on Economic, Social and Cultural Rights, whose paragraph 11 covers the right to housing.³ Furthermore, Iceland has ratified the so-called Istanbul Convention, of which Article 20 covers measures such as "... legal and psychological counselling, financial assistance, housing, education, training and assistance in finding employment." Article 22 furthermore covers the provision of "... short- and long-term specialist support services to any victim subjected to any of the acts of violence covered by the scope of this Convention."⁷⁷

Husnaedislog nr. 44/1998 [Housing Law], Article 14, outlines the main tasks of municipalities in housing matters, which include addressing the housing needs of individuals within the municipality and taking the initiative to secure housing for those requiring assistance. Amendments to the Act from 2018 sharpened the role and obligations of municipalities in identifying the need for residential housing in the municipality. It now stipulates that municipalities are to prepare a housing plan based on analyses of residential housing needs and assess the housing needs of individual groups.⁷⁸

In 2024, Althingi [Iceland Parliament], passed for the first time a holistic and long-term housing policy with a five-year action plan, Husnaedisstefna fyrir arin 2024–2038 ásamt fimm ara adgerdaaaetlun fyrir arin 2024–2028.⁷⁹ Article 3.13 addresses homelessness, focusing on data collection and analysis of housing needs for different homeless groups as defined by ETHOS.

Furthermore, based on the HF philosophy, an action plan will be formulated in collaboration with municipalities to resolve the housing need, emphasizing homeless people with complex service needs. The development of these housing resources will be supported with public housing funding.⁸⁰

Log um felagsþjonustu sveitarfelaga nr. 40/1991 [Act on Municipal Social Services] mandates municipalities to support the homeless and others in need. According to Article 12(1), municipalities shall provide residents with services and assistance by the Act and ensure they can provide for themselves and their families. Article 12(2) stipulates that assistance, and services shall be equally conducive to remedying problems and preventing individuals and families from being in a position where they are unable to manage their affairs themselves. Chapter 12 of the Act deals with housing issues and imposes obligations on the municipalities to aid their residents when they cannot solve housing problems themselves. Furthermore, Chapter 15 discusses the responsibility of the municipalities to assist individuals with addiction problems, as seen in Articles 50 and 51.⁸¹

Thus, it can be concluded that there is a clear legal basis for the obligation to offer homeless people housing solutions and a holistic approach to assistance to solve their problems.

As of January 2025, Iceland has limited legislative protective measures to prevent women from homelessness. One example is Log um nalgunarbann og brottvisun af heimili nr. 85/2011⁸² [Act on Restraining Orders and Expulsion from the Home] which allows courts to remove a perpetrator of DV from a shared residence, regardless of lease or ownership. The law does however not specify the duration of the expulsion period. Victims or those close to them can request police intervention for restraining orders or expulsion from the home, and the police can also act independently if deemed necessary.⁸³ Additionally, Log um logheimili og adsetur nr. 80/2018 [Act on Lawful Domicile and Residence] permits a hidden legal domicile with police permission, but only the street address is concealed, not the residential municipality.⁸⁴

No instances were identified within Icelandic legislation regarding statutory obligations or legal duties to provide protection for individuals, such as victims of DV and IPV. Such protections could include relocation assistance, access to emergency shelters, permissions for early lease termination, leave from work to seek housing, civil remedies against landlords, the ability to bifurcate a lease to exclude the perpetrator, or the duty to assist in a human rights approach to ending homelessness.

Iceland also has a housing benefit system, although not specific to women.⁸⁵ However, since women, specifically single women with children, belong to the lowest income categories, they have received about 2/3 of the payments.⁸⁶

The Icelandic government has not formulated a comprehensive national policy on homeless issues. Developing such a policy will likely require revising related laws, as seen with recent efforts to implement Log um samthaettingu þjonustu i thagu farsaeldar barna nr. 86/2021 [Act on

Integration of Services for the Welfare of Children]. Key legislation areas for revision include laws on municipal social services, legal domicile registration, and personal data protection.

The City of Reykjavík is the only municipality in Iceland that has approved and implemented a homelessness policy and action plan. This policy and action plan are based on the laws mentioned above, the principle of non-discrimination in the Constitution, and the Human Rights Policy of the City of Reykjavík. According to the policy, Reykjavík must ensure that individuals facing health and social issues have access to services equally and inclusively alongside other residents. The policy uses ETHOS for definition purposes and emphasises the need for collective use and understanding of the term homelessness. It analyses the status quo, defines municipalities and health institutions' services as stated by law and describes detailed action plans for the validity period. In formulating the policy, emphasis was placed on shortening waiting times for solutions for homeless people with complex service needs, measurable results, harm reduction approaches and ideology, and close cooperation between the state, municipalities and NGOs working in the field of homelessness.⁸⁷

6.3.1 ROLE OF GENDER IN LAWS AND POLICY

National laws and legal frameworks in Iceland do not specifically address the role of gender in homelessness. It is primarily addressed in Log um jafna stöðu og jafnan rétt kynjanna nr. 150/2020 [Act on Equal Status and Equal Rights Irrespective of Gender]. The Act aims to prevent discrimination based on gender and to establish and maintain equality and equal opportunities for all genders in all areas of society. To promote these objectives, it is e.g. stipulated that attention shall be paid to equality perspectives and work towards integrating gender and equality perspectives in policies and decisions in all areas of society (Article 1(a)). It also states that statistical data needs to be analysed by gender (Article 1(g)), and research in gender and equality studies enhances research in the field (Article 1(h)).⁸⁸ The ministry responsible for equality matters also regularly publishes gender mapping status reports⁸⁹ and a basic report on gender budgeting. The basic report contains an analysis of the status of the genders in most of the policy areas covered by the fiscal plan and the budget proposal. All ministries have carried out a gender equality assessment in areas for which they are responsible. No examples of budgeting proposals explicitly mentioning homelessness were found.⁹⁰

Reykjavik City's homelessness policy addresses gender through its chapters on Vision and Emphases, Ideas, and Methodology. It aims for flexible, individualized services based on diverse needs, including gender. Gender analysis is seen as crucial in planning treatments, policy formulation, and service development. Preparation included a literary review and stakeholder consultation.⁹¹ The policy notes that homelessness services have historically catered more to men than women and highlights the need to address gender-specific needs. The newly updated action plan provides detailed specifications for the establishment of resources for both women and men. It outlines increased services for women, including six spaces in a 24-hour residential service, twelve spaces in special temporary housing, and a needs analysis for a new emergency shelter. Additionally, approximately forty-three units of non-gendered resources are expected to be utilized by women. It should also be noted that since 2019, the number of units for the

homeless with complex service needs has already increased by eighty-six, of which thirty-eight were allocated for women.⁹²

6.4 INFLUENCING THEORIES AND FRAMEWORKS

The abovementioned recently approved Icelandic national housing policy mandates the development of an action plan on housing for the homeless in collaboration with municipalities. Based on HF ideology, this plan will focus on individuals with complex service needs.

Since 2019, the City of Reykjavík has adopted the HF approach for its homelessness policy. According to the action plan for the 2024-2027 period, the city plans to allocate 106 housing solutions to homeless people. The task force responsible for revising the plan has emphasized the need for housing solutions, particularly for women experiencing multiple issues.⁹³

The City of Reykjavík has implemented a multi-tiered approach to HF services for the homeless. Although this method is commonly considered contrary to the HF philosophy, the city clarifies that it is not abandoning the HF approach only developing it according to the needs and preferences of the target group. This multi-tiered approach allows individuals an adjustment period before transitioning to independent living. The aim is to improve service to the target group by providing tailored options for those who require or prefer them. This development is supported by experiences in Iceland and Nordic countries, particularly Denmark.

In Iceland the experience stems from insights gained during the operation of a temporary 24-hour emergency shelter for homeless women in Reykjavik from April 2020 to July 2021, prompted by the Covid-19 pandemic. The Ministry of Social Affairs provided temporary financial support, and the City of Reykjavík managed the project and employed staff from Konukot, an emergency shelter for women run by Rotin. A hotel building was rented, providing rooms with private toilets and showers and access to a kitchen and laundry room. During this time, 31 homeless women utilized the service, each with a complex trauma history. Staff addressed their individual service needs as much as resources allowed, guided by a trauma-informed care and harm reduction approach, emphasizing user consultation. The VoR team from the City of Reykjavík, which assists homeless people with complex service needs, visited the shelter as needed. They established good relations with the women, including some they had previously been unable to connect with. The women valued having personal rooms, secure storage for belongings, and private bathroom facilities. This was a new experience compared to previous emergency shelters for homeless women and was deemed very important. Many women were allocated housing through HF after the closure of the emergency shelter. Unfortunately, experience of this project was not formally documented and evaluated, but according to knowledgeable sources from Reykjavik City and Rotin the experience of living in a 24-hour emergency shelter, combined with the support provided, contributed to many women's transitions to more stable independent living.⁹⁴

Reykjavik City has also adapted trauma-informed care and harm reduction to its homelessness policy and services. The importance of the harm reduction approach in the city's welfare divisions serving marginalized people is also emphasised in the policy. Included in that targeted group of

homeless are those experiencing IPV, PSU, and/or MH issues. As mentioned, the city follows the HF principle, which includes harm reduction. Focusing on providing stable housing first, without preconditions such as sobriety, and then offering supportive services to address substance use and other issues. This approach is detailed in policy documents and action plans, including training in cultural sensitivity and trauma-informed services.

Service contracts between the City of Reykjavik and NGO service providers include quality requirements specifications. For instance, requirements specifications accompanying the contract with Rotin on the operation of Konukot, the homeless shelter for women, has a clause on trauma-informed services and harm reduction. This clause mandates that the service provider considers the broad effects of trauma, understands potential recovery pathways, identifies signs and symptoms of trauma, integrates this knowledge into policy, work processes, and practice, and works to prevent reactivation of trauma.

The organization operating Konukot has made gender- and trauma-informed approaches a part of its working methods and gentle teaching. This has led to a decrease in violent incidences, ambulance and police interventions at the shelter, rejections of entry to the shelter, and dismissals, which are now nearly non-existent.⁹⁵

In January 2025, the Icelandic Health Ministry published the Final Report of the Workgroup on Harm Reduction Policies and Action. The report marks the beginning of preparation for Iceland's first national policy on harm reduction. The report focuses on status quo analyses, definitions, vision, and policy on harm reduction, as well as actions needed for implementation.⁹⁶

6.5 INSTITUTIONAL SETTINGS AND STAKEHOLDERS

The Icelandic government addresses homelessness through policymaking, funding, and direct intervention. To increase affordable housing availability, the government has implemented a comprehensive housing strategy. This strategy involves building new housing units, subsidizing low-income families, and incentivizing private developers to build affordable housing.⁹⁷

Local municipalities offer social services that include transitional housing and support programs for individuals and families facing homelessness. These services are designed to provide both short- and long-term solutions. Some also run emergency shelters.

The government and municipalities collaborate with NGOs to extend the reach and effectiveness of homelessness programs. Funding and resources are often provided to these organizations to enhance their capacity to serve the homeless population. NGO and community involvement, in general, is crucial in addressing homelessness in Iceland. Various grassroots initiatives have emerged to support those in need, often filling gaps left by formal institutions. They often involve volunteering, awareness raising, and advocating national and local policy changes.

6.5.1 NATIONAL STAKEHOLDERS

The Icelandic partners have identified the following list of national stakeholders presented in table 9, listed in alphabetic order. This is a non-exhaustive list.

TABLE 9. INTERACT NATIONAL STAKEHOLDERS IN ICELAND.

Name	Details
Afstada	Prisoners Association
Almenningur	The general public
Althingi	The Icelandic Parliament
Barna- og fjölskyldustofa	The National Agency for Children and Families
Batahus - Bati	A personalized rehabilitation resource following end of a prison sentence
Domsmalaraðuneyti	Ministry of Justice
Embætti landlæknis	The Directorate of Health
Fangelsismalastofnun	The Prison and Probation Administration
Felag adstandenda fólks með fíknivanda	Associations of relatives of people with PSU
Felag íslenskra heimilislækna	The Icelandic Family Physicians Association
Felag íslenskra hjúkrunarfrædinga)	The Icelandic Nurses Association
Felags- og vinnumarkaðsráðuneyti)	Ministry of Social Services and Labour Market
Felagsradgjafafelag Íslands)	The Icelandic Social Workers Association
Fjölmiðlar og samfélagsmiðlar	The media and social media
Fjölskyldur heimilisláusra kvenna	Families of homeless women
Gaeda- og eftirlitsstofnun velferdarmála (GVE)	Quality and Supervisory Authority of Welfare
Gedhjalp	Mental help association
Gedverndarfelag Íslands	Icelandic Mental Health Association
Heilbrigdisráðuneyti	Ministry of Health
Heilsugaeslan	Healthcare Centres
Heimilisláusar konur	Homeless women
Heradslæknir Reykjavíkur	Reykjavik District Physician
Heradssaksoknari)	District Prosecutor
Hjálparstarf kirkjunnar	The Church's Relief Service
Hugaraftl	Grassroots organization of people with mental challenges in Iceland
Ibuasamtök	Residents' association
Innviðaraðuneyti	Ministry of Interior
Íslenska lögreglan	The Icelandic Police
Íslenskri háskolar	Icelandic Universities
Klubburinn Geysir	Social integration - Clubhouse International Club
Kvennaathvarfid	The Women 's Shelter
Lyfjafraedingafelag Íslands	Icelandic Pharmaceutical Association
Laeknafelag Íslands	Icelandic Medical Association
Laeknafelag Reykjavíkur	Reykjavik Medical Association
Landspítali háskolasjúkrahús (LSH)	Landspítali - University Hospital
Landssamband slokkvulids- og sjukraflutningamanna	National Association of Firefighters and Ambulance Workers

Logmannafelag Islands)	Icelandic Bar Association
Lyfjaframleidslufyrirtaeki	Pharmaceutical Companies
Lyfjastofnun	Pharmaceutical Agency
Lyfsalar	Pharmacy licensees
Mannrettindastofnun Islands	Human Rights Institution of Iceland
Matthildur	Harm reduction organization
Neydarlinan 112	Emergency service
Neydarskyli	Emergency shelters
Oryrkjabandalag Islands (OBI)	OBI Rights Association
Stjornalaflokkar	Political Parties
Rannsóknarstofa í lyfja- og eiturefnafræðum	Laboratory of Pharmacology and Toxicology / University of Iceland
Raudi krossinn	Red Cross Iceland
Ríkissaksóknari	The Director of Public Prosecutions
Rotin	Association about women, trauma and PSU
SAA	Association of people interested in PSU prevention
Samband íslenskra sveitarfélaga	Icelandic Association of Local Authorities
Samband íslenskra sveitarfélaga	National associations of municipalities
Samhjalp	Religious non-profit organisation. Daycentres, PSU treatment
Sjúkratryggingar Islands	Iceland Health Insurance
Skyli	Shelters
Tholendamidstöðvar	Centres for victims of GBV
Throuarnamidstöð íslenskrar heilsugaeslu	Icelandic Healthcare Development Centre
Umbodsmadur Althingis	The Althingi Ombudsman
Utlendingastofnun	Directorate of Immigration
Varlega ehf.	Drug tests and analysis
Velferðarsvið sveitarfélaga	Municipalities Welfare Departments
Víðmót	Organization for a Humane Drug Policy
Vinnuálastofnun	Directorate of Labour

6.5.2 LOCAL STAKEHOLDERS

Iceland has identified the following main local stakeholders presented in table 9, listed in alphabetic order. This is a non-exhaustive list.

TABLE 10. INTERACT STAKEHOLDERS IN REYKJAVIK, THE INTERVENTION AREA IN ICELAND.

Name	Details
Afstada - Prisoners association	Assistance, support and consultation for inmates
Bati/Batahus	Half-way house and support resources for women who have been in legal custody and need support to become active participants in society
Bjarkarhlid	Family Justice Centre offering consultation, support and assistance from consultants, police, lawyers and NGOs for victims of GBV and human trafficking.

Fangelsismálastofnun	The Prison and Probation Administration. Oversees the enforcement of sentences and other projects by laws and regulations, including providing specialized services in prisons as stipulated by law and other regulations.
Gedheilsuteymi	Multidisciplinary teams of healthcare professionals working on assigned cases
Heilsugaeslan á höfuðborgarsvæðinu	General Health Care Services of the greater capital area
Heradslaeknir Reykjavíkur	Public service emergency, e.g. instance deprivation of autonomy and police matters.
Konukot	Emergency Shelter for women run by Rotin. Open 22-10.
Logreglan a hofuðborgarsvaedinu	The Metropolitan Police. Safeguard public safety, curb crime, pave the way for citizens, aid the authorities in their work, and maintain public peace and order.
LSH/Bradalegudeild ged- og fíknisjukdoma	National University Hospital/Department specialized in service to people with serious MH issues and PSU
LSH/Felagsradgjafi á neyðarmottoku Fossvogi	University Social worker at LSH Emergency Reception Fossvogur . Support and assistance for victims of GBV
LSH/Gongudeild ged- og fíknisjukdoma)	National University Hospital/Outpatient Facility for Mental and Addiction disorders. Specializes in day service to people with serious MH and PSU issues.
LSH/Gongudeild lyflaekninga A3	National University Hospital/Outpatient Facility of Medicine A3. Interviews and follow-ups with healthcare professionals due to lung, allergy and infectious diseases following hospitalisation, regular check-ups due to long-term or serious illnesses and various examinations and treatment.
LSH/Laufeyjarteymi	National University Hospital/Outpatient Facility for Mental and Addiction disorders. On site service for people with serious MH issues and long-term PSU history.
LSH/Neydarmotttaka fyrir tholendur kynferdisofbeldis	National University Hospital /Emergency Reception for victims of sexual violence
LSH/Smitsjukdomar og almenn lyflaeknadeild A7	National University Hospital/Infectious Diseases and General Medicine Faculty. Analyses, treatment and nursing of patients with infections and infective diseases, including HIV
Lyfjafraedingafelag Islands)	Icelandic Pharmaceutical Association. Promotes health and correct use of medicines, strengthens knowledge of pharmacy and pharmacists work, and ensures professionalism involving medicines. Has promoted maintenance and harm reduction work.
Matthildur/Reykur	Runs safe users' space for opioid smokers
Fru Ragnheidur	Red Cross on wheel harm reduction service, offering safe users' space, access to new needles, syringes, needle boxes, condoms, and health services.
Raudi korssinn/Ylja	Red Cross harm reduction resource where those with PSU can come and use the substances in a safe space under the guidance of a health professional or volunteer.
Reykjavíkurborg/Hringbraut 121	Reykjavik City Welfare Departments 24-hour assisted housing for women with complex service needs.
Reykjavíkurborg/Hringbraut 79	Reykjavik City Welfare Departments assisted 24-hour housing resort for women with complex service needs.
Reykjavíkurborg/Njalsgata	Reykjavik City Welfare Departments half-way housing for women following PSU treatment.
Reykjavíkurborg/Sambætt heimapjónusta	Reykjavik City Welfare Departments individualized home support and home care for people with illnesses and reduced abilities.
Reykjavíkurborg/smáhýsi	Reykjavik City Welfare Departments Tiny Houses- 24-hour accommodations for people with PSU and/or MH issues with support from VoR Team.

Reykjavíkurborg/Uthlutunarteymi malaflokks heimilisláusra með miklar og floknaðar þjónustutörf	Reykjavík City Welfare Departments allocation team for the homeless with complex service needs.
Reykjavíkurborg/VoR teymi	VoR team is an in-field and counselling team offering individualized assistance and support to homeless people with PSU and MH problems.
Kvennæmedferð Vik - SAA	Rehabilitation centre with medication-assisted treatment for women.
Samhjálp	Religious non-profit organisation. Offers open house and free meals during the day.
Skjöldur	Religious non-profit organisation. Open house and free meals for women during the day.
Stigamót	Centre for victims of sexual violence. Offers support and consultation.
Prounarmidstoð íslenskrar heilsugaeslu	Icelandic Healthcare Development Centre. Leads professional development within health care at the national level. Works on the coordination of procedures and coordination between professionals at health care centres, quality development and improvements in health care.
Varlega ehf.	Drug testing and analysis
Velferðarsvið Reykjavíkurborgar	All social services within Reykjavík City.

6.5.3 MULTIDISCIPLINARY COLLABORATION

Iceland lacks specific policies on both national and local levels supporting interdisciplinary collaboration between sectors. Recent reports from health, social services, justice ministries, municipalities, NGOs, and GREVIO all emphasize the importance of collaboration among the state, municipalities, and NGOs. There is a call for coordinated policy formulation mandating information sharing between institutions as well as guidelines and protocols for such collaboration.

The steering group tasked with Reykjavík City's policy preparation emphasized the importance of professional, integrated, and evidence-based services for the homeless. Their proposal was unanimously accepted, accompanied by an explanatory statement that underscored the integration of IPV, PSU, and MH issues into the city's homelessness policy. Additionally, it highlighted the need for interdisciplinary collaboration across institutions.

Findings from the Icelandic WP1 focus group indicate that Reykjavík's interdisciplinary work benefits from clearly defining target groups. Professionals are satisfied with collaboration and communication, and management of field staff. However, communication is still based on individual relationships rather than formal networking. The experience gained in INTERACT should aid to systematize interdisciplinary cooperation and prompt changes in legislation and guiding rules.

Still, there is no evidence in Iceland of formal and systematic consultation, cooperation, or integration of services among institutions, entities, or organizations specifically addressing homelessness. The enabling factors and barriers to interdisciplinary collaboration in the field of homelessness have not been systematically identified in Iceland. However, such enablers and barriers are documented in research and assessments of resources and projects addressing GBV, including IPV. Notable projects include Saman gegn ofbeldi [Together Against Violence] and

Icelandic survivor centres. Together Against Violence, initiated by the City of Reykjavik, the Metropolitan Police, the Women's Shelter, and the Primary Health Care in the capital area in 2015, aims to ensure residents' safety in their homes, provide better services to victims and perpetrators, and improve the status of children living with domestic violence. This initiative remains active. All four Icelandic survivor centres, all members of EFJCA,⁹⁸ collaborate with local municipalities, police departments, NGOs, and health care centres/hospitals. Key factors facilitating the initiation and continued participation in these projects include a strong collaborative spirit among all partners, positive attitudes towards the projects from participating partners and their staff, rigorous follow-up processes, and positive project outcomes. Primary obstacles to interdisciplinary collaboration between sectors include the lack of clear guidelines for responsibility for service provision for the homeless, permissions to record and share information, systematic consultation, networking, and official quality criteria and quality control.

Also, NGOs provide a substantial part of services to homeless people in Iceland. Enablers and barriers to cooperation between NGOs have not been mapped in Iceland. Funding resources for such incentives are unsecured and limited, and distribution could thus be considered on a competitive basis. This situation and a different ideology might cause reluctance to collaborate with other NGOs providing similar services.

6.6 SERVICES AND PROVISION

In Iceland the main types of services available for the homeless are, emergency, short- and long-term housing facilities, harm reduction, PSU, IPV and health care services. They are primarily concentrated in Reykjavik. Some of them are exclusively available for homeless women. Table 11 gives an overview of available services in Reykjavik, in alphabetic order, and if it is available to all genders or women only. This is a non-exhaustive list.

TABLE 11. HOMELESSNESS SERVICES IN REYKJAVIK, ICELAND

Name	Details
Women Only	
Batahus	Halfway house and support for women who have completed their sentence. NGO.
Hringbraut 121	Assisted 24-hour assisted housing for women with complex service needs. Public.
Hringbraut 79	Assisted 24-hour assisted housing for women with complex service needs. Public.
Kvennamedferd - Vik	Rehabilitation centre with medication-assisted treatment. NGO.
Njalsgata	Halfway house and support for women, following addiction treatment. Public.
Skjolid	Women only day centre, meals, sanitary facilities, etc. Religious non-profit.
Thufan	Halfway house for women who have completed addiction treatment. NGO.
Konukot	Emergency shelter for women, hygiene, food, and support. Open 22-10. NGO.
Kvennaathvarfið	Emergency shelter for women who are victims of DV and their children. Open 24/7. NGO.

