

# **Protecting women with multiple and complex needs from gendered violence: Impediments to obtaining and maintaining safe and secure accommodation in a European context**

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## **Key Messages**

This article emphasises:

The impact of safe and secure accommodation on the lives of women with multiple Needs

The importance of continued support for women accessing accommodation

The need to sustain programmes to provide accommodation and support to women with multiple needs

## **Abstract**

The aim of this article is to identify the key impediments to accessing and sustaining safe and secure accommodation by women with multiple and complex needs within a European context. Women with multiple and complex needs are particularly vulnerable to various forms of violence against them and homelessness is often one of their particular needs. The European context is important because ending violence against women is a key priority of the European Union yet this particularly vulnerable group has largely been overlooked in key strategy. This research was part of a European Union-funded project and a pragmatic, phenomenological approach was taken to the research, employing interviews of key stakeholders (women and professionals who work with them) from five European countries. The key findings, using Maslow's hierarchy of needs as a framework of analysis, were that accommodation is a key requirement for women with multiple needs to receive the treatment they need. However, simply providing safe and secure accommodation is not enough: a co-ordinated, wraparound service is required to ensure women successfully address their multiple needs and are empowered to sustain their tenancies and, ultimately, become self-actualised.

## Introduction

There is an increasing body of evidence that women with 'multiple and complex needs' are amongst the most vulnerable to gender-based violence and that this rather distinct group of women have particular barriers to getting the support they need in all areas of their lives (Harris and Hodges, 2019). However, there has been surprisingly little work that focuses on their accommodation needs and how to sustain their tenancies, particularly within the European context, where there is an increasing focus on reducing violence against women. This article explores the key impediments that this group of women encounter when attempting to access secure accommodation across the European Union and the European Economic Area. These impediments are identified and discussed as seen through the eyes of women themselves and the workers who support them. At the core of this discussion is the premise that whilst social housing is, according to the European Parliament (2013), a fundamental human right and that accommodation is a safety need near to the base of Maslow's (1943) 'Hierarchy of Basic Needs' and indeed the principle of 'Housing First' (Pleace and Bretherton, 2013), wraparound support is essential to ensure that women with multiple and complex needs are enabled to maintain their tenancies, regain a sense of self-esteem and move on to live fulfilled or 'self-actualised' lives. The provision of safe, affordable housing as Clough et al. (2013) argued, is the foundation for any initiative that seeks to improve the life experiences of the most vulnerable women in society and a means of exiting situations of violence.

The term 'multiple and complex needs', as Harris and Hodges (2019) have argued, has seldom been defined with any clarity, primarily because of the complexity of the issues covered by the term. The conceptualisation by Rosengard et al. (2007) highlights the multiplicity of terms that indicate the complexity of the challenge in providing support from this group of individuals. The use of the term is arguably the result of growing recognition that many of the most vulnerable and chaotic individuals have a range of needs that are interconnected. In the context of the United States, Zweig et al. (2002: 162) discussed the role of what they called 'multiple barriers' (listed as: incarceration, substance abuse, mental health issues and sex work) in preventing women from accessing support services and observed that this issue had only been recognised over the course of the 1990s. In the United Kingdom this list of barriers has been paralleled by definitions such as that of the Fulfilling Lives' project, that individuals with multiple needs are those 'who experience two or more of homelessness, current or historical offending, substance misuse, and mental ill health' (Fulfilling Lives, 2019), whilst Lankelly Chase has placed needs in three main 'disadvantage domains': offender services, substance misuse services and homelessness services (Bramley and Fitzpatrick, 2015: 9). Rankin and Regan's definition of 'complex needs' (2004: i) as a 'framework for understanding multiple interlocking needs that span health and social issues', has been influential on the development of further conceptualisations. In particular, Anderson's conceptualisation of 'multiple needs' (2011:3), as a 'negative dynamic' is based on an understanding that multiple needs are not only interrelated but also interact with each other in a downward cycle.

