



P.R.I.D.E

**PREVENTING AND REDUCING
INEQUALITIES USING
DATA AND
EMPOWERMENT**

Policy brief

Qualitative-quantitative survey on the experience
of homeless LGBTIQ+ people
and housing services to accommodate them

P.R.I.D.E. is a project of Quore Association
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*Working Towards Socio-Economic Justice:
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in collaboration with
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ANALYSIS
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INTRODUCTION

1.1. Content

¹ This document reports the results of a study made in various Italian shelters that receive LGBTQ+ people in homeless situations, through questionnaires and interviews, both with people who work in the shelters and the recipients themselves. This research details:

- a) The distribution of shelters and the description of services offered to the people accommodated
- b) The data on the assisted people, who tend to be young individuals and with a large proportion of immigrants

The people interviewed report high levels of having experienced and perceived stigma, particularly in the family context, in the workplace and in the search for housing. This could, in part, explain the vulnerability that causes them to find themselves in a situation of *homelessness*. Nevertheless, the people interviewed on average report higher levels of well-being, mental health, *mastery* (a sense of control of one's own life), basic skills, sense of LGBTQ+ community and alliance with the staff than those reported in the scientific literature. This seems to highlight the effectiveness of the services offered by the shelters. In fact, the people who report high levels of alliance with the staff are the same who report high levels of well-being and *mastery*. These initial results show how the shelter homes are able to effectively provide an essential service for the people accommodated. In conclusion, this report reflects on the critical areas of service implementation and on the importance of prevention through staff training.

1.2. Keywords

² LGBTQ+ rights, LGBTQ+ well-being, *minority stress*, LGBTQ+ *homelessness*, intersectionality, housing policies, co-housing, LGBTQ+ support services

1.3. Objectives

- Describe the population that receives or has received co-housing services intended for the LGBTQ+ community in Italy.
- Give information about the services themselves.
- Evaluate the status of well-being and stigma (*minority stress*) and the social support perceived by the individuals who benefit from the services of LGBTQ+ co-housing.
- Examine the correlation between the characteristics of services and well-being, maintaining an intersectional perspective that allows for adapting assistance to individual characteristics and histories, also with a preventive approach.
- Devise guidelines that integrate models of action and good practices of reception services for LGBTQ+ people who are marginalised.
- Start discussion and networking roundtables where good practices and tools can be shared.
- Design, implement and evaluate an evidence-based training course for staff of low-threshold services.

1.4. Context

- 3 LGBTQ+ people, or those whose gender identity or sexual orientation is not reflected in the cis-heteronormativity, experience stigma, social exclusion and specific stressful situations. This phenomenon has been theorized as *minority stress*, and it negatively influences one's mental health. In particular, stressful factors according to the model ⁽¹⁾ include:
 - experiences of actual prejudice, discrimination and victimisation suffered (experienced stigma);
 - expectations regarding rejection and discrimination (perceived stigma);
 - concealment of one's sexual orientation and/or gender identity (not *coming out*);
 - interiorised homophobia, biphobia and transphobia.
- 4 Stressful factors are not only individual discriminatory interactions, but it is the entire social cis-heteronormative environment that constitutes the structural stigma leading LGBTQ+ people to be more represented among those who are homeless ⁽²⁾. The literature highlights some protective factors, such as the perceived social support and the connection with the LGBTQ+ community. These aspects can 'safeguard' individuals by lessening the effects of *minority stress*, underlining positive experiences of togetherness, solidarity, authenticity and support in the community ⁽³⁾.

1 Meyer, Ilan H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129, 674-97.

2 Gutman, S., Precin, P., & LaForest, M. (2022). A Scoping Review Examining Interventions Intended to Help LGBTQIA+ Youth Transition Out of Homelessness. *International Journal on Homelessness*, 2(2), 223-250.

3 Shelton, J., Wagaman, M. A., Small, L., & Abramovich, A. (2018). I'm more driven now: Resilience and resistance among transgender and gender expansive youth and young adults experiencing homelessness. *International Journal of Transgenderism*, 19(2), 144-157.

1.5. Various types of homelessness

- 5 According to the classification ETHOS of FEANTSA ⁽⁴⁾, there are four types of housing insecurity: homelessness, lack of a home, inadequate housing and unsafe housing, such as precarious or risky situations (i.e. living in conditions of discrimination or violence, or as guests of relatives or friends). It is essential to underline the relevance of this definition regarding the situation experienced by LGBTQ+ people, particularly those exposed to the risk of housing instability during their lives, and especially in the form of *couch surfing* (the continual search for temporary housing by staying with friends or acquaintances).
- 6 The determining factors of housing precariousness of LGBTQ+ individuals are only partially overlapping with those of the general population of homeless people. Although the underlying causes may be similar (familial conflicts and abuse, poverty, unemployment), for LGBTQ+ homeless people the marginalization may be connected in different ways to structural, interpersonal and interiorised stigma with respect to sexual and gender identity ⁽⁵⁾. The most common forms of structural stigma are the bureaucratic cancellation, poor legal protection, social stigmatisation, difficulty in accessing and maintaining housing, the unqualified homeless shelters and the discrimination based on employment ⁽⁶⁾, ⁽⁷⁾. Interpersonal discrimination manifests itself mainly in the form of violence, abuse or family conflict, such as parental rejection, but also rejection by religious communities or bullying at school. Often this violence forces LGBTQ+ people to leave their home, nuclear family, school, peer group or ethnic and/or religious community of reference ⁽⁸⁾, ⁽⁹⁾, ⁽¹⁰⁾.
- 7 These experiences exacerbate feelings of social exclusion and have a negative impact on safety, health and general well-being, increasing the negative effects on health associated with minority stress: anxiety, depression, suicidal tendencies, low self-esteem, physical health problems, substance abuse, and vulnerability to sexually transmitted diseases ⁽¹¹⁾. Regarding the general population of homeless people, LGBTQ+ individuals find themselves in precarious housing conditions at a young age. This factor can lead to the interruption of education and the loss of opportunities for personal, social or occupational development. Embarking on an educational path at a later age is more complex after a period of being homeless, especially if prolonged.

4 FEANTSA (2005). *ETHOS - European Typology on Homelessness and Housing Exclusion*. Tratto da:

<https://www.feantsa.org/en/toolkit/2005/04/01/ethos-typology-on-homelessness-and-housing-exclusion>.

5 McCarthy, L., & Parr, S. (2022). Is LGBT homelessness different? Reviewing the relationship between LGBT identity and homelessness. *Housing Studies*, 1-19.

6 Abramovich, A. (2016). Understanding How Policy and Culture Create Oppressive Conditions for LGBTQ2S Youth in the Shelter System. *Journal of Homosexuality*, 64, 1-18.

7 Ecker, J.; Aubry, T.; Sylvestre, J. (2019). Pathways Into Homelessness Among LGBTQ2S Adults, *Journal of Homosexuality*.

8 Robinson, B. A. (2021). "They peed on my shoes": foregrounding intersectional minority stress in understanding LGBTQ youth homelessness. *Journal of LGBT Youth*, 4, 783-799.

9 Shelton, J., Poirier, J. M., Wheeler, C., & Abramovich, A. (2018b). Reversing Erasure of Youth and Young Adults Who are LGBTQ and Access Homelessness Services. *Child Welfare*, 96(2), 1-28.

10 Schmitz, R. M. (2016). On the street and on campus: A comparison of life course trajectories among homeless and college lesbian, gay, bisexual, transgender and queer young adults. The University of Nebraska-Lincoln.

11 McCann, E.; Brown, M. (2018). Vulnerability and psychosocial risk factors regarding people who identify as transgender. A systematic review of the research evidence. *Issues in Mental Health Nursing*, 39(1), 3-15.

- 8 Research on the phenomenon of LGBTQ+ *homelessness* is increasingly growing in the USA and Canada. However, it has paid little attention so far to studying the characteristics of the effectiveness of housing services for LGBTQ+ people in promoting well-being and contrasting the effects that extended exposure to *minority stress* and social exclusion have on the health of this population ⁽¹²⁾. In Europe there is still little interest in this issue, not just in terms of research, but also political attention. Of the few European studies with the aim of analysing housing services dedicated to LGBTQ+ people, none integrate qualitative or quantitative measures. Therefore it is essential to explore which characteristics of reception services are more relevant for the well-being of LGBTQ+ individuals experiencing homelessness, in order to implement programs that respond efficiently to their needs. This research is the first Italian study, as well as one of the only ones in Europe, that has been involved in the exploration of the phenomenon from the point of view of both the staff and the recipients.

12 Gutman, S. A.; Precin, P.; LaForest, M. L. (2022). A Scoping Review Examining Interventions Intended to Help LGBTQIA+ Youth Transition Out of Homelessness. *International Journal On Homelessness*, 2(2), 223-250.

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OUR STUDY

- 9 The P.R.I.D.E. project (*Preventing and Reducing Inequalities using Data and Empowerment*) began as a collaboration between the Department of Psychology at the University of Turin, the Department of Developmental and Social Psychology at the University of Padua and with an initiative from the Quore Association of Turin. It has been supported by ILGA – EUROPE within the “*No One Left Behind*” fund and specifically by the programme “*Working Towards Socio-Economic Justice: Addressing LGBTI Homelessness in the European Union*” ⁽¹³⁾. Starting in September 2023, 15 different entities nationwide have been involved by Quore in the PRIDE project to create the first national network of shelters for LGBTQ+ people and antidiscrimination centres. The PRIDE network, aside from consolidating and strengthening the alliance among various services, aimed to improve and optimise reception and support methodologies and to develop a dialogue with local institutions to design prevention strategies. The research was conducted in Italy between September 2023 and May 2024 with a group of 50 people (20 staff people and 30 residents or ex-residents) of five LGBTQ+ shelter homes run by associations, cooperatives or third sector entities (also known as ETS, they are non-profit organisations that operate in the field of social solidarity, charity and cooperation). There are three in northern Italy, one in central Italy and one in southern Italy. The tools used for this survey are the following:

2.1. Self-administered questionnaire (clients of LGBTQ+ housing service)

- 10 The questionnaire was self-administered in spaces of the partner structures of the project, in a confidential manner, in the presence of the psychological researcher so as to facilitate the compilation in case of doubts or questions. Further details are available in [SECTION 3.4.5](#).

2.2. Semi-structured interview (clients and staff of LGBTQ+ housing service)

- 11 The interviews were conducted based on an outline and were concentrated on experiences, strengths and obstacles related to the experience itself, investigating in particular:

13 ILGA EUROPE (2023). *Working towards socio-economic justice: Addressing LGBTI homelessness in the European Union*. Recuperato da <https://www.ilga-europe.org/news/no-one-left-behind-lgbti-homelessness/>.

- | | |
|-------------------|--|
| STAFF | <ul style="list-style-type: none"> ■ Relational area; personal and interpersonal resources put into practice ■ Role and mission of the service ■ Support and obstacles related to working in the shelter ■ Satisfaction with respect to the services offered and the pathways followed ■ Future expectations |
| RECIPIENTS | <ul style="list-style-type: none"> ■ Life story (reason for entering the shelter: optional) ■ Relationship area; Social support in the service and community connection ■ Support and obstacles relative to one's pathway at the shelter and available services ■ Well-being and autonomy ■ Future expectations |

2.3. Service Survey Checklist (coordinators of LGBTQ+ Housing Projects)

- ¹² This tool, created from good practices and guidelines of international scientific literature for working with LGBTQ+ people in precarious housing situations, was administered to a person responsible for the facility (i.e. a coordinator of housing reception projects). It allowed for the identification of the presence/absence of activities, intervention models and key characteristics in the services being studied. The collection of data was coordinated and conducted by Dr. Elena Tubertini (psychologist, PhD student at the University of Padua, DPSS) and by Dr. Camilla Lasagna (psychologist, research fellow at the University of Turin, CIRSDe).
- ¹³ This study was conducted with an exploratory and intersectional perspective integrating different experiences and stances, including those from the third sector and activism, highlighting their experience, point of view and knowledge. Round tables and opportunities for discussion along with networking on and offline were organized in the arc of the project to allow all those involved, and primarily the staff of the shelters (both personnel and volunteers), to share, exchange and standardise good practices and tools. The chosen methodology and tools have been confirmed in the literature.

