FEANTSA

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Factors Contributing to Vulnerability Among Destitute Mobile EU Citizens in Brussels

Credits

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Introduction

In many European cities, mobile EU citizens make up a significant proportion of the homeless population and, where access to homeless services is limited to those who have the right to reside, their presence among the rough sleeping population is very high. Individuals who, in exercising the right to free movement, become destitute in another EU Member State are often unaware of their rights and struggle to find adequate support. They therefore risk exposure to ever-worsening living conditions.

One of the main problems that FEANTSA has observed in recent years is the lack of comprehensive and comparable data on destitute mobile EU citizens. Whereas quantitative data are available in a few local contexts, what is often missing is qualitative information regarding, among other things, living conditions, access to housing and homelessness services, health issues and healthcare provision. More specific data about the target group would help form a better understanding of what the biggest challenges are and inform policy more efficiently with more specific information.

As part of the first phase of the PRODEC (Protecting the Rights of Destitute mobile EU Citizens) project, the project partners decided to carry out a pilot data collection exercise in Brussels, building on the work of *Diogènes*, an outreach service. *Diogènes* collects information in a database, which is continually updated. In addition to the variables *Diogènes* already collected information on – demographic information, type of income, alcohol and drug misuse, mental health needs and housing situation – it was agreed to collect data about immigration status, reasons for migration, household type, use of emergency services and possession of health insurance.

The data collected in this report cover 2018, which is the first year there were more people from other EU Member States using *Diogènes*' services than there were Belgian nationals. During the second phase of the PRODEC project, the partners plan to produce a second Brussels report using 2019 data and to carry out the same type of activity in three other European cities. This should enable comparison of data at European level.

Executive Summary

1

In 2018, *Diogènes* outreach workers were in contact with 228 mobile EU citizens, 225 Belgians and 78 third-country nationals. Outreach workers collect information progressively, respecting the time that each individual needs to tell their story and accepting the fact that people can decide not to share information on certain issues. The information gathered is therefore not comprehensive and provides only a partial picture of homelessness among mobile EU citizens in Brussels.

A significant proportion of mobile EU citizens have been experiencing poor living conditions for several years. Lacking sustainable solutions, for many of them their living situation and poor housing conditions tend to become chronic. Not having access to the right support at the beginning of their experience abroad, they get stuck in destitution and struggle to find a way out. The consequence for homelessness services such as *Diogènes* is that it becomes increasingly challenging to provide support to newcomers, given the significant number of people who do not find a way out of poverty and exclusion and the limited availability of resources.

In terms of nationality, the overwhelming majority come from Poland and Romania. These two nationalities together make up almost 80 % of the total sample. There is no clear explanation as to why there is such a marked presence of Poles and Romanians among the homeless mobile EU citizens in Brussels. However, one key reason is the steep increase in the numbers of Polish and Romanian nationals arriving in Belgium over the past 10 to 15 years. Other factors of vulnerability to homelessness among people coming from Poland and Romania can be found in the level of "preparedness" they had before moving to Belgium in terms of language and professional skills and in the availability of a safety net in case things do not go as planned.

According to the information available, 85 % of the people included in the database moved to Belgium to look for a job. Looking for a job being the primary reason for which individuals decide to exercise their right to free movement is a particularly recurrent theme, also referenced in reports on homelessness among mobile EU citizens in other European cities.

Access to healthcare is particularly challenging for destitute mobile EU citizens. To have access to health insurance it is necessary to be registered with the authorities and to pay a fee, which can be difficult for people who are destitute. For those who are irregularly residing, the only option is emergency medical help (Aide médicale urgente), which can be particularly laborious to obtain.

Although their living conditions are far from ideal, those people of Roma ethnic origin supported by *Diogènes* are relatively better off than those mobile EU citizens who are not Roma. This is probably due to the kind of migration, which seems to be more family-orientated. According to the database on which this report is built, Roma people have better access to the minimum income allowance and this has an effect on their living conditions, which are less characterised by street homelessness and health issues in comparison with the overall group in question.

The older people are the more likely they are to have health insurance. The absence of health insurance is a serious problem in all age categories, but particularly for people under 30 and people over 59 years of age. Because they do not have health insurance, and since health tends to deteriorate with time, the older people get, the more they need to have recourse to emergency health insurance. Mental health and alcohol misuse issues seem to increase with age while illicit drug use declines as individuals move through young adulthood into middle age.

In general, the beneficiaries who are married tend to have better living situations than people who live alone, i.e. are single, divorced or separated or whose partner has died. The available data show that this trend also holds true as regards the existence of an income, mental health needs, alcohol and other substance misuse and housing situation. Social isolation tends to exacerbate existing problems, including poor mental health and substance misuse. Living with a partner and

having a family can positively contribute to social inclusion and to improving particularly difficult situations.

The longer people have lived in Belgium, the more information is available about them, particularly when it comes to data about mental health and substance misuse. The data reflecting the demographic changes among the beneficiaries supported by *Diogènes* show that there has been a recent increase in the numbers of women and Romanian nationals. The number of years for which people experience poor living conditions has an impact on people's life chances. For certain variables this impact can be seen as positive, i.e. the number of people who do not have any kind of income or have an irregular immigration status, or live in poor housing conditions goes down. Spending time in a country and experiencing poverty and exclusion during that time also has a negative impact, especially when it comes to levels of mental health and alcohol misuse issues.

Having no income has a significant impact on people's ability to access health insurance. The data suggest that access to medical insurance remains a huge challenge and that only by having a job with an employment contract is it possible to be insured. Among those who work without a contract, and even those who rely on the minimum income allowance, the most used option is emergency healthcare. The combination of a lack of residence status, lack of income and poor or no housing puts people in an extremely vulnerable position, which might last for many years. The category of mobile EU citizens who are the most destitute are also those who use emergency accommodation the most and are hospitalised most often.

Social isolation can play a significant role in the development of mental health issues. Available information regarding households confirm that people who live alone are slightly more vulnerable to mental health issues than those who live with a partner or family. The existing data also point to a modest predominance of mental health problems among the men in the group, and a higher level of alcohol misuse and more difficulty in accessing private housing among people with mental health needs.

Alcohol misuse is quite common within a population that has lived for a long time in very precarious conditions. The living conditions of those who suffer from alcohol misuse are significantly worse than the conditions of those who do not. The data draw a clear picture in this regard, with people misusing alcohol more prone to mental health issues, drug misuse, rough sleeping, use of emergency accommodation and hospitalisation.

Not having a regular immigration status has a strong impact on various aspects of individuals' lives. Mobile EU citizens with no right to reside are mostly cut off from any kind of income, are overrepresented among people sleeping rough, are not covered by health insurance and are more likely to use emergency accommodation and emergency health services.

Advice from a lawyer, particularly an expert on EU free movement law, can make the difference for homeless mobile EU citizens. The data suggest that people who can access legal advice are more likely to have access to welfare benefits and are less likely to experience difficult living conditions.

General Picture

In 2018, *Diogènes* outreach workers were in contact with 228 mobile EU citizens, 225 Belgians and 78 third-country nationals. It is important to bear in mind that outreach workers collect information progressively, respecting the time that each individual needs to tell their story and accepting the fact that people can decide not to share information on certain issues. This means that besides being anonymous, the information gathered is not comprehensive, and there is not always data on all the variables included in the database.

Duration of contact with *Diogènes*

A significant proportion of mobile EU citizens have been experiencing poor living conditions for several years. Without sustainable solutions, the situation for many of them tends to become chronic. 94 out of 228 people (41 % of the sample) were met by *Diogènes* for the first time in 2018. 38 % (86 people) were met between 2014 and 2017. The rest, 48 people (21 %) were met before 2014.

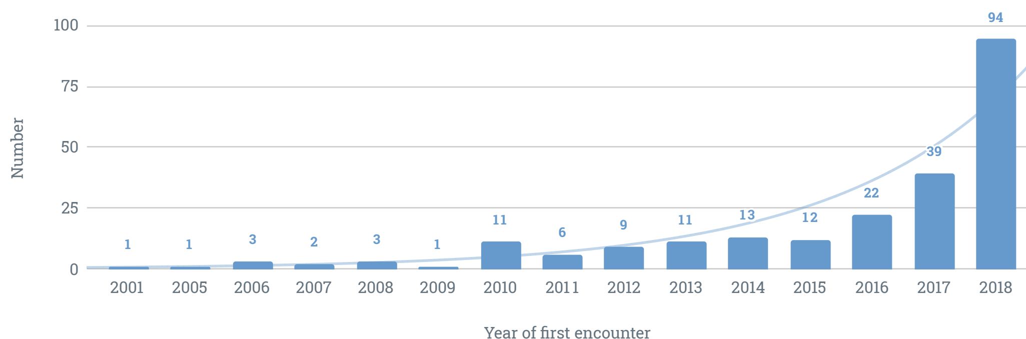
The chronic need for support also applies to *Diogènes*' beneficiaries who are Belgians, although they are not as present among the rough sleeping population. Out of a total of 225 Belgian beneficiaries, 48 (21 %) were met for the first time in 2018, 99 (44 %) were met between 2014 and 2017 and the rest, 78 people (35 %), were met before 2014. 13 beneficiaries were even met 20 years earlier, between 1995 and 1998.

