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Intersectional Approach to Combating Homelessness for Women

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Deliverable responsible: WP1, University of Iceland/RIKK and Rotin, NGO.

Contributors:

GERMANY:	HTWK Leipzig - Hochschule für Technik, Wirtschaft und Kultur Leipzig
GREECE:	UWAH – Union of Women Associations of Heraklion; RoC – Regional Authority of Crete; MPF – Municipality of Palaio Faliro
ICELAND:	RIKK – Institute for Gender, Equality and Difference at the University of Iceland; Rotin
ITALY:	Associazione Mondodonna Onlus, Azienda Pubblica di Servizi alla Persona Citta di Bologna and Cooperativa Sociale Società Dolce
PORTUGAL:	Ares do Pinhal Associação de Recuperação de Toxicodependentes
ROMANIA:	Direcția de Asistență Socială și Medicală Cluj-Napoca

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1. INTRODUCTION

Homelessness is a multidimensional social challenge that cuts across several levels of governance and policy domains, including housing, welfare, health, employment, law and policing. Women's homelessness is shaped by specific and often hidden risk factors such as gender-based violence (GBV), intimate partner violence (IPV), substance use and mental health issues. Traditional interventions often have inherent structural difficulties to adequately respond to this complexity, largely due to siloed service structures and the absence of gender-responsive strategies.

The INTERACT project – ***Intersectional Approach to Combating Homelessness for Women*** – was launched to address these challenges. INTERACT is a European initiative co-funded by the European Social Fund Plus (ESF+) under the European Union. The three-year project runs from October 2024 to September 2027. It is coordinated by the by the Union of Women's Associations of Heraklion and Heraklion Prefecture (UWAH) in Greece in collaboration with a transnational partnership involving organizations from Germany, Greece, Iceland, Italy, Portugal, and Romania.

INTERACT introduces a holistic, trauma-informed, and intersectional model of intervention aimed at improving outcomes for women experiencing homelessness in one form or another. At its core, the project is developing a pilot model that promotes integrated, gender-responsive services.

INTERACT National Report lays the foundation for this development by providing background information on homelessness, the legal and policy framework, service provision, and cross-sector collaboration in each of the six participating countries. The findings highlight the importance of tailoring implementation to local social, legal, and cultural contexts. By identifying shared challenges as well as country-specific characteristics, INTERACT seeks to build a flexible and adaptable model.

This extract from the National Report presents partner-authored snapshots of the project's initial findings from their respective countries. Reflecting access to homelessness data, national priorities and contexts, the organization and thematic emphasis of each countries chapter may therefore differ.

NOTE ON TERMINOLOGY

The terminology and definitions used in this National Report reflect the collective understanding of the INTERACT partners at the time of conducting this Report. We recognize that language and concepts in this field are dynamic and may evolve as the INTERACT project progresses, shaped by ongoing dialogue, research, and shared learning. Accordingly, future INTERACT project deliverables may apply updated terms or frameworks that differ from those presented here.

2. GERMANY

Germany, with a population of approximately 83.4 million on 1 January 2024, is an EU member state. The INTERACT partner in Germany is Hochschule für Technik, Wirtschaft und Kultur Leipzig (Leipzig University of Applied Sciences, HTWK Leipzig). This chapter provides a short overview of homelessness definitions in use, policy developments, service infrastructure, and predominant challenges specific to women experiencing homelessness in Germany.[1] All citations to original sources have been verified by the German INTERACT team.

2.1 HOMELESSNESS IN GERMANY

In Germany, the notion of homelessness is based on the further developed definition and categorization of ETHOS Light, which assumes homelessness if a housing or living situation does not meet at least two of these three criteria: Physical and structural suitability ('habitability'), legal security, social adequacy (e.g. privacy or the possibility of receiving guests). In the German Homelessness Reporting Act (WoBerichtsG) from 2020, individuals are legally considered homeless 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 as eligibility criteria to use homelessness services. However, the German official reporting on homelessness does not include all situations defined by the ETHOS typology. For example, people living in accommodation centres for survivors of domestic violence have been excluded so far from the legal definition underlying the reporting.

The former German Federal Government of 2021 reaffirmed the goal of ending homelessness in Germany by 2030. So, in alignment with the initiatives of the European Union, a National Action Plan Against Homelessness (NAP) was adopted on April 24, 2024.[3] The NAP serves as a nationwide action framework with guidelines and procedural principles for all involved stakeholders. The implementation of measures lies with the federal states and municipalities.

Germany has a historically evolved and highly differentiated support system. The non-statutory social welfare organisations and their associations are the most important service providers. They offer multiple support services for homeless people. According to the Association of German Social Welfare Organizations (BAGFW), the coexistence of public and independent welfare organisations in Germany is unique in the world.[4] The German social legislation is equally worth mentioning, as it includes the granting of social benefits to overcome particular social difficulties under sections 67 et seq. SGB XII [Aid for Special Life Situations].[5] This part of social legislation is of central importance in cases of homelessness, because the benefits include measures for maintaining and obtaining housing. Especially if (imminent)

[1] For a full version of this overview, see INTERACT National Report, deliverable D.1.1 of the INTERACT project (2025), English version, pp. 25-39.
[2] Wohnungslosenberichterstattungsgesetz (WoBerichtsG) 2020 [Homelessness Reporting Act].
[3] Federal Ministry for Housing, Urban Development and Building (BMWSB), *Together for a Home. National Action Plan to Tackle Homelessness*, 2024.
[4] „Freie Wohlfahrtspflege in Deutschland", Bundesarbeitsgemeinschaft der Freien Wohlfahrtspflege, accessed May 16, 2025, https://www.bagfw.de/ueber-uns/freie-wohlfahrtspflege-in-deutschland
[5] Sections 67ff, SGB XII [Twelfth Book of the Social Code].

homelessness overlaps with other needs for assistance, the benefits can be seen as a guiding aid for the development and implementation of further entitlements.

> THE ROLE OF GENDER IN HOMELESSNESS HAS GAINED SPECIFIC ATTENTION IN RECENT YEARS IN GERMANY, BUT IT HAS NOT YET BEEN FULLY INCORPORATED INTO PRACTICES AND POLICIES. (INTERACT NATIONAL REPORT, ENGLISH VERSION, 2025, P.28

Various causes leading to homelessness in Germany have been identified. Rent arrears are one of the most prevalent reasons. In addition, health reasons, divorce or split-up of partnerships are also risk factors for homelessness. Sometimes they occur interconnectedly. None of these reasons leads directly to homelessness, but co-occurring poverty or precarious financial status can. Especially for women, experiences of interpersonal violence in a partnership or family context are remarkably often mentioned as a reason for homelessness.[6]

Although the role of gender in homelessness has gained specific attention in recent years,[7] it has not yet been fully incorporated into the practices and policies of homelessness service provisions and prevention measures. For example, gender dimensions are not considered separately in sections 67 et seq. SGB XII [Aid for Special Life Situations]. Specialized services for women exist to a certain extent, while LGBTQIA+ persons' needs are rarely addressed. Independent welfare organisations and national interest groups for the homeless are increasingly bringing the need for gender-sensitivity into the public debate.

2.2 ACCESS TO HOMELESSNESS DATA

Different surveys and sources of data about homelessness are publicly available. Four surveys on the national level have been conducted by the Federal Statistical Office,[8] complying with the legal obligation of the Homelessness Reporting Act from 2020.[9] Only homeless people who were accommodated in services are covered in these surveys. Two national reports on homelessness were published, complementing the survey data with information and analyses on the extent and structure of homelessness, including hidden homelessness and rough sleeping.[10] The data is presented

[6] Gesellschaft für innovative Sozialplanung und Sozialforschung e. V. (GISS) & Verian (VERIAN), *Untersuchung zum Gegenstand nach § 8 Absatz 2 und 3 WoBerichtsG* (Gesellschaft für innovative Sozialplanung und Sozialforschung e. V. & Verian, 2024), pp. 32–34 and 130–131, https://www.giss-ev.de/filestorage/publikationen/241023_bmwsb_bericht.pdf

[7] Martina Bodenmüller, „Wohnungslosigkeit von Frauen – auch ein Armutsphänomen", in: Regina-Maria Dackweiler, Alexandra Rau, Reinhild Schäfer (Eds.), 2020, *Frauen und Armut – Feministische Perspektiven,* 361–381; Jan Finzi, „Wohnungsnot: Geschlecht als bedeutende Differenzierungskategorie", in: Frank Sowa (Ed.), 2022, *Figurationen der Wohnungsnot. Kontinuität und Wandel sozialer Praktiken, Sinnzusammenhänge und Strukturen*, 482–501.

[8] „Statistics of homeless people accommodated". DESTATIS Statistisches Bundesamt, accessed May 16, 2025, https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Soziales/Wohnungslosigkeit/_inhalt.html#sprg575210; data source: https://www-genesis.destatis.de/datenbank/online/statistic/22971/details

[9] Wohnungslosenberichterstattungsgesetz (WoBerichtsG) 2020 [Homelessness Reporting Act].

[10] Bundesministerium für Arbeit und Soziales (BMAS), *Ausmaß und Struktur von Wohnungslosigkeit. Der Wohnungslosenbericht 2022 des Bundesministeriums für Arbeit und Soziales* (Bundesministerium für Arbeit und Soziales, 2022), https://www.bmas.de/SharedDocs/Downloads/DE/Soziale-Sicherung/wohnungslosenbericht-2022.pdf?__blob=publicationFile&v=4; Bundesministerium für Wohnen, Stadtentwicklung und Bauwesen (BMWSB), *Wohnungslosenbericht der Bundesregierung. Ausmaß und Struktur von Wohnungslosigkeit* (Bundesministerium für Wohnen, Stadtentwicklung und Bauwesen, 2025), https://www.bmwsb.bund.de/SharedDocs/downloads/Webs/BMWSB/DE/veroeffentlichungen/wohnen/wohnungslosenbericht-2024.pdf?__blob=publicationFile&v=2

predominantly in gender-specific terms. Furthermore, NGOs and non-statutory welfare services provide statistics on homelessness, often using own methods and covering different sub-national levels.[11]

IN GERMANY, HOMELESS WOMEN FACE VARIOUS BARRIERS ACCESSING SUPPORT SERVICES DUE TO INTERSECTIONAL DISCRIMINATION. THERE IS A NEED FOR MORE INCLUSIVE SERVICES THAT ADDRESS THEIR SPECIFIC NEEDS AND OFFERS SUSTAINABLE SUPPORT.

