A Gendered Approach to Youth Homelessness

Report of the study session held by

FEANTSA Youth

in co-operation with the

European Youth Centre of the Council of Europe

European Youth Centre Budapest

22-26 November 2021

Introducing FEANTSA Youth

Who is FEANTSA Youth?

FEANTSA Youth is a network of professionals from across Europe working to prevent, reduce and end youth homelessness by advocating for housing rights, developing prevention strategies, raising public awareness, training professionals and building international collaboration between homeless service providers, social services, youth services, cities, ministries, human rights activists and other stakeholders. Our membership expands each year through the study sessions with an emphasis on empowering young professionals to advocate for the needs of young homeless people within their communities.

The network comprises of over 100+ people from more than 30 organisations from 20+ European countries, working in a wide variety of fields including social work, youth work, academics, law, architecture, public policy (local and national civil services), NGOs and others. Every person has a right to adequate housing and our mission is to enable access to this right for young people and end youth homelessness.

FEANTSA Youth, Mission & Commitments:

In most European countries, young people between 18 and 29 years old represent 20 to 30% of all homeless people. Across Europe we see increases in youth homelessness, even in Finland the only EU country where homelessness as a whole is reducing, youth homelessness is increasing.

Homelessness is not limited to sleeping rough or shelter use. It extends to sofa surfing and wider insecure housing. It results in being locked out from your basic rights for housing, security, private possession, education, employment, health and social protection.

A growing number of European and local stakeholders, including FEANTSA and FEANTSA Youth, are asking for coordinated, cross-policy collaboration towards prevention of youth homelessness. This can be instigated at all levels of government, including within the European Commission, Council of Europe, national, regional and local governments.

In the follow-up to previous study sessions we have seen the growth and international coordination around youth homelessness. Over the past 6 years the network has built a better understanding of youth homelessness and has begun focusing on certain profiles of youth homelessness, identifying the specific needs of youth based on their lived experiences.

FEANTSA Youth Study Sessions with the Council of Europe

The Council of Europe's Youth Department has provided FEANTSA Youth with the expertise and platform to grow over the past seven years. Each study session has allowed young professionals from across Europe with the unique opportunity to spend 5 days conducting a "deep dive" into a different dimension of youth homelessness. Using non-formal education, the sessions have not only provided an insight into what is youth homelessness but has created a respectful and safe space where participants feel comfortable sharing their perspective, which provides for a truly European perspective on this issue.

The network has grown from strength to strength each year. In 2014 the youth network focussed on "Preventing youth homelessness through access to social rights", 2015 focused on advocacy and how to build capacity to advocate for homeless youth and make better policy. The 2016 one was for the first-time part of a Special Project which helped to solidify the youth network, by setting short,

medium and long-term goals and setting up working groups to continue the work of the network beyond the study session.

In 2017 our study session focussed on Housing First for Youth providing a practical service model to embed human rights into how services are delivered. In 2018 the study session examined human rights more generally and explored ways of making human rights more concrete for social workers, providing insights into international human rights instruments and different forms of strategic litigation.

In 2019 our study session focused on LGBTIQ homelessness. A key challenged the youth network identified was that not all young people have a shared experience or the same needs. While we need youth specific services, the network needed to explore the intersectionality of experiencing homelessness, in particular for LGBTIQ young people.

This experience has led us to focus on the gendered dimension of homelessness for young people experiencing homelessness, who often hidden from service and don't have specific services or strategies designed for them.

Objectives of this Study Session

This study session aimed to promote and strengthen participants understanding of how young women experience homelessness. In particular the study session aimed to:
- Build an awareness of the needs of homeless young women, in particular how they differ from adults or male counterparts.
- Share best practices around Psychologically Informed Environments and Trauma Informed Care to respond to experiences of gender based violence
- Understand how young women and girls navigate homeless services
- Share pathways to addressing important issues women experience when homeless including access safe

and gender informed services, topics related to motherhood, substance use and sex work.

Preparatory Team:

This study session was designed and delivered by a team that pooled together the expertise of both the homeless sector from across Europe.
Robbie Stakelum (Course Director), FEANTSA
Dalma Fabian, FEANTSA
Jill Thursby, St. Mungos
Sari Rantaniemi, Deaconess Institute
Carlos Manuel Baselga Eisen
Ana Afonso, External Educational Advisor from the Council of Europe

Gendered Dimension To Homelessness

Women, of any age, who experience homelessness present with a range of needs that differ from men. Typically women's experience of homelessness is hidden, meaning they find innovative and practical tools to conceal their homelessness by avoiding rough sleeping and using services that are not designed to meet their needs. Women experiencing homelessness demonstrate resilience in protecting themselves and their children, when government policies and services are inadequately equipped.

During the study session participants spoke about many of the challenges young women face which can act as triggers to homelessness and perpetuate the experience of homelessness, which are listed below in box 1.

Gender & The Council of Europe

The Council of Europe's work on Gender is transversal and is covered by different parts of the Council of Europe. The Istanbul Convention is the Council of Europe's Convention on preventing and combatting violence against women and domestic violence and is seen as a core part of the Council of Europe's work on gender. In particular GREVIO is the independent expert body responsible for monitoring the implementation of the Convention. The Council of Europe further advances Gender Equality through anti-human trafficking programmes, the European Social Charter, The Lanzarote Convention and other such

> ## Box 2 - Zoom Out: Gender Inequality
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> Gender Inequality encompasses a lot more than homelessness. When women earn approximately 84% of their male counterpart salaries, form only 25% of parliamentarians in the Council of Europe member states and make up less than 17% of heads of state and heads of government; there is a clear power imbalance. Women are not given equal access to decision making in policy making which trickles down and creates many of the structural causes of women's poverty and homelessness. Consider that less than 16% of cases taken by the European Court of Human Rights were filed by women points to the further lack of access to justice for women.

tools.

Within the Council of Europe gender can be a contested term, for the purposes of the Istanbul Convention, Gender means 'the social constructed roles, behaviours, activities and attributes that govern what society considers appropriate for men and women'.

Gender Equality Commission

Within the Council of Europe the Gender Equality Commission aims to ensure the mainstreaming of gender equality into all Council of Europe policies and to bridge the gap between commitments made at international level and the reality women experience in Europe. The Commission, whose members are appointed by member states, provide advice, guidance and support to other Council of Europe bodies and to member states. The Gender Equality Commission supports the implementation of the six objectives of the Council of Europe Gender

Box 1: Causes & Effects of Young Women's Homelessness

1. Evictions
2. Survival Sex
3. Forced marriages
4. Child removal
5. Rape & sexual violence
6. Gender based violence
7. Police harassment and imprisonment
8. Femicide
9. Racism
10. Poverty & austerity
11. Human & sex trafficking
12. Lack of documentation and migration status
13. Misogyny in healthcare and social services
14. Revenge porn
15. Responsible for caring for the family unit and/or children
16. Criminalization of homelessness, drug use and selling sex
17. Period poverty
18. Pathologizing trauma
19. Homophobia
20. Transphobia
21. Child sexual abuse
22. Gender stereotypes
23. Anti-abortion laws and systems that reduce bodily autonomy
24. Gender pay gap
25. Lack of education on sexual health and reproduction

Equality Strategy 2018-2023.