All Genders	
Bjarkarhlíð	Centre for victims of violence. NGO.
Hladgerdarkot	Rehabilitation centre. Religious non-profit.
Krisuvík	Long-term rehabilitation centre (6m+). NGO.
Laufeyjarteymi	Outreach team for individuals with severe MH issues and PSU. Public.
Matthildur/Matthildarteymi/Reykur	Harm reduction services. NGO.
Fru Ragnheidur	Harm reduction services. NGO.
Samhjalp	Day shelter, food. Religious non-profit.
Síggamot	On-site support and consultation for victims of GBV. NGO.
Smahysi	Tiny houses accommodations. Public.
Landspítali háskolasjúkrahús, A3	Outpatient department for infectious diseases and harm reduction services. Public.
VoR teymi	On-site consultation for homeless PSU and MH issues. Public.
Ylja	Harm reduction service for drug users. NGO.

6.6.1 BARRIERS TO SERVICES

The barriers to services for homeless women in Iceland have not been systematically documented. However, according to professionals engaged with the homeless population recognize the following barriers as an issue for concern.

- Legal barriers include the fact that Iceland has not adopted harm reduction as a national strategy. Additionally, Iceland continues to criminalize the possession of drugs for personal use, which may inhibit individuals who use drugs from accessing harm reduction programs and healthcare services, as highlighted by the Committee on Economic, Social and Cultural Rights (CESCR).⁹⁹
- There are logistical barriers facing homeless people. For example, many homeless people seek different services that are far apart. Medication-assisted treatment (MAT) is on the outskirts of Reykjavík, meaning a long bus journey. The digitalisation of the bus payment system has reinforced this barrier.
- Opening hours is another barrier. Most services, apart from shelters and 24-hour services, are open in the daytime on working days, making homeless women situation more vulnerable on weekends.
- Residence can limit access to services not available locally, or when the municipality refuses to pay for services provided elsewhere. Defining minimum services, expanding offerings, and promoting cooperation among municipalities, especially in the capital area, could help overcome these barriers.
- Homeless services often enforce strict behavioural rules, which can be challenging for women with trauma histories and complex PTSD. This issue is prevalent in both general healthcare and specialized homeless services and does not align with a trauma-

informed approach.¹⁰⁰ This could be improved with quality standards for homeless services.

- Active PSU limits access to many services, including the Women's Shelter and health care facilities. For instance, a formal diagnosis is a prerequisite requirement for MH services. To get a diagnosis, people cannot be active substance users. Therefore, many women with PSU are not receiving sufficient and personalized MH care. Also, there are no services that are specialized or fitted for people with PSU and developmental disorders.
- In general, homeless women have very limited trust in health care services. Icelandic research has also shown that homeless women feel most prejudiced and marginalized when entering health care services.¹⁰¹
- Victims of DV may experience significant barriers that prevent them from leaving the violent relationship, e.g. financial difficulties and difficulties in getting alternative housing. Furthermore, fear of the Directorate of Immigration is also a well-known barrier for women of foreign nationality living with Icelandic partners due to a lack of knowledge of their rights.
- According to Thomas Kattau's report from 2024 on PSU prevention and treatment services in Iceland, women's homelessness is often less visible compared to men's. This is partly due to the higher likelihood of women experiencing GBV, even in their current homes. Therefore, mixed-gender resources and shelters may pose challenges for women because of concerns about potential violence from men. The absence of women-specific spaces can thus create accessibility issues. Additionally, there is a recognized stigma associated with entering women's shelters.¹⁰²
- With the advancement of technology, there is an increasing demand for electronic applications for resources, housing, housing benefits, and other services that the homeless population can utilize. However, accessing these applications requires equipment and tools that are not always available to individuals experiencing homelessness. This situation complicates their lives and creates barriers to accessing essential services. Consequently, technological advancement has been identified as an obstacle for the homeless due to the lack of flexibility and exemptions for this group.
- The lack of understanding of the relationship between Complex-PTSD, women's homelessness and the behavioural trends associated with people who have lived with trauma, violence and marginality for most of their lives also heightens barriers to services as well as the lack of trauma-informed staff training. There is still work to be done to personalize services and find the right housing/services according to the needs of each service user, including queer individuals, disabled persons, non-native speakers, those with lower cognition and individuals involved in transactional sex.

6.6.2 GAPS IN SERVICES

Among gaps in services for homeless women identified by professionals, contacted in the data collection process and including participants in the WP1 focus group, are:

- Resources with a high standard of safety
- Resources like the Women's Shelter for women with PSU
- Resources for mothers and expectant mothers
- Resources for young people 18-25
- Low-threshold health and social services
- Specialized health care
- Health services within resources
- Specialized nursing home
- Psychiatric team for people/women with active PSU
- Gender-segregated harm reduction services and more resources for homeless women with PSU
- Methadone clinic for all genders
- Activity Resources – Rehabilitation into Society Again
- Trauma treatment

It is essential to define responsibility for accessing and funding of such programs and other similar resources and gender mainstreaming thereof.

6.6.3 OFFICIAL REQUIREMENTS FOR SERVICES

Homelessness service providers in Iceland must secure a permit from the responsible authorities, such as The Directorate of Health, Public Health Inspection, Quality and Supervisory Authority of Welfare, and/or Ministers. However, the conditions for operating licenses of halfway houses require clearer definitions. Grassroots organizations developing new services often encounter challenges when seeking information on registration requirements and operating licenses due to the lack of identified, defined, and classified services by the authorities.

Currently, Iceland has no established national quality or performance standards or indicators for services provided to homeless people in general, nor homeless women specifically. National and local policies offer only general guidelines that emphasize trauma-informed care, harm reduction strategies, and respect for recipients' rights to self-determination. While specific quality requirements may be included in individual funding contracts, official quality control typically consists of status reports submitted to funders.

The newly established institution, Gaeda- og eftirlitsstofnun velferdarmala – GEV [Quality and Supervisory Authority of Welfare] is expected to develop quality standards for welfare services, issue operating licenses, ensure compliance, conduct quality control, accept complaints, and collect data. However, as of January 2025, the GEV has yet to issue any quality guidelines for welfare services other than those related to social care services for individuals with disabilities.

The City of Reykjavík, the City Attorney, the Parliamentary Ombudsman, and GEV actively monitor service quality. The city encourages people to report issues through formal channels to ensure a formal response and create public data to drive change and improve services.

Dr. Thomas Kattau highlights, in his former mentioned report, resource constraints, a shortage of specialized care for marginalized groups, and limited treatment options as factors impacting access, availability, and adequateness of treatment services. Additionally, thresholds limiting access, waiting lists, and systemic issues of coordination and cooperation within the healthcare system contribute to delays and adverse outcomes.¹⁰³

In fact, it could be argued that Thomas's findings generally reflect the situation regarding official requirements of quality and quality control for services aimed at the homeless in Iceland.

6.7 SUMMARY AND INTERACT FOCUS IN ICELAND

Homelessness has not been formally defined at the national level in Iceland, for example in legislation. However, there are indications that definitions based on ETHOS are becoming more common, and examples thereof are in the policy documents of Reykjavik City and the recently passed Housing Act. In Iceland, there is no tradition of defining certain groups identified by ETHOS as homeless. This includes refugees, people being released from institutions, those at risk of eviction, and people temporarily living with friends or family.

The primary reasons for homelessness among women in Iceland include PSU and MH issues, often compounded by a history of trauma, neglect, and violence. Intimate partner violence, poverty, and single motherhood are also significant contributing factors.

At the national level in Iceland, access to comprehensive data on homelessness is limited. Different parties collect data using various methods for distinct purposes, resulting in fragmented and poorly comparable information. This hampers a clear understanding of the issue's scope and nature. Data on homeless people with complex needs in Reykjavik City, the intervention area, is available and accurate for the group in service. A coordinated plan for data collection, including all ETHOS categories, is seen as necessary for a comprehensive understanding of homelessness.

In Iceland, there is a clear legal basis for the public sector's obligation to ensure access for homeless people to housing solutions by their needs and to provide comprehensive assistance aimed at solving their problems. However, legal protections for homeless women remain limited, primarily related to domestic violence.

The Icelandic government addresses homelessness through policymaking, funding, and intervention, with municipalities offering social services, financial support, and housing solutions. Collaboration with NGOs enhances service capabilities. There is a need for more focused funding and clearly defined responsibilities for services and financing.

Housing First approach has been adopted by Reykjavík City since 2019, focusing on providing stable housing without preconditions and offering supportive services for substance use and other issues. The city's policy also integrates trauma-informed care and harm reduction

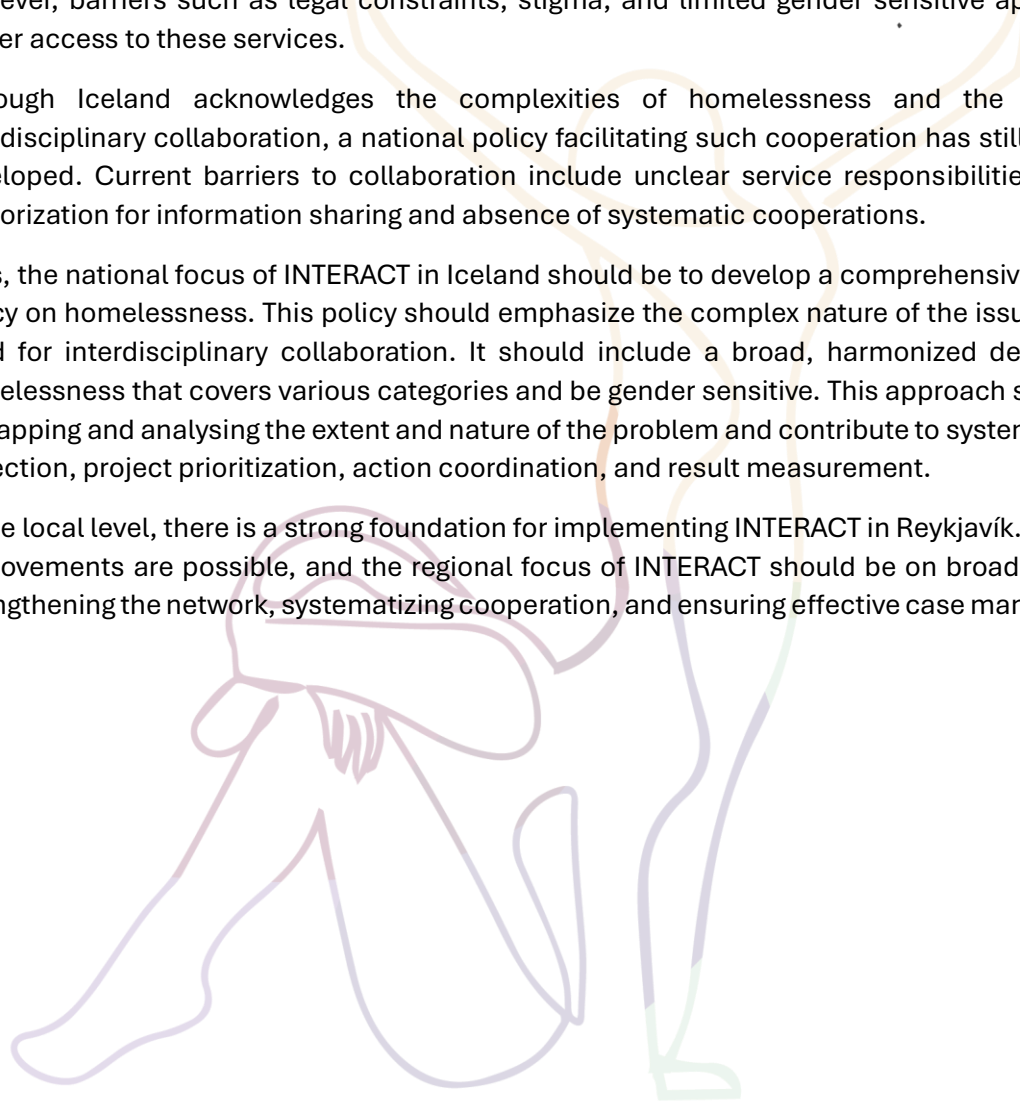
strategies, emphasizing personalized services for the target group. Housing First is also mentioned in a newly approved national policy on housing. Additionally, work on national harm reduction policy is ongoing.

Services for the homeless in Iceland include emergency, short- and long-term housing, harm reduction, PSU, IPV, and healthcare services, primarily concentrated in Reykjavík. Specific resources for women include emergency shelters, halfway houses, and rehabilitation centres. However, barriers such as legal constraints, stigma, and limited gender sensitive approaches hinder access to these services.

Although Iceland acknowledges the complexities of homelessness and the need for interdisciplinary collaboration, a national policy facilitating such cooperation has still not been developed. Current barriers to collaboration include unclear service responsibilities, lack of authorization for information sharing and absence of systematic cooperations.

Thus, the national focus of INTERACT in Iceland should be to develop a comprehensive national policy on homelessness. This policy should emphasize the complex nature of the issue and the need for interdisciplinary collaboration. It should include a broad, harmonized definition of homelessness that covers various categories and be gender sensitive. This approach should aid in mapping and analysing the extent and nature of the problem and contribute to systematic data collection, project prioritization, action coordination, and result measurement.

At the local level, there is a strong foundation for implementing INTERACT in Reykjavík. However, improvements are possible, and the regional focus of INTERACT should be on broadening and strengthening the network, systematizing cooperation, and ensuring effective case management.



7. ITALY

Italy, with a population of approximately 59 million in January 2024, is an EU member state.¹⁰⁴ The Italian INTERACT partners are Associazione Mondodonna Onlus, Azienda Pubblica di Servizi alla Persona Citta di Bologna and Cooperativa Sociale Società Dolce with the support of ANCI, the Emilia-Romagna Region, the Metropolitan City of Bologna, the Municipality of Bologna, and the Azienda USL di Bologna, the local health authority. This chapter provides an overview of the current state of homelessness in Italy.

7.1 HOMELESSNESS

In Italy, homelessness has not been defined by law. However, legislation addresses homelessness with reference to the ETHOS definition, through regulations and documents related to social services, assistance and the rights of individuals in vulnerable situations.

Legge quadro per la realizzazione del sistema integrato di interventi e servizi sociali 328/2000 [Law 328/2000], known as the framework law for implementing the integrated system of social services and interventions, establishes the foundation for the social inclusion of individuals facing difficulties. However, this legislation does not offer a specific definition of the term homeless.

The Italian population census, conducted by Italian National Institute of Statistics (ISTAT), provides data on homelessness, primarily defining it in terms of fictitious residence and the lack of a stable residence. In a document from Federazione Italiana Organismi per le Persone Senza Dimora (fio.PSD), homelessness is described as a condition involving housing, social exclusion, and the lack of stable and secure housing. According to fio.PSD, homelessness encompasses not only those living on the street but also those in temporary structures, such as shelters, emergency support, or those in continuous mobility without permanent residence. The ETHOS definition, considered one of the most precise regarding the condition of homeless people, was developed in Italy through the collaboration of fio.PSD and FEANTSA.

In the context of social inclusion policies and social protective measures, a homeless individual is often identified as someone who has lost residential accommodation, lives in precarious conditions, or is unable to access permanent housing. Social services generally refer to a homeless individual as someone who lacks a stable residence and cannot access adequate housing, whether temporarily or persistently.

Furthermore, at the local level in Italy, institutions and services combating homelessness share the ETHOS classification and the Linee di indirizzo per il contrasto alla grave emarginazione adulta in Italia", [National guidelines] developed in 2015 by the Ministry of Labor and Social Policies.

The most disadvantaged subgroups of women identified in Italy are ethnic minorities, migrants, LBTQIA+, survivors of human trafficking, women experiencing GBV, women with PSU, and women facing multiple vulnerabilities, such as GBV, PSU and/or MH issues).

7.1.1 HOMELESSNESS AND CAUSES

Our experiences among anti- GBV centres and services indicate that certain conditions mutually influence each other and contribute to homelessness. Besides belonging to the already mentioned subgroups, factors such as precarious family situations, in terms of both financial instability, relational challenges and the lack of external networks beyond the family, considerably increase individuals' vulnerability.

Providing an exact statistical overview of the causes is challenging due to incomplete data and a large hidden population. Workers in the sector report that it is multifunctional. The greater vulnerability in the workforce, especially for migrant women often engaged in care and reproductive work in Italy, combined with generally lower income, places them in an unequal position compared to their male counterparts. High exposure to GBV, often in the form of violence witnessed since childhood, is also frequently reported. According to a fio.PSD report based on interviews with people experiencing homelessness, almost all the interviewed women had suffered or were suffering violence. Some experienced violence at the hands of their partners, which, in addition to severely affecting their physical and mental health, also led them to leave their homes. In some cases, these women represent typical examples of hidden homelessness, staying with friends or relatives and seeking help from services only sporadically and inconsistently. In other cases, the women interviewed had suffered or were suffering violence in their everyday interactions on the street or within services. Many life stories also reveal that conflict within family relationships is a recurring factor pushing individuals into severe marginalization. Conflicts between parents and children or between partners often lead to the breakdown of core relationships and consequently, to women leaving their homes. Family instability, which can stem from both belonging to a low-income class and from dysfunctional contexts, is also a common background for many women.¹⁰⁵ In general, it is challenging to make a social leap in Italy, especially after the 2008 crisis. In terms of PSU or MH issues, it is hard to say whether these are causes or consequences. According to Lucia Fiorillo from fio.PSD, interviewed by “Il Post” in 2024, women generally go through much more extended periods of housing distress than men before ending up on the streets and seeking services for severe marginalization. They first resort to informal accommodation, such as staying with acquaintances, in caravans, or on campsites. Only after exhausting all these possibilities do they turn to services, often having developed MH issues or addictions.¹⁰⁶

7.1.2 HOMELESSNESS AND GENDER

Italy currently lacks national laws or practices that explicitly define the role of gender in homelessness. However, at the local level, certain gender sensitive projects have been developed with this perspective in mind. These initiatives are primarily the result of the collaboration among MondoDonna, ASP Città di Bologna, and Cooperativa Sociale Società Dolce. Their goal is to address the specific needs of homeless women who are surviving or have survived GBV and face PSU and MH issues. The pilot project in Bologna commenced in 2021.

7.2 NATIONAL AND LOCAL STATISTICS

Data on homelessness in Italy and Bologna is not reported regularly. The last specific report on homeless people, carried out by ISTAT in collaboration with fio.PSD, the Ministry of Labor and Social Policies, and Caritas Italiana, one of the main catholic organizations in Italy, dates to 2015.¹⁰⁷

The latest data provided by ISTAT in 2021 is broken down by gender, age groups, Italian and foreign populations, and the municipality of collection. On the other hand, the Caritas data from 2024 is available by age, nationality (Italian and foreign), and the region where the service was provided. Tables on homelessness statistics for Italy and the INTERACT intervention areas are not provided here due to the fragmented and conflicting nature of the available data (see Data Reliability).

No data is available in Italy for the percentage of homeless women facing multiple vulnerabilities, such as GBV, PSU, and MH issues. Regarding the percentage of homeless women, we can state that historically, 20-25% of the homeless population in Italy and in Bologna are women. Based on the experience of those working in the field, almost all homeless women have suffered GBV.

Within the local anti-GBV strategy for severe adult marginalization, shelter services (described later), ASP Città di Bologna, in collaboration with Cooperativa Sociale Società Dolce and MondoDonna have developed a system to collect data on women surviving or having survived GBV and accessed services for homeless people, such as reception facilities, community workshops and street units. ASP Città di Bologna has gathered the following data indicating an increased use of these services: In 2022 approximately 4340 contacts were made with people who used the Severe Adult Marginalization Support Services; this figure increased in 2023, with a total of 4730 contacts (approx. 9% increase). This trend seems to be continuing with already 2475 contacts made in the first half of 2024.

7.2.1 Data Reliability

The Italian data is incomplete and based on parameters that fail to capture the diversity of homelessness situations (people without residence permits, the typical mobility of homeless people, gender, and the difficulty in obtaining residence permits). Even when cross-referencing the data, precise mapping does not emerge, but rather a fragmented and sometimes contradictory one (for example, the ETHOS definition is often overlooked). Moreover, institutional actors often lack an accurate overview and predominantly rely on third-sector organizations for data collection and fieldwork.

As mentioned above, in the Italian context, the most relevant entities for research and data analysis on homelessness are ISTAT and fio.PSD. However, clarification is needed regarding the data collected at the national level.

First, the available data refers to the 2021–2022 period, and at present, more recent data is not available. Second, the data collection methods are based on very different parameters. In the

case of ISTAT data (2021), it is extracted based on the number of people registered in the civil registry as residing on streets that do not actually exist, so-called “fictitious residences.”¹⁰⁸

Fictitious residences are not evenly distributed across the national territory and do not accurately reflect the diversity of people experiencing homelessness in Italy, as they imply continuous presence in the territory or possession of a residence permit. As fio.PSD also highlights, this method of data collection excludes many people who are, in fact, homeless. According to data collected by fio.PSD’s partner organizations, only one-quarter of the people they engaged with have a fictitious residence.¹⁰⁹

The other report, produced by fio.PSD and with more up-to-date data from 2022, gathers information from 146 partners in its network who work directly with people on the ground. Regarding the distribution of homeless people across the country, the report shows an uneven situation depending on the territory. According to fio.PSD, some urban areas, such as Milan and Bologna, appear more attractive than others; both cities are located in the north and in the country’s wealthiest regions, and they also have the highest concentration of services.¹¹⁰

The municipalities with the highest number of recorded individuals are Rome (23.1%), Milan (9%), Naples (7%), Turin (4.6%), Foggia (3.7%), and Genoa (3%). Majority of women with fictitious residences are found in the Naples area.¹¹¹

Regarding the presence of women living in the streets, fio.PSD reports that more than 25% of the women encountered by services and organizations within its network reported, formally or informally, experiences of GVB. From the above mentioned 2023 report, it emerges that all the interviewed women had suffered or were suffering GBV.¹¹²

One of the most significant national reports is the annual fio.PSD report on the mortality of people living on the streets. The 2024 report shows that 434 people died on the streets in Italy. Although 91% were male, the report once again highlights the invisibility of the gender dimension, which often presents “indoor” specificities not directly captured in mortality in public spaces.¹¹³

At the local level, data collected from the 2021 ISTAT survey can be referenced. According to this survey there were 1,156 homeless people in the province of Bologna, 826 men (72%) and 330 women (28,5%).¹¹⁴ However, it is essential to consider some critical issues in data collection, as we already highlighted at the national level.