RECEPTION OF LGBTQ+ PEOPLE WHO HAVE EXPERIENCED HOMELESSNESS IN ITALY

3.1. The political situation in Italy

- ¹⁴ Although the LGBTQ+ population in Italy is subject to high levels of structural, social, economic and interpersonal discrimination ⁽¹⁴⁾, ⁽¹⁵⁾, so far no research has provided a complete picture of the phenomenon of homeless LGBTQ+ individuals in Italy. The FRA (*EU Agency for Fundamental Rights*) ⁽¹⁶⁾ data shows that 20% of LGBTQ+ people in Europe live or have lived a prolonged or temporary homeless experience (average of 10.7 months).
- ¹⁵ Over the last three years in Italy there has been a growing establishment of LGBTQ+ shelters, largely facilitated by funding from UNAR (National Office Against Racial Discrimination), that in 2021 financed 37 LGBTQ+ antidiscrimination centres and free residential facilities nationwide with a budget of €4,000,000 ⁽¹⁷⁾. This led to some initial research and attempts to record the services offered in Italian LGBTQ+ shelters ⁽¹⁸⁾, ⁽¹⁹⁾, ⁽²⁰⁾. However, until now, it only took into consideration the staff experience. In 2023 UNAR promoted the renewal of the agreements with the services supported in the first edition of the participation call. At the time of writing this report (June 2024) discussions were underway between UNAR and the services regarding subsequent allocations of funds to ensure adequate planning of activities. Similar to the experience of shelter homes for women who are victims of gender-based violence, it is necessary to promote a medium-long term strategy to make interventions effective, recognize the great

14 Demurtas, P., Busi, B., & Daddi, S. (2023). *Hostilità vissuta dalle persone LGBT+ in Italia. Un'analisi delle fonti statistiche*. IRPPS Working Papers, 1(1), 1–73. Recuperato da <http://epub.irpps.cnr.it/index.php/wp/article/view/292>.

15 Trappolin, L.; Gusmeroli, P. (2023). *Sfidare la norma. Discriminazione e violenza contro le persone LGBTQI+*. Padova University Press.

16 FRA (2020). *LGBTI survey Data explorer*. European Union Agency for Fundamental Rights. Tratto da: <https://fra.europa.eu/en/data-and-maps/2020/lgbti-survey-data-explorer>.

17 UNAR (2021). *Avviso per la selezione di progetti per la costituzione di centri contro le discriminazioni motivate da orientamento sessuale e identità di genere*. Recuperato da <https://www.unar.it/portale>.

18 Costa, G., Magino, S. (2021). *Giovani LGBT+ senza dimora trovano casa*. *Autonomie locali e servizi sociali*, 44(2), 317-332.

19 Demurtas P. e Peroni C. (2023). *Report di ricerca LISTEN LGBT+*. Le strutture di accoglienza per persone LGBT+. RPPS. <http://epub.irpps.cnr.it/index.php/wp/article/view/298>.

20 Tubertini, E.; Carbone, A.; Santinello, M. (2023). *Staff Members' Experience of Italian Shelters for LGBTQIA+ Homeless and Runaway People: An Exploratory Study*. *International Journal of Environmental Research and Public Health*, 20(13), 6214.

wealth of knowledge and give continuity to it. UNAR's funding, in addition to guaranteeing the operation of the services, represents an important recognition of work in favour of LGBTQ+ people in vulnerable situations, as well as the phenomenon in general. It is still underestimated in Italy, judged as politically delicate and ethically 'sensitive', and not as a serious human rights and social justice problem to face with targeted responses.

- 16 The intersection of diverse vulnerabilities and types of violence suffered by the LGBTQ+ population draws attention to the specific disparities experienced by sexual minorities. This underlines the need for a global, structural and institutionally recognized approach to social and health services for LGBTQ+ people that is lacking at the moment in Italy.

3.2. Reception centres for people of the LGBTQ+ community experiencing homelessness

- 17 The P.R.I.D.E. network includes 5 Anti-Discrimination Centres (CADs) and 5 shelters scattered across Italy along with 1 LGBTQ+ study centre. The CADs, which do not have available beds but offer a wide range of support services for people, consist of Omphalos LGBTI (Perugia), Circolo di Cultura Omosessuale Mario Mieli – Welcome 4 Rainbow of Rome, PorTO Sicuro (Turin) and the Associazione ARC OdV – Ci Siamo! (Cagliari). The study centre that is part of the P.R.I.D.E. network is the Centro Risorse LGBTI of Bologna. The shelters that make housing solutions available to those who apply are: Villa Carrà (Arcigay Friuli), CASA+ (Croce Rossa, Rome), Casa Arcobaleno (Spazio Aperto Servizi, Milan), To-housing (Associazione Quore, Turin), Casa Arcobaleno Pier Vittorio Tondelli (Arcigay Gioconda APS, Reggio Emilia) and Casa delle Culture e dell'accoglienza (Antinoo Arcigay, Naples). Among these last ones, 5 shelters took part in the research because they are currently operational. The total number of beds offered by the P.R.I.D.E. network centres are 51 and the average stay of an individual at the facilities is 10 months.
- 18 The criteria for access vary according to the structure and are mainly based on the reception capacity in terms of resources. All the facilities involved in the network only accommodate adults. Some shelters primarily accept people under 35, while one strictly adheres to receiving only individuals between 18 and 26 years of age. The accommodation configuration varies depending on the structure. Most are independent apartments, with shared bedrooms (2 people per room) and housing units with an average occupancy of no more than 4 people. The daily presence of staff inside the home is provided in 2 houses, while the others are run autonomously by the people living in the shelters. However, periodic visits by personnel are planned for meetings and monitoring of the individual pathways and co-housing dynamics.
- 19 Most of the shelters that have taken part in the study are found in northern Italy, one in central Italy and one in southern Italy. This distribution mirrors a recent CNR (National Research Council) report that includes seven LGBTQ+ shelters⁽²¹⁾. This imbalance can be explained by differences in terms of population, but may also be due in part to communication of the north-

21 Demurtas P. e Peroni C. (2023). *Report di ricerca LISTEN LGBTQ+. Le strutture di accoglienza per persone LGBTQ+*. IRPPS. <http://epub.irpps.cnr.it/index.php/wp/article/view/298>.

ern LGBTQ+ organizations with the institutions responsible for *advocacy* and *fundraising*. Having access to fewer shelters in one's own territory often requires significant travel to reach the necessary services.

3.2.1. Interaction with institutions and administrations

20 Regarding interaction with other services, institutions and local administrations, the interviews with staff and managers/managers of services revealed that:

✓ **4 out of 5** centres have formal contacts with other local LGBTQ+ associations, social services and/or local third sector organisations for the exchange of good practices and are included in a referral network with entities competent in dealing with LGBTQ+ people and marginality issues.

All centres have formal contact with local health services and promote awareness-raising activities for citizens in the local area.

All centres have formal relationships with the local municipal administration (i.e. coordinating panels), but ✗ **only 1 centre out of 5** (A, in northern Italy), receives financial assistance from the local municipal administration. This makes it possible to differentiate funding for recipients according to the fund circuit to which they belong, guaranteeing the continuity of services offered. It affects the potential of developing medium-long term planning, both on an organizational and a methodological level. The relative uncertainty about funding makes it impossible for organizations to invest in professionalism and resources, thus undermining growth opportunities, improvement and optimisation of reception models.

21 The question of economic sustainability is one of the most delicate aspects of the life of the shelters. In order to assure the necessary funding, they should be able to rely on people trained in *fundraising* and *project management* activities for the handling of complex programmes, individuals who can dedicate their skills on an ongoing basis and not only on a voluntary basis.

22 An additional element for the sustainability of shelters could arise from new partnerships with private entities, with which LGBTQ+ organisations can engage in open discussions to create new opportunities for collaboration.

3.2.2. Sustainability

23 ✓ **All the centres** require funding that allows for minimal sustainability of *housing* projects (at least 12 continuous months), but ✗ **2 centres out of 5** have no external financial assistance available outside of the National Anti-Racial discrimination Office (UNAR), thus lacking the ability to sustain themselves over the long term.

The establishment of the PRIDE network has provided a new opportunity for collaboration and mutual support for these services. They accommodate a similar target but have heterogeneous characteristics (many are self-built and *community-based*, i.e. they come from projects of LGBTQ+ associations) and diverse funding sources. Such a collaboration is particularly rare in this sector, given the limited availability of funding that often leads to competitiveness for obtaining resources. Staff also emphasise the difficulty of official accreditation and recognition of the

need for institutions to accommodate this specific category of recipients, who do not fall under the cis-heteronormative criteria of regional laws. The need to maintain active quality services to support these individuals prevents fully meeting demand and providing an adequate number of beds. Therefore, it is emphasised that there is an urgent need to raise awareness among policy makers and public administrations on sustainability. This would enable for the expansion of projects, their inclusion in institutionalised public financing and the reception of more clients.

3.3. Services offered to the person

3.3.1. Organizational and operational support

- 24 Regarding the organizational culture, the mission and the centres' implemented regulations:
- ✓ **All the centres** of the PRIDE network have an explicit mission shared with the clients and staff.
 - 4 centres of 5** have a clear target audience to whom the service is aimed, with explicit and defined access criteria and filters. Often this is limited by the financial and professional resources available.
- 25 With respect to operational support, or the management of the organization and spaces of the LGBTQ+ shelters, ✓ **all centres** of the PRIDE network guarantee temporal stability (at least 6 months) of a housing solution for every person, spacious apartments, bathrooms, showers, gender-neutral rooms and/or assigned by experienced gender identity, privacy during interviews, a gender-affirming and respectful environment. Several centres plan on expanding support in the future by integrating their accommodations into a larger, better-located, central and easily accessible complex. However, this requires stable funding to ensure its sustainability.
- 26 Concerning the forms used, data collection and monitoring:
- ✓ **4 centres of 5** utilize reception forms with inclusive, non-judgemental language (i.e. pronoun choice).
 - In 4 centres of 5** the collection of demographic and health data from the incoming individuals is an explicit and established practice, but ✗ **only 2 centres out of 5** collect the same data at the exit from the project. This underlines that often it is not possible to dedicate financial resources to monitoring; systematising it is essential to ensure that the well-being of clients is protected.
- 27 Finally, with regard to the composition of the team and staff training, ✓ **in all the centres** the *case management* is multidisciplinary (involves various professional skills) and the staff are trained (or have the possibility to be trained) on LGBTQ+ issues, T and non-binary identities along with intersectional concerns (i.e. disability). The ability to maintain a multidisciplinary, professional team that is not entirely made up of volunteers depends strictly on the possibility of accessing stable financing.

3.3.2. Support for individual health and well-being

- 28 With respect to taking on the participants, **in all the centres** ✓ there is a shared definition of objectives through an individualised approach. According to the specific needs of the person, it has been revealed that ✓ **in all centres** the following services are provided, internally to the structure itself or by collaborating with external organisations and professionals:
- *Management of primary needs* (i.e. meals, physiological needs, emergency care, safety).
 - *Facilitation of access to medical care* (i.e. hormonal therapy, antiretroviral therapies) and sexual health promotion activities (i.e. PrEP - Pre-Exposure Prophylaxis -, STD tests).
 - *Legal support*
 - *Affirmative psychological support* (positive exploration of sexual identity); 4 centres out of 5 offer *trauma-informed* psychotherapy (particularly aimed at PTSD, mood disorders, emotional regulation).
- 29 ✗ There is the possibility of substance abuse treatment or implementation of harm reduction strategies **in only 2 centres out of 5**.

3.3.3. Social and relational support

- 30 In the management of interpersonal relationships, **all of the centres** ✓ are committed to promoting, constructing or rebuilding the recipient's network of social relations, encouraging communication between the individuals, providing recreational and leisure opportunities shared among those staying at the shelters, practitioners and/or volunteers and promoting the connection to the local LGBTQ+ community. Wherever possible and appropriate, the possibility of rebuilding or maintaining external relationships with family/friends is envisaged. In doing so, the *community-based* nature of services (or, considering that they derive from projects of LGBTQ+ associations) and the fact that a large part of the staff belongs to the LGBTQ+ community allows easier access to understanding certain specific experiences and needs, enabling the possibility of mirroring with the clients.