Local statistics on the extent of homelessness for the INTERACT intervention areas, the Free State of Saxony, and City of Leipzig, are partially available. Compared to other Federal States, Saxony has one of the lowest rates of accommodated homeless people (11.1 per 10,000 inhabitants).[12] Among the 14 largest 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.[13] Unfortunately, no data on hidden homelessness and rough sleeping is available at these sub-scales.

Furthermore, there is no comprehensive gender-specific data that takes into account intimate partners violence, problematic substance use, and mental health issues among homeless people. However, the Federal Government's latest report does at least contain gender-specific data on the subgroup of hidden homeless and rough-sleeping people, covering distinct forms of violence they are exposed to, different forms of discrimination, physical and mental health issues and disabilities, and PSU.[14]

2.3 HOMELESSNESS SERVICES

Services are most often designed for people affected by homelessness in general and rarely exclusively for women. These include PSU programs, health care, and outreach services, although women experiencing homelessness have significantly higher rates of psychiatric disorders and traumatization.[15] The few women-only shelters often operate at maximum capacity. However, Housing First and housing-led approaches are widely known and applied in bigger cities, also in Leipzig.[16] As with Housing First, harm reduction approaches are prevalent to varying degrees all over Germany.

2.3.1 GAPS AND BARRIERS

Some gender-specific gaps and barriers to services and provisions can be assumed. Women, more often than men, live in hidden homelessness, presumably often due to the increased gender-specific vulnerability of women to sexualized violence. Mixed-gender shelters can be perceived as dangerous by

[11] Relevant examples are Bundesarbeitsgemeinschaft Wohnungslosenhilfe e.V. (BAG-W), *Zu Lebenslagen wohnungsloser und von Wohnungslosigkeit bedrohter Menschen in Deutschland – Lebenslagenbericht – Berichtsjahr 2022,* (Bundesarbeitsgemeinschaft Wohnungslosenhilfe e.V., 2022), https://www.bagw.de/fileadmin/bagw/media/Doc/STA/STA_Statistikbericht_2022.pdf; Diakonisches Werk der Ev.-Luth. Landeskirche Sachsen e.V., Wohnungsnotfallhilfe. Lebenslagenerhebung (Diakonisches Werk der Ev.-Luth. Landeskirche Sachsen e.V., 2024) https://www.diakonie-sachsen.de/wp-content/uploads/2024/09/2024-Wohnungsnotfallhilfe-Bericht.pdf

[12] BMWSB, *Wohnungslosenbericht der Bundesregierung* 2025, p 76.

[13] BMWSB, *Wohnungslosenbericht der Bundesregierung* 2025, p 92.

[14] *BMWSB, Wohnungslosenbericht der Bundesregierung 2025, pp. 33-50.*

[15] GISS & VERIAN, *Empirische Untersuchung zum Gegenstand nach § 8 Absatz 2 und 3 WoBerichtsG 2024*, p. 39.

[16] For a recent example, see „Modellprojekt Eigene Wohnung" Stadt Leipzig, accessed May 16, 2025, https://www.leipzig.de/jugend-familie-und-soziales/soziale-hilfen/obdachlosigkeit/projekt-eigene-wohnung

women who fear experiencing violence from men. Thus, not providing enough women-explicit shelters creates a barrier.[17]

Moreover, GREVIO identified several gaps in services with regards to the implementation of the Istanbul Convention. There is a general lack of specialized, victim-centred services and homeless women often do not receive adequate support. Like other marginalized groups, they face intersectional discriminations, experience multiple disadvantages and are often overlooked in mainstream services. In consequence, there is a need for more inclusive policies and services that address the specific needs of homeless women. Shelters and support services must be equipped adequately to handle the complexities of homelessness and violence.[18]

Furthermore, some measures may fall short to achieving their goals due to insufficient funding. These limitations point to a need for increased funding at the local level, necessarily backed by more national funding. At present, the austerity plans of the German government do not favour this need.[19]

2.3.2 Quality Standards

Architectural and safety standards for shelters and housing are set by the German federal states and therefore vary slightly between regions. These regulations also take into account that certain disadvantaged groups have different needs. Programmes must meet these requirements.[20] The Free State of Saxony, for example, requires that emergency shelters must meet the standards for humane accommodation. They must offer space for essential living needs, avoid health hazards and have separate sanitary facilities for women and men.[21]

2.3.3 Multidisciplinary Collaboration

Cooperation and networking between organisations and sectors are emphasized in addressing homelessness but are not implemented comprehensively. Some local initiatives exemplify the integration of various support services into services for homeless people, e.g. inclusive mental health care and community collaboration. But in many cases the historically evolved and highly differentiated support system in Germany and a lack of resources in day-to-day work routines impede a culture of cooperation. Gender-specific needs are also not always adequately taken into account.

2.4 Relevance of INTERACT in Germany

With regards to the status quo, strengths and weaknesses of homelessness services in Germany as described before, INTERACT is relevant in various respects, as it:

- strengthens the importance of intersectionality in addressing homelessness,

[17] BMWSB, *Together for a Home. National Action Plan to Tackle Homelessness* 2024, p. 18.
[18] GREVIO, *Grevio Baseline Evaluation Report Germany*, 2022, https://rm.coe.int/report-on-germany-for-publication/1680a86937
[19] Marcel Fratzscher, *Bundeshaushalt setzt falsche Prioritäten: Hier besteht wirklich Spar-Potential*, DIW-Blog 10.07.2024, accessed May 15, 2025, https://www.diw.de/de/diw_01.c.907889.de/nachrichten/bundeshaushalt_setzt_falsche_prioritaeten__hier_besteht_wirklich_spar-potential.html
[20] An overview of different regulations in all 16 federal states is provided in BMWSB, *Together for a Home. National Action Plan to Tackle Homelessness* 2024, pp. 37–38.
[21] 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, 2021, III. 2.

- focuses on the complex issues at the intersection of homelessness and gender,
- makes a proposal how to bring theoretical intersectional approaches into concrete support strategies for homeless women, and
- encourages cooperation between different sectors and organisations in the differentiated German support system.

2.5 Conclusion

The framework conditions in Germany offer a wide range of starting points for the INTERACT project. At national level and in Leipzig as the intervention area, the focus should be on networking stakeholders and on questions concerning the effects of differentiation and the associated inclusions and exclusions through the support system, which are facilitated by the perspective of intersectionality.

2.6 Recommendations for Next Steps

Further steps are necessary to move towards the shared European aim of ending homelessness, taking into account a gender-responsive approach. In Germany, these include, at the:

Policy Level:

- Fully implementing gender-mainstreaming and the focus on gender-specific needs into policies.
- Securing adequate funding for services that support homeless women.
- Continuing the efforts to establish a database on hidden homelessness and rough sleeping.

Service Level, emphasis should be put on;

- removing barriers to accessing support services faced by homeless women, and
- building strong and sustainable cooperation between different sectors of the support system.

Research and Community Engagement should be strengthened in order to;

- provide deeper insights into the intersectional discrimination faced by homeless women, and
- find ways and solutions to involve homeless women as experts for their own situation and as equal partners in research work.

3. GREECE

Homelessness is a complex social challenge in Europe, marked by fragmented data, inconsistent policies, and gaps in service delivery. Women experiencing homelessness often face multiple vulnerabilities, including exposure to violence, precarious housing, and limited access to tailored support. The INTERACT project seeks to address these challenges by promoting intersectional, gender-sensitive, and trauma-informed approaches, while strengthening collaboration across services and policymaking levels. Greece, with a population of approximately 10.4 million on 1 January 2023, is an EU member state[22]. All citations to original sources have been verified by the Greek INTERACT team. The INTERACT project in Greece is led by Union of Women Associations in Heraklion, together with Region of Crete and Municipality of Palaio Faliro.[23]

3.1 HOMELESSNESS IN GREECE

Homelessness in Greece remains a persistent and growing issue, particularly since the financial crisis, austerity measures, and housing market pressures reduced social safety nets. Women are disproportionately affected due to gender pay gaps, single parenthood, unemployment, and exposure to domestic violence [24] . Despite the adoption of the ETHOS framework as the legal definition of homelessness[25], policy responses largely prioritize emergency accommodation over long-term housing solutions[26].

As the report notes, *"homelessness data in Greece remains inconsistent and fragmented and largely inaccessible, with no publicly available up-to-date statistics on the total homeless population"*. Hidden homelessness — women staying with friends, relatives, or in precarious housing — is widespread yet poorly captured in official statistics.

At the national level, there is a homelessness policy and pilot programs in Athens and Thessaloniki, but at the local level no targeted municipal policies exist. Greece has no Housing First strategy in place, and while trauma-informed and gender-sensitive approaches are sometimes applied, they remain the exception rather than the rule. Promising practices have emerged in outreach, partnerships with women's organizations, and trauma-informed care, yet these initiatives remain small-scale, underfunded, and disconnected from broader policy frameworks. Cooperation between services exists but is mostly informal, relying on personal relationships rather than institutionalized mechanisms[27].