The individual areas of 'need' listed above have, of course, received much attention in recent decades from the perspective of gender-based violence. Research on women prisoners has highlighted that this group of women report particularly high levels of gender-

based violence and abuse (Crewe et al, 2017; Hester, 2013; Malloch and McIvor, 2011). Indeed, several researchers have argued that gender-based violence and abuse is the driver of much of women's offending (Prison Reform Trust, 2017; Crewe et al., 2017; Hester, 2013). Intimate partner violence is prevalent also amongst couples with substance issues (Kraanen et al., 2015). The link between homelessness amongst women and domestic violence has long been made (Malos and Hague, 1997) whilst gender-based violence has been found to be a particular problem amongst rough sleeping women across Europe and further afield (Moss and Singh, 2012; Moss, 2018). In each case, links are made with other areas of need: women prisoners are noted to have drug and mental health issues. Homelessness has been observed to be a huge challenge for women on release (Prison Reform Trust, 2018; Macdonald et. al., 2012).

An environment of accessible, appropriate, safe and affordable accommodation is crucial before a woman can start to deal with social needs, both practical, such as dealing with financial difficulties and health needs, including addictions, mental health, self-harm and, as highlighted by the WHO (2-14:160), post-traumatic stress disorder (PTSD) resulting from gendered violence and substance misuse. Housing is primarily situated as one of Maslow's 'safety needs' (1943: 158) and has been the principle behind the Housing First approach that has been popular in recent decades (Pleace and Bretherton, 2013). Safety and security routinely appears in the interviews as being a fundamental issue for the women as they are and often remain at risk of violence from partners. Hence, drawing on and adapting Maslow's (1943) 'Hierarchy of Basic Needs' it is possible to develop a model that illustrates how provision of safe and secure accommodation facilitates the process of engagement with services and support (See Figure 1).

[INSERT FIGURE 1 HERE]

The issue is clearly one of concern in the European context. The World Health Organisation Europe (WHO, 2014:159) has highlighted that women prisoners, across the European Union and the European Economic Area experience high levels of gender-based violence. Concomitantly, FEANTSA (the European Federation of National Organisations Working with the Homeless), has consistently argued that women with multiple and complex needs are most likely to be homeless and forced to find inappropriate accommodation or sleep rough, thereby becoming further endangered (FEANTSA, 2015; 2007). Also common to much of the northern regions of the European Union is the implementation of the 'Housing First' approach', an approach which is popular but there are concerns that the support provided is not at the levels required by the original New York model (Pleace and Bretherton, 2013: 23). Similarly, social housing across the EU has increasingly been characterised by huge diversity: the European Parliament has stated that 'there is no common definition of the term "social housing" across Europe... The semantic diversity implies huge differences in the levels of social housing present in each country' (European Parliament, 2013: 8). Scanlon *et al.* (2015:17) have highlighted the increasing pressure on resources for the provision of social housing across European Union member states and that 'very vulnerable households continue to be accommodated ... in the private rented sector. The use of this sector for the most vulnerable households, including those in acute housing need, appears generally to be increasing.'

Women with multiple and complex needs as a group are missing from key European strategy and policy relating to violence against women and housing. Indeed, neither the Istanbul Convention (Council of Europe, 2011) nor the *Charter of Fundamental Rights of the European Union* (European Union, 2012), which includes discussion on housing, mention this group specifically. Of particular importance to this research, therefore, is a focus on the Istanbul Convention's purposes 1a (protection of women against gendered violence; 1c (designing a comprehensive framework for the protection and assistance of women victims; and 1e (supporting organisations and law enforcement agencies to co-operate effectively).

## **Methodology**

The research was undertaken as part of an international project, 'From Street-to-Home' funded by the European Union (Directorate General Justice of the European Commission, Daphne Programme). The aim of the project was to investigate the lack of an integrated approach to housing and on-going social support for women at highest risk of being victims of violence. The project comprised five working partners, each of whom was charged with conducting the research in their respective countries (Bulgaria, Germany, Norway, Spain and the United Kingdom). The partnership reflected the diversity of the European Union and the European Economic Area and the interviewers were, as experienced researchers, familiar with the culture, traditions and languages of their own countries. However, the research was underpinned by a concern to hear the voices of the most vulnerable women about their experiences of gender based violence and accessing housing and other services. Where possible, a participatory research approach was taken in which researchers worked with professionals in the field (Skinner et al., 2005, p. 11) to identify key areas to explore with women with multiple needs.