7.3 LAW AND POLICY LANDSCAPE

In Italy the right to housing is not treated as an autonomous constitutional right but within the broader framework of other human and social rights. The right to housing has evolved through case law, with the Corte Costituzionale [Constitutional Court] beginning to address it in the early 1980s. The court’s rulings don’t create an absolute, enforceable right to housing, but specifically with ruling *Sentenza della Corte costituzionale 252/1983* [Judgment of the Constitutional Court 252/1983], Italy recognized housing as a basic good, essential for individuals. Furthermore, with rulings 49/1987, 217/1988, and 404/1988 the court recognized the idea of housing as inviolable,

emphasizing the community's obligation to prevent homelessness. This made housing a vital issue connected to other rights. This framework shows that in Italy, housing is not seen as an absolute right but as an important element in safeguarding other rights, such as health, equality, and family relations. On this basis, the approach to housing rights is quite different in every Italian region. Specific initiatives are actively promoted in the Emilia-Romagna region and in the Municipality of Bologna, as discussed further on in the text. At the national level in Italy, there are no national strategies directly combatting homelessness, but the following policies can be mentioned:

- **Linee di Indirizzo per il Contrasto alla Grave Emarginazione Adulta in Italia [Guidelines for Combating Severe Adult Marginalization]**
These guidelines, issued by the Ministry in 2015, local government institutions and fio.PSD, provide directions to different levels of government to ensure structured and comprehensive interventions for homeless people and those with specific vulnerabilities. They promote adopting an integrated strategic model for social services intervention, oriented towards innovative approaches such as HF and housing led.
- **Piano Nazionale di Ripresa e Resilienza (PNRR) [The National Recovery and Resilience Plan]**
This plan, adopted in 2021 in response to the Covid-19 pandemic emergency, includes measures to combat severe adult marginalization, particularly within Mission 5, "Inclusion and Social Cohesion." These initiatives include temporary housing and HF programs, service centres for poverty alleviation, and "stazioni di posta" (social and health service hubs providing food, mail distribution for those with fictitious residences, cultural mediation, etc.).
- **Fondo Nazionale Povertà [The National Poverty Fund]**
The Italian government established this fund under the 2016 Stability Law to finance measures to tackle poverty and social exclusion. It is a structural instrument within the State budget, managed through specific social policies.
- **PN Inclusione e lotta alla povertà 2021-2027 [The National Poverty Plan]**
The Ministry of Labor and Social Policies manages the plan and defines priority actions in the fight against poverty. It aims to establish essential service levels that are guaranteed across the national territory on a progressive basis.

This recurrent fragmentation, which characterizes Italy, appears once more, where various national plans often lack integration and are subject to political changes from year to year.

In Bologna municipality policies follow the guidelines of the national and European plans mentioned above. Additionally, at the territorial level, the following measures are particularly significant:

- **Co-progettazione dei servizi, 2024, ASP Città di Bologna [Co-planning of services]**
ASP Città di Bologna, with local third sector organizations, including cooperatives and

associations, has launched a co-design process to manage services aimed at combating severe adult marginalization and providing shelter services. Resources have been allocated to ensure the functioning of key services, including:

- Outreach services
- Emergency shelter services
- Temporary shared housing
- Temporary accommodation in apartments
- Support interventions for Roma, Sinti and Caminanti communities
- Emergency social intervention service

Currently managed by Cooperativa Sociale Società Dolce, this 24/7 service carries out urgent social interventions, playing a crucial role in combating severe adult marginalization and implementing protective measures for female victims of violence. Among them are the following:

- Fictitious residence registration
The Municipality of Bologna has implemented national regulations allowing homeless people to obtain a fictitious residence address. This enables them to gain official residency status and access all related rights and services.
- Free public transport passes
A partnership between the Municipality of Bologna and the local transport company (Tper) provides free public transport passes for individuals experiencing severe marginalization. This initiative facilitates access to employment programs and social inclusion opportunities.
- General practitioner access for homeless people
In the Emilia-Romagna region, Legge regionale 10/2021 [Regional Law No. 10/2021] was passed to ensure that homeless people, even without official residency, can access a general practitioner, funded by regional resources.

Since 2021, MondoDonna Onlus, through its anti-GBV centre CHIAMA ChiAma (CAV), has engaged in projects aimed explicitly at implementing protective measures for homeless women surviving or having survived GBV in partnership with Cooperativa Sociale Società Dolce and ASP Città di Bologna. The main challenge is to provide these women with safer spaces within the services and shelters for homeless people they live and move through, as well as to increase their awareness on the existence of the anti-GBV services and the possibility to access them. Indeed, over the years, homelessness services have been focused on male populations, who make up the majority (80%) of users and the existing anti-GBV system was more geared towards supporting women who did not experience extreme deprivation or homelessness.

To address these gaps, the working group started a process to design, experiment, and develop a new innovative methodology. This involved creating a toolkit that includes operational tools and integrated multidisciplinary theoretical paradigms. The following services listed in table 12, in

alphabetic order, are available to support homeless women who live in Bologna area and are experiencing or have experienced GBV. This is a non-exhaustive list.

TABLE 12. SERVICES PROVIDED BY LOCAL ANTI-GBV STRATEGY FOR SEVERE ADULT MARGINALIZATION.

Service	Details
Consultations for Shelter/Services Teams	The team of experts available for second-level consultations includes the coordinator of the anti GBV centre and a psychotherapist with experience in handling cases referred to CVA anti GBV centre. These consultations help shelters' and other services' staff in supporting women more effectively. Target Group: Staff from shelters and other services
Identification and Training of Aerials	The Aerials are staff members working in shelters/services for people experiencing homelessness. They undergo specific training promoted by MondoDonna and developed in collaboration with project partners. In services for homeless women, the role of the Aerials is crucial to refining their ability to recognize violence, supporting the internal team in observing and identifying risk situations, and guiding interactions with beneficiaries, particularly in the initial phases. Target Group: Staff from shelters and other services
Integrated Interventions	This service provides integrated, interventions for homeless women who are experiencing GBV and are in highly dangerous situations GBV. Different teams assess the feasibility of accommodating women in protected houses for women surviving GBV or creating a safer environment within the existing homeless shelters where the women currently reside. Shelters can activate these interventions when a woman is referred or accommodated within the city's housing services. Target Group: Homeless women in condition of marginalization surviving og having survived GBV
Sportello Mobile	Mobile offices. Shelters or social services can activate this service. When requested, an anti-gender-based violence operator from MondoDonna visits the location where women surviving/who have survived violence are staying. The aim is to provide information and guidance and offer an initial individualized interview if the woman is interested. This service helps women connect with the support they need and make informed decisions regarding accessing the MondoDonnas' anti-GBV centre CAV and starting a path out of violence. Purpose: Providing information, guidance, initial interview. Target Group: Women
Workshop Groups	These workshops are designed to empower participants through structured activities that focus not only on verbal communication but also on self-awareness and trust-building with anti GBV centre staff. These spaces enable women to tap into their resources and build confidence in their relationships with professionals. Purpose: Empower participants, build confidence. Target Group: Women

These services are designed to offer comprehensive, gender-sensitive support for women, helping them to move from situations of extreme vulnerability to a more stable and secure situation. The integrated approach ensures that women experiencing homelessness and GBV receive the care, protection and empowerment they need to regain their independence.

7.3.1 GENDER IN LAWS AND LEGAL FRAMEWORKS

Codice Rosso is an Italian law introduced in 2019 to strengthen protective measures for survivors of GBV, including DV. It speeds up legal procedures, mandates prompt police and judicial action, and introduces new crimes such as non-consensual distribution of intimate images and forced marriage.

Italian legislation on the condition of homeless people focuses on social inclusion policies, assistance, and support, but in general terms. Legge quadro per la realizzazione del sistema integrato di interventi e servizi sociali 328/2000 [Framework Law for the Establishment of an Integrated System of Social Services and Interventions] establishes the principle of social inclusion but does not explicitly address the needs of women.

At the national level in Italy, the Ministry's guidelines include specific sections with recommendations regarding interventions for homeless women and individuals experiencing homelessness who face discrimination based on sexual orientation and gender identity. The national guidelines recommend the establishment of services specifically for women to ensure secure environments. These guidelines advocate for a comprehensive approach to care that encompasses the treatment of PSU, MH issues, and trauma. Despite these recommendations, practical implementation of these measures is often lacking.

7.4 INFLUENCING THEORIES AND FRAMEWORK

In Italy, there are support structures and significant projects that specifically address the needs of homeless women, although these efforts are somewhat fragmented. According to data collected through a questionnaire sent to Italian INTERACT stakeholders, certain regions and cities are adopting more inclusive and gender sensitive solutions, including the HF approach, with a particular emphasis on women. For example:

- Rome
The HF project in Rome has started testing housing solutions for homeless people, including women, focusing on prioritizing housing sustainability and MH support. The project, called Casa Sabotino, focuses on women and provides support for women in more disadvantaged situations, such as those who are surviving or have survived GBV or have MH issues.
- Turin
In Turin, a HF approach is being developed that considers gender specific needs. This approach ensures that homeless women receive personalized support tailored to their specific needs, including MH support, workforce reintegration, and protective measures. They are also testing a shelter for homeless women affected by GBV, with healthcare staff present. Also in Turin, the below mentioned Alma Terra and Orienta Donna are active and support homeless women through a “full spectrum harm reduction” approach.

According to the fio.PSD report on ten years of HF in Italy (2014–2024), a total of 75 HF programs have been launched, with a strong presence in the Northeast (42%), Northwest (32%), South (15%), and Central Italy (11%). Medium-sized cities play a leading role in the implementation of HF, hosting 47% of the programs. One in three programs is developed in the seven metropolitan cities, which account for 22 HF projects (29%); the remaining 24% are in small towns.

During 2020–2021, the pandemic temporarily slowed the launch of new initiatives, but there has been a significant recovery since 2022. In fact, 19% of HF programs were launched during the 2023–2024 period.

Over the decade, a total of 1,763 individuals have been supported through HF programs: 65% men, 35% women, and 0.3% identified as LGBTQIA+. According to the report, although women are not the primary recipients of HF programs, they are among the groups for whom HF proves to be most effective.¹¹⁵

The policies to combat severe marginalisation and protect homeless people have been integrated into the support services of the Municipality of Bologna, with particular attention to social inclusion and the safeguarding of fundamental rights. These services are provided in accordance with ministerial guidelines and the ETHOS criteria, which serve as a standard to define homelessness and guide the development of appropriate interventions.

In this context, the outreach service and the ASP Città di Bologna service system are inspired by harm reduction principles, which aim to mitigate the consequences of extreme marginalisation through concrete and accessible support strategies. The measures promoted by local institutions, such as the possibility for homeless people to obtain a fictitious residence address, the right to essential medical assistance, and facilitated access to public transportation, are based on the principle of human rights protection, ensuring crucial tools for social inclusion interventions.

Trauma-informed care and harm reduction approaches are effective in addressing homelessness, especially for people with complex service needs. These approaches should inform work across the system, guiding the overall roles of shelters, outreach services, and permanent housing interventions.

In Italy, the trauma-informed care approach is neither integrated yet within the methodological frames used by the anti-GBV network nor the services working in combating homelessness. On a local level, MondoDonna Onlus has worked with homeless women with a trauma-informed approach since 2021. Working to build a trauma-sensitive network of services active in the field, creating shared procedures and methodologies, and training all professionals in this network are essential actions in this perspective.

At the national level, within Linee di Indirizzo per il Contrasto alla Grave Emarginazione Adulta [Guidelines for Tackling Severe Adult Marginalization in Italy], emanated in 2015, there are specific practices to follow when working with homeless people with PSU and MH issues.

MondoDonna led an essential European project, 'CARE4TRAUMA,' which enabled widespread training and awareness raising activities to implement a trauma-informed care approach. Furthermore, two of the training sessions were conducted at the national level, thus providing training to public and private social organizations working on violence prevention with a trauma-informed focus. The work has helped influencing the network of services, and significant progress has been made in recognizing trauma and its impact on individual functioning.

During the INTERACT WP1 focus group meeting, it was noted that some treatment and support centres have specific initiatives for women, including women-only-spaces and psychological and social support programs tailored to address gender-related needs, such as those of mothers and women experiencing or having experienced GBV. In certain Italian regions, targeted programs exist to support women battling PSU through harm reduction approaches. For instance, Turin hosts the Orienta Donna project, a drop-in service exclusively for women. Additionally, Alma Terra in Turin operates a women's-only dining service and treatment centre. Other Italian regions have established specific services for women facing PSU who are pregnant or have young children. These programs offer integrated support, encompassing healthcare, psychological, and social services, to prevent PSU from adversely affecting both the mother and child's health.

Italy in 2017 has included harm reduction in Livelli Essenziali di Assistenza (LEA) Decreto legge 502/1992 [Essential Levels of Care decree-law 502/1992], but there are no specific measures for women. A significant issue remains: the intervention areas have not been specified, and there has been no implementation of governmental or ministerial actions to ensure their execution. Only regions that were already exemplary in this regard have made some progress, thus leaving unchanged the unequal landscape that LEA should rectify. Certain practices, such as drug checking, are essential for monitoring the substances in circulation, informing individuals about what they are consuming, and preventing unintentional intoxication. These practices are often managed by small associative or cooperative organizations. Additionally, Livelli Essenziali delle Prestazioni (LEP) , introdotti dalla Legge Costituzionale 18 ottobre 2001 [Essential Levels of Performance, introduced by the Constitutional Law of 18 October 2001] established by Legge quadro per la realizzazione del sistema integrato di interventi e servizi sociali 328/2000 [Framework Law for the Establishment of an Integrated System of Social Services and Interventions 328/2000] have never been clearly defined, resulting in significant disparities across different regions of the country.

7.5 INSTITUTIONAL SETTINGS AND STAKEHOLDERS

The local institutional system for tackling homelessness is based on collaboration between public administrations and the third sector. The Municipality of Bologna assigns ASP Città di Bologna the management of services to combat poverty and severe marginalization. The fight against homelessness in the territory is currently organized into the following services: outreach services, community workshop, emergence reception, temporary shared housing, interventions supporting the Rome, Sinti, Caminanti communities, and social emergency interventions (see Services and Provisions). Furthermore, ASP Città di Bologna has established a staff function

within Coesione Sociale [social cohesion directorate] dedicated to gender equality and combating GBV. Working with the General Directorate and Unified Guarantee Committee, ASP Città di Bologna has reviewed its activities and projects and started new initiatives with national and local stakeholders from an intersectional perspective.

7.5.1 NATIONAL STAKEHOLDERS

Italy has identified the following fields for INTERACT national stakeholders, as presented in table 13 in alphabetic order. This is a non-exhaustive list.

TABLE 13. INTERACT NATIONAL STAKEHOLDERS IN ITALY.

Name	Details
Avvocati di Strada	Legal support for homeless people. NGO.
Coop Lotta	Implementation of social and health programs to contrast serious adult marginalization. NGO.
fio.PSD	Support and empowerment programs for homeless people (HF; legal protection); Activities of research and promotion on serious adult marginalisation. NGO.
I Tetti Colorati	Implementation of social and health programs to contrast serious adult marginalization. NGO.
Isola di Arran	Support to homeless people and Full Spectrum Harm Reduction. NGO.
Liberas	Anti gender-based violence centre. NGO.
Naples' Municipality	Social services. Public.
On the Road	Implementation of social and health programs to contrast Serious Adult Marginalization. NGO.
Rumori Sinistri	Design and management of interventions aimed at poverty reduction, new welfare models, and social cohesion. NGO.
Turin's Municipality	Social services and anti-gender-based violence centre. Public.
Verona's Municipality	Social services. Public.

7.5.2 LOCAL STAKEHOLDERS

Italy has identified the following fields for INTERACT local stakeholders, presented in table 14 in alphabetic order. This is a non-exhaustive list.

TABLE 14. INTERACT LOCAL STAKEHOLDER FIELDS IN BOLOGNA, THE INTERVENTION AREA.

Name	Details
ASP Città di Bologna	Management of services to combat poverty and severe marginalization and homelessness in the territory. Public.
AUSL Bologna	Health Care Services. Public.
Bologna's Municipality	Social Services. Public
Casa delle Donne per non subire violenza	Anti-gender-based violence centre. NGO.
Cidas	Services for people in vulnerable situations. NGO.
Città Metropolitana di Bologna	Welfare Sector. Public.

COBO - Comune di Bologna - Dipartimento Welfare e Promozione del benessere di comunità	Welfare sector. Public.
Confcooperative	Protection and representation of all Italian Associations (cooperative). Private.
Consorzio Arcolaio	Services for people in vulnerable situations. NGO.
fio.PSD Local	Support and empowerment programs for homeless people (HF; legal protection); Activities of research and promotion on serious adult marginalisation. NGO.
Legacoop	Protection and Representation of all Italian Associations (cooperative). Private.
Order of Lawyers	Legal protection and access to justice. Public/Private
Police forces	Protection and Access to Justice. Public.
SOS Donna	Anti-gender-based violence centre. NGO.
Trama di Terre Imola	Anti-gender-based violence centre. NGO.
UDI Bologna	Anti-gender-based violence centre. NGO

7.5.3 INTERDISCIPLINARY COLLABORATION

Locally, an integrated working system is under construction involving social services, health services and anti-GBV centres to protect women who are surviving or have survived GBV with vulnerabilities related to MH or homelessness fragilities.

In recent years, two significant documents have been signed to move towards creating an integrated intervention system:

- In 2014, the Accordo di ambito metropolitano per la realizzazione di attività e di interventi di accoglienza, ascolto ed ospitalità per donne maltrattate o che hanno subito violenza [Metropolitan Area Agreement for the Implementation of Activities and Interventions for the Reception, Support, and Shelter of Abused Women or Women Who Have Suffered Violence] was signed. This agreement supports the strengthening and expansion of the network and collaboration among institutions and associations (local authorities, organized in Districts for Equal Opportunities, health authorities, DV centres, law enforcement, the education system, etc.).
- In 2020, the Protocollo di intesa per il miglioramento della Protezione delle Donne che hanno subito violenza nell'ambito di Relazioni di Intimità (2020) [Memorandum of Understanding for the Improvement of the Protection of Women Who Have Suffered Violence in the Context of Intimate Relationships (2020)], was signed. Among its goals is to promote an anti-GBV network with increasingly effective, timely, and integrated procedures between social public and private actors within the Municipality of Bologna. This network aims to coordinate the various entities working in the field of GBV to prevent and combat violence against women. This document has been signed by, among others, the Municipality, the Local Health Authority, anti-GBV centres, law enforcement, the Bologna Court, and other key institutional stakeholders.

In conclusion, multidisciplinary collaboration in Italy, continues to face challenges. Homelessness, especially among women, is a complex issue that has not yet received the necessary attention for effective resolution. At the institutional level, both awareness and resource allocation could be improved. Services in this area are often not fully interconnected, which can reduce the effectiveness of collaboration. A broader and deeper understanding of homelessness, particularly regarding women, is still evolving. In this context, adopting a more intersectional approach may provide significant benefits.

7.6 SERVICES AND PROVISIONS

In Italy, the primary services for the homeless are emergency and short-term housing facilities, PSU, IPV and health care services.

On a national level, the Italian team has identified the following types of services available for homeless women: anti-GBV centres, a network of organisations and associations working for the protection and support of homeless people from the outreach to the access to shelters, health care services, PSU programs and services, MH programs and services, both general and specifically designed programs for women.

In relation to the Bologna area, table 15 provides a list of services designed to address severe adult marginalization, presented in logical order based on the type of service. These services were developed through a co-design process between ASP Città di Bologna and third-sector organizations.

TABLE 15. HOMELESSNESS SERVICES IN BOLOGNA, ITALY.

Services	Description
Outreach services	This service is structured with a unitary street outreach team, a telephone helpline, and the management of shower services. It conducts targeted monitoring of areas most affected by homelessness and implements specific interventions based on reports. The street unit implements harm reduction interventions and works closely with social services to take care of people encountered on the street. A telephone helpline supports the street outreach efforts. It is available to homeless individuals from 4 PM to 7 PM and offers orientation and information about city services. A direct reporting channel is also available for citizens to report homeless individuals on the streets.
Community Workshops	These work closely with the Outreach service, organizing workshop activities near their locations and offering social integration opportunities for people encountered on the streets. There is also another space open to homeless people, dedicated to substance users, and a low-threshold occupational therapy workshop.
Emergency Reception	This includes facilities that aim to respond immediately to the needs of individuals residing in or visiting the city. Access is managed by the Nucleo Accesso of ASP Città di Bologna during the service's opening hours, as outlined below. Admission also occurs through the Social Emergency Intervention and Outreach services. In total, there are 398 available places, of which 128 for adults and 150 for families with minors.

<p>Low-Threshold Social Service</p>	<p>This is a reception and orientation service addressed to individuals experiencing marginalization or severe social exclusion, who are temporarily present in the area and not officially registered as residents in Bologna. The service is also accessible to individuals registered at the fictitious street address and to those staying in reception centres.</p> <p>The low-threshold social service can activate different types of interventions and support measures, including:</p> <ul style="list-style-type: none"> - Social secretariat services, providing information and guidance on the local support system for homeless individuals. - Individual case management, with short-, medium, and long-term projects aimed at helping people move out of marginalization and social distress. - Urgent and non-deferrable interventions, managed also in coordination with health services of AUSL (Bologna Local Health Authority) - Assessment of individual situations prior to release from prison, and definition of personalized reintegration plans for social inclusion.
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7.6.1 BARRIERS TO SERVICES

According to ISTAT data on GBV from 2021-2022, there is a general exclusion of individuals from shelters who have PSU issues (81.9%), are homeless (71.2%), or have MH issues (80.7%). The exclusion criteria are interrelated. If a woman is excluded on grounds of MH issues, she is usually also excluded for PSU. There are only four shelters in Italy that do not exclude individuals with MH issues when they exclude individuals with PSU.

- All shelters exclude women who meet all three criteria: Valle d'Aosta and Molise (there is only one shelter for both), Trentino, Tuscany, Umbria, Friuli, and Sardinia.
- PSU and MH issues: Liguria, Abruzzo, Puglia.
- In Emilia Romagna, only 7 out of 48 shelters do not exclude homeless women, and only one does not exclude women with PSU and MH issues.
- Lazio has different data from other regions (15% exclusion for PSU and MH issues, 61% human trafficking and 46.2% homeless).
- Sicily is the region with the lowest percentage of exclusion criteria (65%).¹¹⁶

It is important to have in mind that in Italy there is a high degree of variability in social and welfare services at the regional level, due both to the different policies adopted by individual Regions and to the unequal availability of economic and structural resources.

In Italy, several other factors can hinder women from seeking help. These obstacles are often linked to social, psychological, and systemic factors influencing women's behaviour and perception of support services.

- Homeless women face more stigma than men, due to social prejudice linking unstable housing to morality and caregiving abilities. At least 10% of women in Italy experience that psychiatric labelling, and disability often leads to invisibility, increasing their

vulnerability. Women who use substances and/or engage in transactional sex are particularly subject to secondary victimization. Many women may also feel responsible for their situation as a result, self-stigmatize. The social pressure on women to fulfil the role of mother or primary caregiver can make them feel inadequate in seeking help, especially if they are perceived as incapable of coping with their situation.

- Many homeless women are survivors of GBV and fear that shelters may not provide a safe environment. The presence of men in these spaces can deter them from seeking support. Additionally, recognizing GBV is challenging in Italy, where femicide occurs every three days.
- In many shelters, there are often no separate spaces, specific psychological support for women, or maternal support services, which can lead to challenges for women in environments traditionally designed for men. In dormitories, women may have to share spaces with men, including their perpetrators, creating a situation of vulnerability and potential coercion.
- Migrant women, or those without a residence permit, are particularly vulnerable due to language barriers and difficulties related to their migratory status. Social isolation and the fear of being reported to the authorities can prevent many of them from seeking help, even when they are in severe distress.
- Many homeless women may not be aware of the available support services or may not trust the institutions that offer help. Distrust in institutions and social inclusion policies is common, particularly in contexts of extreme poverty or vulnerability.
- Often, women in situations of extreme vulnerability, such as domestic workers or engaged in transactional sex, find themselves in indoor conditions, which makes it harder for services to reach them and for them to engage with services due to the fear of losing their living situation if they report the abusive partner or boss.

7.6.2 GAPS IN SERVICES

The primary challenges for the anti-GBV network are to provide shelters for homeless women who may have PTSD, other MH problems and/or problematic substance abuse, who are surviving/survivors GBV and need preventive measures due to high risks. These anti-GBV shelters, with secret location, ensure the safety of several women, often with their children. Professionals working in the shelters are not specifically trained to deal with the beforementioned vulnerabilities. For these reasons anti-GBV centres rarely manage to ensure a safe shelter for homeless women.