3.3.4. Inclusion in the community and support in accessing external services

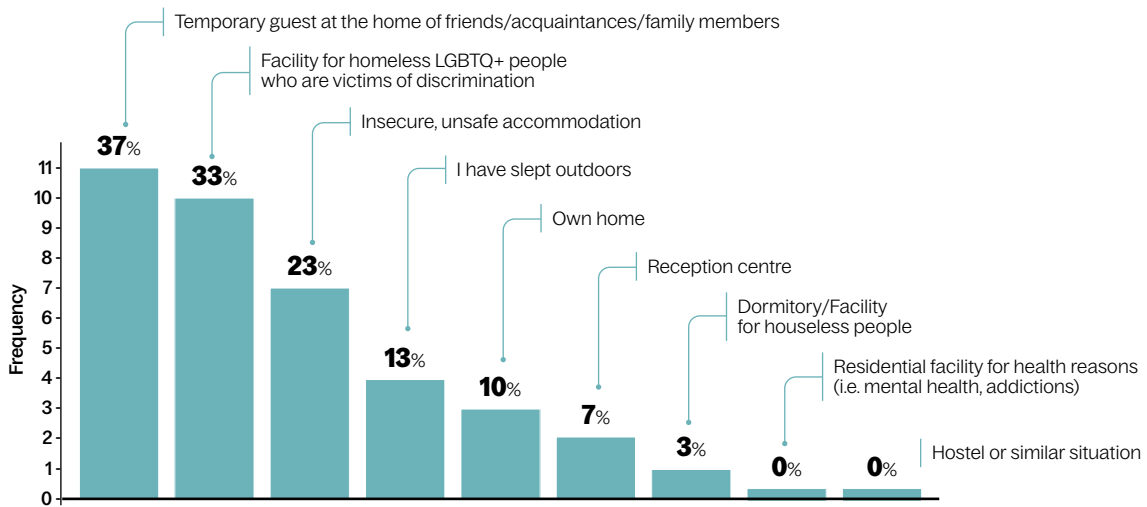
- 31 From the perspective of promoting autonomy, *empowerment* and when a client leaves the structure, **in all the centres** ✓ the following are provided:
- Support in managing administrative and bureaucratic responsibilities (i.e. money, scheduling, documents, accompaniment to offices).
 - Support for the development of life skills (i.e. communication techniques, interview, resume writing, etc.).
 - Educational support or mentoring for re-entering the working world (in 4 centres out of 5).
 - Support or guidance in searching for a new living situation.

- Support in creating psychological and social skills and resources (i.e. self-efficacy, resilience).
- 32 **4 centres out of 5** prepare the individual for the autonomous handling of potential *trigger* situations (i.e. contact with law enforcement, institutions, social and health services) that one could encounter after leaving a shelter. In addition, **4 centres out of 5** involve recipients in *advocacy* activities, volunteer work or awareness-raising in the territory/neighbourhood.
- 33 Many centres wish to extend the support phase through Italian language courses, long-term training courses, greater assistance in finding employment, in order to foster integration into the community and to become autonomous. Nevertheless, even in this case, these actions depend to large extent on receiving stable and adequate funding that allows to invest in the autonomy and in planning for the departure of clients, not only in an emergency.

3.4. Who are the LGBTQ+ people experiencing homelessness in Italy: a look at our sample

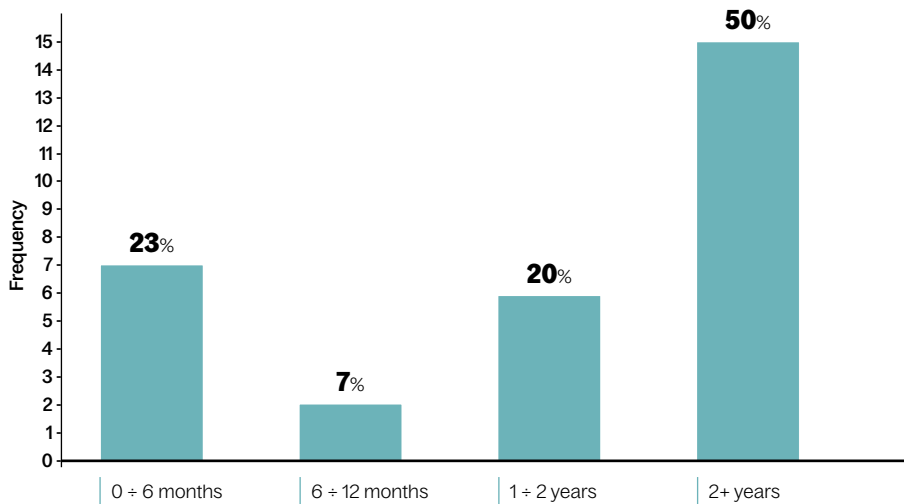
- 34 The population that has access to co-habitation services in Italy is multifaceted and heterogeneous with respect to multiple aspects: age, sexual identity, geographical origin, socioeconomic status, legal status, level of education. Moreover, this population shows characteristics of vulnerability that are not only related to their gender identity or sexual orientation, but intersect with them. The aim of this section is to represent this complexity as much as possible. Where pertinent, quotes taken from the semi-structured interviews conducted with clients and staff will be included. The names used are fictitious.
- 35 As shown in [FIGURE 1](#), people who took part in the research had experience in various living situations before arriving at one of the shelters involved in the project. 10% (3 people) lived in their own home, while most found themselves in insecure living situations such as being temporary guests at friends' or acquaintances' homes. Such a solution is often employed by these people as a short term remedy. Only 10% (3 individuals) were in dormitories or public reception centres. This denotes the scarcity of institutionalised support for this population in Italy, which does not find in traditional services for marginality a coherent response to its needs. In the last instance, only 13% (4 people) declare to have slept outdoors, highlighting how the category of unhoused people is much broader than such a simple designation.

FIGURE 1: Past Housing Situation



36 Aside from the housing situation itself, it is also important to analyse the duration of the period of housing insecurity. FIGURE 2 shows that half of the people spent more than 2 years without a home. This is a worrying fact, as long-term homelessness risks compromising not only personal and interpersonal resources, but also the feeling of control in one's own life, hope for the future, self-determination and well-being.

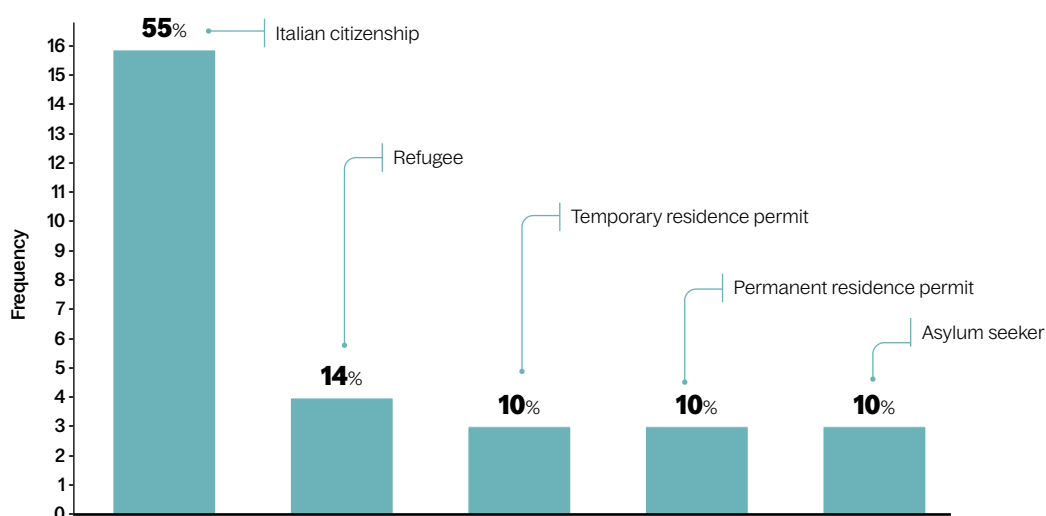
FIGURE 2: Time spent without a home



3.4.1. A high proportion of people born abroad, asylum seekers or refugees

37 As shown in [FIGURE 3](#), 45% of the participants do not have Italian citizenship. This has to be compared with the fact that only 8.6% of the resident population in Italy are foreigners (22). It is important to underline that 24% of people are refugees or asylum seekers. However, we can highlight a large percentage of Italian people, suggesting a high prevalence of systemic discrimination in our country.

FIGURE 3: Legal Status

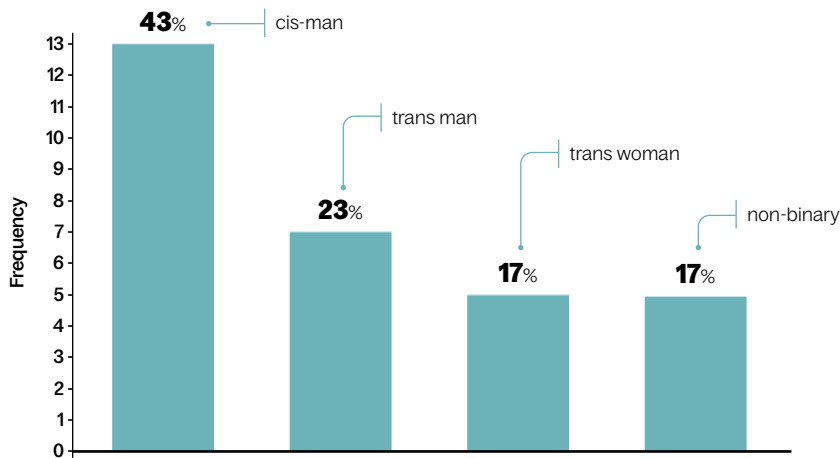


3.4.2. Gender identity and sexual orientation

38 Regarding gender identity, [FIGURE 4](#) shows that 43% (13 individuals) are cisgender (their gender identity coincides with their sex assigned at birth), while most (17) are transgender or non-binary people. This underlines how trans and non-binary individuals are at a higher risk of experiencing housing insecurity. Trans people cannot always resort to *passing* (concealing their identity in unsafe situations); the possession of documents in which the registered gender does not correspond to one's gender expression (the way of presenting oneself, dressing, etc.) can expose discrimination in the workplace, in access to housing and health services. Furthermore, trans people often encounter services that are not equipped for their needs (division of spaces, correct language, medical and psychological assistance, gender affirmation paths). Therefore they are more inclined to seek specific, culturally sensitive and trained services.

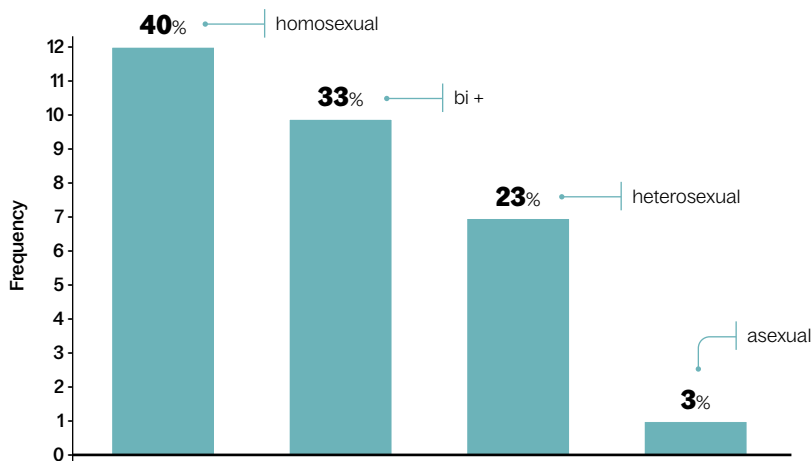
22 Istat (2021). Stranieri Residenti e Nuovi Cittadini: Caratteristiche Demografiche e Distribuzione Territoriale. Tratto da: https://www.istat.it/it/files//2023/03/Statistica-Report_STRANIERI-RESIDENTI.pdf.

FIGURE 4: Gender Identity



39 With respect to sexual orientation, FIGURE 5 demonstrates how most identify themselves as homosexual (40%). A quarter are trans individuals who identify as heterosexual. 37% are BI+ people, a term encompassing non-monosexual identities, such as being attracted to more than one gender (for example, bisexual and pansexual people). One person is asexual.