Gender Equality Strategy

The Council of Europe's work on gender has been guided by the 2018-2023 strategy which comprises 6 strategic objectives.

Gender Stereotypes & Sexism

The Council of Europe proposes guidelines and standards at national level to combat sexism, this can include recommendations around media, education, justice etc. It further includes conferences for awareness raising and sharing best practices. For example the Committee of Ministers recently adapted a Recommendation to prevent and combat sexism, which will act as a blueprint for actions the member states can adapt to support a transition from a vision to action around sexism.

Prevent and Combat Violence Against Women

This priority is mainly addressed through the Istanbul Convention providing a framework for the work member states should undertake around combatting violence against women. While all Council of Europe member states have signed the Convention, not all members have ratified it into national law.

Access to Justice

There are two sets of obstacles that prevent women from accessing justice, the first relates to legal and procedural and the second relates to socio-economic. Legal barriers often place a burden on women to access justice for example complex systems for accessing legal aid for victims of abuse. Socio-economic barriers can make it more difficult for women to access justice when they are also struggling to provide for themselves or their families and are generally the primary care-giver.

Participation in Decision Making

Neither sex should be under-represented in decision making processes, a recommended balance is 40% of each. If women are not adequately included in the decision-making process, systems will fail to recognise and address their needs.

Box 3 – Article 14 of the European Convention on Human Rights

"The enjoyment of the rights and freedoms set forth in [the] Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status"

Migrant, Refugee and asylum-seeking women and girls

This is a new topic for the Council of Europe but reflects the changing reality and recognises that certain profiles of women experience multiple barriers of exclusion and discrimination.

Gender Mainstreaming

The work of gender equality extends beyond the Gender Equality Commission and the Strategy, and the Council of Europe undertakes to bring a gender equality dimension to all its work across the institution and bring greater awareness about gender equality.

Homelessness in Europe: The Big Picture

FEANTSA estimates that approximately 700,000 people sleep in night shelters or in the streets every year in Europe. This number does not include hidden forms of homelessness which typically impact on women and young people such as sofa-surfing and, depending on the country, this number excludes women staying in refuges from official figures. Over the past decade the numbers of people experiencing homelessness has risen by about 70% across Europe, with the exception of Finland. Countries like Netherlands and Denmark, often assumed to have a robust welfare systems to combat poverty and homelessness, have seen systems become overwhelmed, and saw increases in youth homelessness following 2008-2013 recession.

Impact of COVID

COVID has demonstrated a somewhat mixed picture, and it is difficult to assess the full impact the pandemic will have. For example the 2008 economic recession saw a trickle down of cuts which culminated in rises in youth homelessness from 2012 onwards. The early signs however are not positive. Many FEANTSA members report higher numbers of youth presenting to services, as traditional coping mechanisms such as sofa surfing is no longer a solution, due to public health guidance, this has also occurred when many congregate shelters and hostels have closed or limited their capacity in an attempt to protect clients and staff from COVID.

The experience of homelessness has become more challenging during COVID. For many the use of a house became a vital strategy in combating covid. Stay at home orders, curfews and lockdowns became common during the early stages of the pandemic, with some countries introducing fines and penalising those that breached such orders. But for young people and women experiencing homelessness without a home to stay in, these orders were impossible to comply with. With some homeless people being fined and criminalised for sleeping on the street. In many instances women living with perpetrators of gender-based violence had no alternative but to stay in those violent situations.

However COVID has also demonstrated what can be possible when policy makers are forced to act. Within days some countries and cities ended rough sleeping and closed old, congregate and poorly ventilated shelters. Empty hotels and housing units were used to house people experiencing homelessness in accordance with public health guidelines. Within weeks, goals that weren't met for years were achieved, demonstrating that a combination of urgency and political will can create the systems required to end homelessness. Even in the face of a global pandemic there is hope for building back the systems better.

Changing Landscape

The policy approaches to homelessness are changing across Europe. At national level many European countries have introduced or are planning national strategies around homelessness to ensure an integrated approach to combatting homelessness. The details of these policies are also changing with a larger focus on housing, housing led and housing first solutions. In Europe there are approximately 600,000 beds in emergency shelters, but only 10,000 beds in Housing First. Though the situation has improved in the past few years, a quicker upscaling of Housing First will be required to shift systems from managing homelessness, to outright ending homelessness.

At the European level there is also a changing approach to homelessness. The European Commission has established the European Platform on Combatting Homelessness, which has been endorsed by the Lisbon Declaration by all EU member states. The platform sets out four key priorities around:
- Mutual Learning and Research
- Access to EU funding for local projects
- Monitoring policy progress
- Data Collection

Through a combination of European, national, and local collaboration the hope is to work towards ending homelessness in 2030.

Inconvenient Truths about Homelessness:

Homelessness can often be over-simplified with policy makers and services making assumptions about homelessness. Here are some inconvenient truths the sector must face, shared by Freek Spinnewijn, FEANTSA Director, if we are serious about preventing and ending homelessness for young women.

Poverty rates are unrelated to homelessness: Poverty isn't a strong indicator for homelessness. The causes of homelessness are structural and point to flaws in systems. For example the Czech Republic has some of the highest levels of homelessness in Europe but the lowest levels of poverty. Assuming addressing poverty will help combat homelessness is incorrect. Homelessness requires specific policy measures, and cannot be an afterthought.

No Link Between Homelessness & the Size of Social Housing Stock: A large social housing stock does not prevent homelessness. The Netherlands has one of the largest social housing stocks in Europe, with an estimated 30% of housing as social, however the country has seen steady increases in homelessness in the past 10 years. It's not just about the size of social housing stock, but how it is distributed and how accessible it is for marginalized and vulnerable groups.

Emergency Shelter is Expensive: Emergency shelters are a lot more expensive to fund and manage than can be first assumed. In France addressing homelessness is considered a budgetary question with about 3-4 Billion Euro spent on shelters. However considering that shelters don't work, and people become trapped in the homeless sector using shelters for years, plus costs in the health, welfare and justice budget, this can become more expensive than providing housing.

Homeless Sector Cannot Repair Flaws in Migration Policy: Homeless services can often be made responsible for the consequences of poor migration policies. In many countries in Europe a high portion of people experiencing homelessness comprise migrants. Where the migration policies fail, homeless services are left in a difficult position to support.

NGOs Don't Always Know or Do Best: Homeless services are generally innovative and progressive in how we think, design and deliver services to respond to homelessness. While it feels like services push governments to be more responsive, sometimes policy makers can be equally progressive and dynamic. For example in Denmark many of the approaches to combatting homelessness have come from civil servants at local level.

Human Rights Don't Work to Address Homelessness (except…): FEANTSA works on homelessness as a human rights issue. However you shouldn't oversimplify the impact of human rights, for example countries like Romania have many human rights frameworks at national level including a provision for the right to housing, but in reality homelessness is still a significant challenge in Romania.