Through the collaboration between MondoDonna (CHIAMA chiAMA), ASP Città Bologna and Cooperativa Sociale Società Dolce, the Italian partners are trying to address the mentioned gaps with the following actions:

- To deepen the knowledge between the different services working in the area and create a shared perspective on how to approach and support homeless women who survived GBV and possibly have PSU and MH issues.
- Continuous Training
Trauma-informed care approach
- Supervision for professionals to prevent burn-out.
- Synergy work between the anti-GBV team and the severe adult marginalisation one
- The intervention by the anti-GBV team in the project of the homeless women who survived GBV hosted in the shelters

7.6.3 OFFICIAL REQUIREMENTS FOR SERVICES

In Italy, there are no official requirements for the quality of services provided to homeless women.

7.7 SUMMARY AND INTERACT FOCUS IN ITALY

In Italy, homelessness has not been explicitly defined by law. However, various regulations and documents related to social services address homelessness, referencing the ETHOS definition. According to these regulations, homelessness encompasses individuals lacking stable and secure housing, including those in temporary structures or continuously mobile without permanent residence. Gender roles are not specifically defined in national policies, but local initiatives have developed gender-sensitive projects to address the specific needs of homeless women, particularly those experiencing GBV.

The primary causes of homelessness in Italy include economic instability, precarious family situations, and social exclusion. Specific vulnerabilities women face includes DV, economic insecurity, single motherhood and old age. Migrant women, ethnic minorities, and women dealing with PSU and MH issues are identified as the most disadvantaged groups.

Data on homelessness in Italy is primarily collected through the ISTAT population census, focusing on fictitious residences and the lack of stable housing. However, this data is incomplete and fragmented, failing to capture the diversity of homelessness situations, such as those without residence permits. The reliability of data is further compromised by inconsistent contributions from service providers and the exclusion of hidden homelessness.

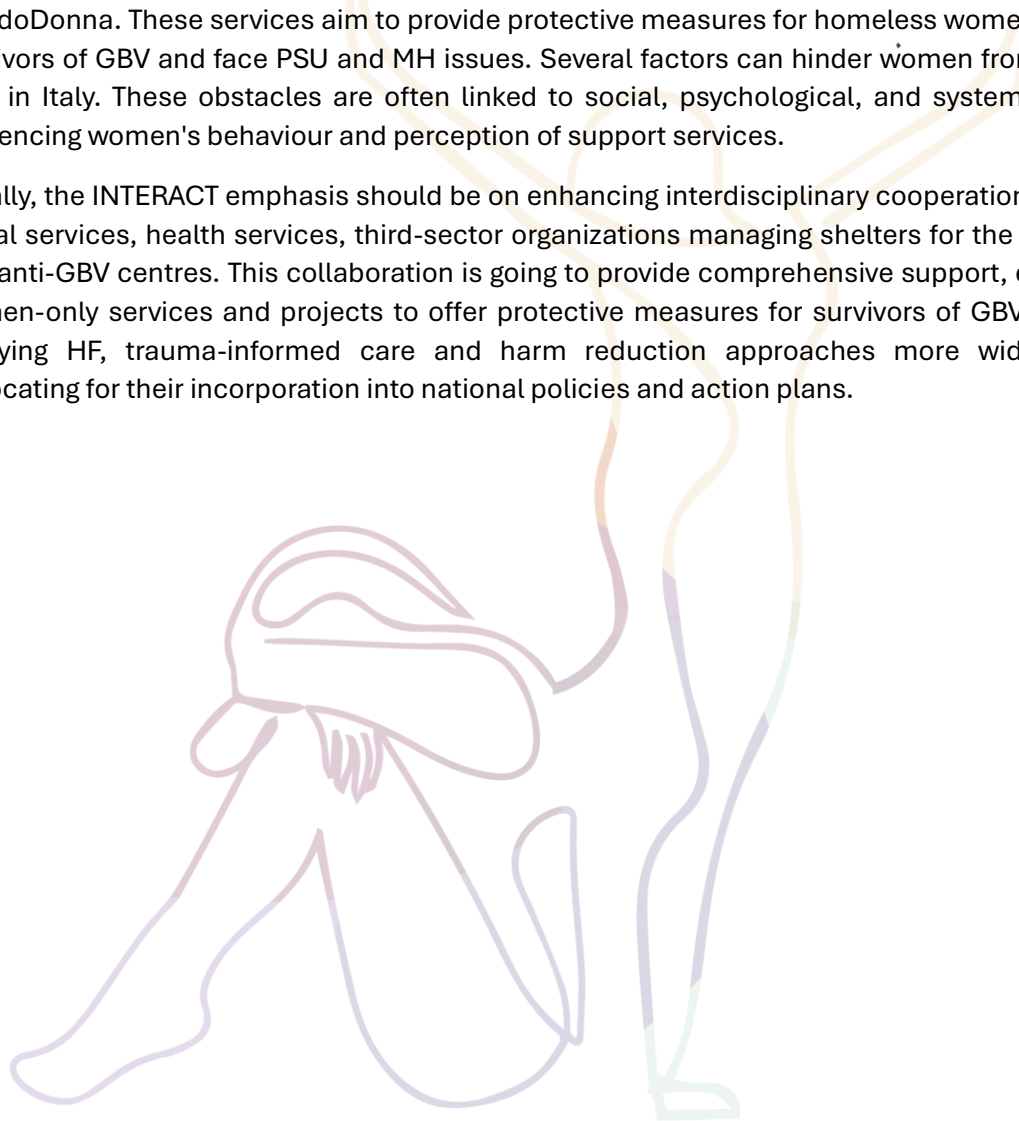
Italy's national policies on homelessness include the Piano Nazionale di Ripresa e Resilienza (PNRR) [The National Recovery and Resilience Plan], the National Poverty Fund, and PN Inclusione e lotta alla povertà 2021-2027 [The 2021-2027 National Poverty Plan]. These policies aim to combat severe adult marginalization through temporary housing and HF programs. However, they often lack integration of gender sensitive approaches and measures. The right to housing is treated within the broader framework of human and social rights, recognized through case law but not as an enforceable constitutional right.

Italy's social support system is built on collaboration between public administration, third-sector organizations, and private entities. Local initiatives, such as those in Bologna, emphasize GBV

centres. However, this cooperation is often hindered by fragmented services and a lack of standardized procedures. However, this cooperation is often hindered by fragmented services and a lack of standardized procedures.

Non-gender-segregated services in Italy include outreach services, emergency shelter services, community workshops, and temporary shared housing. Women-only services are limited but include gender sensitive projects developed in collaboration with organizations like MondoDonna. These services aim to provide protective measures for homeless women who are survivors of GBV and face PSU and MH issues. Several factors can hinder women from seeking help in Italy. These obstacles are often linked to social, psychological, and systemic factors influencing women's behaviour and perception of support services.

Locally, the INTERACT emphasis should be on enhancing interdisciplinary cooperation between social services, health services, third-sector organizations managing shelters for the homeless and anti-GBV centres. This collaboration is going to provide comprehensive support, expanding women-only services and projects to offer protective measures for survivors of GBV, but also applying HF, trauma-informed care and harm reduction approaches more widely while advocating for their incorporation into national policies and action plans.



8. PORTUGAL

Portugal, with a population of approximately 10,6 million on 1 January 2024, is an EU member state.¹¹⁷ The Portuguese INTERACT partner is Ares do Pinhal Associação de Recuperação de Toxicodependentes. This chapter provides an overview of the current state of homelessness in Portugal.

8.1 HOMELESSNESS

On the national level the Portuguese Strategy for the Integration of Homeless Persons 2017-2023 (ENIPSSA) document defines homelessness broadly, covering those without shelter and those without permanent housing. According to ENIPSSA, a homeless person in Portugal is defined as someone who, regardless of nationality, ethnicity, religion, age, gender, sexual orientation, socioeconomic status, or physical and mental health condition, is: 1) Roofless, living in public spaces, emergency shelters, or precarious locations (e.g., streets, abandoned buildings, vehicles, or temporary emergency accommodations). 2) Houseless, residing in temporary accommodation designed for this purpose, such as shelters or transitional housing, with the goal of social reintegration.

This definition aligns with the ETHOS typology and aims to address different forms of housing exclusion and includes people at risk of homelessness, such as individuals in shelters for victims of DV or prisoners. There may be slight variations in how homelessness is understood or categorised locally or by service providers, but the general framework remains consistent with the national definition. In summary, the definition of homelessness in Portugal is generally consistent across the national level and municipal services. Still, minor variations may depend on specific local contexts or the focus of individual service providers.

Professionals participating in Portuguese WP1 FG perceive the legal definition of homelessness as broad and inclusive but insufficiently tailored to specific vulnerabilities, particularly those of women. While some appreciate its flexibility, others argue that it focuses too narrowly on housing status, overlooking structural causes such as trauma, DV, and systemic exclusion. There is concern that the definition does not adequately inform intervention strategies, leading to fragmented and generic responses. Many professionals advocate for a more intersectional framework that integrates gender sensitive and trauma-informed perspectives, ensuring that policies and services reflect the complexities of homelessness beyond just the lack of shelter.

8.1.1 HOMELESSNESS AND CAUSES

Based on experience and academic studies, like the one developed by Sónia Nobre (2021)¹¹⁸ about women and homelessness in Portugal, more precisely in the region of Lisboa, the most common causes of homelessness among women are multifaceted and interconnected, reflecting both structural and individual vulnerabilities:

- Economic insecurity
Low-income levels, precarious employment, long-term unemployment, and a lack of financial autonomy.
- Housing exclusion
Rising rents, limited access to affordable housing, and long waiting lists for social housing.
- Family conflict and relationship breakdown
Separation, divorce, widowhood, and loss of affective relationships can leave women without financial or social support.
- Intimate partner and domestic violence
Many women become homeless after fleeing abusive relationships, but they are often not categorised as homeless, as they seek refuge in shelters or informal networks.
- Mental health and substance use issues
Depression, schizophrenia, and PSU are reported among homeless women, though they are often consequences rather than primary causes of homelessness.
- Judicial problems and institutional discharge
Criminalization of survival strategies, release from prison, psychiatric units, or hospitals without adequate reintegration plans can lead to homelessness.
- Lack of institutional support
Limited state support, particularly for single mothers, migrants, women without legal documentation and formerly incarcerated women, increases their vulnerability to homelessness.

All subgroups of homeless women are considered the most disadvantaged in Portugal, including ethnic minorities, immigrants, migrants, LGBTQIA+ individuals, single mothers, survivors of human trafficking, women experiencing IPV, those with PSU, women with problematic mental health issues, women facing multiple vulnerabilities, and formerly incarcerated women. This was corroborated by professionals, who view homelessness among women as resulting from a complex, interwoven set of factors. Economic insecurity, DV and GBV, MH challenges, and PSU form a core nexus of vulnerabilities. Additionally, social isolation, caregiving responsibilities, and both societal and internalized stigma further complicate these issues.

8.1.2 HOMELESSNESS AND GENDER

In Portugal, gender is increasingly recognised as a key factor in understanding homelessness, but practical responses remain limited. Women's homelessness is often less visible, as they frequently resort to precarious housing, temporary stays with family or friends, or abusive relationships to avoid street homelessness. Gender sensitive approaches, such as HF for women, remain scarce, and services often fail to address the specific needs of homeless women, including those related to GBV, caregiving responsibilities, and trauma. Social, economic and

political structural inequalities, including sexism, racism, and homophobia, further shape both the pathways that lead to homelessness and women’s experiences of it, limiting their access to adequate support and long-term housing solutions.

8.2 NATIONAL AND LOCAL STATISTICS

National and local data on the extent of homelessness in Portugal, including gender-specific information, is available. Other applicable variables are age, marital status, place of birth, nationality, education level, duration of homelessness, sources of income, and causes that led to homelessness. The most recent survey, Characterization Survey of People in a Homeless Situation¹¹⁹, was conducted by the Instituto Nacional de Estatística (INE) and ENIPSSA, with data collected as of December 31, 2023. The survey was carried out using a census approach, where various institutions (shelters, social services, and outreach teams) collaborated to identify and count individuals experiencing homelessness. As of December 31, 2023, 13,128 people were identified as homeless in Portugal, with 7,705 lacking shelter (58,7%) and 5,423 (41,3%) without a home. Of the 13,128 people experiencing homelessness, 9,433 were identified as men (71,9%), and 3,695 as women (28,1%). The national average was 1.29 homeless individuals per 1,000 residents, with the highest rates in Alentejo (3.32%), Algarve (2.88%), and the Lisbon Metropolitan Area (1.64%). Table 16 shows available data on homelessness in Portugal and principal regions. Table 16 shows available data on homelessness in Portugal and principal regions.

TABLE 16. HOMELESS IN PORTUGAL AND PRINCIPAL REGIONS.

	Total	% Women
Portugal	13,128	28%
AMLisboa	4,871	20%
Algarve	1,396	30%
Alentejo	2,397	41%
Norte	2,700	27%
Centro	1,764	35%
Açores (Islands)*	493	-
Madeira (Islands)	-	-

Source: The data for mainland Portugal is from 31 December 2023 and has been collected and made public regularly since 2018. *The data for Azores is from 2022, reported by the Novo Dia Association.

No data is available in Portugal on the percentage of homeless women facing multiple vulnerabilities, such as IPV, PSU, and MH issues, or the amount spent nationally per capita on measures to combat homelessness.

8.2.1 DATA RELIABILITY

Although the latest ENIPSSA survey reliably reflects data collected from institutions, organizations, local units, and outreach teams within its defined scope, professionals have rigorously critiqued its limitations. They argue that the methodology systematically underrepresents the true extent of homelessness, particularly among women. For example,

undocumented individuals, who often avoid official services due to legal and social barriers, are frequently omitted, resulting in the exclusion of some of the most disadvantaged groups. Moreover, women experiencing IPV and residing in shelters are classified merely as “at risk” rather than as homeless, a categorization that fails to capture the full precariousness of their situations. Professionals (WP1 FG) also stress that the lack of gender-disaggregated data impedes a nuanced understanding of homelessness among women, masking critical differences in the experiences of ethnic minorities, immigrants, and other marginalized subgroups. This combination of classification issues, methodological constraints, and data gaps ultimately limits the effectiveness of policy responses and targeted interventions aimed at addressing the complex realities of homelessness among women.

8.3 LAW AND POLICY LANDSCAPE

Portugal has no legal frameworks in place, such as housing rights, to protect women from homelessness exclusively. Nevertheless, several laws and policies provide indirect protections through housing rights and support for disadvantaged groups. There are also legal frameworks protecting women victims of DV and human trafficking and in "social emergency" from homelessness.

The Portuguese Constitution (Article 65) guarantees the right to adequate housing for all, including women at risk of homelessness. Lei de Bases da Habitação No. 83/2019 [LAW no. 83/2019], the basic housing law, reinforces this right by prioritising access to affordable housing and prohibiting evictions without due process. For survivors of GBV and of human trafficking, Law No. 112/2009 establishes protective measures such as emergency shelters and social housing programs. The National Strategy for Equality and Non-Discrimination 2018-2030 (ENIND) which includes among others the national action plans against DV, also aim to ensure housing stability for women survivors of DV, IPV and human trafficking.

Portugal’s housing legislation is broad and explicitly prioritises people in acute vulnerability, yet its impact is weakened by fragmented delivery and by the lack of gender sensitive, trauma-informed practice.

Decree-Laws 29/2018 and 37/2018 place disadvantaged groups, such as homeless people and survivors of DV, at the top of the queue for public housing. Ordinance 230/2018 (17 August) gives practical effect to Decree-Law 37/2018: Article 63(4) sets the application template and supporting documents that municipalities and NGOs must file with the Housing and Urban Rehabilitation Institute (IHRU) to secure funding.

Law 81 created the Supported Rent Scheme, which lets the state allocate dwellings at subsidised rents to people in urgent or temporary need stemming from vulnerability, social emergency, or physical or moral danger—including domestic-violence cases. Regulation 84/2018 then details how IHRU selects tenants and assigns units within that scheme.

Decree-Law 37/2018 also launched the 1.º Direito [Housing Access Support Programme] enabling local authorities to fund transitional or long-term housing solutions for those in extreme

vulnerability—again naming homeless persons and victims of domestic violence as priority groups. Despite this comprehensive framework, outcomes remain uneven because services are spread across multiple agencies and rarely apply gender-responsive, trauma-informed approaches.

In short, although there are housing provisions and programs aimed at supporting victims of DV, LGBTQIA+ individuals facing GBV and victims of human trafficking, the effectiveness of these services is compromised by their lack of integration and adaptation to the complex and specific realities of women in or at risk of homelessness.

Portugal has a National Strategy for the Integration of Homeless People (ENIPSSA), which has been in place for several years and covers multiple strategic periods. The current version spans from 2017 to 2023 and is followed by an updated strategy for 2025-2030. Additionally, there are earlier phases, with the first ENIPSSA strategy beginning in 2009. These strategies are designed to combat homelessness through a coordinated approach involving government bodies, social services, and civil society organisations.

The ENIPSSA 2017-2023 is focused on three main intervention axes: promoting knowledge about homelessness, strengthening integration efforts for homeless people, and ensuring effective coordination, monitoring, and evaluation of actions. It aimed to reduce homelessness through prevention, early intervention, and integrated services, including housing, healthcare, and social services. Key measures included the HF model, ensuring stable housing as a first step, and training professionals working in the sector to improve service delivery.

The ENIPSSA 2025-2030 continues to prioritise prevention and early intervention but places greater emphasis on long-term housing solutions and improving community engagement. New approaches include the use of digital tools for monitoring and data collection, focusing more on disadvantaged populations such as migrants, refugees, and those with mental health issues.

Regarding regional and local coordination, the ENIPSSA strategy now relies exclusively on local structures, Núcleos de Planeamento e Intervenção Sem-Abrigo (NPISA), to coordinate interventions at the municipal level. These structures play a key role in tailoring services to the specific needs of different regions and ensuring that national policies are effectively adapted and implemented locally. At the national level, the strategy is underpinned by intersectoral collaboration among various public and private entities, which remains essential for comprehensive and integrated intervention.

Portugal lacks national policies explicitly targeting homelessness among women, and professionals (WP1 FG) highlight this as a critical gap in the legal and policy framework. While some local strategies address women's homelessness, these are largely embedded within broader initiatives, such as ENIPSSA and Law No. 83/2019, the housing law. These policies prioritize affordable housing and include provisions for women facing homelessness due to DV or trafficking, notably through Law No. 112/2009, which offers shelters and housing for survivors of gender-based violence. However, the professionals emphasize that these measures remain

fragmented and do not constitute a comprehensive, gender sensitive policy. While some NGOs and IPSS provide targeted services focusing on trauma-informed care and harm reduction, professionals (WP1 FG) argue that these initiatives are insufficient and lack the necessary systemic support to address the multiple and intersecting vulnerabilities of homeless women effectively.

Although Portugal's policies integrate elements of trauma-informed care and harm reduction in homelessness services, WP1 FG professionals point out that their implementation remains inconsistent and limited. The ENIPSSA strategy promotes a holistic approach, recognizing the complex needs of individuals experiencing homelessness, particularly those with substance use disorders (SUD)¹²⁰ and MH issues. However, professionals note that despite this theoretical framework, the reality on the ground reveals a lack of structured, well-coordinated responses, especially for homeless women. The strategy encourages the coordination of health, social services, and specialized support networks, yet in practice, the professionals (WP1 FG) observe significant barriers to effective collaboration, including siloed interventions, insufficient training, and inadequate funding.

Moreover, Portugal has no specific legal provisions ensuring the integration of IPV, PSU, and MH issues within homelessness policies. While ENIPSSA formally acknowledges the interplay between these factors, professionals (WP1 FG) criticize the absence of explicit guidelines or operational mechanisms to address them comprehensively. The strategy provides a broad framework that could support the development of interventions for individuals affected by IPV, but it lacks clear mandates and funding to ensure their effective implementation. As a result, the professionals argue that while Portugal has policies that theoretically promote integrated responses to homelessness, in practice, these responses remain disjointed, underfunded, and often fail to address the specific needs of homeless women, particularly those facing multiple vulnerabilities.

8.3.1 GENDER IN LAWS AND LEGAL FRAMEWORKS

In Portugal, gender mainstreaming is a common practice in the policy planning processes at both national and local levels.

The ENIPSSA 2025-2030 acknowledges the importance of addressing gender-specific vulnerabilities among homeless populations. The strategy emphasises specialized interventions for particularly disadvantaged groups, including women. However, the plan does not specify how gender considerations should be implemented across various intervention areas. Regarding legal frameworks, Portugal has established mechanisms to incorporate gender perspectives into policymaking. Law 4/2018 mandates ex-ante gender impact assessments for proposed legislation and policies, ensuring that gender considerations are integrated into the development of normative acts.

At the local level in Portugal, there is no specific legislation directly addressing the role of gender in homelessness. However, gender considerations are integrated into related legal frameworks.

Laws criminalizing DV, such as the Penal Code and Law 83/2015, as well as national action plans, provide protection that can help prevent homelessness among victims of GBV. Portugal's National Strategy for Equality and Non-Discrimination (ENIND 2018–2030)¹²¹ is implemented through three specific action plans: the Action Plan for the Prevention and Combat of Violence Against Women and Domestic Violence (PAVMVD)¹²², the Action Plan for Equality between Women and Men (PAIMH)¹²³, and the Action Plan to Prevent and Combat Discrimination on the Grounds of Sexual Orientation, Gender Identity and Expression, and Sexual Characteristics (PAOIEC)¹²⁴. In addition, there is a separate National Action Plan for Preventing and Combating Trafficking in Human Beings.¹²⁵

In the areas of health and harm reduction, the National Health Plan (PNS, 2023)¹²⁶ and harm reduction programs incorporate gender sensitive approaches, although they do not explicitly link gender and homelessness. While these measures indirectly address gender-related risks, there is no comprehensive law that expressly tackles the intersection of gender and homelessness.

8.4 INFLUENCING THEORIES AND FRAMEWORKS

Housing First, trauma-informed care, and harm reduction are among the evidence-based theories and frameworks that influence strategies for addressing homelessness. In addition, in ENIPSSA a person-centred approach anchored in housing, referred to as a housing-led strategy, is employed to integrate multiple models, including HF, to meet the diverse needs of various population profiles, and for example, shared housing solutions may be utilized as targeted interventions for specific groups, such as the LGBTQIA+ community or women, ensuring that services are tailored to distinct needs.

8.5 INSTITUTIONAL SETTING AND STAKEHOLDERS

The institutional setting for combating homelessness in Portugal is structured around several key entities that work together in a coordinated effort. The ENIPSSA strategy is implemented through governmental and non-governmental institutions with specific roles and responsibilities.

At the local level, the Homeless Planning and Intervention Centres (NPISA) are regional planning and intervention units that operate at the municipal or inter-municipal level. They coordinate services such as emergency shelters, temporary accommodation, healthcare, and social support for homeless people. NPISA centres ensures that responses to homelessness are tailored to the specific needs of each region and that local actors collaborate efficiently. These units bring together regional partners, who often contribute voluntarily, to work collectively within the NPISA framework. In most cases, these units are managed by the municipality.

In addition, the Social Security Institute, along with other social services and municipal authorities, plays a key role in providing housing, social assistance, and services aimed at social integration. There are also partnerships with civil society organisations, NGOs, and local community initiatives, which directly support homeless people, including mental health services, job training, and legal support.