FIGURE 5: Sexual orientation

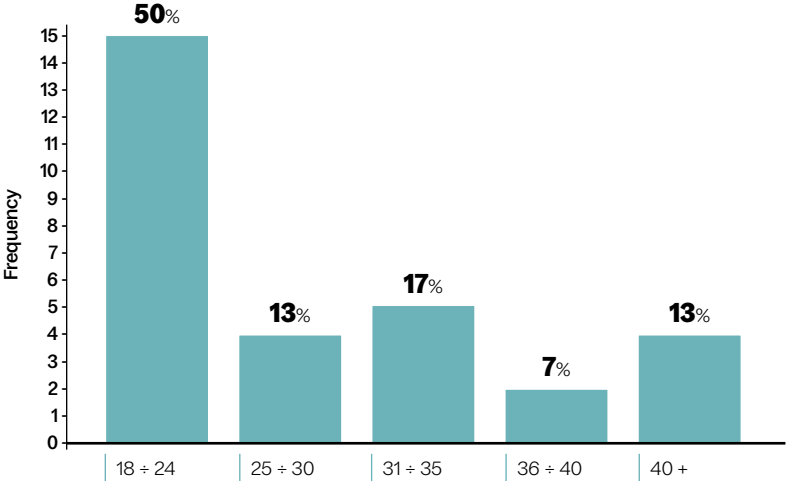


3.4.3. A young population, still in the process of training

40 As shown in FIGURE 6, the majority of individuals are under 30, those under 25 make up half of the sample. This figure is even more relevant when compared to the unhoused Italian popula-

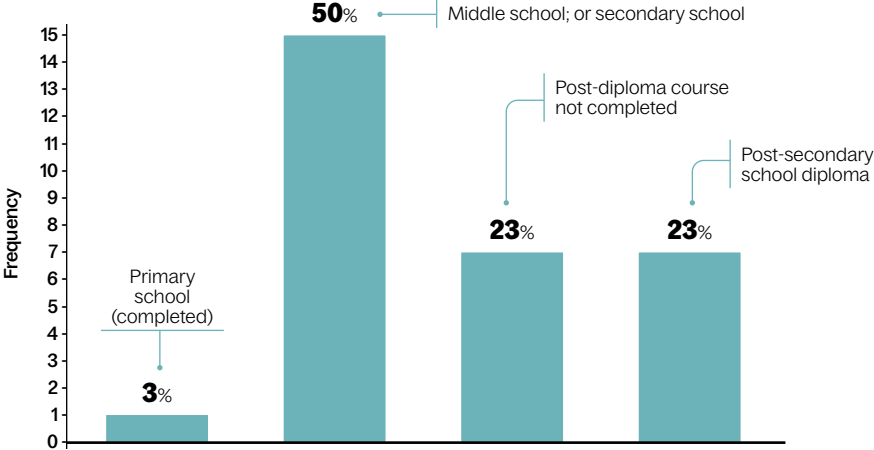
tion (average age 41.6 (23)). The facilities involved accommodate adults, mainly under the age of 35.

FIGURE 6: Age



41 Most people have finished middle or secondary school, as shown in FIGURE 7. Lack of a safe and stable home, combined with prolonged vulnerable and traumatic situations (especially in adolescence or early adulthood), can have profound effects on personal and social growth.

FIGURE 7: Level of education

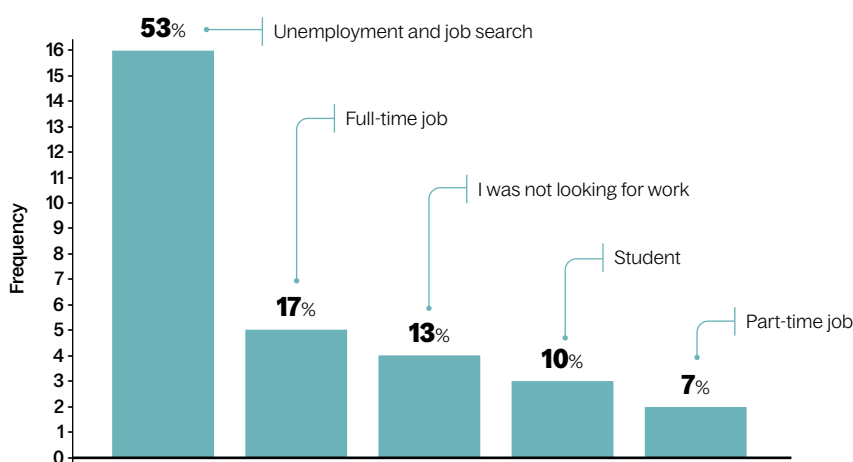


23 Avvocato di strada (2023). 96mila persone senza fissa dimora: un resoconto dell'indagine Istat. Tratto da: <https://www.avvocatodistrada.it>.

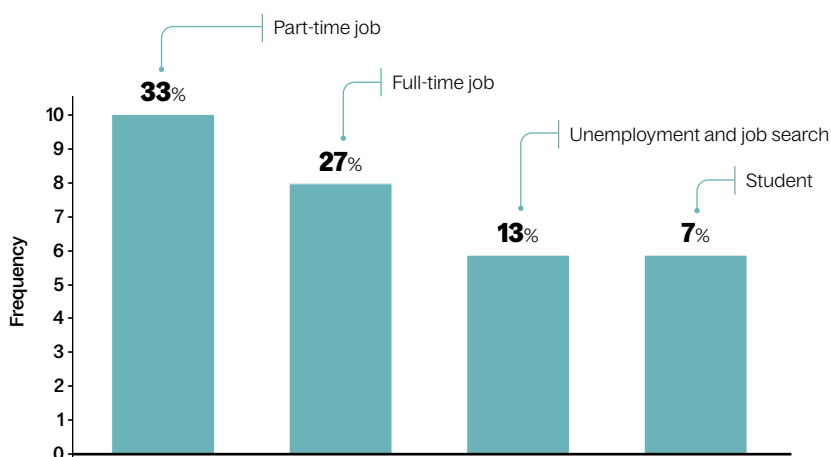
3.4.4. Overcoming difficulty at work

42 One of the functions of co-housing services is to support entering the job market. As [FIGURE 8](#) points out, more than half of the people involved in the research were unemployed or looking for work before they began experiencing homelessness. Only one fifth are unemployed or actually searching for a job. The data make it possible to assume that a more stable housing situation, together with support provided by shelters for people from the LGBTQ+ community regarding the consolidation of skills, self-efficacy and life skills (as outlined in [PARAGRAPH 38](#)) contribute positively to finding and obtaining a job.

FIGURE 8: Past work situation



Current Occupation



3.4.5. Minority Stress: Various types of stigma

43 In the present study three dimensions of *minority stress* were examined: experienced stigma, perceived stigma and internalized stigma. As for unhoused LGBTQ+ people, one of the most impactful forms of stigma is experienced prejudice, the experience of prejudice, discrimination, and victimisation suffered by a person during their lifetime. The stigma can be experienced in various contexts of daily life, giving rise to different challenges and difficulties. The scores are calculated by adapting the scale validated in Italian by Norcini Pala et al. (2017) ⁽²⁴⁾. Some examples of questions include: 'Because of my sexual orientation/gender identity I was discriminated against at my job or while I was looking for work'. [FIGURE 9](#) shows the circumstances in which stigma was experienced by the people involved in the study. The context where the stigma is experienced the most is in the family: 70% of people interviewed stated having endured stigma in this environment.

'My very closed family prevented me... I was not free to associate with anyone living in the same city. If they saw me, they would have beat me up, instead I would rather go out of town.' [SAMIR, BISEXUAL MAN, 30 YEARS OLD]

'Let's say there was a critical point between me and my father in which if I hadn't left home within a short time, I probably wouldn't be here to tell this story.' [EMMA, TRANS WOMAN, 22 YEARS OLD]

'I have been subjected to abuse since I was a child; initially from family members, then it turned into homophobia and transphobia. But I didn't see it, I only realised this two weeks ago, after over a year of psychological and psychiatric therapy with them. After the last episode, seeing as I could no longer live, I could no longer do anything... I sought help for that.' [JESSICA, GENDERFLUID AND PANSEXUAL PERSON, 26 YEARS OLD]

44 As shown by the data on the past housing situation ([FIGURE 1](#)), the interviews also reveal how, in addition to the stigma experienced by the immediate family (mainly *caregivers* or parents), discrimination was also experienced in these contexts (e.g. other family members, housemates, etc.):

'I felt judged by a person who shared my house with me. He asked me, 'Do you like women?' I said no, and starting the next day he changed completely. He tried to annoy me, say bad words to me, create problems, attack me physically. 'You are a parasite, What are you doing in this country?' Not only homophobic, but racist. The situation was very difficult, I couldn't live with an aggressive person. Not even my father would have dared to attack me physically... With this person I had all kinds of problems, life was very difficult.' [DAVID, GAY MAN, 36 YEARS OLD]

24 Norcini Pala, A., Dell'Amore, F., Steca, P., Clinton, L., Sandfort, T., & Rael, C. (2017). Validation of the Minority Stress Scale among Italian gay and bisexual men. *Psychology of sexual orientation and gender diversity*, 4(4), 451.

'At his house I suffered...I couldn't go in the house wearing rainbow colours. The son couldn't use a water bottle I had given him... he took it and threw it away [...]. In the evening I come home, they look at me like some sort of alien, my brother grabs me and says, 'What are you teaching my son?' They studied what they had to do. 'We won't prepare the documents for you. Now I understand what you are.'

[SAMIR, BISEXUAL MAN, 30 YEARS OLD]

- 45 This finding suggests that stigma and rejection are even more pressing risk factors when they are experienced in an environment that should be the safest, most supportive, validating and welcoming. Furthermore, the domestic environment is where people, especially younger ones, spend most of their time. Two other critical situations are the work place and the search for housing. To undergo stigmatisation and discrimination, not only in family contexts, but also at work or in the housing market is one of the main risk factors of housing insecurity, thus leading to the need for entering a shelter.

'Unfortunately, as we know, it is difficult to find a rental. It's not because we aren't Italian... When you go to see a house and they see that you are part of the LGBTQ Community... they don't accept you, they prefer «normal people», because they think we are «outside of the norm».'

[DAVID, GAY MAN, 36 YEARS OLD]

- 46 Finally, only a small portion of our sample appears to have experienced little stigma in shelter settings (services for homeless people, reception centres, etc.). As positive as this figure may seem, the qualitative part of the research showed how impactful experiences in low-threshold services considered unsafe can be, especially for adults who have been unhoused for a prolonged period of time:

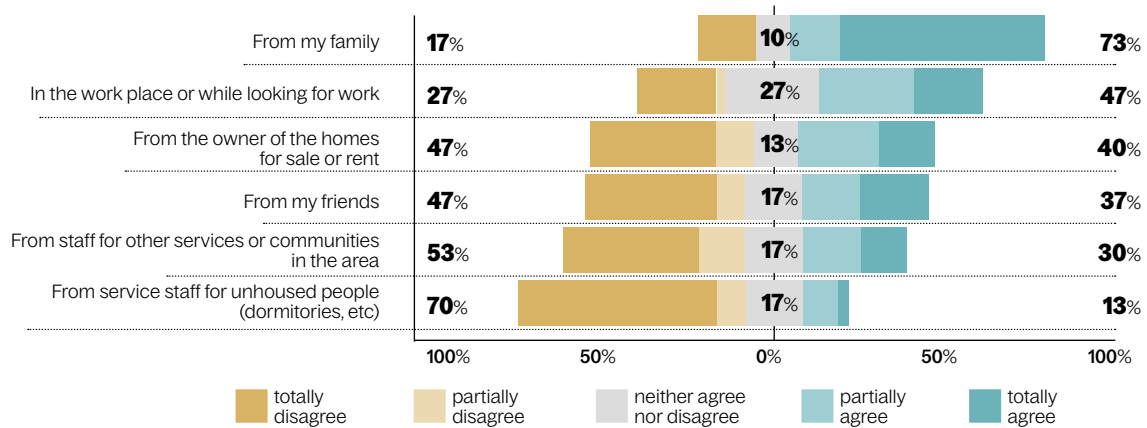
'At night I was afraid to sleep, being gay... Again, it's not very nice in a dormitory. Being gay at night you cannot sleep. You never know, because someone can always hurt you.'

[ANTONIO, GAY MAN, 62 YEARS OLD]

'Living here (in the shelter) is safe. In other places there can be violent people, and if you say, 'Someone is abusing me,' the workers don't do anything, it's dangerous.'

[NATHAN, GAY MAN, 32 YEARS OLD]

FIGURE 9: Contexts where stigma has been experienced



47 Perceived stigma is the awareness of existing prejudices in one’s environment and expectations regarding discrimination one might experience in everyday life. This awareness can negatively influence a person’s expectations about possible future success, by significantly undermining one’s hopes and, in some cases, fostering feelings of resignation. Perceived stigma in the sample is measured by using the scale validated in Italian by Norcini Pala et al. (25). Question examples include: ‘I expect to be the object of insults and offence.’; ‘Because of my sexual orientation/gender identity, I could be discriminated against by hospital staff.’