Young Women's Experience of Homelessness: Key Challenges

Women's homelessness and youth homelessness are not always recognised and included in policy making, due to its hidden dimension. Traditional societal structures assigns public spaces to men and private (or household) spaces to women. Women who do not have a home are viewed with prejudice or having failed in not living up to traditional gender roles. They are questioned for not looking after their husband, children and family. When in public spaces while experiencing homelessness they further experience gender-based violence. Therefore many women use strategies to hide their experience of homelessness. The invisibility of women's homelessness is further entrenched by the policies which generally target men, the services designed for men and research practices that do not consider feminist epistemology.

This is a vicious cycle, where women make their homelessness invisible due to violence and prejudice, but when women aren't in the service or don't feel comfortable to share their experiences, the services don't realise they are excluding women, which further entrenches the design of services, and women continue to be failed by services and policies.

Women in particular tend to be more resilient and avoid using shelters or sleeping in the street, while they do not use these services, this does not mean they should not be a priority. Additionally women experiencing homelessness are more vulnerable than their male counterparts, as witnessed by having a lower average of death while homeless than men. Women also take on the role of care-givers and are usually the parent in single family households. When we discuss children's homelessness or family homelessness it is closely connected to women's homelessness.

Additionally it has been difficult to cooperate between the homeless and women's sector. Perhaps due the stigma of homelessness, women's organisations often don't take the issue seriously. Although they work on gender-based violence, they do not recognise survivors of abuse as homeless, when they no longer have their own home. Roughly 80%+ of women who are homeless have experienced abuse. In the UK, I in 5 women using refuges for violence report being homeless. Both sectors need to develop better partnerships for the future.

Youth homelessness has the tendency to rise quickly, generally due to structural issues for young people. When a crisis hits usually young people are disproportionally impacted, for example cuts to social welfare, cuts to youth wages and the growth of precarious employment make youth an easy target and particularly vulnerable. When the cost of housing rises young people are usually the first to feel the impact of a squeezed market. When vulnerable youth are in a crisis and they don't have the possibility of turning to family, community or know about available social services and supports they can quickly end up in a situation of homelessness. Research shows that the young people experiencing homelessness today will become the chronic adult homelessness population in the years to come. Ending homelessness in general, therefore requires specific attention around preventing youth homelessness. Research also demonstrates that early intervention and

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Box 5 – Supporting Women Experiencing Homelessness to Reclaim their Visibility

Mujereadno, in Spain, is a homeless women's theatre company, which has a transformative power in supporting women by helping them to overcome situations of gender violence and face homelessness. They are visible by taking their plays inside and outside Spain and raising awareness about the reality of homeless women. In addition, they manage to break down stereotypes towards homeless people and, in particular, towards women who find themselves in this situation, showing them as capable and as survivors. The women who are part of this project tell how theatre has transformed their lives, they become aware of their abilities and resources, they have a structure and a (paid) work dynamic, and they have a sense of belonging. All this means that they now find meaning in their lives.

prevention supports around youth homelessness work best before a crisis situation occurs.

Combatting women and youth homelessness requires the design of specific services that meet their needs. This can include:
- Prevention & Early Intervention: Targeting supports before a crisis occurs, once a person enters homelessness it becomes continuously more challenging to support their exit from homelessness.
- Trauma Informed Care: Services need to adapt to meeting the needs of young women who may present with trauma. Simply expanding services designed for men to young women is not sufficient.
- Peer Work: Young women with lived experiences are experts on homelessness. They know how the system works and doesn't work. Services, policy makers and researchers can learn a lot from including the experiences of peer workers.
- Housing First: Housing First has been adapted to the Housing First for Youth model, and there are already piloted Housing First for Women project. When we talk about ending homelessness, Housing First is a key piece of the puzzle and adapting Housing First for young women should be a priority in the years ahead.

Barriers to Access Services:

Less than 30% of women in shelters in the UK are women, often women report not presenting to these services as they are not designed for them and they do not feel safe there. There is a stigma related to homelessness and women are more reluctant to seek a service.

Services can force young women to develop complex needs in order to access the supports and services they need. Certain services can impose thresholds for the people who access them, meaning depending on alcohol use, mental health, drug use, family situation, experience of violence or engaging in sex work determines the type of support you can access.

Box 6 - Peer led approach to combatting prejudice and sexism

MANAS was born inside a peer-led initiative among women promoted by the NGO Treatment Action Group Portugal (GAT Portugal), with the support of EuroNPUD and YouthRise (activist networks of harm reduction).

Starting with a documentary, the group scaled-up its activities to mutual empowerment, seeking self-expression and sharing experiences. The weekly meetings started in January 2021 in the cultural association - Sirigaita, at Intendente neighborhood. After decades of discrimination against these women and non- binary people, strengthening the collective has generated solidarity and stronger responses to structural problems. In six months, the group consolidated the construction of its identity, contributed to a participatory diagnosis and extended its performance to artistic practices, acquiring bodily awareness and reclaiming women experiencing homelessness rights, women using drugs and sex worker's rights. They are no longer just a support group, as MANAS takes shape in the hands of the 45 women and different activities. Constructing a peer-led safer space, open 24h, for and by women and non-binaries surviving violence is seen as a common goal by the participants. At the weekly meetings, in a non-mixed space, women and non-binaries increased hours of mutual support, reducing competition among themselves, allowing stronger ties of sisterhood and solidarity, reinforcing the fight against stigma, sexism, male chauvinism, racism, transphobia and xenophobia. The collective has now its own identity based on its advocacy agendas which includes safer spaces for women, including accommodation and space for activities, regulation of sex work, drugs legalization, enhancing access to sexual and reproductive, health and social rights, including the right to maternity, accordingly with the diagnosis of the needs and aspirations of the participants. Reclaiming our rights as women who use drugs, through bottom-up initiatives and peer-led responses sensible to gender specificities should be granted as a first step to generate new specialized services in the city of Lisbon.

Low threshold services can often refuse support to women because their needs are not complex enough, without access to supports the situation of those women deteriorates. Due to the poor accessibility of services, women are less likely to return to those services, and when they do their situation is far more complex and therefore difficult to support.

Services are designed around needs, and housing is often allocated around the severity of needs. The whole design and delivery of services focuses on how bad a situation is, without considering or focusing on the strengths and skills of the women. Services don't empower women but focus too much on the negative.

Generally women experiencing homelessness have had poor experiences with services, they have been repeatedly failed by different social services which results in a lower level of trust.

Women prove to be incredibly resilient in the face of their trauma and experience of homelessness. In order to remain strong, and avoid judgement, they may not feel comfortable to share their full situation and circumstances with support workers. Services can often make ill-informed assumptions about their needs, or ask the incorrect questions meaning women do not get the appropriate supports. Additionally due to low levels of trust, women may not share the full circumstances of their situation.

The longer the situation continues and worsens, the bigger impact it has on the individual. Women begin to increasingly feel upset, frustrated, depressed and anxious about their situation. It becomes more difficult to believe in the system and the people trying to support you, and the challenges feel increasingly insurmountable, which lowers motivation and leads to disengagement from services. The priority becomes survival, where will the next meal come from and where will they stay that night, conversations about work, drugs, mental health etc become a distant priority.

Women's homeless is not visible. Homelessness is must often associated with rough sleeping or staying in emergency accommodation, as a result policies and strategies are not always designed around their needs.