Nationalities

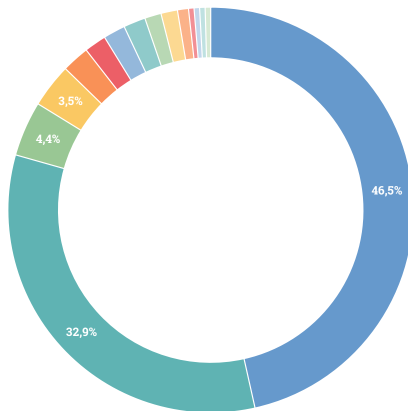
In terms of nationalities, the vast majority come from Poland (46 %, n: 106) and Romania (33 %, n: 75). The other most common nationalities are French (4.4 %, n: 10), Italian (3.5 %, n: 8) and Slovakian (2.2 %, n: 5). 17 % (n: 39) of them – mostly Romanians – are of Roma ethnicity.

Since four out of twenty *Diogènes* outreach workers work specifically with Polish and Romanian citizens (two for each nationality) it is fair to assume there might be an overestimation of the presence of Romanians and Poles. *Diogènes* decided to hire outreach workers who are of Polish and Romanian origin precisely because they had noticed the significant number of nationals of these two countries sleeping rough on the streets of Brussels. Reports from other homelessness services in Brussels also highlight the high number of beneficiaries coming from Poland and Romania. According to data collected in their 2018 annual report, among the EU nationals using the services of *Samusocial*, the main emergency accommodation provider in Brussels, the nationalities most represented were Romanian (37 %, n: 385) and Polish (14 %, n: 147)[1]. Data from *La Fontaine*, one of the day centres accessible to all, regardless of immigration status, and which therefore mainly attracts people sleeping rough, suggest that in

Duration of contact with Diogenes



1 Samusocial (2018) *Activity report*.



Nationalities

- Poland
- Romania
- France
- Italy
- Slovakia
- The Netherlands
- United Kingdom
- Portugal
- Lithuania
- Hungary
- Germany
- Spain
- Luxembourg
- Former Yugoslavia
- Czech Republic

2018 33 % (n: 3,196) of their beneficiaries were from Eastern Europe. Poles and Romanians also make up an important proportion of homeless mobile EU citizens in other European cities, such as London, Amsterdam, Paris, Berlin, Stockholm, Copenhagen, to name but a few[2]. We could therefore conclude that, while they are not comprehensive or wholly conclusive, the data at our disposal provide a realistic picture of the nationalities that are most represented among the people sleeping rough in Brussels.

A question that arises regarding nationalities is why there is such a marked presence of Poles and Romanians among homeless mobile EU citizens in Brussels. One key reason is the steep increase in the numbers of Polish and Romanian nationals arriving in Belgium in recent years. Romania and Poland are the countries for which the numbers of nationals arriving increased the fastest between 2008 and 2018. While in 2008, Romanians accounted for 1.6 % (n: 15,310) and Poles for 3.2 % (n: 30,768) of all foreign nationals living in Belgium, in 2018 these numbers were 6.5 % (n: 87,616) and 5.3 % (n: 71,537) respectively[3]. The proportion of Romanian nationals in particular continues to grow: from 6.1 % (n: 80,669) on 1st January 2017 to 6.5 % in 2018 (n: 87,616) and to 6.9 % (n: 96,034) in 2019[4]. In data regarding EU nationals living in the Brussels region in 2008, Romanians did not even appear among the five most present EU nationalities and accounted for less than 5 % of the migrant population[5]. In contrast, in 2017, Romanian was the second most common migrant nationality (after French), making up 9.3 % of the migrant population, i.e. more than 38,500 Romanian nationals[6]. Over the same period, in the Brussels region, the proportion of Polish nationals increased from 5.3 % (more than 17,000) to 6.1 % (more than 25,000). Aside from the statistical chance of ending up homeless, another explanation for the high incidence of homelessness among these groups could be the fact that the support that the national community can provide is still limited since these two communities have only been growing rapidly over the past 10 years. That said, the statistical increase cannot be the only explanation for why people of these two nationalities are the most present in the *Diogènes* database. For instance, the number of Bulgarian nationals residing in Brussels also swiftly increased over the 10 years prior to the data collection exercise: in 2009 they accounted for 0.4 % (n: 3,950) of the migrant population and in 2019 for 1 % (n: 12,143)[7] – but they do not appear at all among the people *Diogènes* supported during that time. On the other hand, Bulgarians were the fourth most present nationality group among *Samusocial* mobile EU citizen beneficiaries in 2018 (7 %, n: 75)[8]. This might suggest that Bulgarians tend to use – or are more reached out to by – services other than *Diogènes*. Other factors of vulnerability to homelessness among people coming from Poland and Romania can be found in the level of "preparedness" they had before moving to Belgium in terms of language and professional skills and in the availability of a safety net in case things do not go as planned[9].

2 FEANTSA can provide further information, some data are available here: *Effectively Tackling Homelessness Amongst Mobile EU Citizens: The Role of Homelessness Services, Cities, Member States and the EU*.

3 Statbel, *Chiffres clés. Aperçu Statistique de la Belgique 2018*, p. 17.

4 Statbel, *Chiffres clés. Aperçu Statistique de la Belgique 2019*, p. 15.

5 Brussels Institute for Statistics and Analysis (BISA), *Mini-Bru. Brussels-Capital Region in figures 2012*, p. 6.

6 Brussels Institute for Statistics and Analysis (BISA), *Mini-Bru. Brussels-Capital Region in figures 2018*, p. 9.

7 Brussels Institute for Statistics and Analysis (BISA), 2019 data.

8 Samusocial (2018) *Activity report*.

9 FEANTSA, *Effectively Tackling Homelessness Amongst Mobile EU Citizens: The Role of Homelessness Services, Cities, Member States and the EU*.

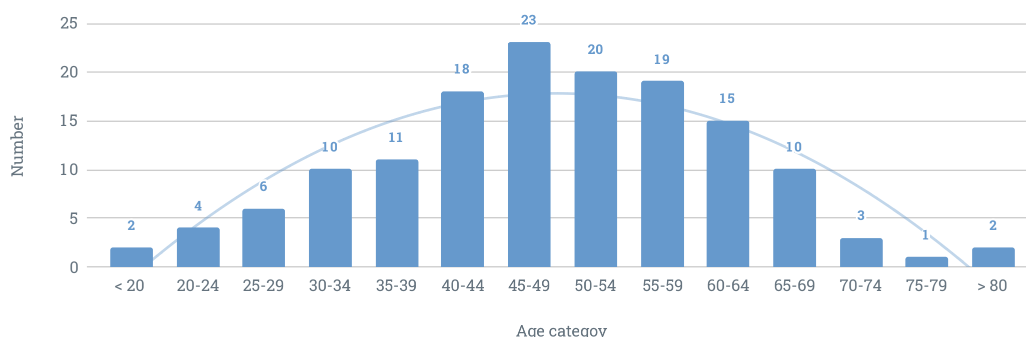
Other Demographic Information

73 % (n: 166) of the beneficiaries are men, 27 % (n: 61) women. This type of gender balance is often reflected in data collected about homeless people. The data collected about Belgian beneficiaries is not significantly different, with 70 % of them being men (n: 158) and 30 % being women (n: 67). It is however important to point out that homeless women in general are more likely to stay with family and friends (hidden homelessness) with the result that data do not reflect the extent of women's homelessness[10].

The data also suggest a relatively high average age among the beneficiaries. We have information regarding the age of about 144 people. Of these, 41 (28.5 %) are aged between 40 and 49 years old, 39 (27 %) between 50 and 59 and 25 (17.5 %) between 60 and 69, whereas 21 (15 %) are aged between 30 and 39 and 12 (8 %) are younger than 30 years old. Six (4 %) are older than 70. This means that the majority of the mobile EU citizens among *Diogènes*' beneficiaries are aged between 40 and 59 years old (55.5 %) and that there is more or less the same number of mobile EU citizens younger than 40 (23 %, n: 33) and older than 60 (21.5 %, n: 31). Data about Belgian beneficiaries also suggest a relatively aged population, with the largest number of people aged between 40 and 59: 62 out of a total of 140 (44.5 %). 45 people are younger than 40 (32 %) and 33 people are older than 60 (23.5 %). In comparing age among Belgians and EU nationals, it is important to note that the proportion of people younger than 40 and younger than 30 is higher among Belgians. Belgians younger than 40 represent 32 % of the total sample (compared with 23 % of EU citizens), and Belgians younger than 30 years old account for 17 % (compared with 8 % of EU nationals). Particularly interesting are some of the differences between Belgians and mobile EU citizens in the sample who are younger than 30 years old. On the one hand, Belgians in this age group seem to suffer more from drug misuse problems (57 % compared with 33 % of mobile EU citizens) and have mental health needs (56 %, whereas no mobile EU citizen was diagnosed with a mental health need). On the other hand, EU nationals are more confronted with the absence of an income (58 % compared with 17 % of Belgians) and with rough sleeping (42 % compared with 13 % of Belgians). Also of note is the fact that in this age group, there is a higher proportion of women than usual. This is true for Belgians and for other EU nationals, however the trend is most marked among Belgians: 33 % among mobile EU citizens and 62 % among Belgian nationals.

Regarding marital status, information is available for 144 people. Of these, 60 (41.5 %) are single, 45 (31.5 %) are divorced, 26 (18 %) are married and 13 (9 %) have lost their partner (are widowed). The vast majority therefore live alone as the data on household type confirm. Indeed, out of 219 people, 175 (80 %) live alone and 44 (20 %) live with their families. Information about whether beneficiaries have children is known for 147 individuals: 50

Age category



10 Baptista Isabel (2010) "Women and Homelessness", in: O'Sullivan Eoin, Busch-Geertsema Volker, Quilgars Deborah and Pleace Nicholas (Eds.), *Homelessness Research in Europe*, Brussels: FEANTSA, pp. 163-186.

do not have children (34 %), 47 have children in Belgium (32 %), 45 (31 %) have children in their country of origin and four (3 %) have children in another country.