The research took a phenomenological approach aimed at exploring what van Manen (1997) calls 'the lived experience' of women and the professionals who support them, that is, exploring the meaning of such experience to the participants themselves. Phenomenology has become common in feminist health and social care research in the last three decades and is helpful in providing participants with a platform to talk about their experiences and tell their 'story' (Wilson, 2015; Merrill and Grassley, 2008; Wimpenny and Gass, 2000). Storytelling, as Merrill and Grassley (2008:140) argue, 'allow... us to hear the voices of women describing their experiences'. Phenomenology, as Wilson (2015:41) argues, 'empowers people and promotes understanding of others by allowing the lived experience to be experienced vicariously' and can provide insights that can inform and develop practice.

Consequently, in-depth interviews were used as the most effective and appropriate method of exploring both the experiences of the women and support workers. In-depth interviews are, as Wimpenny and Gass have observed (2000:1487) the 'main method of data collection in phenomenological research' as it provides a 'situation where the participants' descriptions can be explored, illuminated and gently probed'. The research team undertook in-depth interviews with women with multiple and complex needs and the workers who support them.

In total, 84 women were interviewed from across the sample countries. In the UK, a further 13 case studies of women who, due to their very chaotic lifestyles and drug use would not be in a position to provide informed consent were developed from interviews with their caseworkers. The sample of women interviewed included women who had experienced violence and abuse, been trafficked, women with problematic drug and/or alcohol use, women offenders, women with mental health issues and women engaged in sex work (See Table 1).

[INSERT TABLE 1 HERE]

Other key stakeholders interviewed by the project partners were representatives from organisations involved in programmes delivering accommodation and associated support services to women with multiple needs. Where available, other stakeholders were approached, including from the criminal justice service. In total, seventy-nine key stakeholder interviews were undertaken (See Table 2).

[INSERT TABLE 2 HERE]

In common with most social research, participants were approached through gatekeepers (Harvey, 2004-19). The women in the sample were approached primarily through referral from women's centres (UK), homeless women's hostels (Spain), day centres (Norway), domestic violence refuges (Bulgaria and Spain), approved premises (UK) (hostels for women released from prison on orders or on bail). Social workers (Spain) referred some women and some women were referred by the women interviewed particularly in Norway. Care was taken to ensure that the women interviewed understood what the interviews were about, that they had given informed consent and that support after or during the interview was available.

### *Ethical considerations*

The nature of this research was sensitive and as such had clear ethical considerations: it dealt with sensitive issues facing both the women with multiple and complex needs and the workers who support them. As Wilson observes (2015:42), 'phenomenology intrudes on people's private worlds' and as such, the sensitive nature of the research required clear ethical guidelines, confidentiality procedures and guarantees for all participants. The women and other stakeholders were fully informed of the purpose of the project, asked for their informed consent and were told that their responses would be treated confidentially, that data will be kept securely and that they were able to withdraw their participation at any time. The women whose stories are reported here have been given pseudonyms to guarantee their anonymity. Whilst incentives were not given in the form of money or vouchers, every attempt was made to make the women comfortable, speaking with them in familiar and safe contexts, primarily the women's centres they were attending, and providing warm drinks and snacks.

## Findings

A thematic analysis of the interview data highlights a range of impediments women with multiple and complex needs face when accessing accommodation and wraparound support. The stories of the women and the support workers suggests that the differences in understanding of social housing in different countries has an influence on provision, as well as the availability of such accommodation. Understanding the particular needs of women with multiple and complex needs is clearly vital to provision and it appears that not all authorities understand these needs. Along with a failure to understand the needs of this group of women comes a perception amongst individuals and agencies that the women are 'difficult' and this can affect the provision of supported housing. Underpinning much of the discussion of provision of support and accommodation is the challenge of funding, especially in a context of cuts in public funding highlighted by Westmarland and Kelly (2016).