Services are difficult to navigate, inaccessible and often fail women. Unsurprisingly many women turn to sex work to manage their own situation. However some services refuse to work and support sex workers. This forces women to choose between a service that has failed them previously, staying in a mixed hostel where they may be harassed by a man, sleeping on the street where they can be physically or sexually assaulted or staying with a violent partner or client. Refusing to work with sex workers can create more challenges than it solves.

Services can be conditional on many things around drug and alcohol use, curfews, sex works and other 'good' behaviour. Women experiencing homelessness report beginning to feel like services are designed to find reasons not to help you.

Considering all the above barriers which occur at different stages in the experience of homelessness, and sometimes at the same time, it is not surprising how entrenched women's experience of homelessness can be. It may appear on the surface that homelessness is a choice, that a young woman is actively choosing not to work with services and to be homeless. But that is a far too simplistic analysis. The

reality is the services have become too difficult for young women to reach.

Sex Work:

During the study session the topic of sex work was raised in several discussions. The general reaction from services is to deny the reality of sex work, or to get into moral debates around sex work, prostitution, sex for rent and/or survival sex.

Among the participants comprised women with experiences of homelessness who were/are sex workers, who found these debates frustrating. In Europe there are different models of regulation of sex work, but when it is labelled an illegal activity, services avoid the topic so as not to be seen to facilitate an illegal activity.

However many countries have different systems to respond to sex work, which don't require homeless services to impose a blanket ban on supporting sex workers. Rather, organisations should improve their understanding of the legal framework around sex work to get clarity on how they can best support young women experiencing homelessness who choose to engage in sex work, in a supporting and non-judgemental way.

Indeed some organisations proactively support harm reduction for sex workers providing the tools to protect themselves while continuing to be a sex worker. These can include the supply of contraception, make-up and hairdressing skills and providing clothes. These are aimed at empowering the women and building their confidence and self-esteem to say no to risky behaviours. Harm reduction can also include sharing tips on protecting your body, these can include always having a mirror in the room you use, so you can see what is happening behind you, setting clear boundaries around the use of contraception or prohibiting chocking or having a friend or peer knowing where you when engaging in sex work, so they can check in and are nearby if a problem arises.

> **Box 8 – Cuckooed House**
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> Women who are given houses can fall into a cuckoo situation. Where they are exploited by men who have perpetuated violence against them. For example the house is used for parties, drugs or sex work against the wishes of the woman. This often happens to women with trauma and/or disability. As a result of anti-social or criminal behaviour, they are evicted and put back into emergency shelter. They are marked as a safety risk and it becomes more difficult to access housing and supports in the future.

During the session many participants shared that sex work may not be the ideal solution for women, but it is still a solution, where many women have no alternative. Many women will stay with an abuser or a trafficker as there is a huge unknown factor with leaving. Similarly in sex work, for many women it is all they know, and it is a way for them to exercise power and control over their situation. Though it is risky and can be dangerous, from their life experience, having been failed by social services and judged, it is preferable to engage in sex work than risk sleeping rough on the street or entering unsafe hostels.

Rather than judging women for engaging in sex work, services should assess what needs they are not meeting, and understand why a woman would choose sex work over engaging with a service.

To this end organisations should look at co-producing services with women engaging in sex work, by working with these women services can develop support systems that can empower women to exit homelessness.

Trauma Informed Care with a Gender Approach

As previously outlined there are very few services tailored for the needs of young women experiencing homelessness, with few to no spaces women feel safe to access. Less than 30% of people using shelters are women and less than 12% of rough sleepers are women, with women turning to sofa-surfing and exchanging sex for shelter, according to statistics from the UK.

Women present to services with varied and complex needs. The needs can be a cause of their homelessness or be caused during their homelessness, often making it more difficult to exit. It's important to note that some of these challenges also help women to survive. These can include:

- Motherhood: Many women have children when they experience homelessness. Sometime their children can be removed from them. This is an enormous challenge to overcome but getting their children back can help them survive the trauma of homelessness.

- Pregnancy: Women can often become pregnant while homeless, caring for their unborn child can also support their survival, but of course brings with it additional challenges for women.

- Approximately half of women use alcohol or drugs, while this can be seen as a challenge for exiting homelessness, particularly with the use of high threshold services and conditional housing, it is also a coping mechanism that helps women survive from one day to the next. While addiction is often treated as a survival tactic for homelessness, it can also be a cause of homelessness.

- An estimated 30% of women experiencing homelessness have exchanged sex for food, shelter and survival.

Depending on how you choose to view these situations, you can see them as obstacles to exiting homelessness, or as motivator or coping mechanism to exit.

Women often underplay the impact of their trauma. Without the right training and expertise in place, services may not realise that a young woman they are working with is experiencing trauma.

The brain has three core components, that are important to understand how trauma impacts on our response systems.

1. Reptilian: The oldest part of the brain, this has instinct responses of fight, flight or freeze. We usually have little control over these instinctual responses.
2. Limbic System: This part of the brain seeks to maximise pleasure and minimise pain.
3. Neo-Cortex: This part of the brain processes emotions and complex thoughts. It functions slower than the other parts of the brain.

When you have an experience of trauma, the reptilian part of the brain responds fastest. It might seem like a "normal" situation, but a person with trauma can have a different reaction, the trauma effectively suspends the neo-cortex and as a result a person's reactions are not grounded in rational thought, with an instinctual emotional response rather than a logical response.

The source of trauma can also be a source of safety for a person too. There is a level of familiarity and structure, which explains why people can return to situations that can trigger trauma.

In the context of young women experiencing homelessness it is also important to know how trauma can manifest itself within a person.

- Heart: Trauma can trigger emotional responses around guilt or shame, often in the situations that should not cause those emotions. As a support worker it may not always seem rational that the young women feels shame or guilt.
- Head: When trauma triggers a freeze, fight or flight response it can lead to a lack of self-control, erode trust in the support worker or organisation assisting them and it can result in a difficulty in processing what is happening, meaning the young women may not be fully able to understand what is happening or being said.
- Body: Trauma impacts on the body with negative impacts on our physical health

caused by stress and anxiety or difficult in sleeping.

Traumatic Reponses and Reactions:

After evoking an internal reaction within someone, trauma can then have an external reaction too.

- Intrusion: This typically includes flashbacks to the traumatic experience, the person involuntarily relives their trauma.
- Arousal: The brain becomes over stimulated and as a result it becomes difficult to fall asleep.
- Avoidance: The person avoids certain memories or emotions related to the trauma or avoids conversations related to their trauma, which can make it difficult for social workers to identify the trauma or support the young woman.
- Numbness: Feeling overwhelmed by the trauma the person can seek out a feeling of numbness to avoid emotional states, for example using drugs or alcohol.

Young women can also experience complex post traumatic stress. This can include some of the following responses:

- Difficulty regulating emotions: Young women may feel everything or absolutely nothing. For a support worker this can result in responses which you may not expect or correspond to what you perceive as 'normal'. Challenges with regulating emotions can be a risk marker for self harm. It is also usually accompanied by use of substances which can give the feeling of control.
- Changes in consciousness: Thinking about the traumatic experience on repeat can impact a person's perception of reality, it alters their worldview. When supporting young women experiencing homelessness this can include erosion of trust in support services.
- Changes in view of self: Trauma can also contribute to helplessness about your situation, feeling that it cannot be improved. This can be accompanied with guilt and blaming of yourself for the trauma and the impact of the trauma.