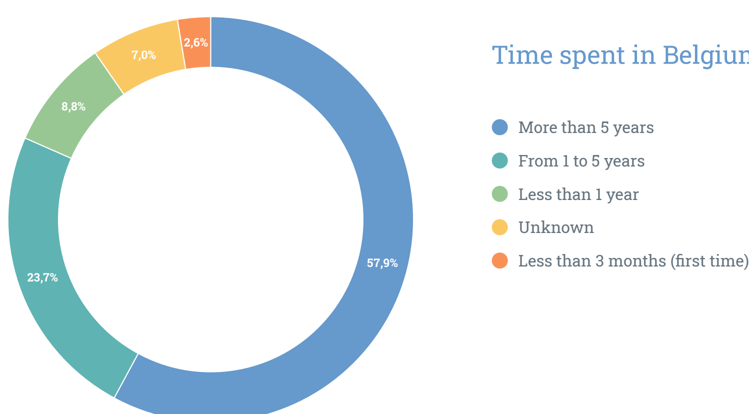
Type of Migration and Residence in Belgium

Among those for whom information is available (n: 194), almost all moved to Belgium to look for a job (85 %, n: 165). 4.5 % (n: 9) moved for health reasons, 4.5 % (n: 9) to reunite with their families, 4 % (n: 7) to escape legal problems, and 2 % (n: 7) for political reasons, mainly discrimination. Looking for a job being the primary reason for which individuals decide to exercise the right to free movement is a particularly recurrent theme, also to be found in reports on homelessness among mobile EU citizens in other European cities. On the whole, mobile EU citizens manage to find a job in another EU Member State. According to Eurostat, the employment rate of mobile EU citizens stood at 77.1 % in 2018, compared with an overall EU average of 73.1 %. In most countries, employment rates of EU citizens resident in another country were higher than those found in the corresponding country of citizenship and higher than the EU average. Between 2008 and 2018, the increase in the employment rate of mobile EU citizens (4.9 %) has been greater than the total population increase (2.9 %)[11].

According to the information we have access to, almost none of the individuals interviewed were homeless before arriving in Belgium. 111 out of 130 individuals (85 %) became homeless in Belgium, seven became homeless in another EU Member State and only five people declared already being homeless in their country of origin.

What is also very important to underline is that most of *Diogènes*' EU national beneficiaries had been living in Belgium for more than five years: this is the case for 132 out of 212 people, i.e. 62 %. 54 individuals (25 %) had been living in Belgium for more than a year but less than five years, 9.5 % (n: 20) for more than three months but less than a year and only six people had just arrived (less than three months of residence). This suggests that the number of mobile EU citizens for whom unstable living conditions tend to become chronic is very high. Lacking the right support at the beginning of their experience abroad, they get stuck in destitution and struggle to find a way out. The consequence for homeless services such as *Diogènes* is that it becomes challenging to provide support to newcomers, given the significant number of people who do not find a way out of poverty and exclusion and the limited availability of resources.

Finally, of the 182 individuals for whom information is known, 136 (75 %) did not travel back and forth between Belgium and their country of origin in 2018, whereas 46 (25 %) did. Like the data regarding length of residence in Belgium,



Time spent in Belgium

- More than 5 years
- From 1 to 5 years
- Less than 1 year
- Unknown
- Less than 3 months (first time)

11 Eurostat, EU citizens living in another Member State - statistical overview.

this suggests that the vast majority is habitually present in Brussels and that, potentially, many of them should be entitled to a permanent residence permit in Belgium as provided for in the EU legal framework on free movement.

Daniela

Daniela is a Roma woman and a Romanian national, aged between 35 and 40 years old. She has been living with her husband and children in an apartment in Brussels for about ten years. She has no income and engages in begging with her husband in order to survive and to provide for the family's basic needs.

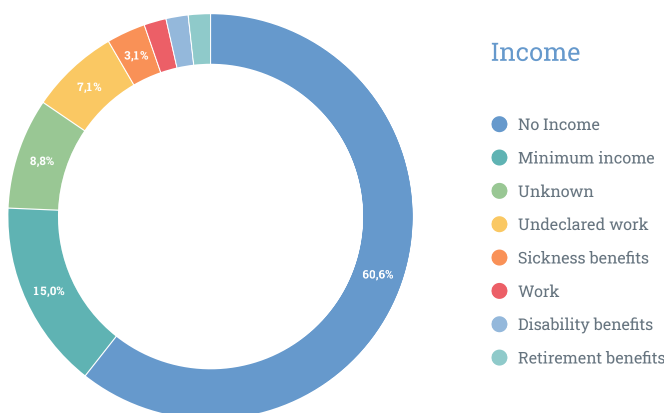
Around six years ago, the family made an application to regularise their status on health grounds. However, after they returned to Romania for a short time, the family members' *carte orange* (temporary residence card showing an ongoing application for regularisation) was taken away and, with it, their right to reside in Belgium. At present they are still irregularly residing in Belgium.

They need advice from an immigration lawyer with expertise in European law so that the lawyer can analyse their situation and explain clearly to them what the procedure is that they need to follow to try and regularise their status again.

Financial Resources

Lack of income is the main reason for poverty and exclusion among these mobile EU citizens. Information regarding income, which is available for 206 beneficiaries, suggests that the majority, 137 people (66.5 %), do not have any kind of income, 34 (16.5 %) receive the guaranteed minimum income, 16 (8 %) work without a contract, seven receive sickness benefits, four have an employment contract, four receive retirement benefits and four receive disability benefits. Because they have no income, many of them have to rely on begging, as the database shows: of 168 people for whom information is available, 121 (72 %) beg on the streets of Brussels.

In numerical terms, less information is available about Belgians than for EU nationals, with data existing only for 167 beneficiaries. Contrary to the EU nationals interviewed, only a minority of the Belgians do not have any kind of income (n: 13, 8 %) and a significant number receive welfare benefits: 76 people receive the minimum income allowance (45.5 %), 30 receive disability benefits (18 %), 16 receive sickness benefits (9.5 %) and 15 receive retirement benefits (9 %). The proportion of people who have an employment-related income is lower than for EU nationals: six have a working contract (3.5 %) and one works without a contract. Significantly different, in relation to EU nationals, is the proportion of people working without a contract. This suggests that, given the



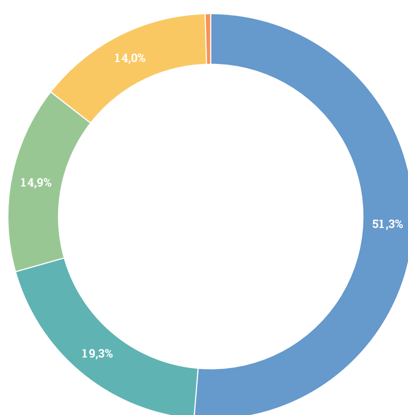
additional obstacles to accessing welfare benefits, it is more likely that EU nationals will be engaged in undeclared work.

Health Conditions

Access to healthcare is particularly challenging for destitute mobile EU citizens. To have access to health insurance it is necessary to be registered with the authorities and to pay a fee, which can be difficult for people who are destitute. For those who are irregularly residing, there is emergency medical help *(Aide médicale urgente)*. This emergency medical help involves financial intercession by a Public social service centre *(Centre public d'action sociale)* that covers the health costs of a person who is not regularly residing. This is not only about emergency healthcare, as the name of the insurance might suggest, but also covers expenses related to medical examinations, physiotherapy treatment or even a visit to a general practitioner. The emergency nature of the health intervention is assessed by the doctor and not by the Public social service centre. Most of the beneficiaries rely on this kind of health insurance: this is the case for 117 out of 194 people (60 %). 23 % (n: 44) do not hold any kind of health insurance while 17 % (n: 32) have health insurance.

Mental health needs are assessed by *Diogènes*' outreach workers. This is done progressively, by getting to know the beneficiaries over time, and by comparing information and observations by each outreach worker who has been in contact with the individual concerned. More accurate and in-depth psychological assessments happen only when a person has been hospitalised and evaluated by a psychologist or a psychiatrist. According to the information available, 114 out of 186 (61 %) do not have mental health needs, 17 (9 %) suffer from altered perception of reality, 11 (6 %) have cognitive disorders, two people have intellectual disabilities and the rest, 42 people (23 %), suffer from other mental health conditions. In comparison with the data collected about the Belgian beneficiaries, mental health issues seem to be less common among the EU nationals. Indeed, among the Belgian beneficiaries, only a minority do not have mental health issues: 32 people out of a total number of 188 (17 %). This difference is particularly striking, considering EU nationals are more likely to be sleeping rough than Belgians and that the duration of their homelessness experience is not particularly different. This data therefore seems to suggest that mental health issues are not the main factors of housing exclusion among EU nationals.

Drug and alcohol misuse problems are assessed by *Diogènes*' outreach workers in the same way as mental health needs are. It is important to bear in mind that only addictive behaviours are considered, and not the occasional use of a certain substance, and that within the "drugs" category, addictions such as gambling are also included. Regarding alcohol misuse, the majority has issues, i.e. 136 out of 226 (60 %), 65 people do not (29 %) and information is unknown for 25 people (11 %).