### *Definition and availability of social housing and support*

The observation by the European Parliament above (2013) that there is little common definition of social housing across Europe is reflected in some of the interviews. Indeed, in Bulgaria, a social worker explained that 'actually, social housing does not exist.' However, for most of the interviewees, the issue seems to be rather about the availability and quality of housing. In the UK, a support worker described a situation in which the limited availability of good quality accommodation was problematic: '...the lack of decent accommodation in Birmingham—it's a massive issue, especially accommodation that's fit for families and not one-bedroom flats in high rises, which is a reality for a lot of families.' Ultimately, an on-going problem for women with multiple needs, as highlighted by Dwyer et al. (2015: 16) is a shortage of appropriate accommodation.

The interconnected issue, highlighted above by Scanlon et al. (2015), that providing accommodation for the most vulnerable families is increasingly left in the hands of the private renting sector, is also apparent in the interviews. Several women across the partnership countries refer to the problems they have had paying for decent accommodation. Anna, a woman in Germany, said, simply: 'no work, no home; no home, no work'. Ivanka, a woman in Bulgaria, who was staying in a crisis centre, said 'I feel safe here [at the centre] but I cannot stop thinking about going back - it is awful for me. I do not have my own home, job - I should live on the street and beg.' Some of the women described how they were evicted for failing to pay rents, usually as a result of drug use. Dorothea, a woman in Germany, described how she and her partner could no longer pay the rent due to their drug use and they were evicted. She said that 'I lost everything since it was not possible to move my things... My ex-husband and I, we had to live on the street for a while.' This situation is encapsulated in the observation by a Norwegian support worker: 'if you get a roof over your head and cannot manage to pay the rent or anything else, what will happen is that you will lose the roof over your head after a period of time.'

For women who have left the family home with their children, there can be issues arising from shared accommodation being inappropriate. In Bulgaria, Ivana reflected: 'How will my children grow up to be normal if we have nowhere to live ...shelters, or shack up with other

people, selling and taking drugs...’ Even where flats are available, as noted above by the support worker in the UK, they are often not appropriate:

[Tower blocks are] not an ideal environment to be living in when you’re trying to stop using drugs or trying to stop drinking or you’ve got mental health needs and you’ve got people downstairs having a party at three in the morning. The high rises are notorious.

The interviews highlight what women and support workers regard as appropriate accommodation. It is clear that appropriateness varies according to different personal situations. As Dwyer et al. (2015: 11) highlight, the first need is to secure accommodation that is safe and secure from violence. Women have expectations and dreams of their ideal home but their common concern is that it is safe and secure and that they are able to lock the door. A woman in Bulgaria reflected: ‘What makes me feel happy? I do not have some fantastic dreams, just my own home, some money...’ Another Bulgarian woman said: ‘I do not have too many expectations - a small apartment, job with acceptable salary...’ For Helga, a German woman, her dream was to be stable and free of drug addiction but linked this firmly to supported housing and employment: ‘I need accommodation, social support and especially a job to be able to stay stable and clean!’

In the UK, a professional working with women with particularly complex needs explained:

These women are scared and to some people they are scary people but half the time it is just a front; it is a layer of protection that means they can survive on the streets. You chip away at that and they are like caramel inside, soft as anything and all they want is a hug and a nice hearty meal, a warm bed and not have to worry about what they are going to do about cash or a meal the next day or to find a bed.

Such stories highlight the need for a degree of social support for women with multiple needs in obtaining and maintaining accommodation. Some interviews, which reflect on life in supported housing, describe generally positive experiences. Frieda, a woman in Germany, for example, now lives in a rented flat, paid for through social security and ‘is also getting home-based family support and keep[ing] in touch with the social workers of the women’s shelter who organise a get-together for former residents.’ In the UK, Amanda described how positive she was about moving into her own supported accommodation:

When I move into my new house I will have two support workers one from the housing association and one from ARCH. ARCH is a group that helps with furniture etc. I got the property because of all the support I will be getting. The support is definitely what I need as without the support...not sure what I would do as they help me with sorting things out, like bills, as I tend to forget things.