Tools to Better Understand Trauma.

The Window of Tolerance is a useful tool to help understand how trauma can manifest itself in reality. The window notes three stages:

- Hyperarousal: This accompanies the reptilian response of flight, fight or freeze. The trauma triggers the release of adrenaline and cortisol into the body resulting in feelings of being startled which can rise to panic and result in aggressive behaviours.
- Neutral: This is the general state we are in when not traumatised, the neo-cortex helps to regulate emotional thoughts and leads to more rational and logical responses.
- Hypo-arousal: This state can also be triggered by trauma, where you detach from reality, you lose interest and feel helpless and you may be perceived as being 'spaced out'.
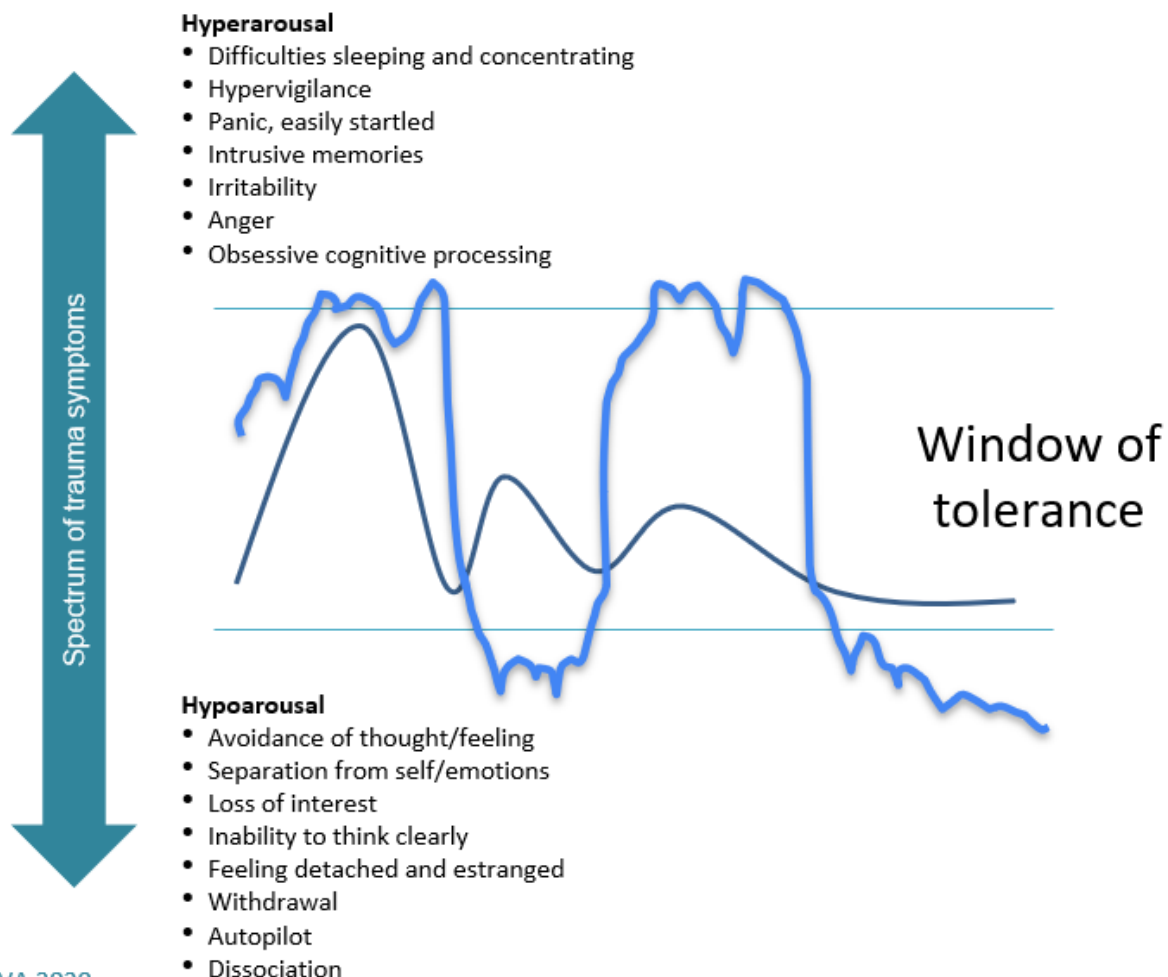
The more trauma you experience, the narrower your window of tolerance becomes. This means you will fluctuate between states quicker, and different encounters can evoke different, and even extreme, reactions. For example if a person is experiencing trauma while in a homeless service, and the support workers are not aware or trained in trauma, they can have what is perceived as extreme reactions, can disengage from services or be seen as problematic clients, but in reality, their window of tolerance has narrowed.

Integrating Trauma Informed Care

Trauma Informed Care is an important component in any service which seeks to support young women experiencing homelessness. When you consider the diversity of experiences and prevalence of gender-based violence and how they intersect as both causes of homelessness and perpetuating the experience of homelessness, the multiple and complex needs of women should be addressed in a trauma informed way.

Trauma Informed Care shouldn't be considered a tick the box exercise, or the responsibility of a single worker or section of a support service, rather it needs to be

Spectrum of trauma symptoms

Hyperarousal
- Difficulties sleeping and concentrating
- Hypervigilance
- Panic, easily startled
- Intrusive memories
- Irritability
- Anger
- Obsessive cognitive processing

Window of tolerance

Hypoarousal
- Avoidance of thought/feeling
- Separation from self/emotions
- Loss of interest
- Inability to think clearly
- Feeling detached and estranged
- Withdrawal
- Autopilot
- Dissociation

embedded and understood by the entire organisation. You can consider trauma informed care across four key areas.

Organisational Ethos:

This is the organisation's commitment to delivering a gender responsive service and intervention. This means the organisation should:

- Have specialist knowledge of women's lives and experiences
- Recognize the multiple disadvantages young women can present with, not categorising the needs of all women in the same box
- Understand that needs can be inter-related which can require a holistic care package tailored to them, rather than compartmentalising needs to different supports or services
- Recognise the impact that trauma can have on our responses, emotions and behaviours, particular attention should be given to violence and victimisation
- Accept women as they are, meaning behaviour is viewed as adaption to their experience and part of their resilience with coping with stress and trauma, rather than viewing behaviour as a symptom of trauma or pathologizing their existence.

Safe and Enabling Environment

The service should provide support in places where women feel both safe and welcome. This means the services should:

- Have spaces designed and available specifically for women
- Ensure the physical safety of the women they work with, this is especially important for women affected by violence and abuse
- Prioritise the emotional safety of women to help minimise the risk of re-traumatisation
- Create an environment that promotes dignity, self-respect and wellbeing

Approach To Working

How the service delivers an intervention is as important as the support that is facilitated. This means the service should:

- Ensure that safety, respect and acceptance of the clients are paramount
- Prioritise trust and aim to strengthen trust through good communication and relationships
- Work with the individual in a way that is culturally appropriate and/or sensitive.
- Build on the strengths of young women as a way of coping
- Enable the client's choice in the services they avail of, to give them back control which can build self-efficacy.
- Design and deliver the service in collaboration with young women, services should be built with clients, not just for clients.
- Offer time and flexibility

Organisational Practice:

The service requires structures which enable gender sensitive interventions. This means:

- Recognising challenges of working with women experiencing multiple forms of disadvantage
- Providing sufficient staff supports, which can include informal and line management supports, clinical supervision or reflective practices.
- Continue to invest in staff development
- Engaging with partners to develop integrated multi-agency responses
- Challenging and working to eliminate the causes of women's multiple disadvantage
- Being aware of the need to develop cultural competences and address issues relating to intersectionality.