3.2 ACCESS TO HOMELESSNESS DATA

In Greece, access to homelessness data is severely limited by a fragmented and inconsistent system. The only national mechanism, the Digital Registry of Homeless Structures, records individuals who use state-

[22] EUROSTAT Population on 1 January 2023
[23] For a full version of this overview, see INTERACT National Report, deliverable D.1.1 of the INTERACT project (2025), English version, pp. 40-53.
[24] Theodorikakou et al., 2013; EU SILC, 2014; CMD 41756/26.5.2017, L. 4472/2017; Dimoulas, K., Arapoglou, V., Gkounis, K., Richardshon, K., Karlaganis, P. (2018). PILOT REGISTRATION OF HOMELESS PEOPLE IN THE MUNICIPALITIES OF ATHENS, THESSALONIKI, PIRAEUS, HERAKLION, IOANNINA, N. IONIA, AND TRIKALA. Panteion University.
[25] Article 29, par. 1 from Law 4052/2012 (ΦΕΚ 41 Α).
[26] NATIONAL STATISTICAL SERVICE. FAMILY BUDGET DATA – RISK OF POVERTY SILK. (2024). Available at: https://www.statistics.gr/el/statistics/-/publication/SFA10/2024.
[27] As quotes in INTERACT National Report, English Version, 2025, p. 47.

funded shelters or specific programs, excluding those in hidden or informal living situations such as couch-surfing, overcrowded housing, or makeshift arrangements. Access to this registry is restricted to facility coordinators, making the data largely inaccessible to the public, researchers, and policymakers. As a result, official numbers drastically underrepresent reality: in 2023 the registry recorded just 1,387 homeless individuals, of whom 22% were women, despite broader research and outreach services consistently reporting much higher levels of homelessness[28].

> 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.

The shortcomings are compounded by the fact that not all service providers contribute data and reporting methodologies vary across municipalities and organizations, preventing the creation of a reliable national picture. Independent street work in Athens, for instance, has identified over 850 unique cases since 2021, and earlier academic studies also indicated underreporting even within their limited scope[29]. The lack of a standardized coding system further risks duplication or omission of cases. Hidden homelessness, in particular, remains invisible in official statistics, keeping the full scale of the crisis outside of public debate and political agendas. This lack of reliable, transparent, and gender disagrated data not only undermines effective policymaking but also perpetuates the marginalization of women, migrants, and other disadvantaged groups who are disproportionately affected[30].

3.3 HOMELESSNESS SERVICES

In Greece, homelessness services are concentrated mainly in Athens and Thessaloniki, consisting of day centres, emergency shelters, transitional hostels, supported housing initiatives, and outreach teams for rough sleepers. While some specialized shelters exist for women, often in connection with domestic violence protection services, most facilities focus on short-term relief such as food, hygiene, psychosocial support, and overnight accommodation. These services provide essential lifelines, but they are fragmented, limited in scale, and unevenly distributed across the country. Cooperation between providers often depends on informal networks rather than institutional frameworks, which reduces the system's ability to respond effectively to complex and long-term needs[31].

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[28] 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.

[29] Αράπογλου, Β., Γκούνης, Κ., Ρίτσαρντσον, Κ., (2018). Πιλοτική Καταγραφή Αστέγων στους Δήμους Αθηναίων, Θεσσαλονίκης, Πειραιώς, Ηρακλείου, Ιωαννίνων, Ν. Ιωνίας και Τρικκαίων.

[30] As stated in INTERACT National Report, English Version, 2025, p. 46.

[31] As stated in INTERACT National Report, English Version, 2025, p. 50: "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

3.3.1 GAPS AND BARRIERS

In Greece, homelessness interventions suffer from systemic shortcomings that undermine their effectiveness. The response remains dominated by emergency accommodation, with little emphasis on prevention or sustainable housing solutions, leaving people trapped in cycles of instability. Services are unevenly distributed, concentrated in major cities like Athens and Thessaloniki, while large parts of the country lack meaningful provision[32]. Women with complex needs — such as those facing intimate partner violence, problematic substance use, and mental health challenges — are particularly underserved due to the scarcity of gender-sensitive and trauma-informed approaches[33]. Fragmentation of responsibilities across ministries adds to inefficiency, while barriers such as stigma, lack of childcare in shelters, and exclusion of migrant women due to legal restrictions deepen inequality and discourage access to services.

A major gap in the Greek system is the absence of a Housing First (HF) strategy, which has been adopted in many European countries as a sustainable solution to homelessness. Instead, Greece relies heavily on emergency and transitional accommodation, leaving individuals in cycles of precarious living without a pathway to permanent housing. Although some promising practices have emerged—such as gender-sensitive outreach programs and trauma-informed care—these remain exceptions rather than standard practice and are often underfunded. Without a shift towards long-term housing solutions and stronger institutional coordination, homelessness services in Greece risk remaining stuck in crisis management, unable to provide stability and security for those most affected.

Another major weakness lies in the absence of standardized quality measures. Unlike other EU countries, Greece does not apply formal service quality standards, meaning that “requirements are minimal (e.g., separate bedrooms in shelters) and depend on municipal oversight when funding is provided”. This lack of systematic evaluation results in significant variations in service quality and leaves women’s safety and dignity inadequately protected across facilities. As the report concludes, despite isolated examples of good practice, there is a pressing need to embed gender-sensitive, trauma-informed, and rights-based standards into the national homelessness framework to ensure equitable and reliable support for all.

3.3.2 QUALITY STANDARDS

Unlike several other EU partners, Greece lacks formalized service quality standards for homelessness interventions. Minimum requirements exist, such as providing separate bedrooms in shelters, but these are enforced inconsistently and largely depend on municipal oversight when funding is allocated. This absence of systematic evaluation means that service quality varies widely across facilities, with no guarantee of safety, dignity, or gender-sensitive support for women experiencing homelessness. As the report highlights, “requirements are minimal (e.g., separate bedrooms in shelters) and depend on municipal oversight when funding is provided,” underscoring the precariousness of services and the absence of uniform accountability mechanisms. Without clear standards, women often face unsafe or

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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.”

[32] Dimoulas, K., Arapoglou, V., Gkounis, K., Richardshon, K., & Karlaganis, P. (2018).

[33] Kourachanis, 2017.

inadequate environments that fail to respond to the trauma and vulnerabilities linked to gender-based violence, mental health struggles, or problematic substance use.

3.3.3 Multidisciplinary Collaboration

In Greece, collaboration between service providers is generally informal and ad hoc. While there are good practices—such as the Kareas Social Shelter, which coordinates with psychologists, medical staff, legal advisors, and police—such examples remain isolated. Most providers work in silos, relying on personal relationships rather than institutionalized frameworks or protocols. This lack of structured cooperation prevents the creation of holistic responses for women with intersecting needs, particularly those combining experiences of intimate partner violence, trauma, and housing insecurity. The absence of formal interdisciplinary systems also reduces efficiency and leads to service gaps, as no single agency can meet the complex needs of homeless women without integrated partnerships[34].

3.4 Relevance of INTERACT in Greece

INTERACT's role in Greece is highly relevant because it directly addresses these systemic shortcomings. The project emphasizes building a gender-sensitive, trauma-informed, and intersectional approach that is currently missing from national practice. It aims to expand beyond short-term crisis management by advocating for Housing First strategies and sustainable housing solutions, which Greece has not yet adopted. INTERACT also highlights the need to embed formal quality standards, strengthen inter-agency collaboration, and push for policies that reflect women's vulnerabilities in a systematic way. By focusing on women with overlapping needs—those facing GBV, PSU, and MH struggles—the project seeks to prevent them from falling through the cracks of fragmented services and informal networks.

3.5 Conclusion

The Greek homelessness system remains reactive, fragmented, and insufficiently gender-sensitive. Services are concentrated in major cities and primarily geared toward emergency relief, with little investment in prevention or long-term solutions. Data collection is inconsistent and inaccessible, weakening the evidence base for policymaking. Institutional fragmentation, barriers to access for disadvantaged groups, and the lack of quality standards all contribute to systemic inefficiencies. Women are particularly disadvantaged, as their needs linked to violence, trauma, and caregiving responsibilities are not adequately addressed. These shortcomings demonstrate the urgency of systemic reform to move beyond short-term crisis management and toward a rights-based approach.

3.6 Recommendations for Next Steps

Policy Level

- Develop a comprehensive national homelessness strategy based on Housing First principles to move beyond emergency accommodation.
- Introduce formal quality standards for all homelessness services, ensuring women's safety, dignity, and access to trauma-informed care.
- Establish clear institutional responsibilities across ministries to reduce fragmentation and inefficiency in service delivery.

[34] As stated in INTERACT National Report, English Version, 2025, p. 50.

- Embed gender-sensitive and intersectional approaches (considering GBV, PSU, MH, and caregiving roles) into all national and municipal homelessness policies.

Service Level

- Create formalized multidisciplinary collaboration frameworks, ensuring cooperation between health, social, housing, and legal services rather than relying on informal networks.
- Expand gender-specific shelters and women-only services, particularly outside Athens and Thessaloniki, to reduce geographic inequality.
- Integrate childcare provision into shelters and transitional housing to improve accessibility for women with children.
- Scale up trauma-informed and harm-reduction approaches across mainstream services, making them the norm rather than exceptions.

Research and Data collection

- Improve the Digital Registry of Homeless Structures by standardizing reporting, preventing duplication, and including hidden homelessness.
- Ensure public accessibility of data to support transparency, accountability, and evidence-based policymaking.
- Collect gender-disaggregated data and systematically track intersecting vulnerabilities (e.g., IPV, PSU, MH) to better inform targeted interventions.
- Support independent research and evaluations of homelessness services, focusing on quality, outcomes, and long-term impacts.

Community Engagement

- Strengthen outreach programs in both urban and rural areas to reach hidden homeless populations and build trust.
- Involve women with lived experience of homelessness in policy consultations, program design, and monitoring.
- Develop anti-stigma campaigns to challenge stereotypes about homelessness and encourage service uptake.
- Foster local partnerships with women's organizations, grassroots groups, and municipalities to build more inclusive and sustainable community-based responses.
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4. ICELAND

According to Statistics Iceland, the total population in Iceland was approximately 384,000 on January 2024.[35] Though not an EU member, Iceland is a close EU partner and aligns many of its social policies with EU frameworks. The INTERACT project in Iceland is led by University of Iceland/RIKK – Institute for Gender, Equality and Difference at the University of Iceland and Rotin – An NGO focused on women with complex support needs. This chapter provides a snapshot of homelessness definitions, policy developments, service infrastructure, and challenges specific to women experiencing homelessness in Iceland.[36] All citations to original sources have been verified by the Icelandic INTERACT team.