The importance of continuing such support is also necessary. In the case of Bulgaria, comments indicate that support may be available in a crisis centre but this does not continue once the woman moves out. A social worker in Bulgaria said: ‘Because they have nowhere to go, and there is not effective social housing, after leaving the crisis centre, the women most

often return to their old family environment, and this is harmful to them in cases of domestic violence...'

### *Understanding of the particular needs of the women*

The interviews with women and their support workers indicate that there is a general failure amongst some support services to understand the needs of women with multiple and complex needs, reflecting the issues raised by Zweig et al. (2003) and Rosengard (2007). The interviews highlight that misunderstandings are complex and may include simple lack of awareness of women's needs; government policy changes that fail to take account of particular needs of this group of women; organisations placing conditions on the rights of women to stay in a particular form of accommodation, when for individuals, such conditions are impossible to achieve. In all these cases, women need support but, as a crisis centre manager in Bulgaria observed, 'planning the services we should take into consideration everything - age, ethnicity, family status, parenting, age of children...No universal support fit for all of them.'

It is apparent from the interviews that there is a concern that some authorities are unaware of the complexity of the needs of the women and that they have serious issues. As a professional in Norway observed, 'it's strange that those who work with these women are not aware of the pathology, of just how damaged the women are.' An example of how important simple lack of awareness of the needs of women with multiple and complex needs can have an impact on practice emerged. Interviews in Germany and the UK highlighted the importance of pets, particularly dogs, to homeless women. In the UK, a support worker noted that it was not normally permitted for women to bring their dogs into homeless shelters which may deter women from staying at shelters. One hostel in Birmingham, it was observed, recognized this need and changed its policy to allow women to keep their dogs in the hostel, but this is apparently a rarity.

One challenge is the way government policy is made and the impact of changes on the women. A support worker in the UK encapsulated the challenge, arguing that the UK government was 'cutting off benefits; you make a choice whether you pay your rent or feed your children—eventually you lose your home, you then lose your network. It's the complexity of the services interface that we are not responding to rather than the complex needs.' Provision of housing on its own is often not enough for women with multiple and complex needs: wraparound support is usually required to cover a range of issues facing the women. Interviews with the women highlight that life in homeless shelters is often not a positive experience because there is not enough monitoring and support within such accommodation, an issue highlighted by Nettleton et al. (2012).

Second, the interviews frequently highlight that authorities, especially the criminal justice system, do not take multiple needs into account when making their decisions. The police, in particular, are criticised by women and workers alike. There are several stories about women's wariness of the police because they did not accept or act on information from the women. When women are arrested, courts are reported as not always sensitive to particular issues around domestic violence and mental health issues. In particular, some of the women have been convicted for offences that resulted from their being in abusive relationships



(Crew et al., 2017). The impact of domestic violence on women and the crimes they committed were often not taken into account by the courts, reflecting the Prison Reform Trust's (2017) findings, as this case in the UK shows, reported by a support worker, where a woman 'was with the [abusing] man till she was in prison for a year and he got four years. She was in prison for child neglect. The DV was obviously not taken into account.'

However, it must also be noted that some interviews, particularly in Germany, Norway and the United Kingdom, assert that prisons can, ironically, be places of safety, aligning with the notion presented by scholars such as Grace et al. (2016). This is despite the dangers of reinforcing abuse and infantilisation highlighted by scholars such as Crewe et al. (2017: 1370-71). A woman in Germany, Carla, felt that her period of imprisonment was 'my saving ... [at] 19, I was imprisoned: once there, I decided I wouldn't get back to this [violent] guy. In this case, I have to say that the prison freed me from him!' For Janine, a woman in the UK, prison was where she received treatment for underlying conditions. She recalled that 'I had lots of counselling in the prison. I could do with some help with my disassociation now. I can't even explain it to my family. I need help to understand that and my feelings. It was the relationship [with the abuser] that sucked the life out of me.' The UK responses to prison are mixed, however. Some women refer to the fear of prison and others refer positively to the support given by other women prisoners whereas the staff and management are criticised. One woman referred to prison as 'shit'. In Spain and Bulgaria, reflections on the experience of prison were entirely negative, suggesting the services that helped the women in the UK example were not available.