Drug misuse is a problem for 26 people (11 %) but is not for the vast majority (74 %) – information is unknown for 34 people. It is worth noting that 20 people (9 %) have both alcohol and drug misuse issues. The trends around alcohol misuse among the EU nationals are similar to those among the Belgians (63 %, n: 141 out of 223) but show a less significant incidence of drug misuse. The Belgian beneficiaries indeed seem to suffer more from drug misuse problems (36 %, n: 80) than the EU nationals. This suggests that the main obstacles to getting out of an unstable living situation for EU nationals is linked to administrative problems and, consequently, the lack of access to welfare benefits, rather than other vulnerability factors such as mental health and addiction problems.

Adrien
Uphill Struggle To Get Dental Treatment

Adrien is a 45-year-old Romanian national. Since arriving in Belgium three years ago, he has been living on the street. He is divorced and his ex-wife and their child still live in Romania. Adrien came to Belgium to look for work, but he is having trouble finding it, even undeclared work. He is stuck in a vicious cycle: no job equals no money; no money equals nowhere to live; nowhere to live equals no address and no address equals no residence permit.
He has serious problems with toothache. In order to get him quick access to a dentist, *Diogènes* started the process for getting him a health card. The procedures turned out to be Kafkaesque and after four months of countless administrative steps, Adrien still has not got the dental treatment he needs.

Housing Situation

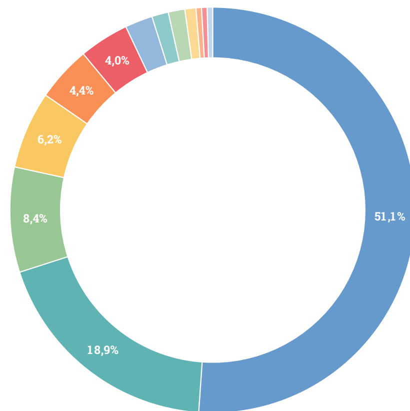
Not all the mobile EU citizens supported by *Diogènes* are homeless, but most are. Out of 209 about whom information exists, 116 are sleeping rough (55.5 %), 14 (7 %) live in a supported living community[12], ten (5 %) are living with friends or family, nine (4.5 %) are in emergency accommodation, five live in a shelter, three live in a squat, two live in an “authorised squat”, one is in prison, one is in hospital and one agreed to be voluntarily returned to Poland where s/he lives in a *Barka* community. This means that, according to the FEANTSA Ethos Typology[13], 162 out of 209 (77.5 %) people are homeless. The rest, 47 people (22.5 %) live in private housing – three of whom found an apartment through a social lettings agency. In comparison, the Belgian beneficiaries are less exposed to rough sleeping and have access to considerably more accommodation and housing options. The information available about the Belgians shows that 53 out of 189 are rough sleepers (28 %), 75 live in an apartment (35.5 %) (of whom 37 rent through a social lettings agency and eight are in social housing), 18 live with friends or family (9.5 %), eight live in collective housing (Habitat solidaire), five in a shelter, five in a retirement home, four in a community, four in an “authorised squat”, four in transitory housing, three in a squat, three in a hotel, two in hospital, two in prison, two in “protected housing” (housing for people discharged from psychiatric institutions), and one in emergency accommodation. Technically, still according the FEANTSA Ethos Typology, 101 out of 189 people are homeless (53.5 %).

The Importance Of Finding A Place To Live

Filip has Polish nationality, is 58 years old and has been living in Belgium for several years. When *Diogènes* began supporting him in 2012, he had no residence permit, had nowhere to live and had no income. Because of various health problems, Filip had had several stays in hospital, including in a psychiatric unit. He gets *Aide médicale urgente* (emergency medical help) and is registered with a medical practice where he sees his general practitioner. Filip has mental health needs and is receiving treatment for them. Amongst other things, he suffers from depression and has made several suicide

12 The community is called *Poverello* - more information is available here: http://poverello.eu/en/about/.

13 FEANTSA, European Typology on Homelessness and Housing Exclusion.



Housing situation

- Rough sleeping
- Private
- Unknown
- Community
- At third parties
- Emergency accomodation
- Shelter
- Social rental agencies
- Squat
- Authorised squat
- Prison
- Voluntary return
- Hospital

attempts. He is dependent on alcohol and a cannabis user and has undergone several detox treatments. After his most recent detox, Filip felt a lot better and was given a place to stay for free in a hostel belonging to the *Poverello* community in Brussels. Finding free accommodation was a very important step in his pathway towards inclusion. *Poverello* gave him a certificate of accommodation and let him use the hostel as his registered address. Then he went to the Saint-Gilles district office to register with the authorities. Because he finally had an address, he could use it to make an application for residence as a jobseeker. He then enrolled on a Dutch language course. This allowed him to obtain a residence permit that is valid until 2023 (five years). He applied for welfare benefits and was awarded the minimum income allowance *(Revenu d'intégration sociale)*. He could then get health insurance in Belgium. Filip still lives in the *Poverello* community for the time being, but now he can pay his rent.

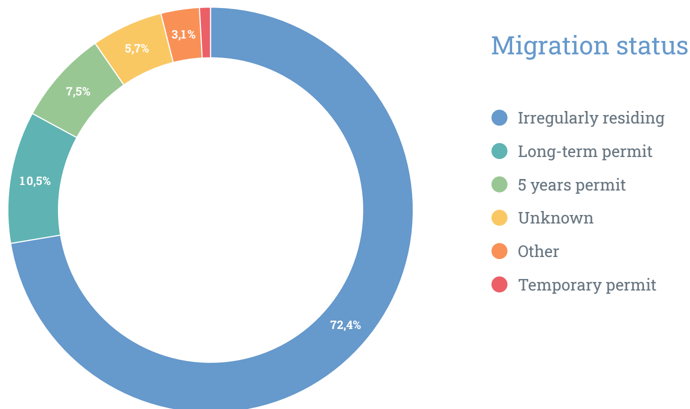
What is particularly worrying is that, among the EU nationals, 172 people out of a total of 227 are not looking for housing. If we disregard those who already have private housing (47 people), this means that 125 people out of the 160 who are homeless do not even try to look for housing because they would not have the resources to do so. This explains how their homelessness situations tend to become chronic.

Immigration Status

Having an address is paramount when it comes to gaining access to social rights. However, the reality is that most of the mobile EU citizens included in this report do not have an address. 60.5 % (n: 138) do not have any kind of address and 15 % have an address where they do not actually live (n: 35) (at the home of a third party or a "reference address")[14]. Only 20 % (n: 45) are registered to a specific address where they actually reside. Information is unknown for 10 people out of a total of 228.

One – not the only – consequence of not having an address is that the majority are technically irregularly residing, meaning that they are not registered with a Belgian municipality and so do not have the right to reside. In Belgium, EU citizens are required to register with the authorities within three months of their arrival. 165 mobile EU citizens out of a total of 215 are irregularly residing (76.5 %), 48 (22.5 %) have the right to reside – half of whom have a long-term residence permit, which can be acquired after five years of residence – and two people are in the process of re-registering on the citizens register. It is important to note that of the 165 without a right to reside, 137 have never had a residence status in Belgium, 23 used to have a temporary residence permit and four lost a long-term residence permit. Another relevant

14
A "reference address" *(adresse de référence)* is provided to homeless people (by a charity) so they can receive post at a particular address even though they do not live there.



observation to make is that despite many not having the right to reside, only a few (n: 24) have been in contact with an immigration lawyer.

Among those who have the right to reside and have a long-term residence permit (n: 20, 9.5 %), 12 are registered as jobseekers (5.5 %), six as workers and two as self-sufficient. The total number is very low, and the majority have an uncertain status, since being registered as a jobseeker is conditional on finding a job within a limited time, i.e. 6 months according to EU law but often less in practice[15].

Use of *Samusocial* and Hospital Services

In Brussels, *Samusocial* is the main provider of emergency accommodation. At most times during the year it provides more than 200 beds, and during the winter programme more than 1,000. However, among the EU nationals supported by *Diogènes* for whom we possess this information (n: 185), the majority has not used *Samusocial* emergency accommodation at all (n: 109, 58 %), 42 have used it occasionally (23 %), 29 have used the winter programme (16 %) and only six people have been accommodated all year, two of whom were accommodated at *MediHalte*, which is the *Samusocial* shelter for those who are affected by a serious or chronic illness. This data suggests that a significant proportion of EU nationals sleeping rough do not use – or do not manage to have access to – *Samusocial* services, even during the winter programme. This is probably linked to the difficulties in accessing emergency "accommodation", due to the lack of available spaces and, specifically for those who do not have a residence permit, administrative obstacles.