4.1 HOMELESSNESS IN ICELAND

The Icelandic welfare system is based on the principles of equal access, non-discrimination, and social responsibility, in line with international human rights commitments.[37] These principles create both a moral and legal obligation to adopt rights-based and diverse solutions, such as those promoted by INTERACT.

Homelessness has not yet been defined in Icelandic law or in a national homelessness strategy. The working definition used since 2005 does not cover all categories outlined in ETHOS.[38]

Comprehensive national data on homelessness based on ETHOS are not available. The most reliable statistics are collected by the City of Reykjavík, which gathers information on homeless individuals using its services.[39] According to this data, 40% of this group have complex support needs. Among women, the proportion is higher (48%) compared to men (36%).

The main causes of homelessness among women in Iceland are substance use, and mental health challenges linked to long histories of trauma, neglect, and violence. Intimate partner violence, poverty, and single motherhood are also significant factors.

4.2 ACCESS TO HOMELESSNESS DATA

Iceland has not yet developed a national data collection system on homelessness, making it difficult to obtain reliable nationwide statistics. Women's homelessness is particularly under-recorded, as many live in informal and unsafe conditions that fall outside the narrow official definitions used in counts. Reykjavík is the only municipality with a formal homelessness strategy.[40] The city collects gender-disaggregated data based on ETHOS categories, including data on people with complex support needs. Other municipalities

[35] Statistics Iceland. *Overview – Statistics Iceland*. Population - key figures 1703-2025. PxWeb
[36] For a longer version of this snapshot see INTERACT National Report, deliverable D.1.1 of the INTERACT project (2025), English version, pp. 54-71.
[37] See Lög um jafna stöðu og jafnan rétt kynjanna nr. 150/2020 [Act on Equal Status and Equal Rights Irrespective of Gender]. 150/2020: Lög um jafna stöðu og jafnan rétt kynjanna | Lög | Alþingi
[38] 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. See: "Skýrsla samráðshóps um heimilislausa: Aðstæður húsnæðislausra í Reykjavík og tillögur til úrbóta." [Report of the Consultation Group on Homelessness: The Situation of Homeless People in Reykjavík and Proposals for Improvements], Félagsmálaráðuneytið, https://www.stjornarradid.is/media/velferdarraduneyti-media/media/acrobat-skjol/skyrsla_heimilislausir.pdf
[39] Reykjavíkurborg. *Stefna í málefnum heimilislausra með miklar og flóknar þjónustuþarfir 2019–2025*. [City of Reykjavík. Policy on Homeless People with Extensive and Complex Service Needs 2019–2025]. Reykjavíkurborg, 2019. https://reykjavik.is/sites/default/files/stefna_i_malefnum_heimilislausra_2019-2025_med_uppfaerdri_ethos-toflu_2.9.2019.pdf.
[40] Reykjavíkurborg. *Stefna í málefnum heimilislausra með miklar og flóknar þjónustuþarfir 2019–2025*. [City of Reykjavík. Policy on Homeless People with Extensive and Complex Service Needs 2019–2025]. Reykjavíkurborg, 2019. https://reykjavik.is/sites/default/files/stefna_i_malefnum_heimilislausra_2019-2025_med_uppfaerdri_ethos-toflu_2.9.2019.pdf.

also collect information about homeless people they serve, but definitions and methodologies are inconsistent. This lack of harmonization makes national comparisons difficult.

> 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. (AS QUOTED IN INTERACT NATIONAL REPORT, ENGLISH VERSION, 2025, P. 55).

In 2024, the Parliament adopted a long-term national housing strategy (2024–2038) with an action plan for 2024–2028. Section 3.13 specifically addresses homelessness, with emphasis on data collection and needs assessment, including different ETHOS categories. [41] This marks the first step towards harmonized national definitions and offers an important opportunity for alignment with the INTERACT project.

4.3 HOMELESSNESS SERVICES

In Iceland, services for homeless people are primarily coordinated at the municipal level, with Reykjavík providing the most comprehensive range. Services include emergency shelters, temporary housing, and long-term support. Civil society organizations also provide specialized support, but often face funding constraints, and provision is fragmented. Services specifically tailored to women with histories of gender-based violence, substance use, and/or mental health conditions remain scarce.[42]

Currently, homelessness services in Iceland, particularly those for women, are not based on a unified or clearly defined theoretical framework. However, growing international and national debates on housing, trauma, gender, and health equity are increasingly shaping policy and research.

The Housing First model is gaining attention in Icelandic housing and welfare debates and is prominent in Reykjavík's policy, particularly regarding people with complex support needs.

Trauma-informed approaches are also gradually being introduced, though implementation is uneven. Training for professionals remains limited, but awareness of the need to integrate trauma-informed practices into both emergency and long-term services is growing.

Drug treatment in Iceland has long been rooted in abstinence-based approaches. In recent years, however, important steps have been taken towards harm reduction. Notably, in 2019 Reykjavík shifted its policy to formally adopt harm reduction and Housing First. In January 2025, the Ministry of Health released the first report on harm reduction policies and action, prepared by an expert working group. The report marks the beginning of preparation for Iceland's first national policy on harm reduction.[43]

4.3.1 GAPS AND BARRIERS

Despite growing awareness of homelessness as a systemic issue, the current infrastructure presents significant shortcomings, particularly for women and other marginalized groups. The key gaps identified include lack of gender-responsive services, limited support for people facing both mental health and

[41] Alþingi, Þingsályktun 2101/154: Húsnæðisstefna fyrir árin 2024–2038 ásamt fimm ára aðgerðaáætlun fyrir árin 2024–2028 [Parliamentary Resolution 2101/154: Housing Policy for 2024–2038 with a Five-Year Action Plan for 2024–2028], https://www.althingi.is/altext/154/s/2101.html.
[42] See INTERACT National Report, deliverable D.1.1 of the INTERACT project (2025), English version, pp. 62-65.
[43] Heilbrigðisráðuneytið, *Lokaskýrsla starfshóps um stefnu og aðgerðir í skaðaminnkun* [Final Report of the Working Group on Harm Reduction Policy and Actions], January 2025, https://www.stjornarradid.is/library/04-Raduneytin/Heilbrigdisraduneytid/ymsar-skrar/Ska%C3%B0aminnkun_Lokask%C3%BDrsla_jan%C3%BAar%202025.pdf.

substance use issues, shortage of long-term housing options with support services, essential for long-term recovery and reintegration, and lack of training and systemic integration of trauma-informed and harm reduction approaches. Cultural, legal, logistical, operational and geographical barriers continue to limit the accessibility and effectiveness of homelessness services for women in Iceland.[44]

> HOMELESS SERVICES IN ICELAND 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.

4.3.2 QUALITY STANDARDS

Currently, there are no national quality standards, protocols, or performance indicators for homelessness services in Iceland — neither in general nor specifically for women.

Existing services often impose strict behavioural rules, which can be difficult for women with histories of trauma or complex PTSD. This issue is found both in general health services and in specialized homelessness programs and is inconsistent with trauma-informed practice.

At both the national and municipal level, policy guidance largely emphasizes trauma-informed approaches, harm reduction, and respect for service users' autonomy. In some cases, quality requirements are included in funding agreements for specific projects, but monitoring is usually limited to self-evaluation reports submitted to funders.[45]

4.3.3 MULTIDISCIPLINARY COLLABORATION

Cross-agency cooperation on homelessness in Iceland is developing but remains unsystematic. Some municipalities, especially Reykjavík, have started to coordinate housing, social, and health services. However, cooperation is often limited to specific projects and dependent on personal networks rather than formal procedures.

4.4 RELEVANCE OF INTERACT IN ICELAND

INTERACT aligns well with current policy developments in homelessness in Iceland. The project:

- promotes gender-sensitive definitions consistent with ETHOS,
- supports tailored service pathways for women with complex needs,
- encourages cross-sector and cross-agency collaboration,
- provides tools for capacity-building and local adaptation, and
- deepens understanding and improves responses to women's homelessness.

[44] Kolbrún Kolbeinsdóttir, „Eini staðurinn í samfélaginu þar sem ekki er horft niður á þig": Reynsla kvenna af Konukoti.
[45] Thomas Kattau, *Review of Treatment Services for Substance Use Disorders in Iceland*, commissioned by the Ministry of Health of Iceland, October 18, 2024, https://www.stjornarradid.is/library/04-Raduneytin/Heilbrigdisraduneytid/ymsar-skrar/Review%20of%20treatment%20services-%20T%20Kattau.pdf.

4.5 Conclusion

Several features of the Icelandic context are favourable for piloting and developing the INTERACT model. Nevertheless, the lack of gender-responsive approaches and persistent barriers to access underline the urgent need for targeted interventions. With strong municipal partners and growing political will, Iceland is well positioned to adapt and implement INTERACT in support of homeless women with complex service needs.

4.6 Recommendations for Next Steps

Policy Level

- Develop a gender-responsive strategy and data collection plan based on ETHOS.
- Establish protocols and harmonized procedures for information-sharing and inter-agency collaboration.
- Introduce quality standards and monitoring systems for services.

Service Level

- Expand the availability of gender-responsive, trauma-informed, and harm reduction services.
- Strengthen cross-sector collaboration between health, social, and housing services.
- Build staff capacity in gender-responsive, trauma-informed, and harm reduction approaches.

Research and Community Engagement

- Support research, data collection, and analysis.
- Involve women with lived experience in the design and evaluation of services.
- Raise awareness among stakeholders and the public about the situation of homeless women.