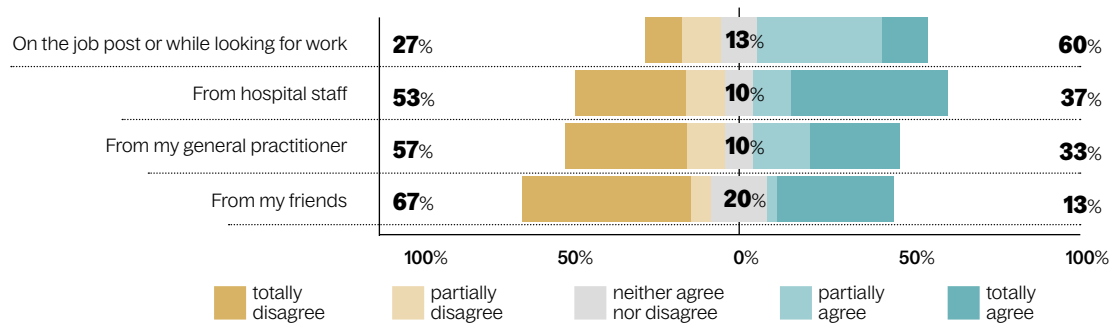
48 FIGURE 10 shows that the context in which stigma has been perceived more frequently is the work-place or the search for employment (job interviews, sending a resume). This makes it difficult to find work, maintain a steady job and earn an income, all major risk factors for housing insecurity. Implementing training of these issues in working environments is crucial.

‘If the topic comes up at a bar, it’s easier to deal with. At work I’d think twice because I was fired on the spot for this: it was a bad experience.’ [JULES, GAY MAN, 23 YEARS OLD]

‘There’s a document that reports a female gender when you then have a male image; so, there’s a fear that potential employers might be prejudiced.’ [ALESSIA, TRANS WOMAN, 50 YEARS OLD]

25 Norcini Pala, A., Dell’Amore, F., Steca, P., Clinton, L., Sandfort, T., & Rael, C. (2017). Validation of the Minority Stress Scale among Italian gay and bisexual men. *Psychology of sexual orientation and gender diversity*, 4(4), 451.

FIGURE 10: Contexts where stigma was perceived



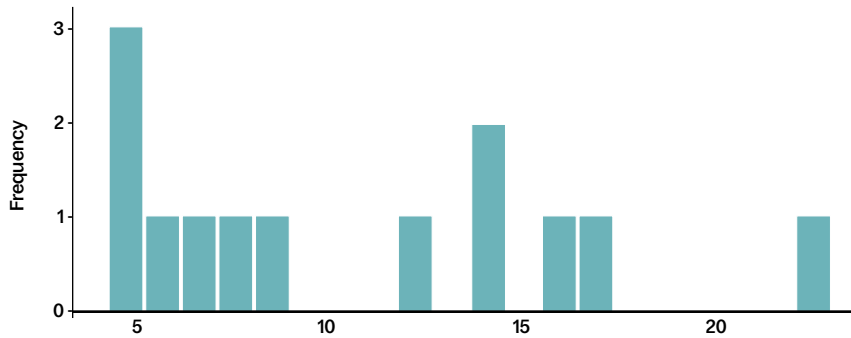
49 Interiorised stigma is a process for which LGBTQ+ people reiterate and transfer homo-lesbian-bi-transphobic prejudices onto themselves, undermining their own self-efficacy and well-being. This often brings one to not recognize or justify situations of discrimination suffered, and may foster a failure to seek help, actions of hiding one’s identity, feelings of resignation along with distrust in the future and one’s skills. In severe cases, depression and suicidal thoughts may occur. FIGURE 11 displays the distribution of interiorised stigma in the sample, measured using the homonegativity and internalised homophobia scale validated in Italian by Lingiardi et al. (2012) (26). Examples of questions include: ‘I happen to think that if I were heterosexual I would be happier’; ‘At school/work I pretend to be heterosexual.’

‘The approach to the outside world for my sexual orientation is working, but I still need time to work on it. I applied for a specialised psychologist for childhood traumas that I had with sexual orientation, and to work on my self-esteem.’ [JULES, GAY MAN, 21 YEARS OLD]

‘I had many doubts, I was ashamed. Thanks to them I was able to get this off my chest, the psychologist saved me. Before coming here I was terrified of being gay. Since I’ve been going to her, I don’t care. I used to go out and would feel watched, now I let people talk.’ [ANTONIO, GAY MAN, 60 YEARS OLD]

26 Lingiardi, V., Baiocco, R., & Nardelli, N. (2012). Measure of internalized sexual stigma for lesbians and gay men: A new scale. *Journal of Homosexuality*, 59(8), 1191-1210.

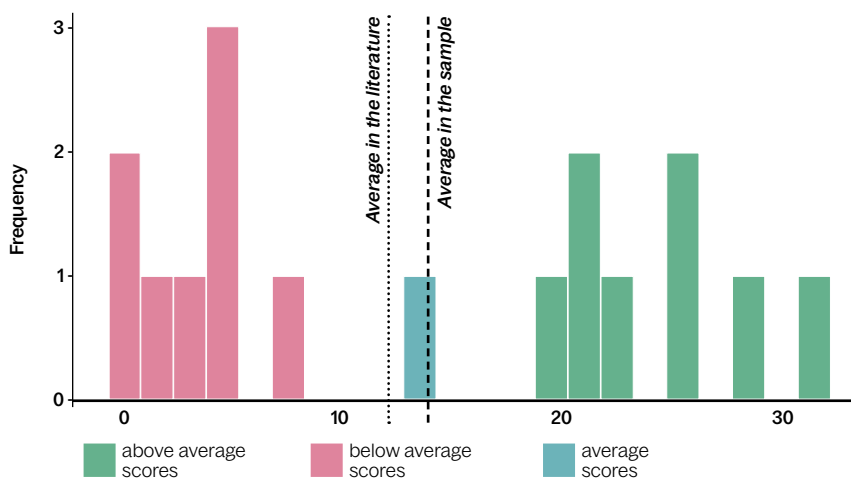
FIGURE 11: Interiorised stigma



Note: The final scores were obtained by adding up the single scores

50 For transgender people, transphobia can also be interiorised, leading to a number of serious consequences on mental health, self-esteem and self-perception. FIGURE 12 shows levels of interiorised transphobia according to the scale validated in Italian by Scandurra et al. (2020) (27). Some sample questions include: ‘I cannot stand my gender identity or expression.’; ‘I often ask myself, why my gender identity or expression cannot simply be normal?’. The level of interiorised transphobia is 14% higher than the average validation scale. This shows how trans people taking part in the research, despite living in situations that are supportive and validating of their identities, exhibit on average high levels of internalised transphobia, which tends to become chronic over time.

FIGURE 12: Interiorised transphobia



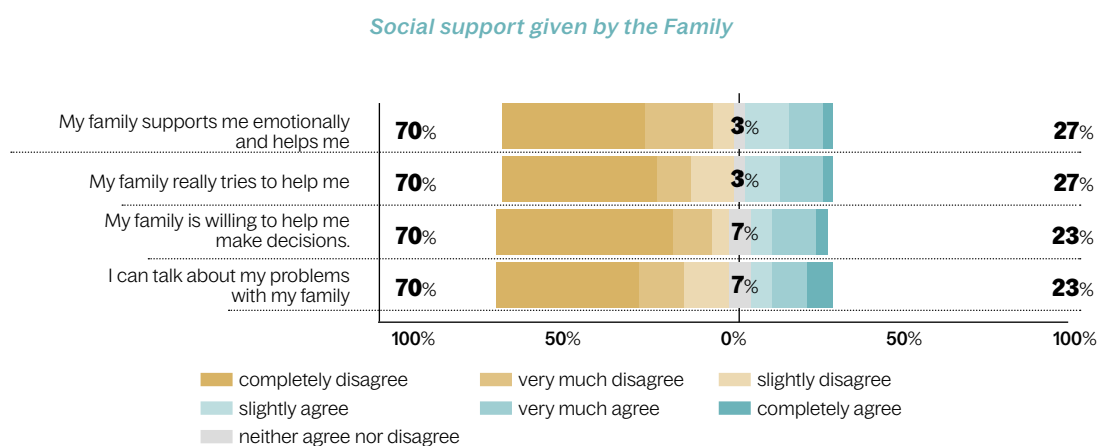
Note: The final scores have been obtained by adding up the single scores

27 Scandurra, C., Bochicchio, V., Dolce, P., Caravà, C., Vitelli, R., Testa, R. J., & Balsam, K. F. (2020). The Italian validation of the gender minority stress and resilience measure. *Psychology of Sexual Orientation and Gender Diversity*, 7(2), 208–221.

3.4.6. Social Support

51 As evident from the data on experienced and perceived stigma, the family is the most critical context in which homeless LGBTQ+ people face discrimination. The circle of friends, on the contrary, turns out to be a supportive context, even more so for those in conflict with their families. [FIGURE 13](#) shows how levels of perceived social support (28) vary when people describe the support received from the family compared to the support received from their circle of friends.

FIGURE 13: Social support in various contexts



'I didn't feel ready to go and live on my own; I don't have support from my family, I cannot go back; I decided to contact [Shelter C] for a temporary situation.'

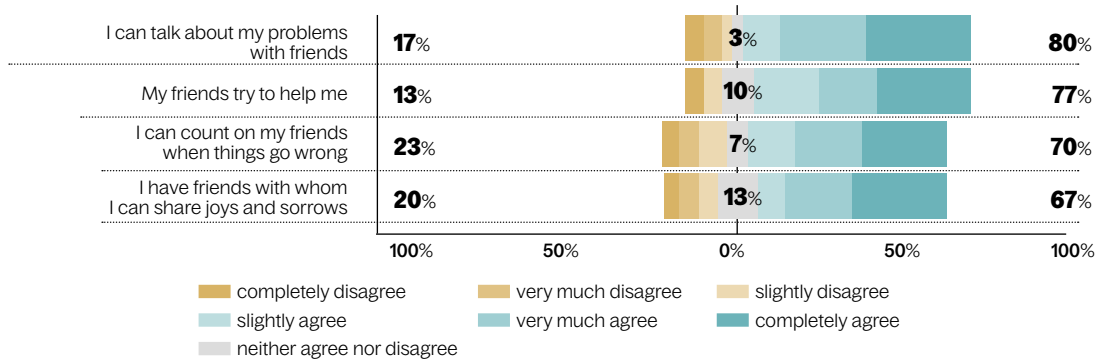
[BENJAMIN, TRANS MAN, 26 YEARS OLD]

'I can't tell my family, my family has been reduced to myself. However I have found trustworthy staff. There was support when I needed it, and I still know that I have it.'

[SANTIAGO, TRANS MAN, 31 YEARS OLD]

28 Di Fabio, A.; Palazzeschi, M. (2015). Multidimensional Scale of Perceived Social Support – MSPSS. Un Contributo alla Validazione Italiana. *Counseling*.