Although these institutions are intended to work together in an integrated network, leveraging resources and coordinating interventions to provide holistic support to homeless people, in practice, various obstacles and limitations hinder effective collaboration. The network is designed to address both immediate needs (such as shelter and emergency services) and long-term solutions (like housing and social integration), but challenges in coordination and resource allocation often prevent it from fully achieving its objectives.

8.5.1 NATIONAL STAKEHOLDERS

Portugal has identified national level INTERACT stakeholders, presented in table 17 in alphabetic order. This is a non-exhaustive list.

TABLE 17. INTERACT NATIONAL STAKEHOLDERS IN PORTUGAL.

Stakeholder	Details
Cáritas Portuguese	Catholic charity network offering emergency accommodation, soup kitchens, clothing, counselling and housing support nationwide. Nonprofit Social Welfare Organization / Religious
CIG	Commission for Citizenship and Gender Equality. State body leading policy on gender equality, LGBTIA+ rights and prevention of gender-based violence (funds shelters, helplines, training).
Comunidade Vida e Paz	Night street teams, low-threshold day centre, emergency shelters, residential rehabilitation and job-training pathways for people experiencing homelessness in Lisbon. NGO
CRESCER	Community harm-reduction NGO (needle exchange, outreach, drug-consumption room), É Uma Casa Housing First programmes, health mediation and social-inclusion projects. NGO
Doctors of the World Portugal	Mobile clinics, primary health care, harm reduction (needle/syringe, naloxone, drug-checking), outreach to homeless people, migrants, PWUD, sex workers. NGO
ENIPSSA National Strategy for the Integration of Homeless People	Intersectoral government strategy
Existências	Harm-reduction outreach in nightlife settings, sexual-health and drug-use risk-management for youth, sex-workers and LGBTQIA+ communities. Association - Coimbra
GAT	Community-based NGO dedicated to HIV, viral-hepatitis and STI prevention. Runs Checkpoint rapid-testing centres, supervised drug-consumption rooms, mobile harm-reduction outreach, and rights advocacy for key populations such as people who use drugs, sex workers, migrants and homeless individuals.
G.A.TO.	Prevention, treatment (therapeutic community) and social reintegration services for people with licit/illicit drug problems in the Algarve. Group for Assistance to Drug Users. NGO
ICAD	Public Institution from the Ministry of Health. Intervention Service for Addictive Behaviours and Dependencies - nationwide.
MAPS	Support Movement for AIDS-Related Problems – Algarve. HIV/HCV prevention, low-threshold shelter, mobile harm-reduction and social support for PWUD, migrants and homeless people.
MTS	Mobile outreach, emergency and transitional housing, health & psychosocial support for people experiencing homelessness in the Azores. Movement of sex workers. Social movement; Collective

National Social Emergency Line - 144	24/7 free hotline of Social Security that dispatches outreach teams and coordinates immediate responses for homelessness, domestic violence and other social emergencies. Public
Novo Dia Association (Açores)	Mobile outreach, emergency and transitional housing, health & psychosocial support for people experiencing homelessness in the Azores. Nonprofit Social Welfare Organization
Plan I – house Arco Íris	For LGBTI victims of GBV – Porto. First Portuguese shelter dedicated to LGBTI victims of domestic or gender-based violence; offers short-term safe housing and holistic support.
Portuguese Red Cross	Emergency shelter, street outreach, canteens, psychosocial and health services for homeless people; disaster and crisis response country wide. Nonprofit Social Welfare Organization / Religious
RNAVVD	National Support Network for Domestic-Violence Victims is State-coordinated by the Commission for Citizenship and Gender Equality, RNAVVD links more than 280 specialised structures—24/7 helpline 800 202 148, SMS3060, emergency shelters, safe houses and community offices—that give free psychological, legal and social assistance to anyone affected by domestic violence across Portugal. RNAVVD includes 5 facilities for LGBTI+ people, a reception centre and a self-catering flat. Public network

8.5.2 LOCAL STAKEHOLDERS

Portugal has identified INTERACT stakeholders in Lisboa, the country's INTREACT intervention area and are listed in table 18 by areas and in alphabetic order. This is a non-exhaustive list.

TABLE 18. INTERACT STAKEHOLDERS IN PORTUGAL AND INTERVENTION AREAS.

Name	Details
Lisboa and nationwide	
CASA	Street outreach, daily meals, emergency shelter for homeless people. NGO
Doctors of the World	Health, homelessness and harm reduction. Mobile health & harm-reduction teams for homeless, migrants, PWUD, sex workers (see previous table). NGO
ICAD	Institute for Addictive Behaviours and Dependencies
Oblata Sisters	Support for women victims of GBV, IPV, DV and of social exclusion, including shelters. NGO
PSP	Public Security Police. Law-enforcement, first response to DV/GBV, liaison with homeless services.
UMAR	Counselling and several DV shelters; GBV prevention & advocacy (see previous table). NGO
Lisboa and Almada	
FEM	Support GBV, IPV and DV victims. NGO
Lisboa e Setúbal	
GAT	HIV/STI testing, supervised consumption, harm-reduction advocacy (see previous table). NGO
Lisboa	
AEIPS	Association for the Study and Psychosocial Integration. Mental health, harm reduction, (see previous table). NGO
Ares do Pinhal	Therapeutic communities and harm-reduction, (see previous table). NGO

Casa QUI	Helpline, counselling and safe housing for minors facing DV/GBV or family rejection over SOGI. NGO
Casa T	Shelter and autonomy-building centre for trans people, especially migrants. NGO
Comunidade Vida e Paz	Street teams, day centre, shelters, vocational training (see previous table). NGO
Confiar	Confiar promotes the social reintegration of prisoners, ex-prisoners, and their families through education, vocational training, psychosocial support, and restorative justice programmes. It works in partnership with public and civil society institutions to foster social inclusion and reduce recidivism. It manages a transitional house for men leaving prison and is developing a project to create a transitional house for women.
Crescer	Harm-reduction outreach, HF (see previous table). NGO
ENSP	National School of Public Health. Post-graduate training and research in public health. Public
ENSP - National School of Public Health	Health training and research. Public
Lisbon Psychiatric Hospital Centre	In-patient & community psychiatry, rehabilitation programmes. Public
Manas Safe Space	Peer-led safer space for women & non-binary people who use drugs or do sex work and have survived violence. Collective
MuDHa - Women for the Right to Housing	Peer advocacy and housing-rights campaigning by women with lived homelessness. Social movement
Municipality of Lisboa	Coordinates NPISA, funds shelters & Housing First, allocates social housing. Public/local
Opus Diversidades	Psychosocial support and emergency shelter for LGBTQIA+ people facing exclusion or GBV. NGO
São Francisco das Misericórdias	Higher School of Nursing. Nursing, mental-health and community-health training & research. Private.
SOMOS	Homelessness advocacy and peer-led project of women who experienced homelessness.

8.5.3 MULTIDISCIPLINARY COLLABORATION

In Portugal, several systemic and operational obstacles hinder truly integrated multidisciplinary responses to homelessness. A major challenge is the lack of clear delineation of roles and responsibilities among service providers, which leads to fragmented care and duplicated efforts that ultimately compromise the effectiveness of interventions. Professionals (WP1 FG) working in the field have noted that this ambiguity not only undermines collaboration but also reflects deeper organizational issues. They observe that effective multidisciplinary work requires robust frameworks and well-defined structures, as individual efforts alone cannot overcome the constraints imposed by fragmented funding and rigid operational models.¹²⁷

The difficulties extend to data sharing, where uncertainties around permissions and data protection regulations further weaken coordination and the development of integrated responses. This challenge is compounded by a general lack of understanding regarding the specific needs of homeless women, particularly those who have experienced gender-based violence, trauma, or substance use. Many professionals in the WP1 focus group emphasize that the current, broad definition of homelessness tends to obscure these nuances, making it harder to tailor services to address the complex realities of these women. They express concern that

such generic categorizations can lead to delayed help-seeking and insufficient support, as interventions are not adequately aligned with the multifaceted nature of the vulnerabilities involved.

Furthermore, the professionals point out that the existing networks between housing, health, social services, NGOs, and law enforcement are weak, with inconsistent communication channels and differing operational cultures contributing to a pervasive sense of fragmentation. The connection between IPV support, harm reduction programs, and homelessness services is notably fragile, a situation that many experts argue diminishes the potential positive impact of interventions, especially for women facing multiple challenges. They advocate for a more cohesive approach that bridges these gaps through improved intersectoral dialogue and shared protocols.¹²⁸

Despite these challenges, there have been efforts to improve coordination, for example with ENIPSSA strategy, which brings together key actors like the Social Security Institute, local municipalities, NGOs, and other institutions. The gradual introduction of the HF model also represents progress toward a holistic approach that combines housing with complementary supports, although its inconsistent application across the country remains a concern. In the healthcare sector, there is growing recognition of the need to address the complex health profiles of homeless people, yet collaboration between healthcare and housing services is still underdeveloped.

8.6 SERVICES AND PROVISIONS

The main types of services available for homeless women in Portugal are emergency shelters and IPV crisis centres coordinated by the National Support Network for Domestic Violence Victims (RNAVVD)¹²⁹, coordinated by the Commission for Citizenship and Gender Equality, brings together more than 280 specialised services, including a 24/7 helpline, emergency shelters, safe houses, and community offices, providing free psychological, legal, and social support to all victims of domestic violence across the country, and managed by organisations like APAV, UMAR, FEM, and Santa Casa da Misericórdia, which provide protection and psychosocial support. However, studies indicate that many of these spaces lack gender sensitive and trauma-informed approaches, making them inadequate for addressing the specific needs of women, especially those dealing with PSU or MH issues. Professionals (WP1 FG) have observed that these shortcomings reflect broader issues within service provision: the current models are often too generic and rigid to accommodate the complex, intersecting vulnerabilities faced by homeless women.¹³⁰

Housing First programs, such as "É Uma Casa, Lisboa Housing First" by CRESCER, offer permanent housing solutions, yet they are not fully adapted to women's realities, particularly for survivors of IPV who also have caregiving responsibilities. Similarly, harm reduction programs run by organizations like GAT, Ares do Pinhal, and MAPS provide support for women with PSU issues, but in general they lack a gender-responsive approach. Health and outreach services, such as those provided by Doctors of the World, deliver much needed medical and psychological care,

yet the integration of MH services with IPV support remains limited, further highlighting the fragmented nature of the overall service system.

While the HF model has been adopted in some areas, its application remains limited and unevenly integrated into local practices. There is no comprehensive, locally developed theoretical framework guiding homelessness interventions in Portugal; instead, existing models are adapted and implemented without a unified theoretical foundation. Despite these challenges, HF programs have been implemented in several cities, including Lisbon, Porto, Braga and Leiria, with key organizations leading the way.

A prominent example is "É Uma Casa, Lisboa Housing First", managed by CRESCER, which prioritizes providing permanent housing to individuals experiencing chronic homelessness, including those dealing with PSU and MH disorders, without requiring abstinence as a precondition. In Leiria, InPulsar manages Morada Certa – Leiria HF, with support from private sector funding. Other organizations, such as Santa Casa da Misericórdia de Lisboa (SCML) and NPISA Porto, have integrated HF initiatives into their municipal strategies. Additional projects exist across the country, including those led by CASA – Centro de Apoio ao Sem-Abrigo, Vitae, and MAPS (Movimento de Apoio à Problemática da SIDA), which focus on securing stable housing for highly disadvantaged populations.

Beyond providing housing, these programs incorporate harm reduction, mental health support, and social reintegration services. Ares do Pinhal plays a crucial role in this ecosystem by offering harm reduction services, outreach programs, and supervised consumption initiatives. These services are particularly directed at individuals experiencing both homelessness and PSU or MH issues, ensuring they receive specialized support that fosters long-term stability. ADP works daily with women who are victims of GBV and who use psychoactive substances, providing access to contraception, protocols with maternity services and women's health consultations. In partnership with VITAE, ADP also offers emergency accommodation through the CAEM [Emergency Accommodation Centre] response. Similarly, GAT (Grupo de Ativistas em Tratamentos) takes a community-based intervention approach, prioritizing peer support, healthcare, and harm reduction strategies while also assisting in housing access. GAT's work is particularly relevant for highly marginalized populations, including people who use drugs, individuals living with HIV/AIDS, women, and LGBTQIA+ people, who often face discrimination and systemic exclusion in traditional homelessness services.

Despite the growing presence of HF in Portugal, significant structural challenges hinder its expansion. Real estate speculation and rising rental prices severely limit the availability of affordable housing units, making it increasingly difficult for organizations to secure long-term housing for program participants. These economic pressures threaten the sustainability and scalability of HF initiatives. Furthermore, grassroots and community-based organizations, which are often the most effective in reaching the most marginalized populations, struggle with critical funding shortages. Without adequate financial and institutional support, many of these initiatives lack the stability needed to maintain long-term housing programs and essential wraparound

services. This highlights the urgent need for stronger public investment and policy measures that not only ensure housing accessibility but also protect community-led initiatives, which play a key role in reaching those most at risk of long-term homelessness.

In Portugal, trauma-informed and harm reduction approaches are increasingly being recognized and incorporated into local practices, though their implementation remains uneven. Some organizations, particularly grassroots initiatives, have adopted these approaches in their work with homeless women, recognizing the intersectional nature of homelessness, trauma, and substance use. For example, organizations like Manas Safe Space and SOMÓS integrate trauma-informed care into their services by providing safe, non-judgmental spaces where women can receive support without the pressure to immediately address substance use or other trauma-related issues. These organizations emphasize empowerment, choice, and community support, which are central principles of trauma-informed, gender sensitive and harm reduction approaches.

Additionally, harm reduction programs for women dealing with PSU or sex work¹³¹ have gained traction. These programs focus on reducing the negative consequences of these activities rather than criminalizing or stigmatizing women. They provide safe spaces, mental health support, and healthcare access without requiring women to abandon survival strategies before receiving care. However, professionals (WP1 FG) highlight that these approaches are not universally applied, and systemic barriers, such as a lack of training for service providers, fragmented services, and limited funding, often prevent wider adoption. Furthermore, the professionals emphasize that the biomedical and deficit-based models still dominate intervention strategies, leading to standardized, inflexible responses that fail to account for the complexity of women's experiences with trauma, substance use, and homelessness. There is still a need for stronger political commitment and sustainable resources to fully integrate trauma-informed and harm reduction practices across all services aimed at homeless women in Portugal.

Portugal has no national strategies or gender-specific measures in place for preventing PSU or supporting substance users within a trauma-informed framework. ENIPSSA acknowledges the intersection between homelessness, MH issues, and PSU, but it lacks explicit provisions for integrating support services for IPV, PSU, and MH issues within homelessness policies. While ENIPSSA provides a broad framework that could support the development of comprehensive interventions for individuals affected by IPV, professionals note that in practice, coordination between sectors remains weak, and these services often operate in silos. As a result, women who experience both homelessness and IPV or PSU frequently fall through the gaps of existing intervention models.

Portugal has broader national strategies and programs aimed at supporting people with PSU issues, but gender sensitive measures remain limited. The National Drug Strategy (ENSD) and the National Program for the Prevention and Treatment of Drug Addiction (PNPDT) (Law Decree No. 115/2017) provide the overarching framework for addiction treatment and prevention. However, professionals (WP1 FG) emphasize that these programs do not explicitly address the specific

needs of women, especially those experiencing both trauma and substance use. Similarly, the Resolução do Conselho de Ministros n.º 115/2023 [Government Resolution No. 115/2023] promotes a more integrated and coordinated approach to supporting disadvantaged groups, including women. However, its impact remains unclear, and the professionals highlight the need for monitoring and accountability mechanisms to ensure that gender sensitive interventions are effectively implemented.

While trauma-informed care and gender sensitive approaches are widely recognized as essential, very few programs are explicitly tailored to meet the needs of women who experience PSU issues and the effects of trauma. Some services integrate these needs within general addiction treatment, but professionals emphasize that they are not always designed specifically for women or survivors of trauma. Additionally, most frontline professionals working in homelessness and addiction services lack specialized training in trauma-informed care, which limits the effectiveness of interventions and perpetuates stigma and exclusion.

Furthermore, there is a significant gap in specialized shelters and services designed to support women who face PSU alongside trauma. Existing shelters for women victims of DV or IPV generally exclude those with PSU and MH issues, reinforcing a cycle of exclusion where the most disadvantaged are unable to access support. On the other hand, emergency shelters and accommodation centres for the homeless are not adequately prepared or equipped to host women and LGBTQIA+ individuals, particularly IPV survivors, in dignified conditions. For instance, in the Lisbon Metropolitan Area, there are no emergency shelters specifically dedicated to women and LGBTQIA+ people, a major gap that professionals (WP1 FG) have identified as a critical barrier to access and safety.¹³²

Professionals (WP1 FG) also highlight that existing services operate in a punitive and moralizing framework, where substance use is often treated as a personal failure rather than as a complex social and health issue. This further discourages women from seeking help, particularly those engaged in sex work or who fear losing custody of their children. There is a lack of harm reduction approaches within mainstream homelessness services, despite their proven effectiveness in reducing harm and increasing engagement with long-term support. Therefore, although some progress has been made, gender sensitive and trauma-informed programs for women experiencing PSU and homelessness remain insufficient, particularly outside of major cities

Many professionals (WP1 FG) emphasize that the disjointed provision of services is a major obstacle to achieving a holistic response. They note that while community-based feminist initiatives like SOMOS and Manas Safe Space play a crucial role in addressing gaps left by mainstream services, these initiatives often struggle with inadequate funding and a lack of institutional recognition. This, in turn, limits their capacity to offer comprehensive, mutually supportive care that is sensitive to the unique experiences of homeless women.¹³³

Furthermore, reports from FEANTSA, academic research, and national homelessness studies underscore persistent challenges, including the absence of intersectional policies, insufficient

shelter options, and limited access to housing, and MH and PSU services tailored to the needs of homeless women.¹³⁴

8.6.1 BARRIERS TO SERVICES

Women experiencing homelessness in Portugal face a variety of barriers that significantly limit their access to support services. These barriers are often interlinked and exacerbated by factors such as GBV, MH issues, PSU, and legal challenges. These constraints not only hinder their ability to access basic needs such as housing and healthcare but also compound their vulnerability, reinforcing cycles of marginalisation and exclusion.

One of the most prominent barriers is the lack of gender sensitive services tailored to the specific needs of homeless women. Many shelters in Portugal are only for men and there are some mixed genders, which creates safety concerns, particularly for women who have been victims of DV, IPV or sexual violence. These women often feel unsafe in these spaces, which discourages them from seeking help. Additionally, shelters that do exist are usually not designed to accommodate women with children or those from migrant backgrounds, further limiting their options for support. The absence of child-friendly accommodations or culturally competent care exacerbates the difficulties faced by these women, making it even more challenging to find safe and appropriate shelter.

Legal barriers also play a significant role in limiting access to services. Migrant women are often fearful of being reported to immigration authorities and deported, which further isolates them and prevents them from accessing essential healthcare services. In the current political context in Portugal this fear of legal repercussions is growing and can deter them from seeking help for MH issues, PSU, physical health concerns or GBV and sexual violence, which are all common among homeless women.

The criminalisation of survival strategies also exacerbates the barriers women face. Many women experiencing homelessness are criminalised for behaviours linked to their survival strategies. Although not criminalised in Portugal, women engaged in in substance use and/or sex work still face significant stigma and harassment, which leads to their criminalization and exclusion from shelters and healthcare services. This criminalisation reinforces the cycle of vulnerability and makes it even harder for these women to escape their situation.

Geographical barriers also pose challenges, particularly for those living in rural areas or regions with fewer resources. Services are often concentrated in urban centres, leaving women in rural areas with limited access to shelters, healthcare, or support services. This geographical divide exacerbates the difficulties faced by women living in less accessible places and forces many to remain in unsafe situations due to the lack of nearby alternatives.

Cultural and social stigma are also significant barriers, particularly for women involved in sex work or substance use. These women often face discrimination, not only from society at large but also from service providers, who may lack training or awareness about the intersectionality of gender, race, and class in the context of homelessness. This discrimination often prevents them

from accessing the help they need, further entrenching their exclusion. Additionally, mental health issues and developmental disorders are common among homeless women, many of whom have experienced prolonged trauma, including violence, abuse, and neglect. These MH challenges are often compounded by substance use, which is frequently used as a coping mechanism for the trauma of homelessness. However, many services do not adequately address the mental health needs of homeless women, and there is a lack of trauma-informed care in many shelters and support services. This lack of appropriate care makes it difficult for women to heal and reintegrate into society.

In Portugal, structural racism, sexism, and homophobia, combined with cultural stigma around PSU and widespread popular punitivism, create significant barriers for homeless women seeking support. Women who use drugs or engage in sex work face intense moral judgment, often being denied services or treated with suspicion. Migrant and racialised women, particularly those who are undocumented, encounter systemic discrimination and fear of deportation, discouraging them from accessing healthcare, housing, or legal aid. Homeless women—especially those who are mothers—face the stigma of being seen as "bad mothers," reinforcing their exclusion from services. Women in precarious housing situations are often at risk of losing custody of their children, a fear that can discourage them from seeking institutional support. This punitive approach fails to address the structural causes of their vulnerability, instead framing them as unfit parents rather than individuals in need of housing and social assistance. The moral policing of motherhood, particularly for women who use drugs or engage in survival strategies, further marginalises them, limiting their access to services that could improve both their own and their children's well-being. Transgender women experiencing homelessness face systemic transphobia, exclusion from shelters, and barriers to accessing gender-affirming healthcare. Inadequate staff training and the lack of inclusive protocols worsen their marginalisation. There is an urgent need for intersectional, trans-affirming services that ensure safety, dignity, and equitable access.

Additionally, the criminalisation of survival strategies and punitive attitudes toward poverty reinforce exclusion, while the lack of gender sensitive, LGBTQIA+-inclusive, and trauma-informed care further alienates those most in need.

These barriers are further intensified by successive economic crises, specially since 2008, that have deepened inequalities and severely restricted access to housing. Real estate speculation and rising rents, fuelled by unregulated short-term rentals and gentrification, have placed affordable housing beyond reach for low-income women, particularly those in precarious labour conditions or experiencing homelessness. Meanwhile, increasingly restrictive border policies and anti-migrant rhetoric, amplified by the rise of far-right populism in Portugal, have further marginalised migrant women. The far-right's growing influence, now the third-largest political force in Parliament, has legitimised xenophobic, racist and exclusionary narratives, reinforcing social divisions and reducing access to essential rights and services. One example of this trend is the recent proposal to change the laws to strengthen the restrictions on access to the National Health Service (SNS) for undocumented people, which raises some questions from the point of

view of guarantees of universal access to health care as provided for in the Portuguese constitution.

Compounding these issues, the current right-wing government continues the progressive privatisation of social services, accelerating the dismantling of social policies underway for the past 20 years, particularly since the 2008 economic crisis. Portugal has historically had a weak welfare state, and in recent decades, it has seen a steady erosion of social protections, increasing the precarity of those most in need. The reductions in public investment and outsourcing essential services to the private and nonprofit sectors have led to a shrinking provision of resources, deepening social vulnerability and exclusion. These structural and political dynamics contribute to the growing marginalisation of homeless women, making urgent, intersectional policy responses critical.

8.6.2 GAPS IN SERVICES

Portugal has identified the following notable gaps in current service provision for homeless women.