5. ITALY

Italy, with a population of approximately 59 million in January 2024, is an EU member state. The Italian INTERACT partners are Associazione Mondodonna Onlus, ASP - Azienda Pubblica di Servizi alla Persona della Città 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.[46] All citations to original sources have been verified by the Italian INTERACT team

> "RESPONSES TO HOMELESSNESS ALSO DIFFER TO SOME EXTENT WHEN IT COMES TO WOMEN EXPERIENCING IT. IT IS NOW GENERALLY RECOGNIZED THAT WOMEN, ONCE FACED WITH HOUSING EXCLUSION, TEND FIRST TO TURN TO INFORMAL ARRANGEMENTS, SUCH AS STAYING WITH FRIENDS, FAMILY, OR ACQUAINTANCES, AND ONLY AFTER EXHAUSTING THESE OPTIONS DO THEY SEEK OUT TRADITIONAL SERVICES FOR PEOPLE EXPERIENCING HOMELESSNESS. THIS PARTICULAR CIRCUMSTANCE IS REFERRED TO AS 'HIDDEN HOMELESSNESS,' A TERM THAT APTLY DESCRIBES THE STATE OF INVISIBILITY IN WHICH WOMEN EXPERIENCING HOMELESSNESS OFTEN FIND THEMSELVES." (FIO.PSD'S MONITORING CENTRE)

5.1 HOMELESSNESS IN ITALY

Italy lacks a national legal definition of homelessness. The country relies on survey-based operational definitions, which differ from ETHOS and limit possible comparisons with EU data. Homelessness is largely framed as extreme poverty and social marginality rather than a structural housing issue.

The primary causes of the phenomenon of homelessness among women in Italy are linked to intimate partner violence, family breakdown, and economic precarity. Problematic substance use and mental health issues are also significant, often compounded by histories of trauma and neglect. Migrant women and those belonging to other marginalized groups (such as ethnic minorities, LGBTQ+ communities, or women with disabilities) face additional vulnerabilities due to legal, social, and bureaucratic barriers. Many of these risks are rooted in systemic oppression, reflecting structural inequalities, discriminatory policies, and social exclusion that limit access to housing, healthcare, and social support.

5.2 ACCESS TO HOMELESSNESS DATA

In Italy we miss a continuous and coherent national system for data collection on homelessness. The most reliable source is the ISTAT [47] census-style annual surveys, which adopt narrow criteria (rooflessness and houselessness), leaving many forms of hidden homelessness unrecorded. Women are particularly underrepresented, as they often resort to temporary or informal arrangements rather than accessing street services or shelters.

At the local level, large cities such as Rome, Milan, Turin and Bologna have developed their own data collection initiatives, sometimes in partnership with NGOs such as fio.PSD. However, there is no

[46] For a full version of this overview, see INTERACT National Report, deliverable D.1.1 of the INTERACT project (2025), English version, pp. 72-89.
[47] Istituto Nazionale di Statistica. Demo: Statistiche demografiche. ISTAT,https://demo.istat.it Accessed [29/09/2025]

coordinated national framework, and methodologies vary widely. Recent national housing and social inclusion strategies mention ETHOS but without systematic implementation.

5.3 Homelessness Services

Homelessness responses in Italy are highly fragmented, reflecting the country's decentralized welfare system. Municipalities hold primary responsibility, while regions and the central state provide strategic frameworks and funding.

> "In Italy, as elsewhere, services for people experiencing homelessness have been primarily designed for a male population, often overlooking a range of specifically female needs, including physical ones such as menstruation. A 2021 report by the National Institute for the Analysis of Public Policies (INAPP) notes that many shelters have shared bathrooms, sometimes without even doors." (fio.PSD's Monitoring Centre).

The Housing First model has gained visibility since 2014 through pilot projects led by NGOs and networks such as fio.PSD[48], but large-scale adoption remains limited. Emergency responses (night shelters, soup kitchens) still dominate provision, with insufficient long-term pathways.

Trauma-informed care is not yet institutionalized in Italy. Some organizations have started to integrate it as a gender-responsive approach, particularly in services for survivors of violence, but implementation is inconsistent across territories. Harm reduction is formally recognized in Italy as part of national drug policy and included among the Essential Levels of Care (LEA). However, in practice, services are often underfunded and loosely connected to homelessness interventions, and the approach itself is not yet widely integrated or fully appreciated within the wider social support system.[49]

Services for homeless women remain scarce, often focusing only on survivors of domestic violence rather than addressing complex needs such as problematic substance use and mental health.

5.3.1 Gaps and Barriers

- Lack of gender-responsive services tailored to women with complex needs.
- Limited integration of homelessness with health and social services.
- Insufficient long-term housing with support, especially outside large urban areas.
- Fragmentation between emergency, housing, health, and gender-based violence services.
- Persistent stigma and discrimination, particularly against women with substance use or mental health problems, as well as migrant women.

In Italy, services for homeless people include emergency and short-term shelters, healthcare, programs addressing problematic substance use (PSU), mental health (MH) support, and anti-violence centres. Yet,

[48] fio.PSD ETS. "Housing First – Prima la Casa." *fio.PSD*, https://www.fiopsd.org/housing-first/. Accessed [29/09/2025]
[49] Varango, C. *I LEA nelle dipendenze fra innovazione e esigibilità: l'esempio della riduzione del danno*. FeDerSerD, n.d. Accessed September 29, 2025. https://federserd.it/files/ar/I_Sessione_Dipendenze_fra_Innovazione_Esigibilità_esempio_riduzione_danno_C.VARANGO.pdf.

access is often restricted: more than 70% of shelters exclude women with mental health conditions, substance use, or homelessness itself. In some regions (e.g., Valle d'Aosta, Molise, Trentino, Tuscany, Umbria, Friuli-Venezia Giulia, Sardinia) exclusion is absolute for women presenting all three conditions. Emilia-Romagna and Lazio show lower exclusion rates, but significant regional disparities persist, largely due to uneven policies and resources.[50]

Homeless women encounter structural and social barriers that go beyond those experienced by men. They face heightened stigma, linked both to homelessness and to entrenched gender roles that expect women to be caregivers and mothers. Women with substance use issues or engaged in sex work are particularly exposed to secondary victimization, often blamed for their condition and internalizing this stigma, which prevents them from seeking help. Many of them fear being judged as "unfit mothers" and therefore avoid services that might question their parental role.

Institutional settings are often not designed for women's safety: shelters may lack gender-segregated spaces, forcing women to share dormitories with men — sometimes even with their abuser. This not only undermines trust but also exposes them to further risks of violence and re-traumatization. Migrant and undocumented women encounter additional barriers, including language obstacles, fear of deportation or legal repercussions, and severe social isolation. These intersecting forms of marginalization make it especially difficult to access or even approach support services. Moreover, a widespread mistrust of public institutions and social inclusion policies discourages women in extreme vulnerability from reaching out, while lack of awareness about available services further deepens their invisibility.

The main service gap lies in the limited capacity of shelters and anti-violence centres to support homeless women survivors of gender-based violence who also present PTSD, mental health vulnerabilities and/or substance use. While shelters are mandated to ensure safety, staff are rarely trained to address such complex, overlapping needs. In Bologna, a collaborative initiative between ASP, MondoDonna, and Cooperativa Dolce seeks to address these gaps through continuous training, a trauma-informed approach, staff supervision, integrated work between homelessness and anti-violence services, and the involvement of specialized anti-violence professionals in the pathways of homeless women.

5.3.2 Quality Standards

Italy has no national quality standards for homelessness services. Guidelines exist at regional or municipal levels, but they are heterogeneous. Funding contracts may require monitoring and reporting, but there are no consistent indicators related to gender, trauma-informed care, or harm reduction.

5.3.3 Multidisciplinary Collaboration

Cross-sector collaboration exists mainly through local projects and NGO initiatives but is not systematized. Partnerships between housing, health, and social services remain uneven and dependent on local political will and resources. Some municipalities, such as Bologna, have experimented with integrated approaches, but these are not generalized nationwide.

[50] Istituto Nazionale di Statistica. "Il sistema di protezione per le donne vittime di violenza – Anni 2021 e 2022." ISTAT, 7 agosto 2023. Web. https://www.istat.it/comunicato-stampa/il-sistema-di-protezione-per-le-donne-vittime-di-violenza-anni-2021-e-2022/ Accessed [29/09/2025]

5.4 Relevance of INTERACT in Italy

INTERACT is highly relevant to Italy, as it:

- promotes harmonization with EU definitions (ETHOS) and gender-responsive approaches,
- supports tailored care pathways for women with complex service needs,
- encourages cross-sectoral and cross-level collaboration in a fragmented welfare context,
- provides tools for building workforce capacity and integrating trauma-informed and harm reduction practices, and
- strengthens the visibility of women's homelessness, often hidden in Italian data and policies.

5.5 Conclusion

Italy presents both challenges and opportunities for the implementation of the INTERACT Model. While the welfare system is fragmented and emergency responses dominate, there is growing recognition of harm reduction practices and gender-responsive approaches. The lack of national definitions, data systems, and quality standards hinders progress, but strong civil society networks and EU frameworks provide an enabling environment for innovation.

5.6 Recommendations for Next Steps

Policy Level

- Adopt a national definition of homelessness aligned with ETHOS, with gender-responsive categories.
- Establish a continuous national homelessness data collection system.
- Develop national quality standards and protocols for integrated service provision.

Service Level

- Expand gender-specific, trauma-informed, and harm reduction services.
- Strengthen multidisciplinary collaboration across housing, health, and social services.
- Support large-scale implementation of Housing First, with attention to women's needs.

Research and Community Engagement

- Support research and systematic data analysis on women's homelessness.
- Involve women with lived experience in designing and evaluating interventions.
- Promote awareness campaigns to reduce stigma and highlight women's hidden homelessness.