His Only Hope: Getting Worse

C. is 40 years old, is of Romanian origin and has been sleeping rough in Belgium for 20 years. He has slept in the Brussels metro network for all these years. He lives alone and has no children. He suffered horrific abuse as a child and his voice still shakes with fear when he talks about it. These past experiences are the main reason he fled his country of origin.
He has been drinking large quantities of strong beer for a long time. He hardly eats anymore – he doesn't feel the need to. This has affected his health. He stays more frequently in hospital, where he presents at the emergency department having had an epileptic seizure or been in an alcohol-induced coma. His memory is slowly deteriorating as the years go by. He has vertigo linked to dehydration and cannot climb higher than the first floor of a building. His mental health is fragile, with occasional episodes of paranoia. He is very depressed and often talks about suicide. His only means of subsistence is begging. The network of professionals in touch with him only includes *Diogènes*,

15 Valcke Anthony (2018) *Fitness Check Report for Belgium. A review of the state of compliance of Belgium's implementation of Directive 2004/38 on residence rights of EU citizens and their family members*, Brussels: FEANTSA.

his general practitioner at a medical pratice and the Public social service centre *(CPAS)* that gives him a health card that must be renewed regularly.
He was offered free accommodation in a kind of non-commissioned hostel but he only stayed there for two days. One issue was that community living was not adapted to his mental health state and the other was that the curfew was not compatible with his alcohol dependence.
C. has never had the right to reside in Belgium. The three lawyers he has sought advice from in the past 10 years were all of the opinion that there was no way for him to obtain a residence permit. The reason C. left Romania, while perfectly understandable, cannot be used as a reason for gaining the right to reside in Belgium. In the current legislatitive climate, the only option that could one day be a valid reason is his health. To be able to use this channel, C. has to wait until his health gets worse, given that the damage, both physical and in terms of his mental health, is not serious – or rather, not "visible" – enough to be taken into account today.

In terms of use of hospital services, information is missing for a significant proportion of the individuals included in this report. Information on hospitalisation is available for 154 people. 83 (53.5 %) were not hospitalised in 2018, 35 (23 %) were hospitalised for mental health reasons, 15 (10 %) for physical health reasons, 13 (8.5 %) in mental health services to deal with an addiction, five in mental health services for reasons other than addictions and three were hospitalised for other reasons. Regarding the use of hospital emergency departments, information is available for 122 EU nationals. In 2018, 74 did not visit the emergency department at all, 37 visited to the emergency department several times, and 11 went once. Therefore, a significant proportion did use the emergency department (40 %). The same goes for calling an ambulance, for which we have information about 122 people: an ambulance was called several times for 29 people and once for nine people.

Poles and Romanians

Given that almost 80 % (181 out of 228) of *Diogènes*' beneficiaries are either Poles (n: 106, 46 %) or Romanians (n: 75, 33 %), in this section we want to focus on these two nationalities and assess whether there are differences between their profiles.

There are no significant differences as regards age. Among the Romanians, 56 % (20 out of 36) are aged between 40 and 59, of whom nine (25 %) are aged between 40 and 49 and 11 (31 %) between 50 and 59. Among the Polish nationals, 31 % (25 out of 81) are aged between 40 and 59 and 25 % (20 out of 81) between 50 and 59. Thus, the majority of the Poles are also in the 40 to 59 age category, exactly the same proportion as the Romanians (56 %). The difference is clear though as regards gender: even though for both nationalities most of the beneficiaries are men, there is more of a gender balance among the Romanians, with 44 % of the beneficiaries being women, while the Polish nationals are predominantly men (83 %).

In the sample analysed, Poles and Romanians seem to have different kinds of family relationships. A higher number of the Romanians are married and have more children than the Poles: 31 % of the Romanians are married while only 2 % of the Poles are. This is reflected in the data available on households, where 93 % of the Poles live alone while the percentage of the Romanians who live alone is 53 %. Moreover, the Romanians are more likely to have children with them: 37 % of the Romanians have their children in Belgium and 27 % have their children in Romania while only 13 % of the Poles have their children in Belgium and 19 % in Poland.

Regarding length of stay in Belgium, more of the Polish nationals have been living in Belgium for more than five years (68 %) than of the Romanian nationals (52 %). This partially reflects the migration trends that we mentioned in the introduction. Another difference between the two nationalities is that more Romanians declared having travelled back and forth between their country of origin and Belgium in 2018 (37 %) than Poles (11 %). This might suggest that the Romanians have more links to their country of origin than the Poles. Another factor, on which we will focus later, that might explain this and other differences observed, is that 50 % of the Romanian nationals included in the database are Roma, who display a number of characteristics linked to their ethnicity rather than their nationality.

Most of the Poles and Romanians have no source of income. 66 % of the Poles and 60 % of the Romanians declared having no income. Consequently, begging is often one of the survival strategies adopted: 54 % of the Poles and 60 % of the Romanians declared that they receive money through begging. What is interesting to observe is the difference in terms of access to the minimum income allowance: 27 % of the Romanian nationals receive it while only 7 % of the Polish nationals do.

Most Poles and Romanians included in this research experience a lack of health insurance as well as a lack of income. Since only 11 % of Poles and 13 % of Romanians hold health insurance, most of them have to use emergency healthcare when they need treatment. This figure is 58 % for Polish nationals and 55 % for Romanians.

The Polish nationals seem to be more vulnerable to mental health issues, which are reported for 35 % of Poles and for 25 % of Romanians in the sample. Furthermore, 25 % of Polish beneficiaries were hospitalised for mental health reasons (n: 26) and 8 % (n: 8) in mental health services to deal with an addiction. Among the Romanians, only 5 % were hospitalised for mental health reasons. It must be noted though that there is less information on the Polish nationals, where information is unknown for 18 % of them (n: 19). Information is only unknown for 5 % of the Romanians and that might have an impact on the overall analysis of the data.

In general, the Romanians and Poles in the sample do not suffer particularly from drug addiction problems. However, the percentage is higher for Poles (9 %) than it is for Romanians (1 %).

Alcohol problems are more present in both nationalities, especially Polish people, where 70 % of those interviewed declared suffering from alcohol misuse. For the Romanians, the percentage is lower: 33 %. According to the information we have, the Polish nationals tend to have more mental health needs combined with alcoholism and drug misuse problems than the Romanians.

The Polish nationals seem to be more vulnerable to rough sleeping than the Romanians. Indeed, the percentage of people sleeping rough is higher among Poles (57 %) than Romanians (37 %), who are more likely to live in private housing – 39 % of the Romanians compared with only 11 % of the Poles. This is probably linked to the higher proportion of beneficiaries who are irregularly residing among Poles (84 %) than among Romanians (65 %). Another consequence of the significant number of people irregularly residing is not having an address, which it is more noticeable among the Polish nationals (69 %) than the Romanians (53 %) in the sample. 39 % of the people who come from Romania were registered at an address where they actually reside, while for Poles, this number was only 8 %.

These statistics suggest that, in general, Polish people may face more administrative struggles than Romanians. Another interesting fact to underline is that, among the Poles, only one person has been in contact with an immigration lawyer while 23 % of the Romanian beneficiaries were at some point supported by an immigration lawyer.

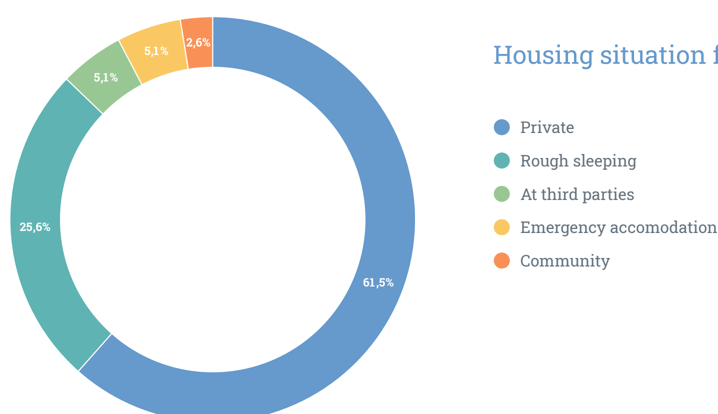
Regarding the use of *Samusocial* services, the comparison is difficult to make since we lack information about more Polish beneficiaries (24 %) than Romanians (8 %). According to the data we have, there are no significant differences, except that more Romanians than Poles use *Samusocial* services periodically throughout the year (27 % compared with 17 %) and slightly more Poles than Romanians use the services available during the winter programme (17 % compared with 12 %).

Roma

In 2018, *Diogènes* supported 39 beneficiaries of Roma ethnic origin, of whom 37 are of Romanian nationality and two are Slovaks. This group presents significant differences compared with the rest of the beneficiaries about whom information was collected.

The first striking difference concerns the gender balance, with women accounting for the majority (59 %) whereas in the non-Roma group, they represent only the 20 % of the sample. Of note is also the proportion of people living in a family – 64 % – which is quite high compared with the rest of the target group, in which the vast majority live alone and only 10 % live with their family.

In terms of immigration status, although the majority of Roma beneficiaries were also irregularly residing (54 %), a significantly higher percentage of Roma mobile EU citizens had a residence



Housing situation for Roma

- Private
- Rough sleeping
- At third parties
- Emergency accomodation
- Community

permit: 23 % had a short-term residence permit, 8 % a long-term residence permit and 10 % had obtained some other form of regularisation of their status (information is unknown for 5 %). This clearly has an effect on their income and housing conditions. Indeed, 44 % of the Roma beneficiaries received the minimum income allowance whereas only 9 % of non-Roma received it and the level of street homelessness (26 %) was noticeably lower than for the rest of the target group (62 %). 62 % of the Roma beneficiaries live in private housing.