- Lack of shelters with gender sensitive focus
Many shelters are mixed-gender, creating safety concerns for women, particularly survivors of gender-based violence. Women-only shelters, especially those with child-friendly accommodations, are urgently needed. Additionally, rigid admission criteria often exclude women with complex needs, such as those with SUD, MH conditions, or experiences of transactional sex. The lack of flexibility in shelter policies contributes to the exclusion of women who do not fit within conventional service models. Furthermore, there is a lack of spaces equipped to accommodate pregnant women or those with specific reproductive health needs.
- Fragmented and non-integrated services
Mental health, substance use, and housing services are often disjointed, lacking trauma-informed and gender sensitive approaches that address the complex needs of women who face multiple forms of trauma. Many services continue to operate within rigid, standardized frameworks that do not accommodate the diversity of women lived experiences. The deficit-based approach in many interventions reinforces a cycle of exclusion, as support structures fail to adapt to the specific needs of women navigating homelessness, gender-based violence, and systemic discrimination. Professionals also highlight the lack of coordination between different sectors, making it difficult for women to transition smoothly between emergency, transitional, and permanent housing solutions.
- Legal and immigration barriers
While no legal changes have been implemented, recent proposals to restrict access to public healthcare for undocumented migrants have created uncertainty and fear. This contributes to the reluctance of many migrant women to seek essential healthcare and

mental health support, exacerbating their vulnerability. Inconsistent practices across service providers regarding assistance for undocumented individuals further complicate access to necessary support. Additionally, professionals point out that migrant women, particularly those who are racialized, experience systemic discrimination within support services, further limiting their ability to receive appropriate care.

- Stigma, exclusion and service gaps for women facing multiple vulnerabilities
Women experiencing homelessness in Portugal often face multiple, overlapping vulnerabilities, such as economic insecurity, experiences of GBV, MH challenges, PSU, motherhood (and related stigma), histories of institutionalisation (including release from prison or psychiatric units), migration status, and engagement in sex work as a survival strategy. Services frequently respond to these vulnerabilities in isolation, relying on strict eligibility criteria and fragmented approaches that do not reflect the realities of women’s lives. Professionals (WP1 FG) report that this siloed response results in many women being excluded from support—for example, mothers labelled as “bad mothers,” women who use substances being denied access to shelters unless they accept abstinence-based rules, or women engaged in sex work or recently released from prison being seen as “undeserving” or too complex for existing interventions. Stigma, both societal and institutional, compounds these barriers, leading to increased social isolation and vulnerability. As a result, women with multiple vulnerabilities often struggle to access the integrated, sustained, and dignified support they need. Addressing this gap requires service models that are flexible, gender-responsive, trauma-informed, and capable of recognising and responding to the full complexity of women’s lives and experiences.
- Lack of inclusive and gender-affirming services for transgender women
Transgender women experiencing homelessness face heightened levels of social and economic discrimination and are often excluded from shelters and support services due to institutional transphobia and the absence of appropriate responses to their specific needs. Many shelter facilities do not recognise or respect the gender identity of transgender clients, leading to placement in unsafe environments or outright denial of access. These women also face significant barriers in accessing adequate healthcare, including gender-affirming care, mental health support, and uninterrupted access to hormonal treatment, which is essential for their physical and psychological wellbeing. The lack of staff training on trans-specific issues and the absence of gender-diverse sensitive protocols further compound their exclusion. Professionals highlighted the urgent need to integrate intersectional approaches that address systemic transphobia and the specific needs of transgender women in the design and implementation of services, ensuring safety, dignity, and equitable access to support
- Geographical gaps
Services are primarily concentrated in urban areas, leaving rural areas like those served by Ares do Pinhal with limited access to support. Women in these regions experience

prolonged homelessness and precarious housing situations due to the scarcity of emergency shelters, mental health services, and outreach programs. Limited public transportation options further restrict access to the few available services.

- Lack of funding for community-based initiatives
Community-driven organizations, such as SOMOS, Manas Safe Space, and the specialised services of GAT Intendente⁴⁶, provide gender sensitive, trauma-informed, and harm reduction care tailored to the realities of women experiencing homelessness — particularly those who use substances, are survivors of violence, are transgender, sex workers, migrants, or living with HIV. However, these initiatives suffer from chronic underfunding, which limits their ability to expand and offer sustained support. Many of these organisations operate with minimal resources, making their long-term sustainability uncertain, despite their crucial role in filling service gaps. Professionals stressed that without adequate financial investment, these organisations cannot provide the stability and continuity needed for effective intervention.
- Insufficient training and capacity in services
Many professionals working with homeless women lack specialized training in trauma-informed care, harm reduction, and gender sensitive approaches. This leads to interventions that do not fully recognize the complexities of homelessness and may reinforce stigma and exclusion, particularly for women who use substances, engage in transactional sex, or struggle with mental health conditions. The absence of structured, continuous training programs further weakens service effectiveness. Professionals emphasize the need for widespread implementation of psychologically informed environments (PIE)¹³⁵ and street psychiatry to address the specific needs of homeless women.
- Invisibility in data collection
Certain groups of homeless women, such as those transitioning between different forms of homelessness, moving between the streets, temporary shelters, or DV shelters, are often not counted in official statistics. The lack of gender-disaggregated data obscures the scale and complexity of homelessness among women, resulting in inadequate policy responses and funding allocations. Additionally, professionals highlight that the current definition of homelessness does not fully capture the specific vulnerabilities of women, particularly those in hidden homelessness situations, such as those staying in informal or unsafe housing arrangements to avoid sleeping on the streets.

These gaps highlight the systemic barriers that prevent homeless women from accessing consistent, appropriate, and long-term support. The fragmentation of services, exclusionary criteria, insufficient funding, and lack of intersectional approaches contribute to cycles of marginalization and exclusion, further limiting women’s ability to secure stable housing, healthcare, and social protection. Professionals stress the urgent need for systemic changes to

ensure that homelessness interventions effectively address the realities of the women they aim to support.

8.6.3 OFFICIAL REQUIREMENTS FOR SERVICES

In Portugal, there are no specific official requirements for the quality of services provided to homeless women. Quality oversight mainly depends on individual service providers rather than a centralised regulatory body.

8.7 SUMMARY AND INTERACT FOCUS IN PORTUGAL

Homelessness in Portugal is broadly defined in the national strategy document ENIPSSA 2017-2023, covering those without shelter and those without permanent housing. This definition aims to address various forms of housing exclusion. However, professionals find the definition insufficiently tailored to specific vulnerabilities, particularly those of women, suggesting the need for a more intersectional framework that integrates gender sensitive and trauma-informed perspectives.

The primary causes of homelessness among women in Portugal include economic insecurity, housing exclusion, family conflict, DV, IPV, MH and PSU, institutional discharge without adequate reintegration plans, and lack of institutional support. Ethnic minorities, immigrants, LGBTQIA+ individuals, single mothers, survivors of human trafficking, women experiencing IPV, and those with multiple vulnerabilities are the most at risk.

The most recent national survey conducted on December 31, 2023, identified 13,128 homeless individuals, 9,433 men and 3,695 women. The survey was carried out using a census approach, with collaboration from various institutions. Professionals criticize the methodology for underrepresenting the actual extent of homelessness, particularly among undocumented individuals and women experiencing IPV and residing in shelters.

The Portuguese Constitution guarantees the right to adequate housing for all, and Portugal has in place indirect protective measures through housing rights and support for disadvantaged groups, including laws protecting victims of DV and human trafficking. However, professionals highlight that national policies explicitly targeting homelessness among women are lacking, and existing measures are fragmented and insufficiently gender sensitive.

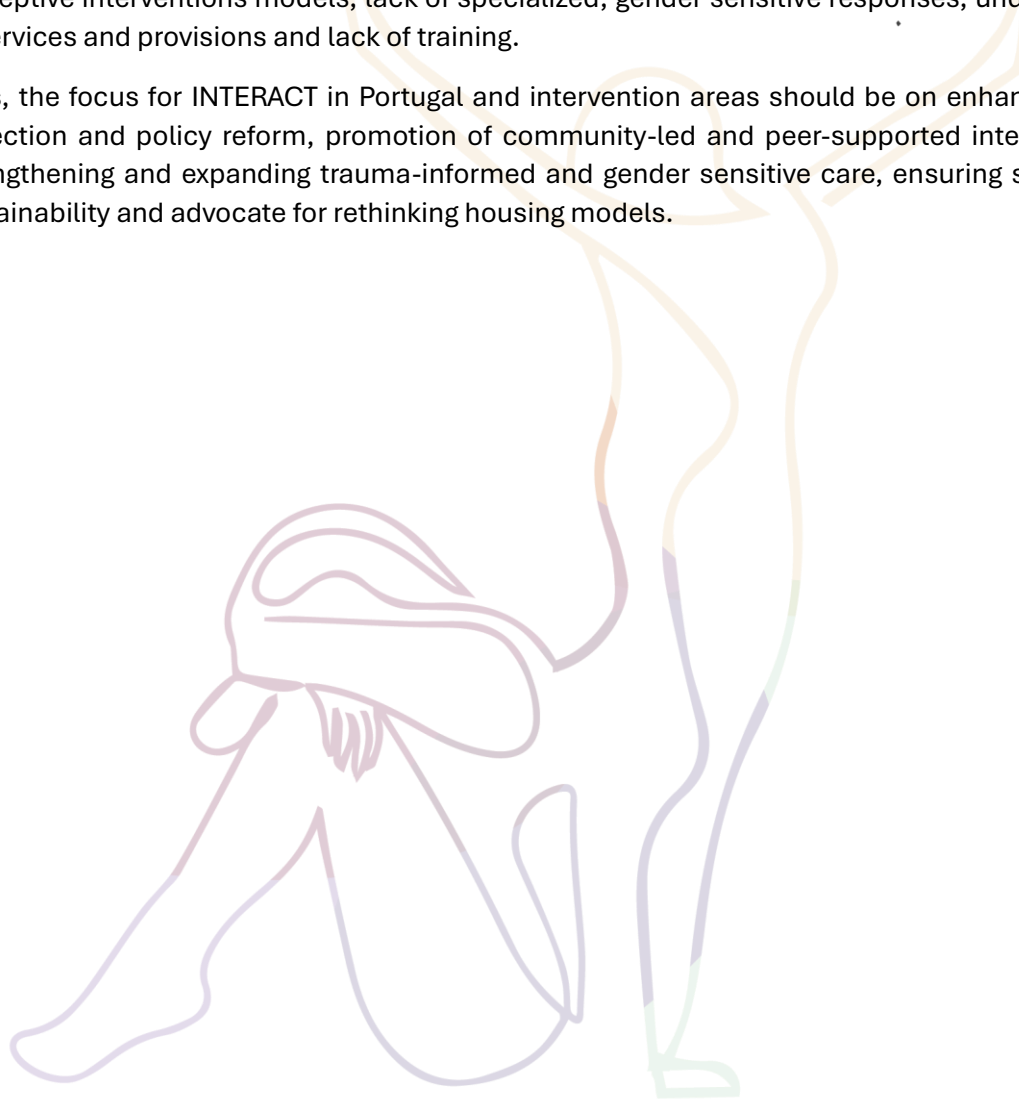
The institutional setting involves multiple entities, including local NPISA centres, social services, NGOs, and municipal authorities. ENIPSSA strategy promotes a coordinated approach, yet practical collaboration remains limited due to unclear delineation of roles and responsibilities, weak intersectoral networks, and fragmented funding.

Portugal provides emergency shelters, IPV crisis centres, and Housing First programs. However, many shelters lack gender sensitive approaches, and services for women with complex needs are insufficiently integrated. Community-based initiatives play a crucial role but face funding challenges and limited institutional recognition.

Housing First, trauma-informed care, and harm reduction approaches are adopted in some areas but remain unevenly integrated. Organizations like Manas Safe Space, SOMOS offer gender sensitive and trauma-informed care, yet systemic barriers hinder widespread implementation. Professionals advocate for stronger interdisciplinary cooperation and structural changes to ensure comprehensive support.

In summary, the key structural challenges identified are fragmentation of services, rigid perceptive interventions models, lack of specialized, gender sensitive responses, underfunding of services and provisions and lack of training.

Thus, the focus for INTERACT in Portugal and intervention areas should be on enhancing data collection and policy reform, promotion of community-led and peer-supported interventions, strengthening and expanding trauma-informed and gender sensitive care, ensuring safety and sustainability and advocate for rethinking housing models.



9. ROMANIA

Romania, with a population of approximately 19,1 million on 1 January 2024, is an EU member state.¹³⁶ The Romanian INTERACT partner is Direcția de Asistență Socială și Medicală. This chapter provides an overview of the current state of homelessness in Romania.

9.1 HOMELESSNESS

The Romanian legislative framework in the field of homelessness, Strategia națională privind incluziunea socială a persoanelor fără adăpost pentru perioada 2022-2027 și Planul de acțiune pentru aceeași perioadă [National Strategy on Social Inclusion of Homeless People 2022-2027 and Action Plan 2022-2027] defines homeless people as individuals or families who, for various social, medical, financial, economic, legal reasons, or due to force majeure situations, live on the street, temporarily stay with friends or acquaintances, are unable to afford rental housing, are at risk of eviction, or are in institutions or penitentiaries from which they are to be discharged within two months and have no housing. The definition is in line with ETHOS Light.

9.1.1 HOMELESSNESS AND CAUSES

In Romania, the main causes of homelessness among women are poverty, urban agglomerations and a high rate of unemployment. Other causes are first and foremost, PSU, MH issues, and IPV - more or less hidden.

The most disadvantaged subgroups of women identified by the Romanian team are, in alphabetic order, migrants, LGBTQIA+, single mothers, survivors of human trafficking, women experiencing IPV, women dealing with PSU, women with MH issues and women facing multiple vulnerabilities.

9.1.2 HOMELESSNESS AND GENDER

In Romania, the role of gender in homelessness is influenced by a combination of social, cultural, and economic factors. To fully understand the role of gender in homelessness in Romania requires a nuanced approach that considers both visible and hidden forms of homelessness. It should be noted that, the prevailing discourse suggests men are seen as more physically resilient to street conditions, while women are viewed as more resourceful in coping and surviving these situations. Addressing all these issues requires gender sensitive policies and improved access to tailored support services.

9.2 NATIONAL AND LOCAL STATISTICS

According to OECD data¹³⁷ for 2022, the estimated number of homeless individuals in Romania was 8,436 or 0.038% of the total population. The estimation is based on data from local authorities' reports and include people in emergency accommodation like shelters, hostels, and women's refuges.

The Ministry of Labour and Solidarity has not published any official homelessness statistics yet on homeless people for 2024. According to the statistics published by the ministry for the year 2023, the total number of homeless people reported at national level was estimated to be 3672

individuals. The data on the total number of homeless people in Romania and the INTERACT intervention areas, Cluj, Cluj-Napoca and Suceava, presented in table 19, is from this source.

TABLE 19. HOMELESS IN ROMANIAN INTERVENTION AREAS IN 2023.

Country and Principal Regions	Romania	Cluj County	Cluj-Napoca	Suceava County	Suceava
Living rough	341	4	0	21	20
Living in temporary or inadequate housing, mobile homes)	1,003	6	0	4	0
Living in residential centres for the homeless/night shelters	2,301	434	408	15	15
Living in institutions or prisons	4	1	-	-	-
Evicted and unable to support a rented accommodation	50	-	-	-	-
Total	3,699	445	408	40	35

The data in table 20 was collected for the year 2024 by Centrul Social de Urgență (The Social Emergency Centre, Cluj-Napoca), the night shelter “Sfânta Vineri” (Asociația Lumină Lină), and Fundația Prison Fellowship Romania and is based on their collected data on beneficiaries.¹³⁸

TABLE 20. HOMELESS IN ROMANIAN INTERVENTION AREAS CLUJ-NAPOCA AND SUCEAVA IN 2024.

Intervention Areas	Total	% Women
Cluj-Napoca	125	60%
<i>Centrul Social de Urgență, Cluj-Napoca (DASM)</i>	76	74%
<i>Fundația Prison Fellowship Romania</i>	49	24%
Suceava	74	26%
<i>Night shelter “Sfânta Vineri” of (Asociația “Lumină Lină”) Association</i>	74	26%

Romanian national and local data from the intervention areas is available and applicable by gender and age. Centrul Social de Urgență, which exclusively assisted homeless people, is subordinated to DASM and located in Cluj-Napoca. Their data does not include the ethnicity of the beneficiaries, simply because they haven’t assisted any refugees or migrants.

There is no official national or local centralized data available on the number of homeless women facing multiple vulnerabilities in Romania. However, each homeless centre maintains its own statistical data on beneficiaries. According to estimates from Centrul Social de Urgență in Cluj-Napoca, most of their beneficiaries in 2024 and currently being assisted, are dealing with MH issues, and approximately 20% of the group have also experienced IPV.

According to the European Index of Housing Exclusion 2024 the number of people at risk of housing exclusion in Romania has increased between 2022 and 2023 to 32.0%. They also mention that the risk of falling into poverty or housing exclusion was higher for women than for men. The index also refers to the number of people living in social and material deprivation, i.e.

unable to cover certain expenses deemed necessary to maintain an acceptable standard of living, which has increased in Romania to 31.4% in 2023.¹³⁹

9.2.1 DATA RELIABILITY

Regarding the legal framework for collecting data on homelessness, Romania is implementing Commission Regulation (EC) No. 1201/2009 of 30 November 2009 as a legal basis for the collection of homelessness data in the census. Also, administrative data on homeless people was until recently collected based on the following legislation: Legea nr. 292 din 20 decembrie 2011 a asistenței sociale [Social Assistance Law] and Legea nr. 116 din 15 martie 2002 privind prevenirea și combaterea marginalizării sociale [Law on Preventing and Combatting Social Exclusion], approved by Government Decision no. 1149/2002.¹⁴⁰

In Romania, the Ministry of Labor and Social Solidarity collects data based on reports from social services providers, as per Law no. 292/2011 [Social Assistance Law]. Providers report the number of unique beneficiaries using their own data. Unfortunately, many homeless people are neither accepted nor use the centre services due to PSU or mental illness issues, so they are excluded from statistics. Consequently, the available data does not accurately reflect the true scope of homelessness in Romania or the intended intervention areas.

Discussing data reliability, it should also be noted that according to OECD data¹⁴¹ for 2022, estimated number of homeless people in Romania is 8,436, or 0.038% of the total population, much higher than in data from Romanian authorities. The estimation is based on data from local Romanian authorities' reports and include people in emergency accommodation like shelters, hostels, and women's refuges, in line with ETHOS. It can thus be concluded that accessible data from Romanian authorities does not accurately reflect the actual scope of homelessness in the country and local targeted areas of interventions.

9.3 LAW AND POLICY LANDSCAPE

Legea Nr. 292/2011 a asistenței sociale [Social Assistance Law], refers to different categories of disadvantaged groups, among them are homeless people and victims of DV. Regarding homeless people, this law refers to the definition of homeless people, to the responsibilities of local public administration authorities and to the social services addressed to them. The aim of social services addressed to homeless people is to provide temporary accommodation, combined with counselling services and measures for social reintegration or reinsertion, in accordance with the identified individual needs. Local public administration authorities are responsible for establishing, organizing and managing social services for homeless persons. For persons living on the street, local public administration authorities are obliged to establish, within their territorial jurisdiction, adequate and tailored social services according to their needs.

The same law also refers to the prevention and combating of DV as it represents a component of policies for the protection and assistance of families. Social services intended for victims of DV are provided in an integrated system alongside other legal protection measures, healthcare services, and measures for the prevention, identification, and sanctioning of DV acts, as provided

by special legislation in the field. Local public administration authorities are responsible for the establishment, organization, management, and provision of social services aimed at preventing and combating DV and violence against women. This law also refers to inter-agency cooperation to ensure the effective provision of social services.

Legea nr. 100 din 16 aprilie 2024 pentru modificarea și completarea unor acte normative în domeniul asistenței sociale, precum și pentru completarea Legii nr. 78/2014 privind reglementarea activității de voluntariat în România și pentru modificarea Legii nr. 272/2004 privind protecția și promovarea drepturilor copilului [law on completion of certain normative acts in the field of social assistance, regarding the regulation of volunteer activity, and the amendment of the law on the protection and promotion of children's rights] also mentions the role of local public administration authorities addressing homeless people, as being responsible to provide temporary accommodation services and/or facilitate access to social housing or adapted social housing, with the purpose of preventing and combating the risk of homelessness for persons. They also refer to assuring a minimum social assistance package and social services addressed to homeless people.

Besides these, Romania has some other legal protections in place for victims of DV, notably through the following:

- Legea nr. 217/2003 pentru prevenirea și combaterea violenței domestice [Law on preventing and combating domestic violence]
This law outlines the legal provisions for protecting victims of DV, including restraining orders, access to shelters, and the establishment of protection measures for victims. It provides the legal basis for police intervention in cases of DV and sets guidelines for the provision of services, including psychological and legal support.
- Strategia națională privind promovarea egalității de șanse și de tratament între femei și bărbați și prevenirea și combaterea violenței domestice pentru perioada 2022-2027 [National strategy on promoting equal opportunities and equal treatment between women and men and preventing and combating domestic violence]
This strategy aims to enhance victim services and increase the involvement of the state and civil society in addressing IPV. It also provides a framework for reinforcing legal protections and services for victims. It outlines comprehensive measures to address domestic violence. This includes the establishment of protected houses, support groups, and vocational counselling offices across the country.
- Strategia națională pentru prevenirea și combaterea violenței sexuale „SINERGIE” 2021 – 2030 și Planul de acțiuni pentru implementarea Strategiei naționale pentru prevenirea și combaterea violenței sexuale “SINERGIE” 2021 – 2030 [National strategy for preventing and combating sexual violence and the corresponding action plan]
This strategy primarily addresses sexual violence in various contexts, including domestic settings. While it doesn't focus exclusively on domestic violence, it

acknowledges that sexual violence often occurs within intimate relationships and family environments. The strategy emphasizes a multidisciplinary approach, involving education, healthcare, law enforcement, and social services, to prevent and respond to sexual violence. Key measures include continuous training for professionals, development of educational content for all school levels, and strengthening support services for victims.

- Codul Penal [Criminal code provisions]
Romania's criminal code has provisions that criminalise acts of DV, including physical and psychological abuse. It also punishes violating restraining orders, thus providing a deterrent against repeated abuse.
- Temporary restraining orders and protection orders
Under Romanian legislation, a victim of DV can request a temporary protection order. This order can require the perpetrator to leave the household and stay away from the victim, essential in protecting the victim's physical safety.

At national level in Romania, there is a specific strategy entitled Strategia națională privind incluziunea socială a persoanelor fără adăpost pentru perioada 2022-2027 și Planul de acțiune pentru implementarea Strategiei naționale privind incluziunea socială a persoanelor fără adăpost pentru perioada 2022-2027 [National strategy on social inclusion of homeless people for the period 2022-2027 and the corresponding action plan]. Its objectives for the period 2022-2027 are:

- General objective: To increase the degree of social inclusion of homeless people by providing adequate social protection appropriate to the needs of homeless people.
- Specific objective 1: Preventing the increase of homelessness at the national level based on the principle of "No one left behind".
- Specific objective 2: Ensure appropriate, multidisciplinary and integrated intervention for the social inclusion of homeless people.
- Specific objective 3: Preventing post-intervention relapses.
- Specific objective 4: Improving the policy coordination at the national/local level regarding the homeless target group.

These objectives will be achieved through the National Strategy's corresponding Action Plan, which encompasses the following aspects: direction of action, measures, results, performance indicators, deadlines, responsible authorities, and financial resources.

At a local level, DASM has been implementing a social rent payment support program in Cluj-Napoca, which the Local Council approved. This program supports women experiencing DV, among other types of beneficiaries.

Between 2009 and 2012, a national program facilitated the establishment of homeless centres run by social service institutions. While NGOs also created some of these centres, the majority

in Romania are overseen by public social services. A notable example is the Centrul Social de Urgență [The Social Emergency Centre] in Cluj-Napoca, which is managed by DASM.