6. PORTUGAL

As of December 31, 2023, Portugal's total population was 10,639,726, approximately 2,870,208, or 27.5%, of whom live in Lisbon, the country's INTERACT intervention area. The INTERACT project in Portugal is led by Ares do Pinhal Association – an ONG focused on harm reduction among substance users and people in homelessness. This chapter provides a snapshot of homelessness definitions, policy developments, service infrastructure, and challenges specific to women experiencing homelessness in Portugal.[51] All citations to original sources have been verified by the Portuguese INTERACT team.

6.1 HOMELESSNESS IN PORTUGAL

According to the 2023 INE/ENIPSSA national survey[52], 13,128 people were identified as homeless in Portugal: 58.7% roofless and 41.3% houseless. Of these, 71.9% were men and 28.1% women, with the highest proportions of homeless women in Alentejo (41%) and Centro (35%). The national average was 1.29 per 1,000 residents, with the highest rates in Alentejo (3.32), Algarve (2.88), and the Lisbon Metropolitan Area (1.64).

At the national level, the Portuguese Strategy for the Integration of Homeless Persons 2017–2023 (ENIPSSA)[53] defines homelessness broadly, in line with the ETHOS typology, covering both rooflessness (people living in streets, shelters, or precarious spaces) and houselessness (those in temporary accommodation for reintegration). While inclusive, professionals find the definition too focused on housing status and insufficiently attentive to structural causes such as trauma, domestic violence, and systemic exclusion. Many of them call for a more intersectional, gender-responsive, and trauma-informed approach.

Research[54] and practice highlight multiple, interconnected causes of women's homelessness: economic insecurity, housing exclusion, family conflict, intimate partner violence, mental health and substance use (often consequences rather than causes), institutional discharge (from prison, psychiatric units, hospitals, shelters), and limited institutional support, particularly for single mothers, migrants, and formerly incarcerated women. Subgroups most at risk include ethnic minorities, migrants, LGBTQ+ people, single mothers, survivors of trafficking and IPV, and women with multiple vulnerabilities.

Women's homelessness is often hidden, as they rely on precarious housing, informal networks, or abusive relationships to avoid and/or survive street living. Yet services rarely address their specific needs, such as

[51] For a longer version of this snapshot see INTERACT National Report, deliverable D.1.1 of the INTERACT project (2025), English version, pp. 90-110.

[52] ENIPSSA Executive Manager / Strategy Implementation, Monitoring and Evaluation Group (GIMAE), Survey on the Profile of People Experiencing Homelessness – 31 December 2023 (Lisbon: ENIPSSA, 3 October 2024), PDF, accessed 19 May 2025, https://www.enipssa.pt/documents/10180/11876/Inqu%C3%A9rito+Caracteriza%C3%A7%C3%A3o+das+Pessoas+em+Situa%C3%A7%C3%A3o+de+Sem-Abrigo+-+31+de+dezembro+2023+-+Quadros/bc4e2eb8-31ba-4aa4-984b dbeccaaddf22

[53] Presidência do Conselho de Ministros. Resolução do Conselho de Ministros n.º 107/2017, de 25 de julho. Estratégia Nacional para a Integração das Pessoas em Situação de Sem-Abrigo 2017–2023. Diário da República, 1.ª série, n.º 143 (26 de julho de 2017). https://www.enipssa.pt/documents/10180/12673/ENIPSSA+-+Economia+Social/db63a7c0-e2a6-4baa-948c-d22a6368fdf7

[54] Nobre, Sónia Alexandra de Barros Rito Nunes. Women's Homelessness and Housing Exclusion in the Northern Lisbon Metropolitan Area: An In-depth Exploratory Study. PhD diss., Universidade NOVA de Lisboa, Faculdade de Ciências Sociais e Humanas, 2021. https://run.unl.pt/handle/10362/123033

Baptista, Isabel. "Women and Homelessness." In Homelessness Research in Europe, edited by Bill Edgar and Joe Doherty, 163–186. Brussels: FEANTSA, 2010. PDF, accessed 19 May 2025. https://www.feantsaresearch.org/download/ch084524201729582284451.pdf

Saaristo, Saila-Maria. "Gendered and Classed Homelessness: A Life-History Analysis on Displaced Survival in Lisbon." Cidades, Comunidades e Territórios 47, Autumn Special Issue (2023): pp. 36–52.

violence, caregiving responsibilities, and trauma. Structural inequalities—sexism, racism, and homolesbotransphobia—further shape pathways of women into homelessness and restrict access to adequate support.

6.2 Access to Homelessness Data

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

While the ENIPSSA survey provides reliable institutional data, professionals highlight major limitations. Its methodology underrepresents homelessness, especially among women, by excluding undocumented individuals and classifying women in IPV shelters only as "at risk." This approach obscures the precariousness of their situations and leaves out highly vulnerable groups. Furthermore, the lack of gender-disaggregated and intersectional data conceals important differences in the experiences of ethnic minorities, immigrants, and other marginalized subgroups. These classification gaps and methodological constraints weaken policy responses and hinder the design of targeted interventions that address the complex realities of women's homelessness.

6.3 Homelessness Services

In Portugal, homelessness services for women include a wide range of state, municipal, and NGO-led provisions. At the national level, the institutional framework is coordinated through ENIPSSA, implemented locally by the NPISA (Homeless Planning and Intervention Centres), which bring together municipalities, social security, health services, and NGOs.

For women specifically, there are emergency shelters and crisis centres for IPV coordinated by the Commission for Citizenship and Gender Equality (CIG) and managed by organisations. These centres provide immediate protection and psychosocial support but are not designed to respond to the broader realities of homelessness, particularly when women face overlapping vulnerabilities such as problematic substance use or mental health issues.

Housing First initiatives have also been introduced, notably these programs combine permanent housing with wraparound support, increasingly integrating harm reduction and mental health services. Harm reduction and outreach organisations that play a central role, particularly in supporting women with substance use or health-related vulnerabilities.

The few community-based feminist and peer-led initiatives, i complement mainstream services by offering gender-transformative, trauma-informed, and harm-reduction-oriented care, though often with limited resources.

Legal frameworks such as the Basic Housing Law[55], Decree-Law No. 37/2018 (1.º Direito Housing Programme)[56], Law No. 81/2014 (supported rental schemes)[57], and Decree-Law No. 29/2018[58] establish the right to housing and prioritise vulnerable groups, including survivors of domestic violence. In addition, Portugal has adopted specific legislation and policy frameworks for the prevention of domestic violence and the protection of its victims (Law No. 112/2009[59]; Law No. 83/2015[60]), gender mainstreaming in policymaking (Law No. 4/2018 [61]), and successive national action plans coordinated by CIG addressing violence against women and domestic violence, gender equality, discrimination based on sexual orientation and gender identity, and human trafficking[62]. However, there is no specific legal framework or dedicated legislation targeting the protection and support of homeless women facing multiple and intersecting vulnerabilities.

IN PORTUGAL, MENTAL HEALTH, SUBSTANCE USE, SUPPORT FOR GBV SURVIVORS, AND HOUSING SERVICES ARE OFTEN DISJOINTED, LACKING TRAUMA-INFORMED APPROACHES THAT ADDRESS THE COMPLEX NEED 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.

Overall, Portugal's service network combines emergency, transitional, and long-term housing solutions with health, harm reduction, and social integration programs. While significant gaps and coordination challenges remain, a solid institutional and legal framework exists, alongside diverse actors at national and local levels.

[55] Lei n.º 83/2019, de 3 de setembro. Estabelece as bases do direito à habitação. Diário da República, 1.ª série, n.º 169. https://dre.pt/dre/detalhe/lei/83-2019-124392055
[56] Decreto-Lei n.º 37/2018, de 4 de junho. Criação do Programa 1.º Direito – Programa de Apoio ao Acesso à Habitação. Diário da República, 1.ª série, n.º 106. https://dre.pt/dre/detalhe/decreto-lei/37-2018-115440317
[57] Lei n.º 81/2014, de 19 de dezembro. Estabelece o regime do arrendamento apoiado para habitação. Diário da República, 1.ª série, n.º 242. https://dre.pt/dre/detalhe/lei/81-2014-65949853
[58] Decreto-Lei n.º 29/2018, de 31 de janeiro. Define regras de acesso à habitação pública para grupos desfavorecidos. Diário da República, 1.ª série, n.º 22. https://dre.pt/dre/detalhe/decreto-lei/29-2018-115440317
[59] Lei n.º 112/2009, de 16 de setembro. Regime jurídico aplicável à prevenção da violência doméstica e à proteção e assistência das suas vítimas. Diário da República, 1.ª série, n.º 180. https://dre.pt/dre/detalhe/lei/112-2009-490247
[60] Lei n.º 83/2015, de 5 de agosto. Altera o Código Penal no âmbito da violência doméstica. Diário da República, 1.ª série, n.º 149. https://dre.pt/dre/detalhe/lei/83-2015-69951093
[61] Lei n.º 4/2018, de 9 de fevereiro. Estabelece o regime jurídico aplicável à avaliação de impacto de género de atos normativos. Diário da República, 1.ª série, n.º 29. https://dre.pt/dre/detalhe/lei/4-2018-114661388
[62] Comissão para a Cidadania e a Igualdade de Género (CIG). Plano de Ação para a Prevenção e o Combate à Violência Contra as Mulheres e à Violência Doméstica (PAVMVD) 2018–2021. Lisboa: CIG, 2018. https://www.cig.gov.pt/wp-content/uploads/2023/08/RCM-92_2023-de-14.08.pdf
Comissão para a Cidadania e a Igualdade de Género (CIG). Plano de Ação para a Igualdade entre Mulheres e Homens (PAIMH) 2018–2021. Lisboa: CIG, 2018. https://www.cig.gov.pt/wp-content/uploads/2020/12/Resol_Cons_-Ministros_61_2018.pdf
Comissão para a Cidadania e a Igualdade de Género (CIG). Plano de Ação para o Combate à Discriminação em Razão da Orientação Sexual, Identidade e Expressão de Género e Características Sexuais (PAOIEC) 2018–2021. Lisboa: CIG, 2018. https://www.cig.gov.pt/wp-content/uploads/2023/08/RCM-92_2023-de-14.08.pdf
Comissão para a Cidadania e a Igualdade de Género (CIG). Plano de Ação para a Prevenção e o Combate ao Tráfico de Seres Humanos 2022–2025. Lisboa: CIG, 2022. https://www.cig.gov.pt/wp-content/uploads/2022/08/IV-Plano-de-Acao-para-a-Prevencao-e-o-Combate-ao-Trafico-de-Seres-Humanos-2018-2021.pdf

6.3.1 GAPS AND BARRIERS

Women experiencing homelessness in Portugal face multiple, interconnected barriers that restrict their access to support services. These barriers are often compounded by gender-based violence, mental health issues, substance use, and legal challenges, reinforcing cycles of marginalisation and exclusion.