Social Support Given by Friends



'My friends have convinced me to come out because I knew, but always tried to hide it... getting to know them I eventually came out myself.' [MICHAEL, BISEXUAL MAN, 21 YEARS OLD]

3.4.7. Sense of LGBTQ+ Community

- 52 As highlighted in [PARAGRAPH 3](#), LGBTQ+ people report lower levels of well-being and general mental health, probably because of *minority stress* and discrimination. Social support and the sense of belonging, therefore, play a crucial role in the mental health of people of the community, especially for unhoused LGBTQ+ individuals. Moreover, the research demonstrates that the mental health of these people can be influenced, not only by the closest social group, but also by the wider social context, including the cohesion and visibility of their local LGBTQ+ community.
- 53 The *'psychological sense of community'* (PSOC) refers to the sense of belonging to a broad community and the belief that one can rely on it. The methodology used to measure the sense of LGBTQ+ community was validated by Lin and Israel (2012) ⁽²⁹⁾. [FIGURE 14](#) displays the distribution of three dimensions of sense of LGBTQ+ community, with the respective averages reported in the validation literature compared to the averages in our sample. *Influence* refers to the feeling that a person is important to the group, can influence the group and feels influenced by it. *Belonging* is intended as the perception of being part of that group, therefore being a member. *Needs satisfaction* means the feeling that a person's needs will be met as a result of belonging to the group.
- 54 As [FIGURE 14](#) illustrates, our sample reports higher values of sense of community compared to the averages reported in the literature for all three dimensions. The services have a *community-based* nature given that they come from projects of LGBTQ+ associations. This, together with the fact that a portion of the staff belongs to the LGBTQ+ community, allows easier access

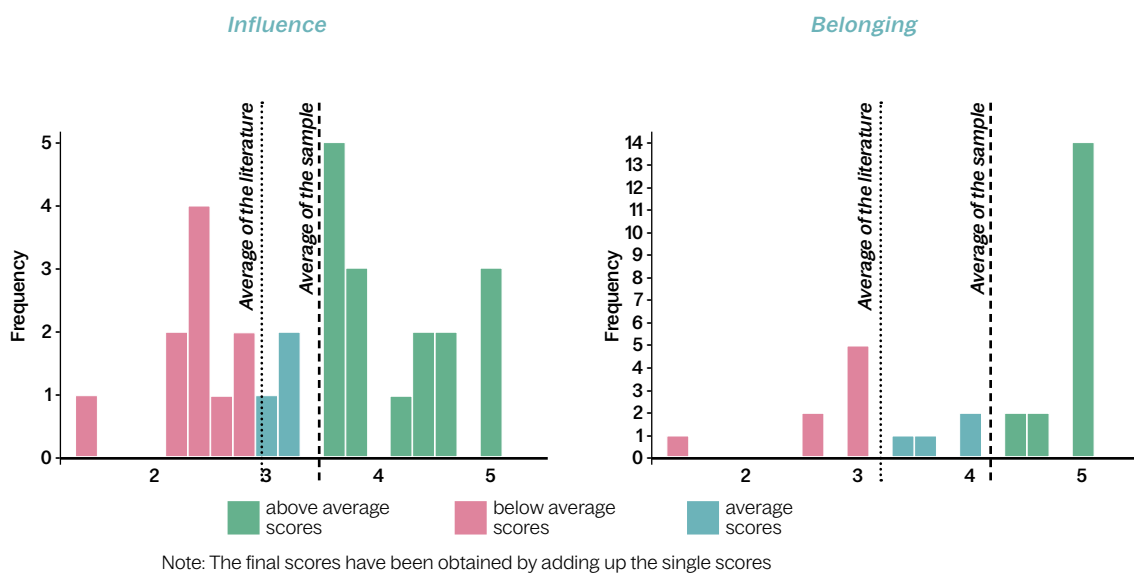
29 Lin, Y. J., & Israel, T. (2012). Development and validation of a psychological sense of LGBT community scale. *Journal of Community Psychology*, 40(5), 573-587.

to understanding some experiences and specific needs, probably fostering the possibility of mirroring with the clients. Activism thus plays a crucial role in intercepting risk situations as well as in receiving them in a timely and targeted manner. Above all activism can bring an awareness into play. It gives a vision of social and community work linked, not only to the individual, but to the realisation of a broader cultural change rooted in the construction of safe and protective care and welcoming spaces with respect to discrimination.

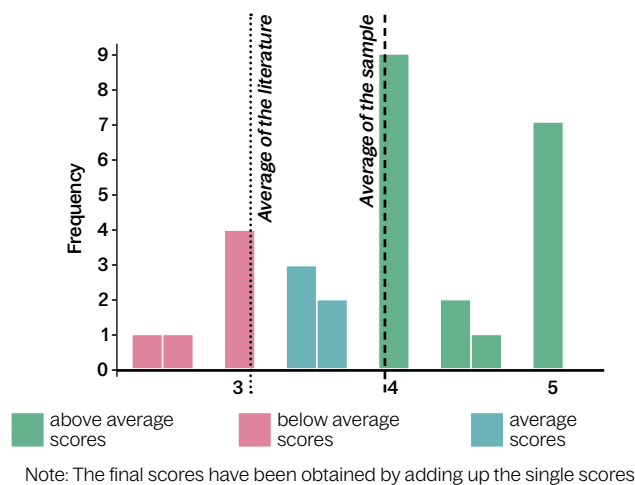
‘You can say to yourself, ‘It’s not your family,’ but you feel they are people like you, that belong to this group, that will take care of you and that we’re all in a similar situation. You can tell your story, listen to their stories, their problems, help them, say comforting words... in a way, you can say, a chosen family.’ [KARIM, GAY MAN, 26 YEARS OLD]

‘I don’t know what I would do If I were not a member of the community, because I wouldn’t have this house... they didn’t make me feel excluded. It is still and always my community, it makes me feel good. Sometimes my identity makes it difficult, but it has opened many doors for me: this house, the community.’ [OMAR, GAY MAN, 23 YEARS OLD]

FIGURE 14: Sense of LGBTQ+ community



Satisfaction of needs



3.4.8. How the service promotes capabilities

55 One of the goals of the shelter homes is to build, rebuild and develop capabilities within the co-housing service. *Capabilities*, or fundamental skills, refer to a person’s freedom to behave and live according to their own values thanks to the resources at their disposal. *Capabilities* are also about the possibility of undertaking meaningful activities, of establishing positive and reciprocal relationships (sociability, conviviality) and the opportunity to realise one’s full potential and personal growth. [FIGURE 15](#) shows the level that the people interviewed feel the service in which they are placed promotes *capabilities*, as measured with the scale validated by Greenwood et al. (2023) (30). The questions asked regard the extent to which the service helped to promote optimism levels, the feeling of safety, the ability for self-determination and the level of inclusion and connection with the community. For example: ‘Thanks to the support received from the programme a person can feel safe in the place where they live,’; ‘[...] having more control of decisions that influence one’s life.’ The sample reports levels of capabilities 14% higher than the average of the validation scale.

‘If I were to give a rating from 1 to 10 of my life here, I would say 99%; it’s a peaceful, open place, a place of opportunity, that understands what you want; it’s personal, it’s useful. Compared to my past experience, now I am starting to see a future, a life. Before I thought it wouldn’t have been possible. But the way in which they took care of me, I see that what I thought was difficult, actually isn’t so difficult.’ [JOEL, GAY MAN, 30 YEARS OLD]

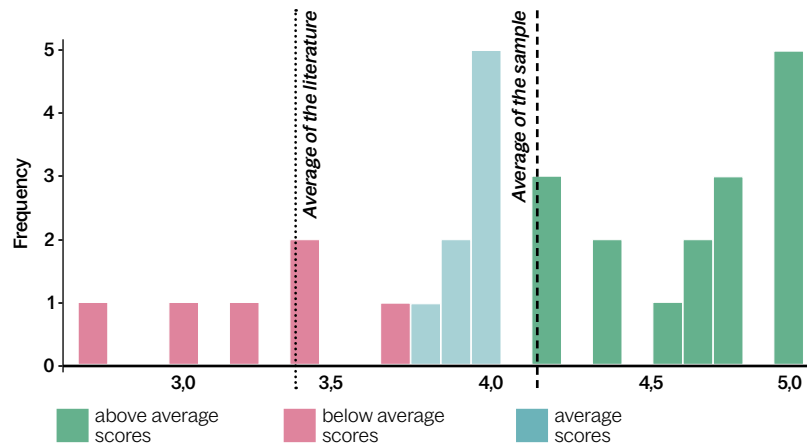
‘My goals are to reintegrate on a professional level in society, to find a job. At the same time, living with people who experience the same condition as me... and of course also

30 Greenwood, R. M., O’Shaughnessy, B. R., Manning, R. M., Vargas Moniz, M. J., Sacchetto, B., & Ornelas, J. (2023). Psychometric properties of the measure of achieved capabilities in homeless services. *BMC Public Health*, 23(1), 93.

regaining my social life, being able to be myself freely, being able to wear make-up, dress up as I see fit... all the possibilities they are offering me here, I feel protected by them.'

[ALESSIA, TRANS WOMAN, 50 YEARS OLD]

FIGURE 15: How the service promotes capabilities



Note: The final scores have been obtained by adding up the single scores

3.4.9. Working alliance

- 56 *Working alliance* refers to the level of collaboration between the clients and the shelter staff and the quality of the relationship established. [FIGURE 16](#) displays the distribution of our sample scores on the validated scale ⁽³¹⁾ in which they were asked to respond, keeping in mind the relationship with the staff member who most closely follows the person. The questions included: 'I work with this person to achieve goals that we have agreed upon together'; 'I have faith in the ability of this person to help me'; 'I think that this individual is competent regarding sexual identity issues'.
- 57 The results show how the distribution of answers is skewed towards particularly high values. 90% of the interviewees report higher *working alliance* levels than the average reported in the literature (about the general homeless population, Curiale et al. ⁽³²⁾). High scores of *working alliance* suggest a better quality of life, less need for treatment, better mental health, and self-efficacy, increased care service satisfaction, improved social skills and community connection, reduced stigma.

31 Tracey, T. J., & Kokotovic, A. M. (1989). Factor structure of the Working Alliance Inventory. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 1(3), 207–210.

32 Curiale, C., Lenzi, M., Gaboardi, M., Marino, C., Ronconi, L., Demita, S., ... & Santinello, M. (2023). Homeless people's recovery in Housing First and Traditional Services: The role of working alliance in Italian housing services. *Journal of Community Psychology*, 51(7), 2758-2773.

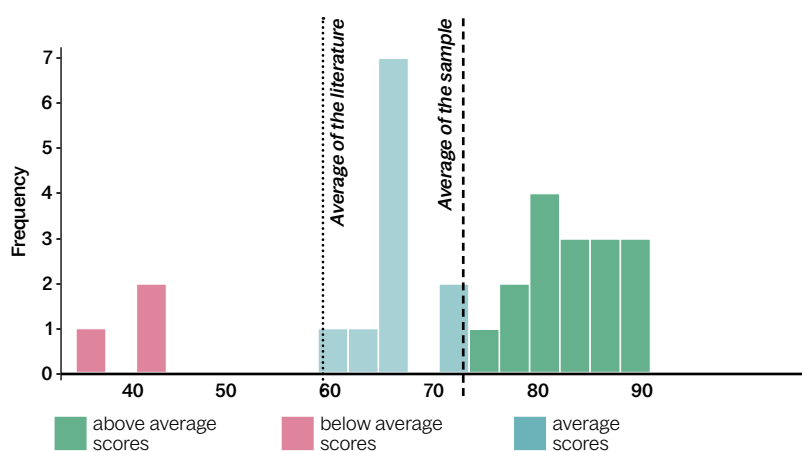
‘They asked me, ‘What do you want to do?’ I already had it in mind, but it was challenging for me. They told me, ‘Ok we can ask if this is possible, it’s an expensive project, but we can evaluate.’ And this helped raise my spirits a bit.’

[SEBASTIEN, GAY MAN, 33 YEARS OLD]

‘The way of speaking, in which they resolve things, is flexible, positive. They give you the chance to grow, they help, they ask you. I’m talking about the people, the team... They’re very human.’

[DAVID, GAY MAN, 36 YEARS OLD]

FIGURE 16: Working Alliance

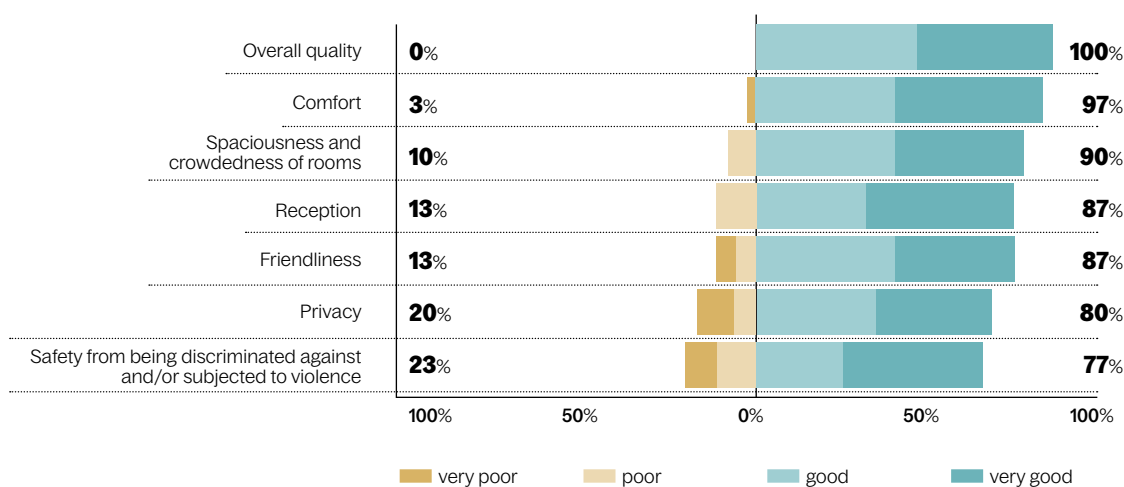


Note: The final scores have been obtained by adding up the single scores

3.4.10. Housing service quality

58 Part of the survey also includes questions about the quality of the *housing* service, the reception received at the accommodations in general. [FIGURE 17](#) shows how the majority of interviewed people expressed a very positive opinion about the service offered at the shelters. In particular, all respondents stated they were satisfied with the overall quality of the service. In addition, the comfort and spaciousness of the rooms were highly appreciated by those interviewed. As many as 87% of the sample reported good reception levels (warmth, feeling of ‘home,’ familiarity) and friendliness (inclusiveness, accessibility). 80% proclaimed to have liked the privacy (for example, with respect to the presence of gender-neutral spaces). These results mirror the quality, inclusivity and comprehensiveness of the services outlined by the staff, relaying a very positive and encouraging situation as to the effectiveness and appreciation of the shelters that are part of this survey.