Third, interviews indicate that women are often put off from seeking help and support because of stigma and shame, reflecting Maslow's 'esteem needs' as well as the wide literature on shame and women who have experienced gender based violence (Buchbinder and Eisikovitz, 2003). The women are concerned about what other people think of them; they have little self-worth and self-confidence. This, according to Maslow's theory, 'give(s) rise to ... basic discouragement' (Maslow, 1943: 162). The women also highlight experiences they have had of negative responses to them: bearing out research by Stalker et al. (2005) that some health care professionals and criminal justice officials view them as being 'difficult'. However, self-actualisation, or fulfilment, is referred to by support workers but seldom by the women themselves: perhaps because they can only dream of this at this stage in their lives. In most cases, even employment, which is not regarded by Maslow as a self-actualisation need, is only a tentative dream.

There are indications throughout the interviews of the labelling, stereotyping and discrimination highlighted in Link and Phelan's (2001) conceptualisation of stigma. This includes the women's feelings of personal shame; sometimes women are considered to have dishonoured their family. For example, a woman in Bulgaria said that 'My family and relatives do not approve I am looking for help...It is a shame for them...'. In Germany, Dorothea said that 'my family was ashamed' of the fact that she was having psychological treatment. In Norway, a support worker describes how women come to feel that they cannot ask for help:

They're ashamed of [what they have done] so ... they blame themselves ... And they're almost certainly used to not being taken seriously when these things happen

to them. And the fact that they don't get any help. ... To be quite honest I don't think very many of these women ask for help.

Shame, as Baker argues (2013: 166) is a powerful 'a self-regulatory practice of male power has been shown as having a range of detrimental effects upon women who experience male violence in intimate heterosexual relationships.'

### *Difficult clients*

The support workers frequently reflect on the complexity of the women's needs. In Bulgaria, for example, a social worker highlighted the variety of different needs of individual women: 'Pregnant and parenting women have one kind of needs, those who are alone do have completely different needs.' However, there is, in the stories, a perception that those in the target group are difficult. A support worker in Norway reflected that 'these are women who often come into contact with social support rather late .... They don't easily seek treatment'. Another support worker in Norway observed that 'some of these women are difficult to help. Some of them often have considerable mental problems. Then it's difficult to find a home for them. There should be a separate initiative where they aren't met with prejudice.'

The interviews indicate that professionals in some support services view women with multiple needs as difficult or, as Harris and Hodges (2019: 3) observe, they can be seen as 'problematic people'.. Prejudice is clearly a challenge as highlighted by a Spanish support worker: 'gender-based violence against this group of women is ignored because, rather than being victims ..., they are crazy, they are drug addicts, they have lost all the dignity because they are on the streets.' Liv, a woman in Norway recalled how, whilst reporting an incident of domestic violence against her, a policeman 'bends over me and says, "We're just so fed up of listening to your pathetic stories" and a few days before I'd heard on the radio that if you're the victim of violence you must tell someone and it's important to report it.' This ties in with research that has found that some health care professionals have viewed people with multiple needs as being 'difficult, untrustworthy timewasters' (Anderson, 2011: 10) or, as Stalker et al. noted (2005: 367), 'staff ... reportedly used words like 'manipulative', 'attention-seeking' and 'demanding' to stereotype people' with multiple needs.

Even if not clearly motivated by prejudice, many women with multiple and complex needs seeking and receiving treatment face conditions to their accommodation that they find difficult to meet. For example, in Norway, Signe explained that she 'would almost certainly not be admitted to the crisis centre again because they exclude substance abusers and people on medication-assisted programmes.' The same informant had tried to attend a Hieronimus course for women who wanted to get out of a violent relationship. She recalled: 'She just said that you can always come back next year when you're drug free.' In another Norwegian case, the support worker recalled that 'the case officer accompanied [a woman] to the interview at the treatment institution and she was asked ... "How motivated are you?" ... She wasn't motivated at all. "Right, then there's nothing for you here."'