A major gap lies in the lack of gender-responsive shelters. Many facilities for homeless people are designed for men, while others are mixed-gender, raising safety concerns for women, particularly survivors of domestic and sexual violence. Existing shelters are often not adapted to the needs of women with children, pregnant women, migrant women, or trans women, and they rarely provide child-friendly or culturally competent care. Professionals highlight that rigid admission criteria in many facilities exclude women with complex needs, such as those with substance use or mental health conditions, or experiences in sex work. Crisis centres and shelters for women victims of IPV and domestic violence coordinated by CIG and managed by several organisations across the country are not designed to respond to the broader realities of homelessness.

Legal and immigration barriers also limit access. Undocumented and migrant women often avoid healthcare and other services for fear of deportation, a concern heightened by recent political debates on restricting healthcare for migrants, - and on a recent immigration law package, which imposed stricter conditions on family reunification, residency, and legal rights for immigrants, parts of which were struck down by the Constitutional Court but later reintroduced in revised form by the government.

Women engaged in sex work face persistent stigma in homelessness and social support sectors, even though sex work is not criminalised. Services frequently operate under moralising frameworks, which exclude women using sex work as a survival strategy. Similarly, women who use substances are often restricted from services unless they agree to abstinence-based conditions, which contradict harm reduction principles. Mothers in homelessness situations are particularly stigmatised as “bad mothers” and face risks of losing custody of their children, discouraging them from seeking institutional support.

Transgender women experience systemic transphobia, including exclusion from shelters that lack protocols to respect gender identity. Unsafe placements and inadequate staff training create barriers to accessing appropriate housing and healthcare, including hormonal treatment and gender-affirming care.

Geographical disparities intensify these gaps. Services are concentrated in large urban centres, leaving rural areas with limited access to shelters, healthcare, and outreach, often without viable transport connections.

Community-based initiatives provide trauma-informed, harm-reduction, and gender-responsive support, particularly for women who use substances, are transgender, migrants, sex workers, or survivors of violence. Yet these organisations suffer from chronic underfunding and lack of institutional recognition, undermining their sustainability despite their essential role. The lack of funding is a systemic issue affecting all organisations working with homelessness,

Professionals further highlight that services are fragmented and non-integrated. Housing, health, mental health, IPV, and substance use services often operate in silos, and biomedical, standardised models dominate. This reduces flexibility to respond to women’s complex lived realities. Service staff frequently lack specialised training in trauma-informed care, harm reduction, and gender-sensitive and gender-responsive approaches, limiting intervention effectiveness.

Finally, invisibility in data collection obscures the scale of the problem. Transitional and hidden homelessness—such as women moving between the streets, informal housing, shelters, or IPV refuges—are often excluded from official statistics. The lack of gender-disaggregated data results in inadequate policies and funding.

These barriers are further reinforced by broader structural factors. Successive economic crises, gentrification, and real estate speculation have restricted access to affordable housing. Rising far-right populism has amplified xenophobic and exclusionary rhetoric, while welfare retrenchment and progressive privatisation of social services have reduced available protections, further marginalising homeless women.

6.3.2 Quality Standards

In Portugal, there are no specific official quality standards regulating services for homeless women. Oversight is largely left to individual providers rather than a centralized authority. While legal frameworks exist to prioritise vulnerable groups, the practical delivery of services often lacks gender-responsive and trauma-informed approaches. This absence of standardised quality requirements results in fragmented, inconsistent practices across shelters, housing, and support services, limiting their effectiveness in addressing the complex realities of homeless women.

6.3.3 Multidisciplinary Collaboration

Efforts to build integrated, multidisciplinary responses to homelessness in Portugal face systemic and operational obstacles. Fragmented funding, unclear roles among providers, and inconsistent communication across housing, health, social services, NGOs, and law enforcement result in duplicated efforts and inconsistent care. Data sharing is hampered by regulatory uncertainties, while the broad definition of homelessness obscures the specific needs of women affected by gender-based violence, trauma, or substance use. Links between IPV support, harm reduction, and homelessness services remain fragile, limiting effective intervention.

ENIPSSA has promoted collaboration by bringing together municipalities, NGOs, and state institutions, and Housing First programs mark progress toward holistic approaches. Yet, implementation is uneven, and healthcare–housing integration remains underdeveloped. Professionals stress the urgent need for stronger intersectoral frameworks, shared protocols, and gender-sensitive and gender-responsive strategies to overcome fragmentation and deliver effective, coordinated support.

6.4 Relevance of INTERACT in Portugal

In Portugal, INTERACT is highly relevant as it addresses major gaps in policies and services for homeless women and gender-diverse people. While national strategies such as ENIPSSA provide a broad framework, they lack gender-responsive, trauma-informed, and intersectional approaches. Women's homelessness often remains invisible, linked to domestic violence, precarious housing, caregiving responsibilities, and systemic exclusion. Existing services are fragmented, with limited coordination between housing, health, harm reduction, and IPV support.

By prioritising the specific needs of women and vulnerable groups, INTERACT strengthens the capacity of institutions and organisations to design more integrated, gender-responsive, and effective responses. The

project is particularly timely in the Portuguese context, marked by rising housing costs, persistent structural inequalities, and the limited reach of welfare provisions. INTERACT contributes directly to bridging the gap between policy frameworks and lived realities, offering strategies that can strengthen both local and national responses.

6.5 CONCLUSION

Homelessness in Portugal affects over 13,000 people, of whom women represent 28%. Although the national definition of homelessness is broad and consistent with ETHOS, professionals stress that it overlooks structural and gender-specific inequalities causes, resulting in fragmented and generic responses. Women's homelessness is often less visible, as many resort to informal or unsafe arrangements to avoid living on the streets.

The main causes of women's homelessness are multidimensional, combining economic insecurity, housing exclusion, family breakdown, intimate partner and domestic violence, health challenges, substance use, judicial problems, and insufficient institutional support. Women in particularly vulnerable situations—including migrants, ethnic minorities, LGBTQI+ individuals, survivors of trafficking and violence, single mothers, and formerly incarcerated women—face compounded risks.

Despite constitutional guarantees to adequate housing and several national strategies, including ENIPSSA, existing legal and policy frameworks do not provide comprehensive, gender-sensitive and gender-responsive protections. Implementation is hampered by fragmentation, limited funding, and inconsistent integration of trauma-informed and harm reduction approaches. Gender is increasingly acknowledged in planning processes, yet there are no specific national policies dedicated to women's homelessness.

Services remain uneven and inadequate. Housing First initiatives, harm reduction, and trauma-informed models exist but are not systematically adapted to women's needs, especially those linked to gender-based violence, caregiving responsibilities, and stigma. Emergency shelters and IPV crisis centres provide protection but often exclude women with substance use or mental health issues, leaving the most vulnerable without adequate support. Service providers and organisations working with homelessness play a critical role but suffer from chronic underfunding. Women experiencing homelessness face multiple, interlinked barriers, including the lack of gender-responsive services, rigid admission criteria, legal and immigration challenges, stigma against sex workers and substance users, systemic discrimination against migrants and racialised women, and exclusion of transgender women from shelters and healthcare. Geographical disparities further restrict access in rural areas. Structural racism, sexism, homolesbotransphobia, economic crises, gentrification, and the erosion of welfare policies deepen these vulnerabilities, reinforcing cycles of marginalisation.

Promising practices include the expansion of trauma-informed and psychologically informed environments, gender-responsive Housing First adaptations, flexible and integrated service models, improved data collection to address hidden homelessness, and community-led and peer-supported initiatives. These examples show that effective responses require not only housing but also long-term psychosocial support, legal protections, and recognition of women's agency.

Overall, homelessness among women in Portugal remains under-recognised and under-addressed. Fragmented services, insufficient policy frameworks, and systemic discrimination prevent adequate

responses. A systemic, intersectional, and trauma-informed approach—anchored in gender-responsive and gender-transformative policies, integrated housing and care solutions, robust data collection, public funding and strong community-led initiatives is essential to create an inclusive and effective framework to combat women's homelessness.

6.6 Recommendations for Next Steps

Policy Level

- It is essential to embed gender-responsive, trauma-informed, and intersectional approaches into ENIPSSA 2025–2030[63] and related housing, health, and social policies, with clear operational guidance for implementation.
- Accountability and coordination mechanisms should be established across NPISA, municipalities, Social Security, healthcare and ICAD, housing, and IPV services, with defined referral pathways to ensure continuity of support.
- The constitutional right to adequate housing should be reinforced through increased public investment in affordable housing and stronger regulation of rental market pressures.
- Sustainable funding mechanisms should be established to address the chronic underfunding of organisations working with homelessness, ensuring stability and continuity of support services.
- In parallel, systematic collection of gender- and intersectional-disaggregated data should be prioritised, including the recognition of hidden and transitional forms of homelessness within monitoring frameworks.