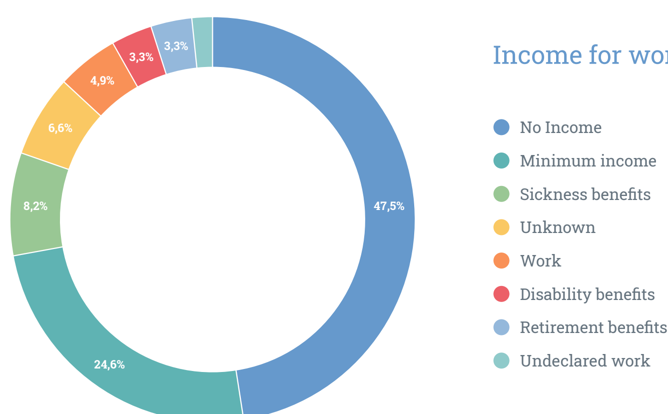
The relatively better conditions in which Roma beneficiaries supported by *Diogènes* live is reflected in the data concerning substance misuse and level of mental health needs. Nobody in the sample in question seems to suffer from drug misuse and issues with alcohol misuse were reported for only 11 % of the sample (69 % for non-Roma). Even though the difference is less striking when it comes to mental health, among the Roma population issues were identified for 21 % of them while for the non-Roma population the percentage climbs to 35 %. Hospitalisation rates too are greater for the sample of non-Roma (35 %) than for the people of Roma ethnic origin (15 %).

Although we cannot jump to conclusions regarding the whole group of mobile EU citizens living in poor conditions in Brussels, it is fair to assess that, among *Diogènes* beneficiaries, people of Roma ethnic origin are relatively better off than those mobile EU citizens who are not Roma. This is probably due to the type of migration, which seems to be more family-orientated. The fact that the Roma included in this database have more access to the minimum income allowance has an effect on their living conditions, which are less characterised by street homelessness and health issues.

Gender Differences

Out of a total number of 228 beneficiaries, 73 % (166) are men and 27 % (61) are women. As noted in the introductory section, homelessness among women might be more significant than data collection suggests since it is more likely to be hidden.

According to available information about nationalities, women beneficiaries of *Diogènes* services are particularly present among the Romanian (54 %) and Polish (30 %) populations. The men are also mostly from these two countries but with a bigger proportion from Poland (53 %) than Romania (25 %). It is important to notice that 38 % of the total number of women are of Roma ethnicity while Roma account for only 10 % of the total number of men. In fact, women represent 59 % (22 out of 37) of the total number of Romanian Roma supported by *Diogènes* and this goes a long way to explaining why a large proportion of the women are of Romanian nationality. This finding might be influenced by the fact that the *Diogènes* outreach worker that is more often in



Income for women

- No Income
- Minimum income
- Sickness benefits
- Unknown
- Work
- Disability benefits
- Retirement benefits
- Undeclared work

contact with Roma homeless people is a woman and consequently has easier access to women.

The overall trend suggests that the women have stronger family ties. A greater percentage of the women are married (20 %) while only 8 % of the men are. Also, separation or divorce is more common among the men (23 %) than among the women (11 %). 46 % of the women have their children in Belgium while a small proportion of the men do (11 %). The vast majority of the men therefore live alone as the data on household type confirm. Indeed, only 10 % of the men live with their families while 43 % of the women do.

Another significant difference in terms of gender relates to the number of beneficiaries who travelled back and forth between Belgium and their country of origin. According to the available data, 41 % of the women travelled back and forth between Belgium and their country of origin while only 13 % of the men did. This is another phenomenon that can be largely explained by the fact that Roma people, who more often declared travelling back and forth, are more represented among the women captured in this database.

In terms of financial resources, 65 % of the men and 48 % of the women have no form of income. Women seem to have easier access to some form of income (45 %), with 25 % receiving the minimum income allowance, 8 % receiving sickness benefits, 6 % having an income through work, 3 % receiving disability benefits and 3 % receiving retirement benefits. 10 % of the men work, thus relatively more than the women, but mainly without a contract (9 % have a contract). Only 12 % of the men receive the minimum income allowance.

The data also suggest that the women have fewer problems regarding mental health than men. Mental health needs were reported for 34 % of the men compared with 19 % of the women. These data could also be related to the fact that the women have less significant issues with drug and alcohol misuse than the men. Both drug and alcohol misuse are more visible for the men than the women. Among the women, 7 % suffer from drug misuse problems and 30 % suffer from alcohol misuse problems. Among the men, 13 % suffer from drug addiction and 72 % suffer from alcohol misuse problems. Another relevant fact to consider is that 20 % of the men have been hospitalised for mental health reasons whereas only 3 % of the women have.

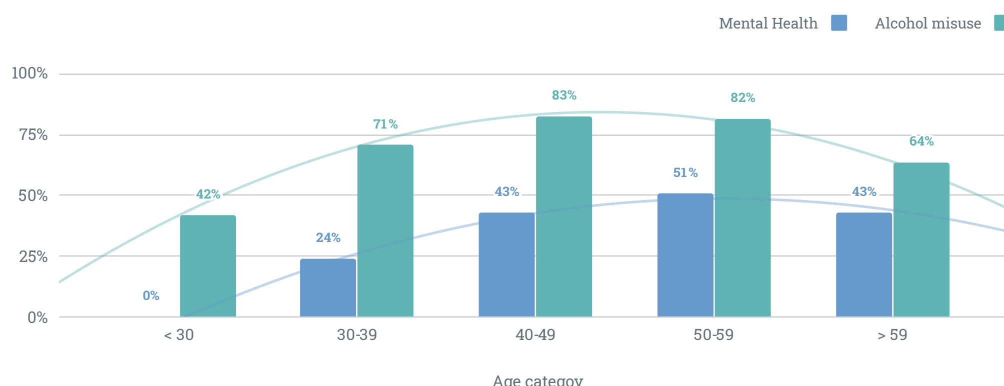
We could therefore conclude that the men experience more mental health issues and drug and alcohol misuse problems than the women. This gap might be related to a higher level of integration and a lower level of social isolation among the women. The effects are also visible in terms of use of emergency health services with 19 % of the men having had recourse to hospital emergency departments several times compared with 8 % of the women.

The same trends also apply as regards the level of rough sleeping and of residence rights. The men have been struggling more than the women in terms of housing: according to the data, 59 % of the men had slept rough, while only 31 % of the women had; only 10 % of the men had access to private housing whereas 44 % of the women had. In terms of immigration status, the number of people who are irregularly residing is 80 % among the men and 52 % among the women. What is particularly worrying is that 67 % of the men have never had a valid residence permit in Belgium. Among the women, this percentage is lower: 41 %.

Age

As is to be expected, the older people are, the more likely is that they have been residing in Belgium for more than five years: among the sample, 25 % of people younger than 30 years old, 76 % of people aged between 30 and 39 and 79 % of people aged between 50 and 59 had been residing in Belgium for more than five years. The only exception seems to be for people aged between 40 and 49, where the data indicate that there are relatively fewer long-term residents (51 %) than among the younger age category (30 to 39). However, the 40 to 49 age category features the highest proportion of people resident for more than a year and less than five years (32 %, compared with

Mental health and alcohol abuse according to age



19 % for 30 to 39 year olds and 15 % for 50 to 59 year olds). It is interesting to note that among *Diogènes* mobile EU citizen beneficiaries who are older than 59, three had arrived less than a year earlier: a French man aged between 60 and 64 with no income, mental health needs, who lives on the street, does not have health insurance and is irregularly residing; a British man aged between 60 and 64, with mental health needs and alcohol misuse problems, irregularly residing, who was hospitalised in a psychiatric hospital and normally sofa surfs with friends or acquaintances; a Dutch man aged between 70 and 74, with no income, mental health needs and alcohol misuse problems, who lives on the street, was already homeless in the Netherlands and does not have health insurance.

Until they reach 60 years old, the older people are, the more they tend to have health insurance, even though the majority is not insured and must rely on emergency healthcare. Among people younger than 30, nobody declared holding health insurance. Only 10 % of people aged between 30 and 39 are insured; 17 % of those aged between 40 and 49 and 26 % of those aged between 50 and 59 are insured. Of those who are older than 59, only 11 % (three out of 28) are insured. The situation is dramatic for all age categories, and particularly for those younger than 30 – even though they might have fewer health needs, given their young age – and those older than 59. The overall trend related to healthcare needs is reflected in the data related to people having recourse to emergency healthcare. Indeed, the older people are, the more they have had recourse to emergency healthcare: only 17 % of those younger than 30 had, whereas 48 % of people aged between 30 and 39, 59 % of those aged between 40 and 49, 64 % of those aged between 50 and 59 and 79 % of those older than 59 have done so.

According to the data collected, with age, mental health needs and alcohol misuse problems tend to become more common. Whereas no beneficiary younger than 30 years old was assessed as having mental health needs (although data is unknown for 27 % of them), 24 % of those aged between 30 and 39, 43 % of those aged between 40 and 49, 51 % of those aged between 50 and 59 and 43 % of those who are older than 59 years old showed signs of mental health disorders. In terms of alcohol misuse, problems were observed for 42 % of the beneficiaries younger than 30, 71 % of those aged between 30 and 39, 83 % of those aged between 40 and 49, 82 % of those aged between 50 and 59 and 64 % of people older than 59. As mentioned above, the older people are, the more likely it is that they will have experienced unstable living conditions. Increasing mental health and alcohol misuse problems can be the result of a prolonged experience of extreme social exclusion. However, the same trend does not seem to apply for drug misuse problems, which are more present in younger people. The data suggest that 33 % of people younger than 30 years old suffer from drug misuse and that, with age, the proportion of beneficiaries addicted to substances decreases: 24 % of people aged between 30 and 39, 12 % of those aged between 40 and 49, 10 % of those aged between

50 and 59 and nobody among people older than 59 have substance misuse problems. Research suggests that illicit drug use generally declines as individuals move through young adulthood and into middle age and this might partially explain the findings[16].