## *Funding issues*

The interviews with support workers frequently mention a lack of resources available to address the housing and social issues of women with multiple and complex needs. The shift, already indicated, from state provision of housing to private landlords, has partly been the result of cuts to local authority budgets in the context of austerity policies, as highlighted by Westmarland and Kelly (2016). Interviews with support workers also highlight problems with burnout amongst staff resulting from staff shortages along with a lack of resources to support the women. In the UK, one of the professionals talks of pressure on finances and having to achieve set targets:

In general the women's sector in Birmingham is not funded very well. It's very target driven; women with complex needs don't fit the agencies' target. Won't always take them on; suspicion is that they take on the clients because they can say they have the number on their books but don't have the resources to deal with them.

One way of managing the lack of resources is to work in partnership with other agencies, following a case management approach as encouraged in the prison, probation and health sectors. Such an approach is implicit in much of the work on multiple needs (Dwyer et al., 2015). Several interviews indicate that there is often a failure to work collaboratively between agencies, reflecting Dwyer et al. (2015) findings in the UK that services failed to work together effectively. A social worker in Bulgaria said that 'you should have an effective referral tool but we do not have... if we do not work in partnership we cannot deliver effective services for those with multiple needs - we provide one type of services, others provide different ones, we should complement each other'. The importance of multi-agency partnership working is clear but it seems remarkably patchy in implementation (Harris and Hodges, 2019; Macdonald et al., 2014).

## **Conclusion**

Maslow was careful to emphasise that the basic needs are all inter-related and cannot be simply separated and in this way supports the more recent conceptualisations of multiple and complex needs discussed above (Maslow, 1943: 165). The interviews with the women reflect these definitions of multiple and complex needs. The women describe a range of issues that are inter-related and are impossible to disentangle; however, homelessness appears in their stories as an underpinning issue for all the women and one that is the result of the other issues. Also applicable to the women is Anderson's (2011) notion of multiple needs being interlocked into a 'negative cycle': a positive exit from lives of violence and abuse can be provided by the provision of housing with social support through careful and dedicated partnership working between key agencies.

The interviews reflect a remarkable commonality of experience across the five countries sampled in this research. Women with multiple and complex needs generally appear to face similar issues in obtaining and maintaining accommodation and the social and health support that they need. The interviews highlighted the importance of housing as a foundation for women with multiple needs to be able to begin the process of engagement

with services and support and start the process towards living fulfilling lives. The stories highlight the interconnectedness of the issues facing this group of women and that the struggle to find an appropriate home that is removed from the threat of gender-based and abuse violence plays an important part in their stories. Using Maslow's hierarchy of basic needs provides a useful lens through which to see the women's stories as it highlights not only the need for decent housing but also shows that the women's basic needs in other areas are not being met. In this context, women with multiple and complex needs are unable to address their many issues and ultimately to lead fulfilling lives that contribute to society.

This indicates that, at least to fulfil three of the purposes of the Istanbul Convention – to protect women from gender-based violence and abuse, to design a comprehensive framework of assistance to victims and to support organisations and law enforcement agencies to co-operate effectively – a common policy is needed across the European Union and European Economic Area to ensure that, for the most vulnerable women in society, individual states provide accommodation with wraparound social support. The interviews have highlighted that currently, such arrangements are not generally available across the European Union and the United Kingdom and the few facilities that exist are not accessible to all women with multiple and complex needs.

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### **Funding Details**

This work was supported by the Directorate General Justice of the European Commission, Daphne Programme under Grant Agreement Number: JUST/2011/DAP/AG/3127.

### **Conflict of interest**

The authors declare that there is no conflict of interest.

### **Acknowledgements**

We would like to thank all partners involved in the project and are particularly indebted to our interview participants who took time to share their experiences with us.