FIGURE 17: Answers to questions about housing service quality



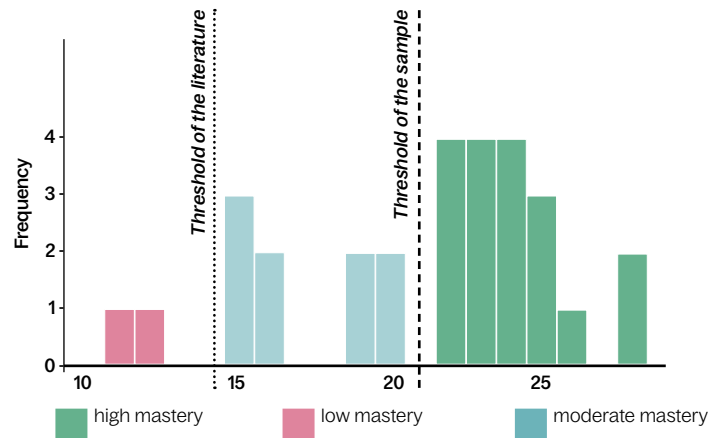
3.4.11. Mastery

59 *Mastery* refers to the extent to which a person feels they have control and mastery of their situation and life. [FIGURE 18](#) shows the distribution of levels of *mastery* as validated by Pearlin and Schooler (33); sample questions are: ‘What will happen to me in the future depends mainly on me’; ‘I can do practically anything I set my mind to.’ High levels of *mastery* can have a positive influence on well-being and *recovery* (process through which one overcomes or lives with negative consequences and symptoms of a disorder or trauma) of unhoused people (34). In our sample, most (62%) relay a high *mastery* level, as the green columns in [FIGURE 18](#) illustrate. On the contrary, only 7% of the sample reported low *mastery* levels (in red). This indicates how a path to *empowerment* and emergence from situations of trauma, discrimination and marginalisation inevitably passes from building new confidence in one’s own abilities, one’s own capacity to act (agency) and one’s own perspectives.

33 Pearlin, L. I., & Schooler, C. (1978). The structure of coping. *Journal of health and social behavior*, 2-21.

34 Manning, R. M., & Greenwood, R. M. (2019). Recovery in homelessness: The influence of choice and mastery on physical health, psychiatric symptoms, alcohol and drug use, and community integration. *Psychiatric rehabilitation journal*, 42(2), 147.

FIGURE 18: Mastery



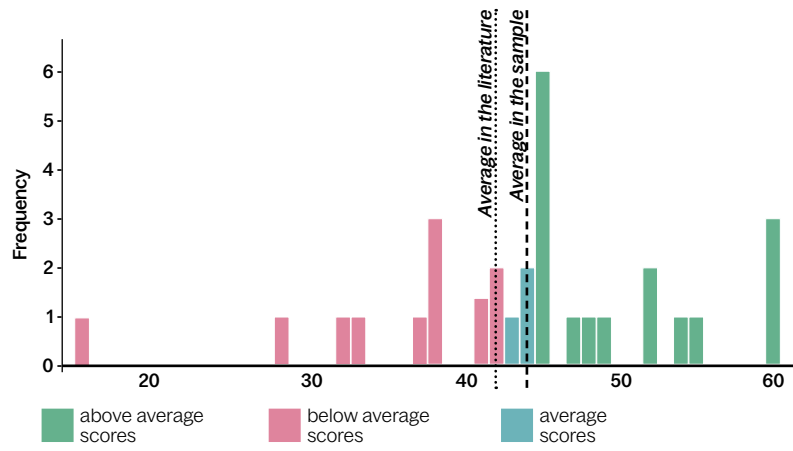
Note: The final scores have been obtained by adding up the single scores

3.4.12. General Well-being

- 60 Measuring well-being in the questionnaire is a complex concept, encompassing hedonic (happiness, achievement of pleasure and lack of pain) and eudaimonic well-being (meaning of life, self-realisation, self-efficacy). The measurement shown in [FIGURE 19](#) is based on the scale validated by Gremigni and Stewart-Brown (2011) ⁽³⁵⁾, and is composed of 12 positive statements with which the person can more or less agree (regarding perceived mental health in the two weeks before the interview). Some questions include: ‘I felt interested in other people’; ‘I faced problems well’; ‘I felt relaxed’. The average levels of well-being in the surveyed sample are similar to the average values of the validation scale in the literature.
- 61 Given the difficult situation in which the interviewed individuals find themselves, one might expect lower levels of well-being than the general average. Despite that, we observe levels similar to the population average, in some cases even a little higher. Obviously it is not possible to make inferences about the factors that contributed to this well-being. However, one can hypothesise that the welcoming and tolerant environment of shelter homes allows people to feel more comfortable, respond effectively to a range of needs, and consequently leads them to higher levels of well-being. [SECTION 4](#) will explore this hypothesis.

35 Gremigni, P., & Stewart-Brown, S. (2011). Una misura del benessere mentale: validazione italiana della Warwick-Edinburgh Mental Well-Being Scale (WEMWBS). *Giornale italiano di psicologia*, 38(2), 485-508.

FIGURE 19: Well-being



Note: The final scores have been obtained by adding up the single scores

4

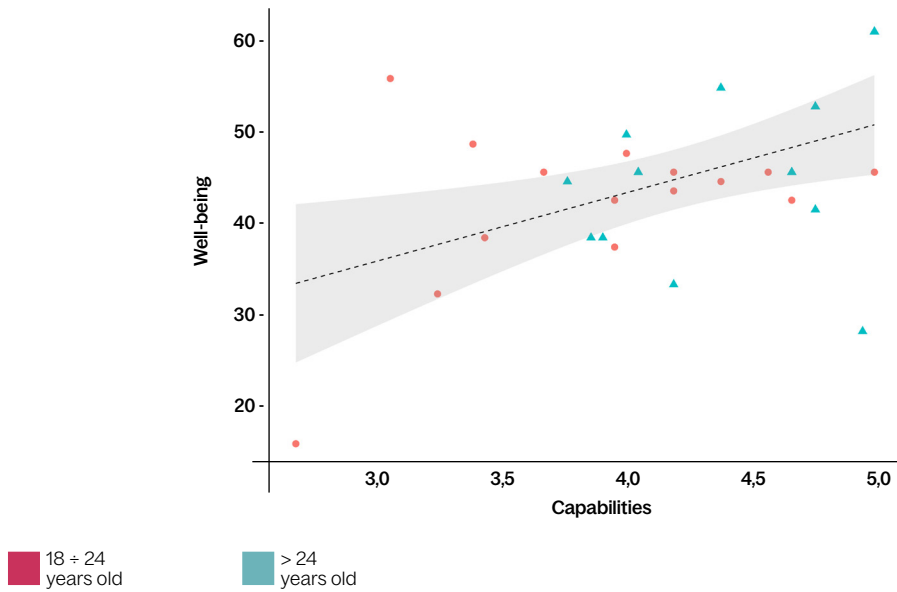
WELL-BEING OF THOSE RECEIVING CO-HOUSING SERVICES

⁶² Well-being in this study is intended not only as mental health, but also in the sense of self-efficacy, autonomy and self-determination, as reported in various passages by those interviewed. Not having information on LGBTQ+ people who do not use co-housing services, or levels of well-being before and after entering the service, it is not possible to establish a causal link between the characteristics of services and the well-being of who benefits from them. Therefore, the following analysis is limited to showing patterns of co-occurrence between some of the collected information and the well-being reported by the interviewed people. The analysis also shows some characteristics of clients who report higher levels of well-being and *mastery*.

4.1. Degree to which the services promote capabilities and well-being

- ⁶³ As reported in [PARAGRAPH 55](#), the questions asked of the interviewees concern the extent to which services have fostered perceived safety, the ability to self-determine and integration into the community. People with high levels of *capabilities* are also expected to report high levels of well-being.
- ⁶⁴ [FIGURE 20](#) shows that as people's reported *capabilities* increase, so does their well-being. Every point in the figure represents an interviewed person. The line in the figure shows the direction in which the relationship between *capabilities* and well-being goes in the data. Since the line is increasing, it can be observed that the individuals who report low levels of ability also report low levels of well-being. On the contrary, those who believe to a greater extent that the service promotes capabilities also report high levels of well-being. This result shows how important it is for services to allow the people to express their preferences and live according to their values, ensuring self-determination, security and empowerment. In fact, the people who claim to be able to do this the most within the service, also report better mental health.

FIGURE 20: Capabilities and well-being

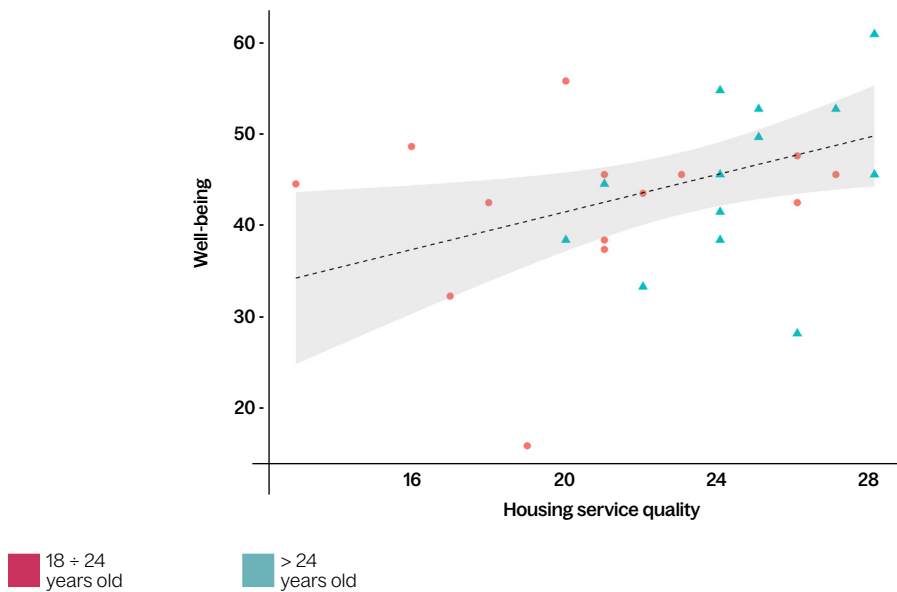


- 65 The colour and the shape of the points on the graph are divided by age. The younger people (<24 years old), report that the service helped them less in developing their *capabilities*; it is important that the service is structured so that it considers the specificity of the young and often more vulnerable individuals.

4.2. Quality of Housing Service and Well-being

- 66 The *housing* service quality (see [PARAGRAPH 58](#)) is also fundamental for ensuring high levels of well-being. [FIGURE 21](#) displays how people who declare they are happier with the quality of care also report high levels of well-being. This result suggests that investing in high quality shelter services can significantly improve mental health and well-being for those who benefit from it.

FIGURE 21: Quality of Housing Service and Well-being

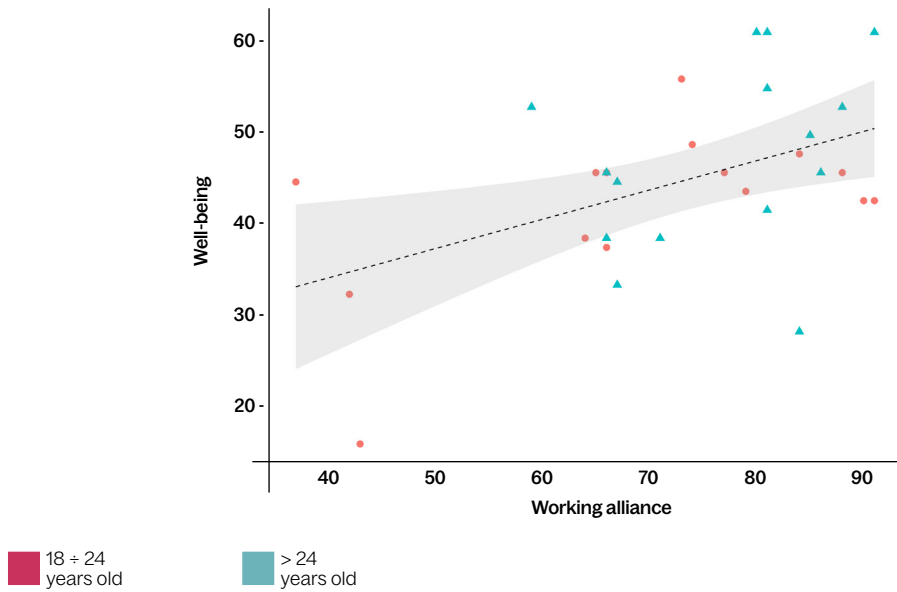


67 The points on the graph are divided based on age. Younger people tend to report low levels of *housing* service quality. This could be due to the fact that young people have a harder time perceiving themselves as unhoused, since they often find themselves entering these facilities immediately after having lived in their family home. Such a feeling probably leads them to experience other low-threshold services less frequently, and to have no yardstick against which to compare the quality of care. At the same time, it is worth noting that younger people have often experienced shorter periods of *homelessness* and therefore they may still have very high expectations about their housing situation.