During this study session participants had the opportunity to explore what trauma informed care means in their services, and what were some of the key features that can help services become more trauma informed, these included the following:

- Make sure clients feel valued and comfortable, ensuring they feel empowered to speak to their individual needs, knowing they'll be accepted
- Pay attention to how you form the relationship and show respect, treat clients with respect and dignity

- Be careful of the language that you use, recognising that language can be triggering for traumas.
- Ask the person if they are ok, and ask them if their situation is ok, ask them what their needs are and what supports they'd like. Ignoring needs can perpetuate trauma. Don't assume that you know best for them, they are the expert on their experience and themselves.
- If you see someone is having a negative reaction to a question or situation, frame the situation in the window of tolerance. Perhaps something has triggered a trauma and find ways of calming the person. This could involve making a cup of tea or going for a walk. A person has to be ready to have a conversation, make them feel at ease and comfortable before starting what could be a difficult conversation.
- Co-produce your services in a trauma informed way. This means that you involve peer workers and experts by experience in designing the services, don't mould the service to what you perceive as their needs, ask them.

Designing Services & Approaches to Research

Combatting and preventing young women from experiencing homeless requires the delivery of various support services. The participants on this study session represented the different homeless support services, this section summarises some of the key findings of how participants would re-design and deliver their service to better meet the needs of young women.

Outreach Team

The outreach team comprised three elements a bus, a van and a drop in service. These would all be women led services, creating a safe space for women experiencing homelessness.

Bus

The bus will address the personal needs of young women experiencing homelessness. Outreach buses are already used for outreach for youth but they are rarely adapted or designed for women. For example the bus would include services around hairdressing, make-up , nails and swapping clothes. It would be a safe space that appeals to the needs of young women. In order to create a safe space the bus would only be for women, no couples. The bus would also be a peer led service run by women with previous experience of homelessness, not generic professionals. This is a space aimed to help them relax, it is not designed to address or manage their problems. Often women experiencing homelessness are just surviving and have no time to switch off and enjoy themselves. The bus aims to give them a break.

Outreach van

The outreach van is designed to support the health needs of young women experiencing homelessness. The van is primarily targeting the needs of women sleeping rough, but others can attend.

The van would be staffed by dual diagnosis workers, doctors, nurses and psychiatrists who are equipped with the skills to support the multiple and complex needs women may present with. There would also be a vet working regularly, for people with pets who need attention.

The van would also be staffed with support workers who would support follow-up and assist people with appointments or referrals to other services, beyond the van.

The van would also be equipped with rough sleeping materials, blankets, clothes and provide sexual and reproductive health products.

Drop in Service

The drop-in service is designed to meet the overall needs of women experiencing homelessness, and support women access the services and supports they require. The drop-in service would include staff who can advise on family law, migration law and provide access to their rights related to social benefits, housing, health and family. The service will also be staffed with a translator, to help tackle barriers for migrants accessing the service.

The drop-in service will also create a nice supportive environment. There will be spaces where women can self-organise into groups, spaces where they can read or write, a small library and a kitchen space where they can cook or learn culinary skills. Women who have experienced homelessness are often disconnected from femininity and the centre and the activities organised within will offer the opportunity to do things together.

For women with no fixed address they can use the drop-in centre as their postal address.

Often when people get into housing, they are overwhelmed, they have not cooked a meal in a long time or had a place of their own. This centre will help bridge that gap by creating spaces and opportunities for women to adjust to the transition out of homelessness.

The purpose of a drop-in service is not just to sort out the housing situation, family issues or benefits. It can be as simple as offering a woman a cup of tea and allow women to have a break. Support services don't have to be about addressing basic, complex, or critical

needs, but meeting people wherever they are. Drop-in centres can also be about re-energising women and giving them the confidence to sort out other issues in time. When you experience homelessness, you are often excluded and your humanity is stripped away, and services should help restore both humanity and femininity.

Day Center team

A day centre for women would be a purpose-built building specifically for women, rather than a building adapted. The location should be thought out and in an area that is accessible and safe for women to come to. This space would be a large enough that women are not cramped or on top of each other, with additional breakout spaces for groups or for women to have some alone time. When designing the space clients should be involved, to ensure they space fits their needs. The space will also be equipped with IT services and space to charge phones, laptops or other devices, along with lockers for personal belongings.

Disability access will be ensured throughout the centre, rather than in just specific or certain areas.

The day centre will be low threshold with no entry requirement. Rules would be defined by clients along with a supervised injection area creating a safe space to use substances. Additionally the centre would have access to medical services, one stop shop, on site GP or nurse, visits from specialist and a veterinary service, pets are allowed and can be vaccinated by vet to make sure it is safe for other pets. There would be other supports for mental health on site and additional services like hairdressers.

It would be open 365 days with a 24/7 support service, which would reduce the risk of being on street.

When you enter the service there would be a very brief assessment, just a short conversation for names and pronouns, later when the woman is more comfortable there would be a more profound assessment.

The physical layout of the service will include posters and signs that illustrate the values of the services. This would include values around combatting discrimination, racism, misogyny, homophobia and transphobia with an emphasis on respect for and understanding of different experiences.

The services would have a diverse staff with different language skills that would also reflect and represent the profiles of women experiencing homelessness. The team would have training in trauma informed care and follow intersectional feminist training to create a service that can meet the needs of young women. The staff will also comprise experts by experience and peer workers.

This women's only service would be pre-dominantly staff by women, and would welcome trans women into the service.

Housing Team

When providing housing for young women, it is important to provide housing that is connected to transport links and can be connected to other support services. The housing should not isolate a person further.

Women should still have access to free sanitary products and contraception.

The housing should be provided as part of an opened ended and long-term tenancy, not just a fixed period of 6-12 months. Open ended tenancies will support the mental health of young women, and give them hope and clarity for the future.

Women should also be given some freedom in choosing their home. It is important that the housing is sustainable which might mean being in a good transport location, close to friends or family, their community or if they have children the housing should be accessible for schools etc.

Housing should be fully accessible for women with a disability.

When housed women should also be supported in building or sustaining their social networks, and support with integrating into their community. Women should have the opportunity to join activities if they wish and should be empowered to set up their own activities to meet their shared interests if they wish.

If women do sex work, they should be given the relevant supports and materials to protect themselves and reduce harm.

When discussing housing for women the group chose a set of values that should be integrated into the housing services which include intersectional feminism, right to the city, (decide where they want to live, access to public transport and mobility) freedom of choice, participative, peer-led, right to housing, choose

furniture of the house etc, activities.