Service Level

- Homelessness interventions should institutionalise trauma-informed care and psychologically informed environments, supported by ongoing supervision and capacity building.
- Frontline workers require targeted training in gender-sensitive, gender-responsive and gender-transformative practices, harm reduction, LGBTQI+ inclusion, and IPV competency.
- Housing First programmes must be adapted to the realities of women by ensuring long-term psychosocial support, child-friendly housing, and safety planning for survivors of IPV, while maintaining low-threshold access.
- Emergency provision should expand to include safe, women-only shelters and more flexible admission criteria that accommodate women with substance use or mental health challenges, mothers with children, migrants, and transgender women.
- Community-based and peer-led initiatives require sustainable funding and institutional recognition to provide gender-responsive and gender-transformative, harm-reduction, and trauma-informed support.

[63]Presidência do Conselho de Ministros. Resolução do Conselho de Ministros n.º 61/2024, de 2 de abril. Estratégia Nacional para a Integração das Pessoas em Situação de Sem-Abrigo 2025–2030. Diário da República, 1.ª série, n.º 64 (2 de abril de 2024). https://pessoas2030.gov.pt/wp-content/uploads/sites/19/2024/04/RCM-n.61.2024_02.04.pdf

Research and Community Engagement

- Investment is needed in participatory and peer-led research that captures the lived experiences of women and gender-diverse people in situations of homelessness.
- Greater evidence is required on hidden homelessness and intersections between intimate partner violence, substance use, mental health, and structural factors such as migration status, racism, sexism, and homolesbotransphobia.
- Mechanisms for co-production should be established so that women with lived experiences directly shape service design, delivery, and evaluation.
- Collaboration between academia, grassroots feminist organisations, and service providers is crucial to address existing data gaps and to develop context-specific and integrated solutions.

7. ROMANIA

Romania has a population of approximately 19,1 million (as of 1 January 2024) and it is an EU member state. The INTERACT project in Romania is being implemented by Direcția de Asistență Socială și Medicală (Cluj-Napoca), the main local public provider of social services and benefits. This chapter provides an overview of the current state of homelessness in Romania with particular focus on women experiencing homelessness, covering definitions, policy environment, service infrastructure, existing gaps, and key challenges.[64]

7.1 HOMELESSNESS IN ROMANIA

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, PROBLEMATIC SUBSTANCE USE, MENTAL HEALTH ISSUES, AND INTIMATE PARTNER VIOLENCE – MORE OR LESS HIDDEN.

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.

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[65] [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.

7.2 ACCESS TO HOMELESSNESS DATA

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].[66] 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.

[64] For a full version of this snapshot, see INTERACT National Report, deliverable D.1.1 of the INTERACT project (2025), English version, pp. 111–133.
[65] https://mmuncii.ro/j33/index.php/ro/minister-2019/strategii-politici-programe/6835-sn-incluziune-sociala-persoane-fara-adapost-2022-2027
[66] https://www.mmuncii.ro/j33/images/Documente/Legislatie/Assistenta-sociala-2018/Legea_asistentei_sociale_18012018.pdf

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.

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.

CURRENT HOMELESSNESS SERVICES IN ROMANIA OFTEN LACK TRAUMA-INFORMED AND GENDER-SENSITIVE APPROACHES, RESULTING IN INADEQUATE RESPONSES TO SPECIFIC NEEDS OF WOMEN. THE ABSENCE OF SAFE, STABLE AND INTEGRATED SUPPORT MECHANISMS PERPETUATES THEIR VULNERABILITY AND LIMITS OPPORTUNITIES FOR SOCIAL INTEGRATIONS.

The absence of a unified, national-level data framework limits the ability to understand the full scale and complexity of homelessness, hindering effective policy and resource allocation.

7.3 HOMELESSNESS SERVICES

In Romania, 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 which focus on providing shelter, safe places, healthcare and social reintegration. Social services institutions create and coordinate centres for homeless people at local levels and there are also NGOs-run initiatives.

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 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.

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.

7.3.1 GAPS AND BARRIERS

The barriers to accessing services for homeless women in Romania are multifaceted and deeply interlinked with social, cultural, legal, and economic factors[67]. Overcoming these challenges requires improving the availability of services and addressing the underlying social inequalities and structural

[67] As quoted in INTERACT National Report, English Version, 2025, p. 126.

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.

The gaps in current service provision for homeless women in Romania are substantial, ranging from limited shelter capacity and lack of gender responsive services to insufficient legal aid and social reintegration programs. 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.

There are identified gaps in the service provisions envisioned and achieved, with more notable differences in rural areas compared to urban areas in Romania.

7.3.2 Quality Standards

Order no. 29/2019[68] sets minimum quality standards for social services aimed at vulnerable groups, including homeless people. These standards define the criteria for accreditation and operation of residential centres and night shelters, aiming to guarantee safety, dignity, and adequate care. These standards are essential to ensure an adequate and high-quality social protection framework for vulnerable 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. In rural areas, the disparity is even more pronounced, with many services falling below the prescribed standards.

Continuous monitoring and enforcement of these quality standards, alongside capacity-building initiatives, are necessary to improve service delivery and ensure the well-being of homeless beneficiaries.

7.3.3 Multidisciplinary Collaboration

The status of interdisciplinary cooperation varies greatly at the local level[69]. While in some municipality 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.

[68] https://mmuncii.ro/j33/index.php/ro/2014-domenii/54-politici-familiale-incluziune-si-asistenta-sociala/5427-20190225-ordin-29-2019

[69] As quoted in INTERACT National Report, English Version, 2025, p. 124.

Given the complexity of the problems faced by homeless people, the collaboration between public and private institutions needs strengthening all areas of intervention of the INTERACT project (IPV, PSU, MH), leading to an integrated approach to the phenomenon.

7.4 Relevance of INTERACT in Romania

INTERACT is highly relevant to Romania's evolving strategy on homelessness. It:

- Promotes a comprehensive, gender responsive, and trauma-informed approach which is crucial for sustainable implementation of the INTERACT project.
- Supports tailored services for women with complex needs.
- Facilitates inter-agency collaboration and community involvement which will be key to effectively combating homelessness and supporting homeless women in regaining their independence and dignity.
- Provides capacity-building tools and evidence-based practices adaptable to Romania's diverse local contexts.
- Enhances the understanding and visibility of women's homelessness and informs more effective, gender-responsive interventions.

7.5 Conclusion

The national focus of the INTERACT project in Romania, should be on advocating for coordinated data collection and reporting and gender-responsive 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.

7.6 Recommendations for Next Steps

Policy Level

- Develop a comprehensive national policy on homelessness that incorporates gender-responsive and ETHOS-aligned definitions.
- Establish a coordinated, gender-sensitive national data collection system.
- Establish formal protocols and legal frameworks to facilitate cross-sector data sharing and multidisciplinary collaboration.
- Introduce quality standards for homelessness services nationwide, supported by regular monitoring and evaluation.

Service Level

- Adapt eligibility criteria to services and legislation to better reflect the realities of homeless women.

- Expand gender-specific, trauma-informed and harm reduction services particularly for women with multiple vulnerabilities and complex needs.
- Strengthening multidisciplinary collaboration between relevant public and private actors in the field.
- Invest in workforce development to build competencies in gender-responsive, trauma-informed care and harm reduction approaches.
- Support peer-led services and initiatives involving women with lived experience of homelessness in service design and evaluation.
- Facilitate mobile multidisciplinary teams that can reach women in remote or hidden homelessness situations.
- Develop support services for women transitioning out of homelessness.

Research and Community Engagement

- Support continuous research and data collection to improve understanding of homelessness dynamics, with an emphasis on women's experiences.
- Involve women with lived experience in planning and evaluation of interventions.
- Promote awareness among stakeholders and raise public awareness to reduce stigma and encourage social and professional inclusion of homeless women.
- Build community support for women transitioning out of homelessness.

8. SUMMARY OF FINDINGS

The INTERACT National Report provides a concise yet comprehensive analysis of homelessness across six European partner countries, highlighting both national specificities and shared structural challenges that shape women's experiences of homelessness. While the social, political, and legal frameworks vary among partner countries, several cross-cutting findings emerge clearly.

First, the **lack of gender-responsive approaches** continues to hinder the effectiveness of homelessness prevention and support systems. Despite existing legislative and policy frameworks, women's specific needs—particularly those related to gender-based violence, caregiving responsibilities, problematic substance use, and mental health—are often insufficiently recognised or addressed. This results in fragmented service provision, limited accessibility, and systemic barriers for women facing multiple and intersecting vulnerabilities.

Second, **data collection and reporting mechanisms** remain inconsistent and incomplete across countries. Hidden homelessness, which disproportionately affects women, is rarely captured in official statistics. The absence of coordinated, gender-disaggregated, and intersectional data undermines evidence-based policymaking and conceals the true extent of the phenomenon.

Third, **service delivery systems** are often dominated by emergency or short-term interventions rather than sustainable, housing-led solutions. While Housing First, trauma-informed, and harm reduction approaches are being introduced in some national contexts, their implementation is uneven. Interdisciplinary and intersectoral cooperation remains largely informal, frequently dependent on individual initiatives rather than formalised structures and protocols.

Nevertheless, all partner countries demonstrate **promising practices and increasing momentum** toward more integrated, gender-responsive, and trauma-informed models of intervention. Efforts to foster cross-sector collaboration, expand peer-led and community-based responses, and develop flexible pathways of support show potential for addressing the complex and overlapping realities of women's homelessness.

Overall, the findings underscore the need for:

- **enhanced coordination** between national, regional, and local stakeholders,
- **systematic data collection** and gender-disaggregated analysis,
- **institutionalised quality standards** for homelessness services,
- **sustainable and equitable funding** frameworks for organisations supporting homeless women, and
- **broader integration of trauma-informed, harm reduction, and gender-responsive practices** across policy and service levels.

The diversity among INTERACT partner countries makes the partnership an ideal testing ground for developing a **versatile homelessness intervention model** adaptable to multiple policy, cultural, and service contexts. While national priorities and focus areas differ, the shared commitment to intersectionality, trauma-informed care, and gender-responsive practice provides a strong foundation for the next phases of the INTERACT project and its contribution to ending women's homelessness in Europe.