In summary, while Romania has made significant strides in establishing legal protections for victims of DV and IPV, these protections are not always sufficient to address the stigmatization that women face when they seek help. Cultural and societal attitudes, gaps in support services, and underreporting still create significant barriers to fully adequate legal protection. Strengthening public awareness, offering comprehensive support services, and ensuring the effective implementation of legal provisions can help address related stigmatization more effectively and provide better protection for women.

9.3.1 GENDER IN LAWS AND POLICIES

In Romania, there are no legal provisions that explicitly refer to gender and homelessness. Still, gender is increasingly being recognized in homelessness laws and policies, particularly in relation to women escaping DV and single mothers with children. While policies and programs are in place to address these issues, such as women's shelters, social housing provisions, and social protection programs, several challenges remain in terms of resources, coordination, and policy integration. Further efforts to improve gender sensitive homelessness interventions and ensure a comprehensive, supportive framework for homeless women and families are needed.

9.4 INFLUENCING THEORY AND FRAMEWORK

Until 2019, Romania did not have any operational HF services.¹⁴² The first steps were taken through participation in the ROOF project, co-funded by the URBACT Program of the European Regional Development Fund, aimed to promote social inclusion through innovative housing solutions at the city level. A consortium of 9 EU cities, including Timișoara in Romania, participated. Between 2019-2022, the ROOF cities engaged in transnational and local exchange and learning activities, while testing and planning new approaches and changing mindsets. All partner cities developed integrated local action plans to achieve the strategic goal of functional zero or no structural homelessness. Timișoara focused on implementing HF in Romania through training and awareness-raising.¹⁴³

In 2022, the Romanian Parliament passed a national strategy on social inclusion of homeless people for the period 2022-2027 but the strategy's action plan includes only general tasks and funding. Although the first lessons from small-scale HF led pilot programs implemented by private organizations in the past few years are available, there has only been limited progress in implementing HF and other housing-led initiatives in the country.

In Romania, addressing homelessness among individuals with PSU involves a nuanced interplay between harm reduction and abstinence-based approaches. The balance between the two approaches can be complex, and service providers take different positions. While some emergency shelters or homeless services in Romania may have abstinence-based policies, others may adopt more flexible approaches, particularly those following harm reduction models.

Efforts have been made to integrate IPV, PSU, and MH issues into homelessness policies. These efforts have faced challenges due to limited resources (lack of funding and capacity of local authorities and NGOs to provide comprehensive care), interdisciplinary coordination, stigma and lack of awareness. These challenges are gradually being integrated into homelessness policies but that remains a work in progress. While there are programs and projects that aim to provide holistic care to disadvantaged individuals facing homelessness, these efforts need to be expanded and better coordinated to ensure that individuals with complex service needs are effectively supported in their journey to recovery and reintegration into society. Also, due to educational efforts or specific professional training, some professionals know and adapt their intervention strategies according to trauma-informed and harm reduction approaches. There are also indications of local specificity in homelessness interventions in specific contexts and regions; however, sufficient data to support this claim is still unavailable.

In summary, there has only been limited progress in implementing HF and other housing-led initiatives in Romania. While the integration of trauma-informed care and harm reduction into homelessness services is an area of focus in Romania, it is still developing and has not yet been implemented universally across all services in the country.

9.5 INSTITUTIONAL SETTINGS AND STAKEHOLDERS

In Romania, the Ministry of Labour and Social Solidarity is responsible for combating homelessness by developing strategies, specific legislation, and a plan for measures, as well as monitoring through the National Agency for Payments and Social Inspections.

Social services institutions create and coordinate centres for homeless people at local levels. NGOs have also developed and coordinated centres for homeless people in different regions and in Cluj-Napoca as well.

9.5.1 NATIONAL STAKEHOLDERS

Romania has identified the following list of INTERACT national stakeholders specifically addressed to homeless people, presented in table 21 in alphabetic order. This is a non-exhaustive list.

TABLE 21. INTERACT NATIONAL STAKEHOLDERS IN ROMANIA.

Name	Details
Asociația Casa Ioana, București	Social services provider. Casa Ioana Centre. Private.
Asociația de Asistență Socială Umanitară Creștină Ora Internațional, Harghita	Shelter for homeless people. Private
Asociația Filantropia Ortodoxă, Alba Iulia	Social services provider. Night Shelter. Private
Asociația Filantropică Sfântul Ierarh Iosif Mărturisitorul, Baia Mare	Night shelter within the Multifunctional Social Centre. Private.
Asociația Hid az Egen Egyesulet, Odorheiu Secuiesc	Night Shelter Hid az Egen. Private.
Asociația Lumină Lină Suceava	Social night centre for social reintegration of homeless people. Social services provider. Private.
Asociația Samusocial, București	Information and Counselling Day centre for homeless people. Private.

Asociația Stea	Stea Day centre for Integration / social reintegration. Private.
Asociația Vasiliada, Dolj	Emergency social centre for homeless people. Private.
Asociația Centrul de Noapte Social Crestina, Sighisoara	Night Shelter. Social services provider. Private.
Asociația Serviciul de Ajutor Maltez în România Filiala Sfântu Gheorghe, Covasna	Night shelter for the homeless. Social services provider. Public.
Direcția Generală de Asistență Socială a Municipiului București	Social services provider. Night Shelter. Public.
Direcția Generală de Asistență Socială și Protecția Copilului	Night shelter of the Social Services Complex for homeless people. Public.
Direcția Generală de Asistență Socială și Protecția Copilului, Sector 3, București	Residential centre within The Social Services Complex. Public.
Direcția Generală de Asistență Socială și Protecția Copilului Caraș Severin	Residential centre for social assistance and reintegration for homeless people. Public.
Direcția Generală de Asistență Socială și Protecția Copilului, Sector 2, București	Centre for Adult Homeless People – night shelter. Public.
Direcția Generală de Asistență Socială și Protecția Copilului, Sector 1, București	Centre for Adult Homeless People – night shelter. -Complexul de servicii sociale Odăi - Centrul de urgență pentru persoane fără adăpost Odăi - modul rezidențial (Odăi Social Services Complex Emergency centre for Persons Odăi - residential module. Public.
Direcția Generală de Asistență Socială și Protecția Copilului, Sector 5, București	Temporary housing for adult homeless people. Public.
Direcția Generală de Asistență Socială și Protecția Copilului, Brașov	Social services provider. Residential centre for social assistance and reintegration for homeless people. Public.
Direcția de Asistență Socială Arad	Social services provider. Night Shelter. Public.
Direcția de Asistență Socială Baia Mare	Night shelter within the Multifunctional Social Centre. Social services provider. Public.
Direcția de Asistență Socială Bistrița	Social services provider. Shelter for homeless adults. Public.
Direcția de Asistență Socială Bistrița	Social services provider. Centre for Adult Homeless People – night shelter. Public.
Direcția de Asistență Socială Brașov	Social services provider. Night shelter. Public.
Direcția de Asistență Socială Călărași	Emergency Night Shelter Social services provider. Public.
Direcția de Asistență Socială Galați	Emergency centre for homeless people. Social services provider. Public.
Direcția de Asistență Socială Galați	Emergency centre for homeless people. Social services provider. Public.
Direcția de Asistență Socială Galați	Social Services centre for homeless people living in marginalized neighbourhoods. Social services provider. Public.
Direcția de Asistență Socială Oradea	Social services provider. Night Shelter. Public.
Direcția de Asistență Socială Pitești	Social services provider. Night Shelter North. Public.
Direcția de Asistență Socială Pitești	Social services provider. Night Shelter Speranța. Public.
Direcția de Asistență Socială Targu Mures	Night Shelter. Social services provider. Public
Direcția de Asistență Socială Turda	Emergency social centre for homeless people. Social services provider. Public.

Direcția Generală de Asistență Socială Constanța	Centre for homeless people. Social services provider. Public.
Direcția de Asistență și Protecție Socială Tulcea	Emergency social centre. Public.
Direcția de Asistență Socială Alexandria	Residential centre for homeless people. Social services provider. Public.
Direcția de Asistență Socială Botoșani	Social services provider. Emergency social centre for homeless people. Public.
Direcția de Asistență Socială Brăila	Social services provider. Night Shelter. Public.
Direcția de Asistență Socială Brașov	Social services provider. Residential centre for homeless people. Public.
Direcția de Asistență Socială Brașov	Information and Counselling Day centre for homeless people. Public.
Direcția de Asistență Socială Buzău	Day and night emergency centre for homeless adults. Social services provider.
Direcția de Asistență Socială Deva	Night Emergency Shelter. Social services provider. Public.
Direcția de Asistență Socială Giurgiu	Emergency drop-in centre for disadvantaged people. Social services provider. Public.
Direcția de Asistență Socială Hunedoara	Night Emergency Shelter. Social services provider. Public.
Direcția de Asistență Socială Iași	Emergency Centre for Recovery and Integration C.A. Rosetti. Public.
Direcția de Asistență Socială Mediaș	Night shelter and reintegration assistance for homeless people. Social services provider. Public.
Direcția de Asistență Socială Miercurea Ciuc	Night Shelter. Public.
Direcția de Asistență Socială Piatra Neamț	Night Shelter. Social services provider. Public.
Direcția de Asistență Socială Râmnicu Vâlcea	Emergency social centre Ioana. Social services provider. Public.
Direcția de Asistență Socială Roman	Night Shelter. Social services provider. Public.
Direcția de Asistență Socială Satu Mare	Emergency social centre for adults. Social services provider. Public.
Direcția de Asistență Socială și Medicală (DASM Cluj-Napoca)	Centrul social de urgență (Social Emergency Centre, Cluj-Napoca). Public.
Direcția de Asistență Socială și Medicală (DASM Cluj-Napoca)	Centrul de găzduire temporară (Temporary Host Centre Cluj-Napoca). Public.
Direcția de Asistență Socială Sibiu	Night Shelter. Social services provider. Public.
Direcția de Asistență Socială Slobozia	Night Shelter. Social services provider. Public.
Direcția de Asistență Socială Târgoviște	Residential centre for assistance and social integration/reintegration for homeless people Sfânta Maria. Social services provider. Public.
Direcția de Asistență Socială Târgoviște	Multifunctional Centre- Night Shelter Sfânta Maria. Social services provider. Public.
Direcția de Asistență Socială Târgu Neamț	Emergency intake centre for homeless people. Social services provider. Public.
Direcția de Asistență Socială Timișoara	The homeless centre is within the services complex Sf. Francisc. Public.
Direcția de Asistență Socială Vaslui	Night Shelter. Public.
Direcția de Asistență Socială Zalău	Temporary hosting services for people at social risk. Social services provider. Public.

Direcția de Asistență Socială Zalău	Day centre for social integration of homeless people. Public.
Direcția de Asistență Socială Zalău	Night Shelter. Social services provider. Public.
Direcția Generală de Asistență Sociala București	Day centre for social integration/ reintegration. Public.
Direcția Generală de Asistență Sociala Constanța	Day care centre for homeless people. Public.
Direcția Generală de Asistență Socială și Protecția Copilului Ilfov	Centrul de primire în regim de urgență pentru persoane fără adăpost Acasă (emergency centre for the homeless, Acasa). Public.
Direcția Generală de Asistență Socială și Protecția Copilului Prahova	Residential centre for assistance and social reintegration of homeless people. Social services provider. Public.
Direcția Generală de Asistență Socială și Protecția Copilului, Ialomița	Emergency social centre for the homeless. Social services provider. Public.
Direcția Generală de Asistență Socială și Protecția Copilului, Sector 6, București	Night Shelter. Social services provider. Public.
Direcția Genrală de Asistență Socială și. Protecția Copilului, Bihor.	Social services provider. Residential centre for assistance and social integration/reintegration for homeless people. Public.
Federația Caritas a Diecezei Timișoara	Night Shelter. Private.
Fundația Centrul Creștin de Reintegrare. Socială Onisim, Bistrița	Social services provider. Residential centre for social reintegration. Private
Fundația de Sprijin a Vârstnicilor, Galați	Emergency drop-in centre. Social services provider. Private.
Fundația Prison Fellowship România	Social inclusion centre. Private.
Fundația Timișoara '89	Temporary hosting centre for homeless adults. Private.
Organizația Umanitară Concordia, București	Social housing St. Paul. Private.
Organizația Umanitară Concordia, București	Residential centre for homeless people. Private.
Protecția Copilului, Sector 3, București	Public.
Primăria Municipiului Câmpina - Serviciul Public de Asistență Socială Prahova	Residential centre for assistance and social reintegration of homeless people. Social services provider. Public.
Primăria Municipiului Miercurea Ciuc - Direcția de Asistență Socială Harghita	Night Shelter. Public.
Primăria municipiului Rădăuți - Direcția de Asistență Socială, Suceava	Night Shelter. Social services provider. Public.
Primăria Municipiului Roșiorii de Vede - Direcția de Asistență Socială, Teleorman	Night Shelter. Public.
Primăria Municipiului Târgu Jiu Direcția de Protecție Socială, Gorj	Emergency social centre for homeless people. Public.
Primăria Municipiului Turnu Măgurele Serviciul Public de Asistență Socială, Teleorman	Temporary hosting centre for people in need. Public.
Protopopiatul Roznov Neamț	Residential centre. Social services provider. Public.
România Filiala Vrancea	Public.
Societatea Națională de Cruce Roșie din	Night Shelter Bahne Focșani. Medical services provider. Public.
Uniunea Creștină din România Cluj-Napoca (social services provider)	Residential Centre for Socio-Professional Reintegration of Homeless People. Social services provider. Private.

9.5.2 LOCAL STAKEHOLDERS

Regarding the local areas for the future implementation of the Interact project, with a focus on homeless shelters and other project components (IPM, PSU, MH), the DASM team has identified the following institutions/organizations, presented in table 22 in alphabetical order. This is a non-exhaustive list.

TABLE 22. LOCAL STAKEHOLDERS IN ROMANIA'S INTERACT INTERVENTION AREAS.

Name	Details
Cluj-Napoca and Cluj County	
Asociația de Dezvoltare Intercomunitară Zona Metropolitană Cluj ADI ZMC	Social support, psychological and legal counselling for DV victims and for people living in precarious conditions
Asociația Preventis	Prevention, counselling, maintenance, and training services in the field of PSU
Centrul de sănătate mintală, Spitalul Clinic Județean Cluj	Information, case management, assessment, psychological or social counselling services for PSU and MH care
Centrul pentru Prevenirea și Combaterea Violenței în Familie – Direcția de Asistență Socială și Medicală Cluj-Napoca	The Centre for Preventing and Combating Violence in Families – DASM Cluj-Napoca. Risk assessment, social counselling, family counselling, psychological counselling, legal advice, psychotherapy, counselling programs for emotional balance, psychological counselling programs, long-term individual/group counselling programs for DV victims
Centrul Social de Urgență – DASM	The Social Emergency Centre. Temporary shelter for homeless people, social services and benefits, psychological counselling, medical assistance and legal counselling
Directia Generala de Asistenta Sociala si Protectia Copilului Cluj - DGASPC Cluj	Emergency centre for adults, victims of DV. Protection, housing, care, counselling, family support, medical, psychological, socio-educational, legal assistance.
Fundația ESTUAR	Social options and alternatives to adults with MH issues
Fundația Prison Fellowship Romania	Material support, temporary shelter, clothing, warm meals, counselling, assistance in finding accommodations, access to state social services, family support, psychological, spiritual, and emotional support
Inspectoratul Județean de Poliție Cluj	The Cluj County Police Inspectorate. Law enforcement
Poliția locală	Local police, City Hall of Cluj-Napoca. Homelessness prevention, IPV prevention, PSU prevention
Programul Sf. Dimitrie Basarabov	Recovery from PSU
Spitalul Județean Cluj	Psychiatric unit
Spitalul Municipal Cluj-Napoca	Psychiatric unit
Universitatea Babeș-Bolyai, Cluj-Napoca	(Babeș-Bolyai University. Research and prevention centre for family and community violence
Suceava and Suceava County	
Adăpost de noapte "Sfânta Vineri", Asociația "Lumină Lină" Suceava	Temporary shelter, warm meals, medical assistance, psychological counselling, job counselling, information on social rights and social services
Directia Generala de Asistenta Sociala si Protectia Copilului Suceava	Multifunctional Centre for Victims of DV
Inspectoratul Județean de Poliție Suceava	The Suceava County Police Inspectorate

Poliția Locală Suceava	The local Police. Attributions in homelessness, IPV prevention, and PSU prevention
Societatea Doamnelor Bucovinene	Centre for Prevention and Combating DV
Spitalul Județean Suceava (The County Hospital Suceava)	Psychiatric unit, emergency unit
Universitatea din Suceava	The University of Suceava

9.5.3 MULTIDISCIPLINARY COLLABORATIO

The Istanbul Convention, to which Romania has acceded, is a vital framework that supports inter-institutional collaboration among sectors such as police, justice, social services, NGOs, and health authorities.

Legea 196/2016 privind venitul minim de incluziune [Law on Minimum Inclusion Income] outlines the provision of a minimum income and mandates development of service plans for individuals in need, including homeless and low-income women, involving multidisciplinary collaboration among various sectors such as housing, health, associations, and foundations.

Legea nr. 292/2011 a asistenței sociale, cu modificările și completările ulterioare [Law on Social Assistance] refers to inter-agency cooperation to ensure the effective provision of social services.

Legea nr. 217/2003 pentru prevenirea și combaterea violenței domestice [Law on preventing and combating DV] regulates protective measures for victims of DV and provides for the involvement of several public and private institutions. It includes protection orders from courts and promotes cooperation among police, social services, and the judiciary to safeguard victims. Regarding IPV, this law specifies the recommended/necessary interdisciplinary collaboration to address the phenomenon of violence holistically.

Ordinul nr. 29/2019 pentru aprobarea standardelor minime de calitate pentru acreditarea serviciilor sociale destinate persoanelor vârstnice, persoanelor fără adăpost, tinerilor care au părăsit sistemul de protecție a copilului și altor categorii de persoane adulte aflate în dificultate, precum și a serviciilor acordate în comunitate, serviciilor acordate în sistem integrat și cantinele sociale [Order for approving the minimum quality standards for the accreditation of social services for the elderly, the homeless, young people who have left the child protection system and other categories of adults in need], an important regulatory act in Romania, establishes the minimum quality standards for the accreditation of social services intended for various categories of disadvantaged individuals, including homeless people. It emphasizes the importance of an integrated support system for homeless persons, involving collaboration between multiple institutions and services, such as social services, health, education, employment, to ensure a holistic approach to their needs.

Strategia națională privind incluziunea socială a persoanelor fără adăpost pentru perioada 2022-2027 și Planul de acțiune pentru implementarea Strategiei naționale privind incluziunea socială a persoanelor fără adăpost pentru perioada 2022-2027 [National strategy on

social inclusion of homeless people and its corresponding action plan] promotes the importance of coherent interinstitutional collaboration between public authorities and NGOs.

Strategia națională privind promovarea egalității de șanse și de tratament între femei și bărbați și prevenirea și combaterea violenței domestice pentru perioada 2022-2027 [National strategy on promoting equal opportunities and equal treatment between women and men and preventing and combating domestic violence], provides a framework for coordinated actions between various public institutions and NGOs to prevent and combat domestic violence.

Strategia națională în domeniul drogurilor 2022- 2026 și Planul de acțiune pentru implementarea Strategiei naționale în domeniul drogurilor 2022-2026 [National strategy regarding PSU 2022–2026 and corresponding action plan] explicitly emphasize inter-agency collaboration as a foundational principle and operational necessity.

An Interdisciplinary Intervention Group for cases of high-risk DV has been operating since 2012, at local level (Cluj-Napoca). This group was created by signing a collaboration protocol between the main social actors; DGASPC Cluj, DASM Cluj-Napoca, Cluj County Police Inspectorate, Babes-Bolyai University, The Law Faculty of Cluj-Napoca, The Research and Prevention Centre for the phenomenon of family and community violence, ADI-ZMC Cluj Metropolitan Area, representatives of the Prosecutor's Office attached to the Cluj Court and representatives of two law firms.

DASM developed a multi-agency collaboration protocol in the IPV field during the "The Other Side of The Story: Perpetrators in Change" (OSSPC) Project, Grant Agreement No. 881684 OSSPC, REC-AG-2019/REC-RDAP-GBV-AG-2019. The collaboration mechanism was signed between 11 institutions, including:

- Direcția de Asistență Socială și medicală (DASM) – public social services
- Centrul pentru Prevenirea și Combaterea Violenței în Familie - IPV
- Direcția Generală de Asistență Socială și Protecția Copilului (DGASPC) Cluj- IPV
- Poliția Locală law enforcement, IPV, PSU, protection
- Inspectoratul Județean de Poliție Cluj – law enforcement
- Asociația de Dezvoltare Intercomunitară Zona Metropolitană Cluj (ADI ZMC)– IPV, social services (DV counselling centre) Asociația Christiana
- St. Dimitrie Basarabov Program (AFMC)- PSU
- Asociația Caritas Eparhial Greco-Catolic – IPV, PSU, social services
- Asociația Preventis - PSU
- Clujul Are Suflet (FRCCF) – child protection
- Institutul Român pentru pace (PATRIR) - migrants
- Revnic Cristian și Asociații -IPV, law

Some of these stakeholders will participate in the INTERACT project at the local level, as they are active in areas like homelessness, IPV and PSU. A problem in terms of inter-institutional

collaboration is because the institutional roles of the entities involved in the management of homelessness are not sufficiently and clearly regulated.

It should be noted that the status of interdisciplinary cooperation varies greatly at the local level. While in municipalities like Cluj-Napoca and Timișoara, collaboration is well-regulated and functional for all stakeholders, other areas are still establishing integrated service networks. The existing blockages in the inter-institutional cooperation and in the implementation of inter-institutional collaboration protocols need to be overcome by improving and strengthening the cooperation between these actors. Insufficient inter-institutional cooperation is also perceived as an obstacle in the process of socio-occupational reintegration of homeless people. Creating a system for registering and monitoring homeless people also requires collaboration between public institutions and NGOs.

In conclusion, given the complexity of the problems faced by homeless people, the Romanian team considers it necessary to strengthen the collaboration between public and private institutions in all the areas of intervention of the INTERACT project (IPV, PSU, MH), in addressing homelessness, leading to an integrated approach to the phenomenon.

9.6 SERVICES AND PROVISION

In Romania, the main types of services available are shelters, such as night shelters and residential centres, and IPV crisis centres. Table 23 gives an overview of the main non-gender segregated services in Romania's INTERACT intervention areas, in alphabetic order. This is a non-exhaustive list.

TABLE 23. NON-GENDER SEGREGATED SERVICES IN CLUJ-NAPOCA AND SUCEAVA, ROMANIA.