The staff should be encouraged to stay working in the services to develop continuity within the service. All staff should be trained in trauma informed care, from social workers, carers, management, care takers and board of directors.

Policy & Research Team

During the study session participants had the opportunity to examine how they would

 improve research and policy around young women's homelessness.

Researchers on women's homelessness must recognise the power imbalance inherit in research. Often women have experience of wanting to give their voice but find no one listens or if they do, they do not feel or see the impact of contributing to research or policy.

 If researchers make promises it is important to keep them, and follow-up with any communication. Don't make promises if you cannot keep them.

When you are doing research, consider who is it appropriate to involve, if a woman is in particular crisis, does she need to be involved, does it help or is it a relevant burden that they should be taken on.

Do not coerce people to participate in the research, they should be doing it in a participatory way. Be clear in how you communicate their role, their contribution, and the purpose of the research and how it will be used. Ensure the confidentiality of what they tell you and ensure they are protected

Researchers should share the developments of the research, share any outcomes and make sure the voices of people with lived experience is clear and respected. Ask peer workers if they are ok with how their perspectives are being used, does it reflect what they intended. Reflect that women's voices are important and valued, and pay women for participating in research.

Box 13 – Peer Research on Women Experiencing Homelessness

Groundswell is an organisation in the UK, which places peer workers at the heart of their work and at the heart of their research. In 2018 and 2019, Groundswell completed research into the health of women experiencing homelessness. The project involved volunteers with lived experience of homelessness. The research completed 77 interviews with women and 3 focus groups, they spoke to 104 women experiencing homelessness in total. The research explored gendered causes of homelessness and how these can affect women's health. The research produced a report, an event, and a podcast.

The research looked at the wider context of woman's homelessness and by placing the voices of women experiencing homelessness at the centre of this research, Groundswell found:

-   Women are less likely to rough sleep or use services, choosing instead to ride buses and trains through the night and use sex for rent.
-   There are not enough gender appropriate services available at present.
-   Women tend to prioritise other people/relationships ahead of their own wellbeing.
-   Homeless women may have children or be pregnant.
-   Women's problems have historically been misunderstood and brushed off.

It has been recognised that women experiencing homelessness face many different challenges when trying to access healthcare. Not to mention the differences in health needs.

It is therefore essential that we work in a more specifically targeted way to ensure women are putting their health at the centre of importance and are being supported in a manner befitting to their needs.

Here are some of the recommendations from the research:

-   Develop a women's strategy- For woman by woman.
-   Co-produced services developed with people with lived experience.
-   Training on the frontline-clinical supervision, support groups, reflective practice.
-   Peer-led support including support groups in a process that is person centred.
-   - A gender informed approach – effectively supporting women and involving them in service design and delivery.

From the outset you should clarify what the role of the research is, and what the women can expect from it. For example it may not lead to an immediate change in a service

delivery. They should have a clear understanding of what they can expect from the research team.

When you consider the methodology that you use, consider using a focus group maybe they are more comfortable discussing experiences as a collective rather than having to do one-to- one interviews. Spend some time finding out in advance what their preferences are for how they wish to participate. Make sure to continue to check in with peer workers throughout the process, as the research evolves ensure they felt heard, listen to their feedback and make sure they feel safe. What might be generic quality standards for research may need to be refined when conducting peer research.

Be careful to prevent tokenising the experience of women. Research is not simply an exercise of storytelling, but their experience should feed into changing the general policy making.

Thought should also be given to anonymising the data and research collected, for example changing names to protect the identify of the women in telling her story. Women can share information that may be sensitive and can be traced back to them about addiction, employment or experiences of violence. When understanding the experiences of women, researchers should also ensure they have the right supports in place, for example checking if they need any support and where relevant referring them to supports.

Women telling their stories can be incredibly demanding on them, and they should be thanked appropriately. Consider having a wind down with them after the interview, not just to thank them but talk to them on a human level.

Self-Care

Services working with young women at risk of homelessness should also be acutely aware of the needs of support workers. Working with people experiencing homelessness can be a rewarding and fulfilling job, but it can also be stressful. A common topic raised throughout this study session was the need to look after support workers. The study session included a powerful activity when participants shared that they all experience moments of demotivation and fatigue, and some even experienced or came close to burnout.

For many it was the first time they ever had this conversation, and felt they were the only people who had these thoughts. In sharing their experiences, it became clear that as a sector we need to ensure that we are looking after our workers.

Services can be a stressful place to work, in particular when working with survivors of gender-based violence support workers can experience vicarious trauma.

> **Box 14 – Definition of Vicarious Trauma**
>
> Vicarious trauma is the experience of trauma symptoms that can result from being repeatedly exposed to other people's trauma and their stories of traumatic events. A person's world view (belief systems) can be significantly changed as a result of hearing those stories. Vicarious trauma is cumulative, building up over time.

Recognising signs and symptoms of vicarious trauma

As employers, services should encourage staff to be aware of the signs they, or a colleague, may be experiencing vicarious trauma. Here are some signs:

- Invasive thoughts of client's situation/distress
- Frustration/fear/anxiety/irritability
- Disturbed sleep/nightmares/racing thoughts
- Problems managing personal boundaries

- Taking on too great a sense of responsibility or feeling you need to overstep the boundaries of your role
- Difficulty leaving work at the end of the day/noticing you can never leave on time
- Loss of connection with self and others/loss of a sense of own identity
- Increased time alone/a sense of needing to withdraw from others
- Increased need to control events/outcomes/others
- Loss of pleasure in daily activities

Recognising the symptoms of Compassion Fatigue

Compassion fatigue can take a physical, mental, spiritual, and emotional toll on people

> **Box 15 – Definition of Compassion Fatigue**
>
> Compassion Fatigue, also known as second-hand shock and secondary stress reaction, describes a type of stress that results from helping or wanting to help those who are traumatized or under significant emotional duress.

who experience it. Common symptoms of compassion fatigue include:

- Chronic physical and emotional exhaustion
- Depersonalization
- Feelings of inequity toward the therapeutic or caregiver relationship
- Irritability
- Weight loss
- Feelings of self-contempt
- Headache
- Poor job satisfaction
- Difficulty sleeping

Recognising the signs and symptoms of burnout

This is not an exhaustive list but it covers some of the common signs of burnout:

- Physical and emotional stress
- Low job satisfaction
- Feeling frustrated by or judgmental of clients
- Feeling under pressure, powerless and overwhelmed
- Not taking breaks, eating on the run
- Unable to properly refuel and regenerate
- Frequent sick days or "mental health days"
- Irritability and anger

Self-Care

Self-care can cover several dimensions including respecting your mental, emotional, physical, relational and spiritual needs. During this session participants had the opportunity to discuss two ways of promoting self care. The first is about the actions an individual can take. Of course this is limited, if you work in a toxic workplace there will be a limit to how you can protect your needs, therefore the participants looked at what you can do at the organisational level.