The proportion of people sleeping rough does not significantly change according to their age category: it goes from 42 % of the people younger than 30 years old to 62 % of those aged between 30 and 39. Most of the people aged between 40 and 49 (56 %), 50 and 59 (51 %) and older than 59 (50 %) slept rough. For people younger than 30, whereas on the one side it is true that they seem to be less affected by rough sleeping and more likely to have private housing (25 %), on the other hand this is also the age category for which information is most absent (25 %). Living in private housing is the situation for 10 % of people aged between 30 and 39, 19 % of people aged between 40 and 49, 21 % of those aged between 50 and 59 and 14 % of those who are older than 59. People younger than 30 years old also seem to be less affected by immigration status problems, even though the proportion of those who are irregularly residing is high, with 67 % not having a residence permit. Particularly worrying is the fact that 86 % (24 people out of 31) of those who are aged over 59 are irregularly residing, with 21 individuals (75 %) never having had a right to reside in Belgium.

According to available data, the use of *Samusocial* accommodation and hospital use increases with age. The accommodation provided by *Samusocial* is particularly used by people over 50: among people aged between 50 and 59, 18 % occasionally stayed in *Samusocial* shelters, 21 % used the winter programme and 8 % regularly stayed there; among people aged over 59, 18 % occasionally stayed there, 36 % used the winter programme, 4 % regularly stayed there and 4 % used *MediHalte*. The fact that older people are more likely to use *Samusocial* might be linked to the fact that vulnerable groups are given priority access to the accommodation. Regarding hospitalisation, as is to be expected, the older people are, the more often they spend time in hospital: the figures for hospitalisation are 15 % of people aged between 30 and 39, 34 % of those aged between 40 and 49, 46 % of those aged between 50 and 59 and 64 % of people older than 59. The same trend applies for the use of hospital emergency departments.

Marital Status

In general, the beneficiaries who are married tend to have a better living situation than those people who live alone, i.e. are single, divorced or separated or whose partner has died. The available data show that this trend is also valid as regards the existence of an income, mental health needs, alcohol and other substance misuse and housing situation.

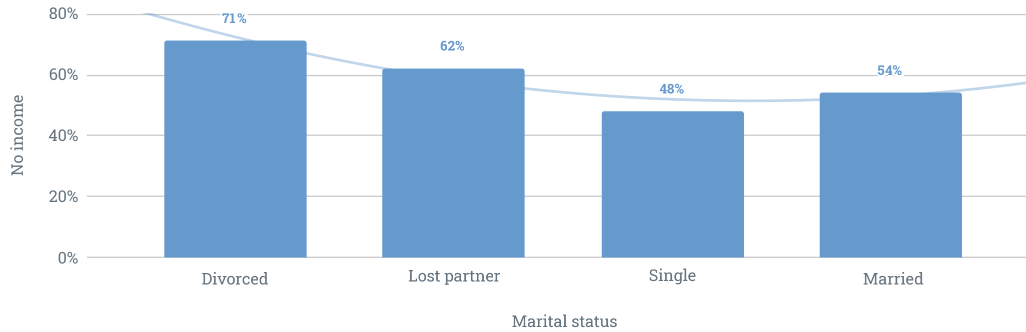
In terms of beneficiaries who do not have any kind of income, the proportion is particularly high among those who are divorced – 71 % (32 out of 45) – and those who have lost their partner – 62 % (eight out of 13). Among those who are single, this figure is 48 % (29 out of 60) and among those who are married it is 54 % (14 out of 26).

According to the information available, those who are married experience fewer mental health problems than those who are not. Of those who are married, 8 % suffer from mental health problems, which is a relatively small proportion when we compare it with those who have lost their partner (25 %), those who are single (35 %) and those who are divorced (45 %). The same trends apply as regards alcohol and substance misuse. Regarding substance misuse, it is among single people (20 %, n: 12) that we find the most significant proportion of beneficiaries presenting problems. Alcohol misuse – which, as mentioned in the first section, is more significant in numerical terms than substance misuse – is very present among divorced people (84 %, n: 38) and single people (52 %, n: 31). On the contrary, only 8 % of beneficiaries who are married seem to suffer from alcohol misuse issues.

With regards to their housing situation, the level of rough sleeping is similar among single people (43 %), those who are divorced (47 %) and

16 Mattson Margaret, Lipari Rachel N., Hays Cameron and Van Horn Struther L. (2017) *A day in the life of older adults: substance use facts*, The CBHSQ Report.

Income according to marital status



those whose partner has died (46 %), while only 31 % of those who are married sleep rough. It is important to highlight that 50 % (13 out of 26) of those who are married live in private housing, which is particularly striking in relation to the population about which this database holds information.

It is no surprise that marital status has an impact on living conditions. Social isolation tends to exacerbate existing problems, including mental health and substance misuse. Living with a partner or having a family can positively contribute to social inclusion and to people moving out of situations of vulnerability.

Time Spent in Belgium

4

A general observation to be made regarding the availability of information is that the longer people have lived in Belgium, the more information is available about them, particularly when it comes to data about mental health and substance misuse. This could potentially influence some of the conclusions that are made.

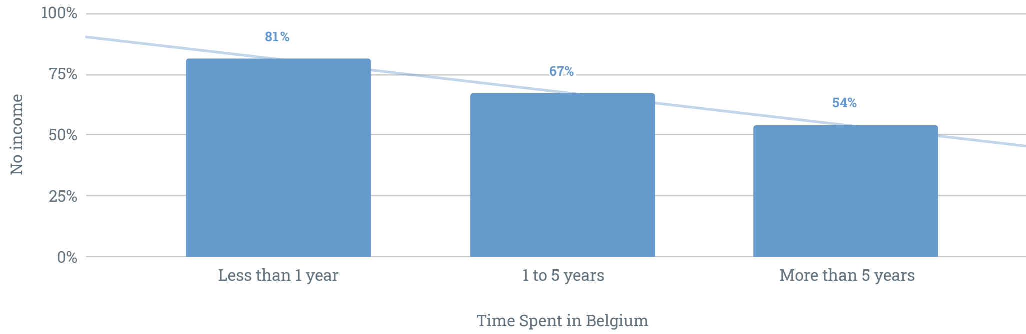
Overall, the data reflecting the changing demographic profile of the beneficiaries supported by *Diogènes* show that there has been a recent increase in the numbers of women and Romanian nationals. This change is particularly pronounced when it comes to nationality: among the beneficiaries who have been living in Belgium for more than five years, 55 % come from Poland and 30 % from Romania; among those who have been residing for less than five years and more than a year, 37 % are from Poland and 35 % are from Romania; among those who have been residing for less than a year, 31 % are from Poland and 46 % are from Romania.

The number of years for which people have an uncertain status has an impact. For certain variables, this impact can be seen as positive. The proportion of people without any kind of income is lower among those who have been residing in Belgium for more than five years: 81 % of beneficiaries residing for less than a year have no income, whereas this figure is 67 % among those residing for between one and five years and 54 % of those residing for more than five years. Beneficiaries residing in Belgium for more than five years seem to have more access to the minimum income allowance and to other welfare benefits than the other groups. In terms of housing conditions, those who have been residing in Belgium for more than five years are proportionately less likely to be rough sleepers (45 % compared with 61 % among those who have been residing for less than five years) and have more access to the private rental market (28 % compared with 9 % among those who have been residing for less than five years). Moreover, those resident for more than five years are less likely to be irregularly residing: 67 % do not have a residence permit, while among those who have been residing for less than five years but more than a year the proportion of those irregularly residing is 83 % and among those residing for less than a year, this is 92 %. These relatively better living conditions for people residing for more than five years are probably due to them having better knowledge of the system and to the fact that, as a mobile EU citizen, access to social rights increases with time spent in another Member State. In light of this, it is particularly striking that a significant proportion – if not the majority – of those who have been residing for more than five years do not have any kind of income (54 %), sleep rough (45 %) and do not have the right to reside (67 %).

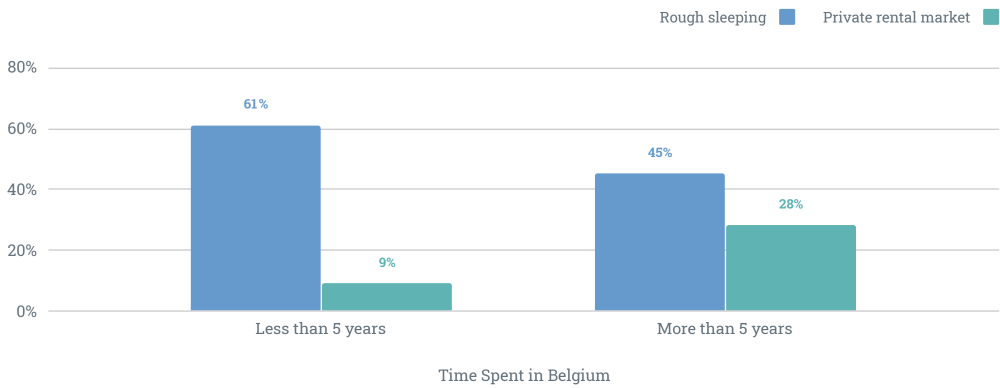
Experience Of Rough Sleeping Despite Having A Long-term Residence Permit