Name	Details
Cluj-Napoca and Cluj County	
Babes-Bolyai University, Cluj-Napoca	Research and prevention centre for family and community violence
CPECA Cluj	Information, case management, assessment, psychological or social counselling services
DGASPC Cluj (emergency centre for adults, victims of DV)	Protection, housing, care, counselling, family support, medical, psychological, socio-educational, legal assistance
ESTUAR	Social options and alternatives to adults with MH issues
Preventis Association	Prevention, counselling, maintenance, and training services in the field of PSU
Prison Fellowship Romania Foundation	Material support, temporary shelter, clothing, warm meals, counselling, assistance in finding accommodations, access to state social services, family support, psychological, spiritual, and emotional support
Programul Sf. Dimitrie Basarabov	Recovery from PSU
The Centre for Preventing and Combating Violence in Families – DASM Cluj-Napoca	Risk assessment, social counselling, family counselling, psychological counselling, legal advice, psychotherapy, counselling programs for emotional balance, psychological counselling programs, long-term individual/group counselling programs
The Cluj County Police Inspectorate	Law enforcement

The Cluj Metropolitan Area Intercommunity Development Association (ADI-ZMC)	Social, psychological, and legal counselling
The County Emergency Hospital Cluj	Psychiatric unit
The Emergency Social Centre – DASM	Temporary shelter, social assistance, psychological counselling, medical assistance, and legal counselling
The Local Police (City Hall of Cluj-Napoca)	Homelessness prevention, IPV prevention, PSU prevention
The Mental Health Centre, Cluj	Mental health care
The Municipal Hospital, Cluj-Napoca	Psychiatric unit
Suceava and Suceava County	
DGASPC Suceava	Multifunctional Centre for Victims of DV
Night shelter” Sfânta Vineri”, ” Lumină Lină” Association - Suceava	Temporary shelter, warm meals, medical assistance, psychological counselling, job counselling, information on social rights and social services
Societatea Doamnelor Bucovinene	Centre for Prevention and Combating DV
The County Hospital Suceava	Psychiatric unit, emergency unit
The Local Police	Attributions in homelessness, IPV prevention, and PSU prevention
The Suceava County Police Inspectorate	Law enforcement
The University of Suceava	Research

Services for homeless women are relatively limited compared to services for other disadvantaged groups. However, there are various initiatives aimed at supporting women in need. These services typically focus on providing shelter, safe places, healthcare and social reintegration. Table 24 gives an overview of the main types of services available with special focus on women, in alphabetical order. This is a non-exhaustive list.

TABLE 24. WOMEN FOCUSED SERVICES IN ROMANIA.

Services	Description
Day Centres	Daytime spaces where women can access food, hygiene services, and social support without needing to stay overnight.
Emergency Shelters	Temporary shelters for emergency accommodation, short-term stays to protect homeless women, especially those escaping GBV.
Healthcare Services	Mobile clinics run by NGOs to provide medical care to homeless women.
Hotlines	Women can contact hotlines run by NGOs for immediate advice and assistance, particularly those escaping violence or abuse.
Legal Support	NGOs and social services may offer free or subsidized legal services for homeless women, particularly those navigating eviction issues or family-related matters
Mental Health Services	Psychological and psychiatric support services for women dealing with MH issues due to homelessness or past trauma.
National Helplines	Helplines and support services for women experiencing violence, helping them access shelters and get legal advice.
NGO run Shelters and Projects	NGOs providing emergency and long-term solutions for homeless women, often in partnership with the state and international bodies.

Psychological Counselling	NGOs providing counselling for homeless women, particularly those who have been through trauma.
Safe Housing for Victims of Domestic Violence	Specialized shelters for women fleeing DV, offering secure environment, psychological support, legal counselling, and assistance with reintegration into society.
Social Reintegration Programs	Programs helping women who have experienced homelessness to reintegrate into society through employment assistance, education, and skills development.
Social Services and Counselling	Local public social assistance offices offer financial aid, housing solutions, and referrals to shelters.
Vocational Training	Organizations partnering with other sectors to provide vocational training or job placement services for women who have been homeless.

Despite services available to women in Romania, there is still a lack of comprehensive and widespread support, especially in rural areas. There is also a need for more long-term solutions that focus on the systemic causes of homelessness, such as poverty, lack of affordable housing, and social stigma.

In conclusion, homeless women in Romania have access to various services; however, the availability and quality of these services can vary significantly by region. Efforts are being made to improve these services, particularly for women escaping DV or facing MH challenges.

9.6.1 BARRIERS TO SERVICES

Within the Interact project activities which involved data collection from professionals working in the field (WP1 focus groups, data collection, questionnaires filled in by professionals working in the field, WP 2 focus groups) the Romanian team has identified several barriers that limit access to services for homeless women. Such barriers can be legal, geographical, cultural, logistical, and related to specific vulnerabilities such as mental health issues, developmental disorders or comorbidities. Below is an overview of some of the key challenges they are facing.

- Legal barriers
 - Identification and documentation issues: Many homeless women lack official identification documents, such as personal IDs, birth certificates, or other records required to access services provided by public institutions, register for housing, or obtain social services. This issue is prevalent among those who have been homeless for extended periods, have escaped abusive situations or come from marginalized communities.
 - Complex legal processes: Navigating legal frameworks to secure housing, access social welfare benefits, or seeking protection from violence can be overwhelming. Women with limited legal knowledge or resources may struggle to navigate these systems, especially when dealing with bureaucracy or discrimination.
- Geographical barriers
 - Limited access in rural areas: While urban areas like Bucharest (the capital of Romania) or other large cities like Cluj-Napoca may provide more diverse services, homeless

women in rural areas often have fewer resources available. Many shelters and services are concentrated in cities, and traveling to access them can be costly, complex, or even dangerous.

Transportation issues: Lack of reliable and affordable transportation can prevent women from reaching shelters, healthcare, or public social services. Travel can be a significant barrier for women who may not have stable access to funds or support networks.

- Cultural barriers

Stigma and discrimination: There is often a societal stigma attached to homelessness, especially for women, which can lead to discrimination and marginalization. Homeless women may fear judgment or rejection from social services providers or the public, preventing them from seeking help. This stigma may be even more pronounced for women from ethnic minorities, such as the Roma community, who already face social exclusion.

Cultural norms around gender: Structurally, women are assigned the role of relationship keepers, the person who makes things work, and the family connectors. Still, in the eventual situation of becoming homeless, she is judged, labelled and condemned as having failed in their mission as a woman. Some women may feel an obligation to stay in abusive situations or may not view seeking institutional help as an acceptable solution. In some cases, traditional gender roles may thus discourage women from seeking external help or leaving unsafe situations. Additionally, societal views on women's independence can sometimes make it more difficult for them to engage with services that challenge traditional roles.

- Lack of information

Homeless women, especially those living in vulnerable circumstances, may not be aware of existing available services. Information about shelters, legal aid, or healthcare resources is often not disseminated effectively or may be inaccessible due to language or literacy barriers.

- Mental health issues

Trauma and PTSD: Many homeless women, particularly those escaping DV or trafficking, have PTSD and other MH issues. These conditions can severely hinder their ability to access services, as they may be overwhelmed by feelings of fear, distrust, and emotional distress.

Mental health stigma: There is also stigma around MH in Romania, which may prevent women from seeking help. Women experiencing homelessness may be hesitant to reach out for psychological support, fearing further discrimination or mistreatment.

- Developmental disorders and disabilities

Undiagnosed or unaddressed disabilities: Homeless women with developmental disorders or intellectual disabilities may find it particularly difficult to access services. There may be a lack of staff training on how to support women with these specific

needs, leading to exclusion from shelters or other services.

Communication barriers: Women with disabilities or cognitive impairments may have difficulty communicating their needs to service providers and the public. This can further isolate them and limit their ability to navigate the system effectively.

- **Comorbidity: Problematic substance uses and mental health**
Many homeless women experience comorbidity issues, such as PSU combined with MH issues such as depression, anxiety, or PTSD). This often complicates their access to services, as some shelters or programs may have strict requirements that do not accommodate women with complex service needs.
- **Health-related stigma**
Women with substance abuse issues or chronic health conditions may be stigmatized by service providers or by society, making it harder for them to seek help. Some shelters may even refuse to admit women who are actively using substances or who have untreated health issues.
- **Childcare and family**
Single mothers and children: For homeless women with children, finding shelters that accept families can be difficult. Some services may only offer accommodation for single individuals, and shelters that do accommodate children may have limited space or resources. This lack of family-friendly options forces many women to choose between staying with their children in dangerous situations or being separated from them to access care.
Fear of losing custody: Women with children may also fear that seeking help could lead to their children being taken into state care, particularly if they are struggling with MH issues, PSU, or homelessness.
- **Economic and logistical constraints**
Lack of financial resources: homeless women may not have access to sufficient funds to purchase essential items such as transportation, food, or clothing. This economic insecurity can prevent them from seeking services, especially if they perceive that they may need to pay for certain aspects of care, such as legal services and healthcare treatments.
Limited housing options: Even when services like shelters are available, many homeless women face long-term challenges in securing permanent housing. Romania has a shortage of affordable housing, and social housing options are often insufficient, especially for women facing economic hardships or those with a criminal record.
- **Lack of comprehensive support systems**
Fragmented services: There is often a lack of coordination among the various support systems, including healthcare, legal aid, social services, and shelters. This fragmentation makes it harder for women to navigate the system and access the

support they need. In some cases, they may need to visit multiple locations or organisations to receive the help they require, which can be overwhelming or impossible if they are dealing with multiple challenges simultaneously.

In conclusion, the barriers to accessing services for homeless women in Romania are multifaceted and deeply interlinked with social, cultural, legal, and economic factors. Overcoming these challenges requires improving the availability of services and addressing the underlying social inequalities and structural issues that contribute to homelessness among women. It is important to incorporate legal aid, social services, mental health support, and community-based initiatives to ensure that homeless women receive the necessary assistance.

9.6.2 GAPS IN SERVICES

The gaps in current service provision for homeless women in Romania are substantial, ranging from limited shelter capacity and lack of gender sensitive services to insufficient legal aid and social reintegration programs. Following the data collection process (focus groups, questionnaires, interviews) involving professionals working with homeless people and in the project related fields, the DASM team has identified the following gaps in the current service provision for homeless women in Romania:

- Lack of sufficient shelter capacity
- Limited long-term housing solutions
- Lack of gender-specific services, tailored services for women, specialized support for women with complex service needs
- Insufficient safe spaces for women
- Insufficient MH and PSU services
- Lack of trauma-informed care
- Inadequate social reintegration programs
- Limited vocational training and employment support
- Insufficient health services
- Insufficient legal and advocacy support
- Insufficient advocacy and representation
- Lack of specialized services for minority women and Roma communities
- Lack of coordinated service networks (fragmented services, poor collaboration between public and private sectors)
- Lack of short-term and crisis-oriented approaches
- Lack of long-term solutions
- Insufficient adaptation of legislation considering the actual need (eligibility criteria for admission into centres).

Regarding the area of Cluj-Napoca, in addition to the services offered by local authorities and NGOs, we can observe the need for emergency improvement, or diversification of primary and specialized medical services, as well as employment services. Additionally, given the associated challenges, we reiterate the need for complementarity services offered in addiction treatment

centres, DV prevention centres, counselling and vocational guidance services, vocational training and retraining, and the development of existing infrastructure. At the same time, to prevent marginalisation, discrimination and stigmatisation of this disadvantaged group, civil society needs to increase understanding, acceptance and involvement, which will facilitate the social reintegration process for homeless people. Raising awareness among the population creates, at the same time, an environment conducive to developing and promoting effective partnerships and investments that will lead to a significant and sustained reduction in the number of homeless people in the municipality.

To effectively address the gaps in service provision for homeless women in Romania, a comprehensive approach involving collaboration between public institutions, NGOs, healthcare providers, legal services, and the community is required. Romania can make meaningful strides toward supporting homeless women and helping them regain their independence and dignity by:

- Expanding emergency shelter capacity and availability
- Implementing long-term housing solutions through affordable housing initiatives
- Developing gender-specific services and gender sensitive shelters
- Providing specialized support for women with complex service needs
- Increasing services and safe spaces for women fleeing IPV
- Creating and developing mental health and addiction services, integrating services for comorbidities related to substance use
- Adopting a trauma-informed care approach and training professionals accordingly
- Enhancing social reintegration programs with follow-up support
- Offering vocational training and employment support, including job placement services
- Improving access to health services and healthcare through mobile clinics, outreach, and health education
- Expanding legal support and advocacy, increasing access to legal aid
- Advocating for policy changes in the field
- Implementing anti-discrimination programs
- Coordinating public and private services to create holistic support systems
- Focusing on prevention, long-term solutions, and crisis-oriented approaches
- Adapting legislation to consider eligibility criteria for admission to centres

9.6.3 OFFICIAL REQUIREMENTS FOR SERVICES

Ordinul nr. 29/2019 pentru aprobarea standardelor minime de calitate pentru acreditarea serviciilor sociale destinate persoanelor vârstnice, persoanelor fără adăpost, tinerilor care au părăsit sistemul de protecție a copilului și altor categorii de persoane adulte aflate în dificultate, precum și a serviciilor acordate în comunitate, serviciilor acordate în sistem integrat și cantinele sociale [Order for approving the minimum quality standards for the accreditation of social services for the elderly, the homeless, young people who have left the child protection system and other categories of adults in need] is an important regulatory act in Romania that establishes the minimum quality standards for accredited social services intended for various categories of

disadvantaged individuals, including the homeless. Two of the Annexes to this Order refer to residential centres for homeless people and to night shelters. It regulates both services provided in specialized institutions and those provided in the community and through integrated systems. By establishing clear and minimum quality standards, the order aims to ensure more effective support and a safer environment for individuals in need of social services, contributing to their integration into society and improving their quality of life. Social services are to be periodically monitored and evaluated to ensure compliance with quality standards and to identify additional needs of beneficiaries. Service accreditation is done through an ongoing evaluation process of compliance with the established minimum quality standards. These standards are essential to ensure an adequate and high-quality social protection framework for people in individuals.

Although regulations and standards are in place, their implementation varies significantly across different regions of the country, depending on local resources and the management of social services. In many cases, homeless shelters lack sufficient funding or qualified staff, and living conditions are often poor. Thus, even though there is a relatively clear legislative and regulatory framework, the implementation and application of these regulations in practice can be problematic, and homeless people often face limited access to quality services.

There are identified gaps in the service provisions envisioned and achieved, with more notable differences in rural areas compared to urban areas in Romania. Inter-institutional networks are easier to create and maintain in large metropolitan areas where most homeless women are concentrated. The institutions that should be involved are highly differentiated, with diverse roles, responsibilities, and visions. Social problems cannot be solved only by legislative changes. They require an accurate assessment of the needs of the beneficiaries in different contexts.

9.7 SUMMARY AND INTERACT FOCUS IN ROMANIA

Homelessness in Romania is defined by the National Strategy on Social Inclusion of Homeless People and corresponding action plan. It encompasses individuals or families living on the street, temporarily staying with friends or acquaintances, unable to afford rental housing, at risk of eviction, or in institutions or penitentiaries from which they are to be discharged within two months and have no housing. This definition aligns with ETHOS Light.

Homelessness in Romania is primarily caused by poverty, urban crowding, unemployment, PSU, MH issues, and DV. The most disadvantaged homeless women include immigrants, migrants, LGBTQIA+ individuals, single mothers, trafficking survivors, IPV victims, those with PSU or MH issues, and those facing multiple vulnerabilities.

Access to homelessness data in Romania is facilitated by the Ministry of Labor and Social Solidarity, which collects data based on reports from social services providers, as per Law no. 292/2011 [Law on Social Assistance]. However, official data may not capture the full extent of homelessness, especially among individuals excluded from services due to PSU or MH issues. In 2022, OECD estimated the number of homeless individuals to be 8,436, significantly higher than

the figures reported by Romanian authorities, indicating potential discrepancies in data reliability.

Romania has implemented several laws, national and local policies, and action plans addressing homelessness, coordinated by the Ministry of Labor and Social Solidarity. These frameworks promote gender sensitive approaches, particularly for women escaping DV and single mothers, though more comprehensive interventions are needed. The right to housing as a human right is increasingly recognized within these policies, though implementation gaps persist.

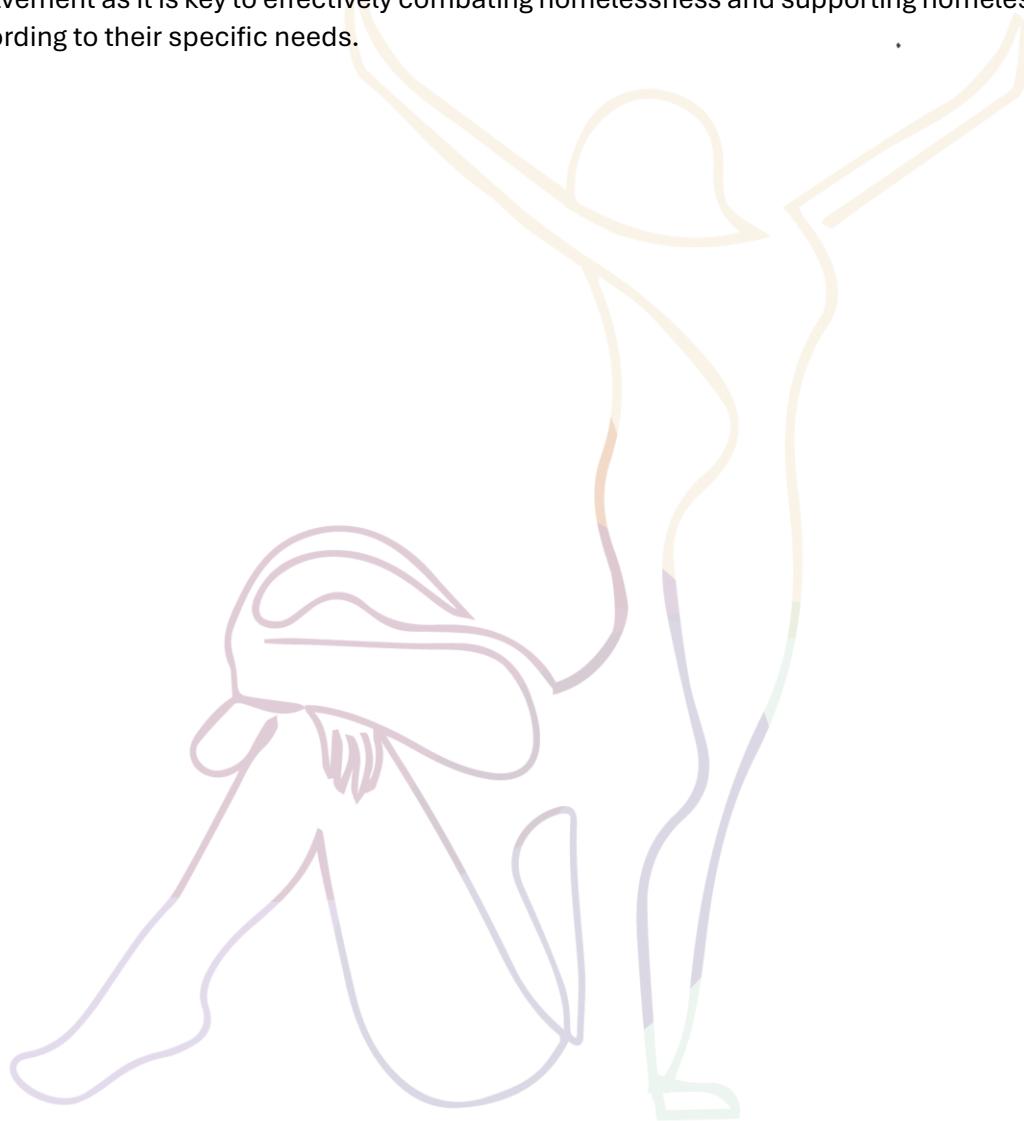
The social support system for homeless people in Romania includes shelters, IPV crisis centres, and various initiatives by NGOs and local authorities. However, interdisciplinary cooperation varies significantly across regions. Municipalities like Cluj-Napoca and Timișoara exhibit well-regulated collaboration, while other areas struggle with developing integrated service networks. Strengthening cooperation among public and private institutions is seen as crucial for effectively addressing homelessness.

Non-gender segregated homelessness services in Romania include night shelters, residential centres, and IPV crisis centres. Specialized services for women encompass emergency shelters, safe housing for DV victims, national helplines, social services, psychological counselling, healthcare services, mental health support, social reintegration programs, vocational training, and NGO-run shelters. Despite these efforts, comprehensive support, particularly in rural areas, remains limited. Barriers to accessing services for homeless women in Romania are multifaceted and deeply interlinked with social, cultural, legal, and economic factors. Overcoming these challenges requires improving the availability of services and addressing the underlying social inequalities and structural issues that contribute to homelessness among women. Comprehensive approaches that need incorporating legal aid, social services, mental health support, and community-based initiatives is crucial to ensure that homeless women receive the necessary assistance.

Housing First services in Romania are still developing, with limited progress in implementing these initiatives. Trauma-informed care and harm reduction approaches are emerging focus areas of but are not yet universally adopted across all services. National and local laws and policies promote interdisciplinary cooperation, though the status varies by region. Continuous efforts are necessary to enhance these approaches and cooperation within homelessness interventions.

In summary, Romania faces significant challenges in addressing homelessness, particularly among disadvantaged women. While legislative frameworks and policies exist, gaps in implementation, data reliability, and interdisciplinary cooperation hinder progress. A comprehensive, gender sensitive, and trauma-informed approach is crucial for sustainable implementation of the INTERACT project. Promoting inter-agency collaboration and community involvement will be key to effectively combating homelessness and supporting homeless women in regaining their independence and dignity.

Thus, the national focus of the INTERACT project in Romania, should be on advocating for coordinated data collection and reporting and gender-specific policies that acknowledge the barriers homeless women face when seeking housing and support services. The need for trauma-informed care in addressing the psychological impacts of IPV, a common contributing factor to homelessness, also needs to be highlighted. At the local level the focus should be on promoting holistic inter-agency collaboration approach to homelessness intervention and community involvement as it is key to effectively combating homelessness and supporting homeless women according to their specific needs.



10. SUMMARY OF FINDINGS

INTERACT National Report provides a comprehensive analysis of homelessness across six European countries, focusing on the intersectionality of the problem and specific challenges faced by women experiencing homelessness. Each INTERACT country has chosen a focus area based on the status of homelessness and the specific challenges they face. The main findings for each country can be summarized as follows.

Germany has a robust social support system and reliable data collection methods. However, gender-specific needs are not fully integrated into policies and practices. The focus for Germany should be on networking actors and addressing the impact of differentiation and inclusions/exclusions within the support system through an intersectionality lens.

Greece's homelessness policy is fragmented, and gender-sensitive interventions are insufficient. The emphasis should be on improving coordination, enhancing gender-sensitive policies, and fostering interdisciplinary collaboration. The need for systemic change is critical to better support marginalized populations.

Iceland has clear legal obligations to provide housing solutions for homeless individuals but lacks comprehensive data collection and a cohesive national policy. Policy on homelessness and multilevel cooperation is in place in the chosen area for implementation, but the network is rather informal than formal. The focus should be on developing a unified national strategy, coordinating data, and expanding interdisciplinary cooperation.

Italy's approach to homelessness is fragmented, with limited gender-sensitive interventions. The focus should be on enhancing interdisciplinary cooperation, expanding protective measures, and integrating Housing First, trauma-informed care, and harm reduction approaches more widely.

Portugal's support system is disjointed, with insufficient gender-sensitive responses and funding challenges. The focus should be on improving data collection, promoting community-led interventions, and strengthening trauma-informed and gender-sensitive care.

Romania faces significant challenges in addressing homelessness, particularly among disadvantaged women. While legislative frameworks exist, gaps in implementation, data reliability, and interdisciplinary cooperation hinder progress. The focus should be on advocating for coordinated data collection, gender-specific policies, and trauma-informed care.

These findings highlight the difference in status quo in partner countries and the need for specific national and regional focus for each partner's implementation of the project. The diversity among partners countries makes the partnership an ideal testing ground for the development of a homelessness intervention model versatile enough to be implemented in multiple differential national environments. However, findings also shed light on a common denominator: the need for better access to HF resources and more systemized interdisciplinary cooperation between services and provision providers, integration of services, trauma-informed care and harm

reduction, and gender-sensitive approaches to effectively support homeless women with complex service needs.



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¹³⁵ For more information: [Psychologically-informed | Homeless Link](#)

¹³⁶ *EUROSTAT Population on 1 January 2023*

¹³⁷ Source: OECD Questionnaire on Affordable Housing (QuASH), 2023; Ministry of Labour and Social Solidarity (2023), Reports from Local Authorities; Ministry of Labour and Social Solidarity (2023), Reports from social services providers.

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