4.3. Working alliance and well-being

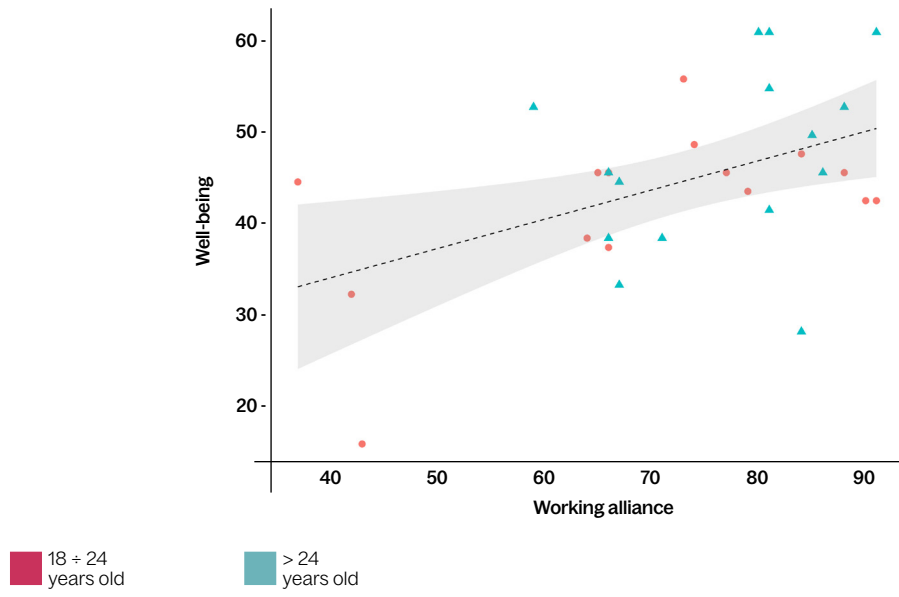
68 FIGURE 22 displays how high levels of *working alliance* (PARAGRAPH 56) appear associated to higher levels of well-being. This shows how important it is to adequately train people who work in shelters and who offer the services to those who need them. The level of complicity and alliance that is established in shelters can be a determining factor in the mental health of those who are staying there.

FIGURE 22: Working alliance and well-being



- 69 High levels of *working alliance* are not only associated with high levels of well-being, but also with effective levels of *mastery*, meaning the level of control a person believes they have over their situation. Although significant stigma levels and prolonged housing insecurity can negatively impact one's sense of control, [FIGURE 23](#) illustrates that individuals who report high levels of *working alliance* tend to also state high levels of *mastery*. Once again this suggests the importance of the alliance with the staff regarding the individualised pathways of LGBTQ+ guests at reception centres.

FIGURE 23: Working alliance and mastery



5

IMPLEMENTATION OF SERVICES

- 70 Given the results of this study, it is clear that the population interviewed has salient and particular characteristics. These have a major impact on the choice of personnel to be employed and services to be activated when planning dedicated shelters or refuge houses. Above all, most of the individuals identify as trans or non-binary people.
- 71 Beyond that, people entering the shelters tend to be young, they are usually at a stage in life that is dedicated to education or entering into the world of work. In fact, most do not have a steady job, and many have to finish a course of study. Consequently, it is essential that the shelter staff is competent in encouraging well-being for young people with a common experience of discrimination, abandonment and rejection by family or other significant contexts. It seems necessary to build new reference points and role models in the relationship with staff, based mainly on active listening, identification of specific needs and trust, fostering self-determination and the confident exploration of one's own identity.
- 72 In addition, most of the individuals interviewed were not born in Italy, and 24% have sought or received asylum. It is important that the staff working on reception projects can provide support in various languages or offer possibilities of intercultural mediation to plan a pathway to autonomy, *empowerment* and shared well-being.
- 73 Before entering a shelter, the interviewees were without a stable home, but only a small number had actually slept outside. Most had stayed with friends or family members, a situation that cannot be considered a long-term solution. It is therefore necessary to raise awareness in different contexts on how this is an invisible phenomenon, often hidden within the homes of relatives and acquaintances.
- 74 All individuals have experienced some form of stigmatisation and discrimination prior to entering into a shelter. In fact, they report alarming levels of experienced, perceived and interiorised stigma. *Minority stress* can result in long-term mental health problems, making sociality, love life, along with looking for a job or a home particularly difficult.
- 75 Given the high levels of *minority stress* to which the LGBTQ+ population is subjected in Italy, there is an extreme need to implement reception services offered by the shelters. Shelters for LGBTQ+ are strongly based on individualised accompaniment services and oriented towards a multidisciplinary approach. The specific *expertise* of workers on LGBTQ+ identity represents a fundamental tool for responding to the needs that emerge from this target and for developing personalised educational plans that promote autonomy and *empowerment*. The shelter homes and their services offer the opportunity to express oneself, feel safe, develop skills and live ac-

ording to one's values, providing time and a way to regain control over one's life and hope in a better future. This corresponds to higher levels of well-being and mental health in people who stay in the shelters. Working on trust, alliance with the staff, consolidation of personal identity and on building autonomy and self-efficacy is therefore a fundamental job of the shelters which respond, not only to primary emergency needs, but help individuals to be fulfilled, have self-determination and find a new sense in one's life.

- 76 Although the PRIDE network centres promote the well-being of fragile individuals with tangible results, they often find themselves juggling limited funding, limited resources and the complexities of precarious work in emergency situations, in addition to an increasing demand for their services. This is accentuated by the fact that these centres are often *community-based*, so their main sources of funding are donations, since they come from projects of LGBTQ+ associations. The shelter homes encounter difficulties with official accreditation and recognition of the need for reception services by existing institutions, as their category of clients does not fall within the cis-heteronormative criteria of existing laws.
- 77 Concrete recognition of the critical issues faced by the shelters from the policy makers would allow for an increase in the number of beds, which are currently insufficient for accommodating all the people who would need them. In addition, this acknowledgement would help enhance the effectiveness of existing services. For example with more funding it would be possible to extend the length of stay in a shelter for the people in more complicated situations. Instead of having to resort to referring to other services (and often located in other territories) this could allow for a continuous pathway, along with greater stability and connection to the local community. Furthermore, increased funding would enable the implementation of additional services such as substance abuse treatment, even in centres that currently lack them.

6

PREVENTING AND COMBATING LGBTQ+ HOMELESSNESS

6.1. Critical Areas for Prevention

- 78 Regarding experienced and perceived stigma, the answers that the interviewed people gave clearly identify critical contexts where these individuals regularly experience discrimination. Prevention is the most effective and efficient tool for dealing with the problem of discrimination, targeting the cause and avoiding the worst consequences over the long run. The contexts in which prevention should be most focused are the family, the workplace and the search for housing.
- 79 The family is the environment in which more interviewees experience stigma and discrimination. According to the data collected from this study, 70% of respondents state that they have fairly or totally experienced stigma in the family context. This is the first place where individuals, often very young, are subjected to discrimination. The family should be a safe haven and a foothold, but often it turns out to be the first place where one is excluded or marginalized. Thus, it is clear that working on prevention at the family level is necessary.
- 80 Another setting that is critical from the discriminatory perspective is the work place. 50% of respondents experienced stigma at work or while searching for a job and 60% say they have perceived stigma in the same situations. Furthermore, work is essential to access economic resources needed for survival, especially if the family does not provide support in this regard. This underlines the crucial importance of diversifying the settings which need to be educated and sensitised toward respect for sexual identities and negative consequences of discrimination. Thus going beyond the important work in schools and families, and reaching out to work environments (i.e. businesses, cooperatives, public offices, temporary help agencies, help desks). This applies to both the public and private sector, with a focus on the process of job search and placement, which are often delicate phases that young people face.
- 81 Finally, yet another critical context is the search for accommodation. Without a stable financial income and without family support this is already difficult. However 40% of the interviewed individuals state having encountered discrimination in this area as well. This exposes people from the LGBTQ+ community to a high risk of housing insecurity. Therefore another key environment in which to work on prevention is the housing market and services supporting the search

for a home (e.g. real estate agencies, property owners' associations), that have an enormous responsibility in determining the future prospects of those who turn to them.

6.2. Staff Training

6.2.1. Trainees

82 Based on this research, a training proposal was drawn up that is aimed at:

- Social workers (specialised in social sciences, psychology and/or educational psychology) that communicate with individuals in need and dealing with social marginalisation, in particular for those who work in dormitories, night shelters, *housing led* or *housing first* services, CAS (Extraordinary Reception Centres), SAI (Reception & Integration System), street units, canteens, showers, or other low-threshold services;
- People in training (study, voluntary work, internship), for example through partnerships between organisations and job-degree courses in social and health services, with the aim to increase preparedness for working with complex, high-need populations;
- Staff that provides direct, individual support to clients (i.e. public help desks, law enforcement agencies, cooperatives, temporary employment and estate agencies, property owners);
- Families of LGBTQ+ people (or taking in LGBTQ+ youth in foster care through social services);
- Schools and all related professionals.

6.2.2. Organisational characteristics of training

83 Training should be compulsory and continuous, at least during the first 3 months of employment. It should be carried out in its entirety and not only partially.

6.2.3. Expertise/professional figures who should provide training:

- Figures with professionalism and certified experience in the fields of social services and social sciences, reception of LGBTQ+ people and/or migrant persons, reception of unhoused individuals;
- Training should include coaching and testimonials from LGBTQ+ associations that have previous experience in reception and *housing* projects;
- Scheduling peer group activities (such as self-help groups) can be run by the staff of organisations belonging to the LGBTQ+ community, maintaining the criteria of professionalism and specialisation in the psycho-social-educational field as central.

6.2.4. Content

Particular attention and care must be paid to the more marginalised populations (most of the people who turn to shelters) and to the intersection between diverse identities and levels of victimisation: trans people, non-binary people; migrant and/or racialised LGBTQ+ individuals, without documents, asylum-seeking or refugee persons; young LGBTQ+ people or adult LGBTQ+ people who have spent a long time experiencing homelessness; LGBTQ+ individuals who are victims of gender and domestic violence; intersexual and asexual persons; disabled LGBTQ+ people; individuals involved in the penal system; people that have had experience with the use of narcotic or psychotropic substances.

84 A structured path is suggested, adaptable to different contexts and participants, with the addition of a technical module dedicated to professions in psychological and legal fields. Below is the outline of the training course (in an experimental validation phase) designed starting from the results of this research.

<ul style="list-style-type: none"> ■ <i>LGBTQIAP+... Language and identity basics.</i> ■ <i>Let's deconstruct (ourselves): between privilege and minority.</i> ■ <i>Minority stress and health consequences.</i> ■ <i>Inclusive communication in reception.</i> 	<ul style="list-style-type: none"> ■ <i>Housing insecurity and LGBTQ+ migrants: what is the relationship?</i> ■ Health of trans people, pathways of affirmation and services ■ Legal aspects for supporting trans and non-binary people ■ Affirmative psychotherapy and trauma-informed approach.
<ul style="list-style-type: none"> ■ Inclusive spaces, practices and regulations for LGBTQ+ clients. ■ Accessibility of low-threshold services in the area. ■ <i>Relationships, networks, communities: challenges of intersectionality.</i> 	<p>For services specifically aimed at LGBTQ+ recipients:</p> <ul style="list-style-type: none"> ■ How did the Queer movement begin? Tools for advocacy. ■ Protective factors for the LGBTQ+ community.