Individual Self Care

Participants took the time to think about what self-care means to them and how they can take control and prioritise their mental health and wellbeing. This included the following:

- Meditating and breath work
- Healthier eating habits
- Have a date with yourself and make time for yourself where you can switch off
- Cooking
- Spending time with your pets
- Picking flowers and spending time in nature
- Playing team sports
- Painting and drawing
- Boxing and sports that give you alone time
- Seeking professional support like therapy, when needed
- Taking breaks from work
- Binge watching and switching off from work
- Rapping, writing poetry and reading
- Praying
- Socialising with friends or even colleagues
- Prioritising a good and healthy sleep routine
- Listening or playing music
- Spending time with people who make you feel good
- Spending with friends or family who work in a different sector
- Call in sick and take a day to yourself when you are feeling overwhelmed
- Question the thoughts that make you feel bad or guilty about work
- Turn off your phone and put away anything related to work
- Recognise your limits and put in place boundaries, you can't handle everything all the time and that's ok. You're not a super hero
- When you feel overwhelmed communicate them with a colleague before a crisis hits
- Not taking work home
- Take a relaxing bubble bath
- Allow yourself to be more flexible, take longer breaks when you need them!
- Seek supervision at work, and flag your needs in a space where they will be heard and hopefully acted upon.
- Learn the signs of fatigue, and how you spot them in yourself.

- Don't be afraid to quit your job if you find it unethical and rules are unfair for the people you work with
- Riding a bike and get some fresh air outdoors.

Institutional Approaches

Participants also explored more institutional approaches to empowering their teams to practice self care.

- Providing structure feedback to staff, which can support them improve skills and develop themselves further. This should also be an opportunity to identify challenges that the staff encounter in order to respond as an organisation, rather than leaving a burden on the individual.
- Introduce reflective practices for staff to debrief and share their challenges
- Provide opportunities and a space to listen to the needs of staff, often they have no outlet or space to share what is going on.
- Providing a structured system for colleagues to support and look after one another
- Providing therapy with a psychologist when needed, noting the vicarious trauma that frontline workers often experience
- Design and deliver a strategy for creating a safe space at work. This should include responses

- Integrating trauma informed care practices for staff, its just not just something to benefit clients
- Facilitate team building exercises, to create trust among the team and improve interpersonal relationships.
- Monitor the case loads of the team and intervene when an individual has too much work on. Check in with individuals to check their workload is manageable, don't assume it is.
- Being aware of professional boundaries, know what and when you are responsible.
- Do not contact your team after hours or when they are on holidays
- Take self care and well being seriously, rather than being reactive to situations that arise, consider being proactive to prevent burnout, stress and compassion fatigue.
- Ensure pay is adequate. Offer permanent contracts.
- Recognise how prevalent trauma is. Staff are in contact with trauma throughout their day, and may be supporting people and know people outside of working hours. This takes a toll.
- Better funding of services
- Full sick pay when someone is sick.
- Paid annual leave

Annex 1: Daily Programme

"A GENDERED APPROCH TO YOUTH HOMELESSNESS"

Study session organised by FEANTSA Youth in cooperation with the Youth Department of the Council of Europe?
European Youth Centre Budapest,
22 – 26 November 2021

Programme

Sunday, 21st November 2021

      Arrival of participants
19:00 Dinner
20:00 Welcome evening

Monday, 22nd November 2021

09:15 Opening with Introduction to Study Session,
      Intro of aims & objectives of the Study Session / Expectations & programme /   COVID-safe rules
10:45 Break
11:15 Getting to know each other
12:45 Lunch
14:15 Human Rights & Gender: A conversation with *Anca Sandescu* - Council of   Europe "Gender Equality Division" and *Freek Spinnwijn* - FEANTSA Youth
15:45 Break
16:15 Finding a Conceptual Common Ground
17:45 Reflection groups
19:00 Dinner
21:00 Intercultural Night

Tuesday, 23rd November 2021

09:15 Navigating Homeless Services for Young Women: Needs and   Experiences
10:30 Break
11:15 Navigating Homeless Services for Young Women: Barriers
12:00 Lunch
13.30 A Gendered Approach to Psychologic Informed Environment (PIE) & Trauma   Informed Care (TIC) (part I) with *Ruth Mason,* AVA Project UK
15:45 Break
16:15 A Gendered Approach to PIE & TIC (part II) with *Ruth Mason,* AVA Project UK
17:45 Reflection groups

19:00 Dinner
21:00 Free evening

Wednesday, 24th November 2021

09:00 Sharing Practices (part I)
10:45 Break
11:15 Sharing Practices (part II)
12:30 Lunch
14:30 Free afternoon
19:30 Dinner out in the city

Thursday, 25th November 2021

09:15 Designing Safe Spaces for the Needs of Women: Designing General Services
10:45 Break
11:15 Designing Safe Spaces for the Needs of Women: Stress Testing Services *(expert   by experience tba)*
12:45 Lunch
14:15 The Right to Self-Care for Staff
15:45 Break
16:15 16 Days of Activism Against Gender-Based Violence
17:45 Reflection groups
19:00 Dinner
21:00 Free evening

Friday, 26th November 2021

09:15 Planning Your Next Steps
10:45 Break
11:15 Identifying Key Principles for Working with Young Women Experiencing Homelessness: Brainstorming
12:45 Lunch
14:15 Identifying Key Principles for Working with Young Women Experiencing Homelessness: Clustering Key Topic and Themes
15:45 Break
16:15 Final Evaluation
17:45 Closure
19:00 Dinner
21:00 Farewell party

Saturday 27th November

Saturday 27th November 2021

Departure of participants

Aim and objectives of the Study Session "A Gendered Approach to Youth Homelessness"

Aim: Our aim is to upskill frontline workers & develop services that can respond to the needs of young homeless women and empower both the women's and homeless sector to provide tailored services that support women to exit homelessness.

Objectives:

1. Build awareness of the needs of homeless young women.
2. Understand how young women and girls navigate homeless services.
3. Share best practices around Psychologically Informed Environments and Trauma Informed Care to respond to experiences of gender-based violence.
4. Share pathways & solutions to addressing important issues such as i) identity and motherhood, ii) substance use patterns, iii) mental health and iv) sex work

Annex 2: List of Participants

Albania
Adelajda Alikaj

Austria
Barbara Erhard
Martin Weidinger
Theresa Nagele

Belgium
Artemis Kubala
Chloe Besanger
Guillaume Vandercruyssen
Leonor Laloy
Linn Sophie Tramm
Lore Ceurstemont
Iris Elhouch

Denmark
Julie Nielsen

Finland
Heidi Heino
Riikka Tuomi

Greece
Natalia -Tereza -Zoe Markopoulou

Ireland
Fionn Scott

Italy
Elena Zanichelli
Lucrezia Sarzi Amadè

Portugal
Joana Canedo

Romania
Mirela Paraschiv

Slovenia
Taja Rušnjak
Urška Javornik

Spain
Alba Galán Sanantonio
Andrea Garcia Portillo
Marina Muñoz Martínez

Nadia Rondino
Tamara Gámez Ramos

United Kingdom
James Boyle
Sarah Hough
Catherine Tottie
Grace Sumner
Megan Briggs

Preparatory team
Robbie Stakelum (Course Director)
Jill Thursby

| Carlos | Manuel | Baselga | Eisen |
| Sari | | | Rainteimi |

Dalma Fabian

Council of Europe Secretariat
Natalia CHARDYMOVA, Educational Advisor, Youth Department
Zsófia FEKETE, Programme Assistant, Youth Department