Mark is a 53-year-old Polish man. He went through a divorce about three years ago. He has been living in Belgium for more than ten years. He has two grown-up sons who live in Belgium. Mark became homeless in Brussels following his divorce. When *Diogènes* met him in hospital, Mark's alcohol consumption was problematic, he ate badly and had serious liver and intestinal problems because of his alcohol use. He was severely depressed. He slept in metro stations and begged for money there. He no longer had an income but told us he had a "reference address" with the *CPAS* in Schaarbeek district. On the other hand, Mark still had a valid E+ card. A plumber by trade, he had obtained this card through his self-employed worker status. He had had a "normal" life here in Belgium: a job, a house, a family. Mark's divorce was difficult. It led to serious depression during which he gave up on everything and started drinking. He was moved to *MediHalte*, Samusocial's temporary accommodation centre for people experiencing a health emergency. While he was staying at *MediHalte*, *Diogènes* got in touch with the Schaarbeek *CPAS*. Given that his residence permit was still valid, he fulfilled the criteria for applying for

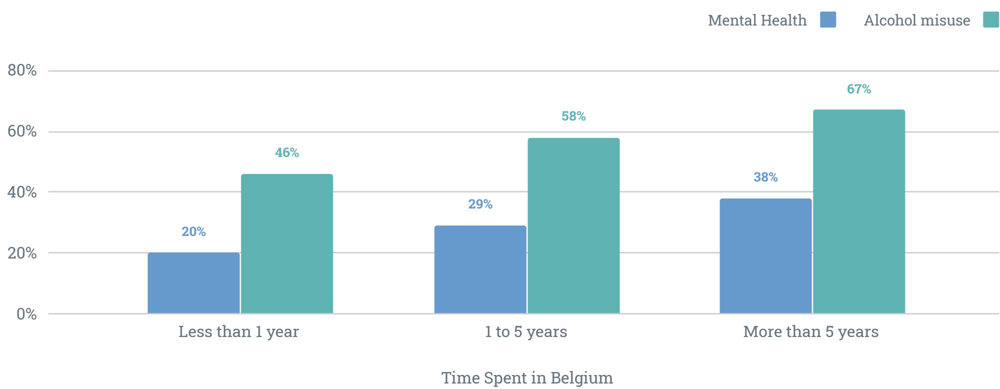
Lack of income according to time spent in Belgium



Housing conditions according to time spent in Belgium



Mental health and alcohol misuse according to timespent in Belgium



the minimum income allowance *(Revenu d'intégration sociale)*. Having a concrete chance of sorting out his administrative problems was really motivating for Mark. He stopped drinking alcohol, he got his minimum income allowance and opened a health insurance policy. His health and his morale gradually improved. He found somewhere to stay in a hostel where he could have personalised support, and was then moved into a supported studio flat just next door to the hostel. The goal of his support is now to help him find housing. Mark got back in touch with his two sons.

Spending time in a country in difficult living conditions also has a negative impact. According to the available data, those people who have been residing in Belgium for more than five years have a higher level of mental health and alcohol misuse problems. Mental health needs have been identified for 38 % of beneficiaries residing for more than five years, 29 % of those residing for less than five years but more than a year and 20 % of those who have been residing in Belgium for less than a year. It must be noted though that the level of unknown information about newcomers (32 % of people residing for less than a year and 20 % of those residing for less than five years but more than a year) is significantly higher than for those who are long-term residents (8 % of unknown information). The same trend applies for alcohol misuse problems with 67 % of people residing for more than five years being affected by it (information is unknown for 7 % of them), 58 % of those residing between one and five years (information is unknown for 12 % of them) and 46 % of those who arrived less than a year ago (information is unknown for 16 % of them).

To analyse the link between income and living situation, we decided to compare three categories: those who do not have any kind of income (n: 137), those who receive the minimum income allowance (n: 34) and those who work (n: 20, of whom 16 work without a contract).

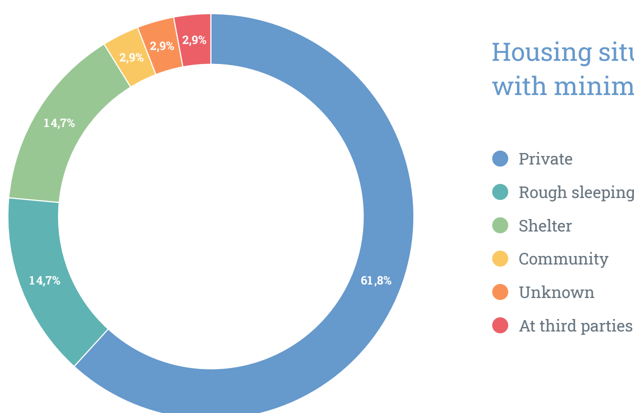
In terms of nationalities, Poles are most present among those who do not have any kind of income (50 %) and those who work (70 %) while the proportion of Romanians is significant among those who receive the minimum income allowance (59 %). People of Roma ethnic origin are strongly represented among those who receive the minimum income allowance: 17 out of 34 receive this.

While for those with no income and for those who work, the data on gender reflect the general trend in the homeless population, with men making up 75 to 80 % of the total number, among those beneficiaries who receive the minimum income allowance, women represent 44 %.

The absence of an income has a strong impact on access to health insurance. Out of 115 beneficiaries with no income for whom information is available, only one has health insurance. Among the group of workers, only those who have a work contract also have medical insurance. Among those who receive the minimum income allowance, only 32 % have health insurance. The data therefore suggest that access to medical insurance remains a big challenge and that only by having a job with a contract is it possible to be insured. Among those who work without a contract, and even those who rely on the minimum income allowance, the most used option is having recourse to emergency healthcare.

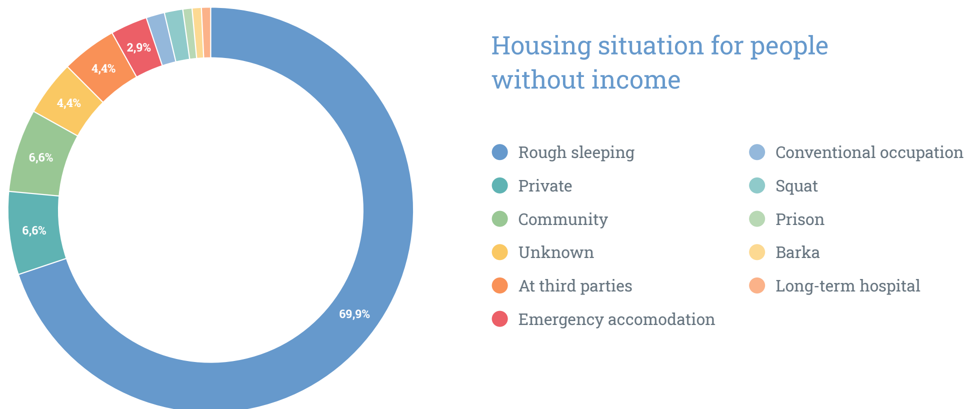
As regards health issues, two major trends can be observed: people who work are less affected by mental health needs – 10 % compared with 53 % of those who receive the minimum income allowance and 50 % of those who have no income. People who do not have any kind of income are also more vulnerable to alcohol misuse – 68 % compared with 55 % of those who work and 48 % of those who receive the minimum income allowance. Mental health needs can be a difficult obstacle to overcome when the appropriate treatment is not accessible. Finding or keeping a job can therefore be difficult and that probably explains why, in the database, people who work seem to be less often affected by poor mental health.

Not having an income is – as is to be expected – the main path into rough sleeping. Among the mobile EU citizens that *Diogènes* supports, 70 % of those who do not have any kind of income sleep rough. Those who have more access to private housing are those who receive the minimum income allowance, with 62 % of these people living in an apartment. However, obtaining the minimum income allowance or having a job does not prevent people from sleeping rough with 15 % and 20 % respectively not having a place to live and only 30 % of people working not being homeless.



Housing situation for people with minimum income

- Private
- Rough sleeping
- Shelter
- Community
- Unknown
- At third parties



Moreover, the level of irregular residence is very high among workers, with 75 % having no right to reside (15 out of 20), 55 % of whom have never had a regular residence status (11 out of 20). Among those who do not have an income, 93 % are irregularly residing. The combination of not having a regular residence status, income or housing puts people in an extremely vulnerable situation, which might go on for many years. It is not surprising that the category of mobile EU citizens who are the most destitute are also those who have used the emergency accommodation provided by *Samusocial* most often (23 % used it occasionally and 17 % during the winter programme) and were hospitalised most often – only 32 % have never been hospitalised.

Health Conditions

6

Greta

Greta is a 60-year-old German woman who has been living in Belgium for two years. She alternates between time in hospital and sleeping rough. The first time the *Diogènes* team met her on the street, even though she was able to walk, Greta was sitting in a wheelchair weighed down with her belongings and lots of bags that were full to bursting. Her behaviour cycled between being pleasant, exploding with anger and displaying signs of acute distress. Greta has very serious mental health problems. She claims to have been hospitalised against her will or detained in hospital in Germany. In Belgium, she had already spent several months in the psychiatric unit at Saint-Jean Hospital. She has a health card from the Brussels *CPAS* (*Aide médicale urgente* – emergency medical help) and takes a lot of medication, dispensed daily by her pharmacy. We made a request for the equivalent of the minimum income allowance and for a "reference address" for her with the *CPAS* in Brussels city centre. This request was never followed up. The way Greta's condition is worsening is alarming. She has serious hygiene and behavioural problems. He has been the victim of physical and sexual assault. Profound worry for Greta's health and physical safety led the network to request that she be hospitalised for assessment (detained in hospital). Greta wants to stay in Brussels and will not contemplate the idea of returning to her home country. As a German woman with no address and no regular residence status in Belgium, Greta has no official income. When she is on the street, she begs. Greta could do well and things could get better for her if she were in a residential mental health scheme. However, her immigration status means that she doesn't meet the criteria for access to this type of structure.

Health insurance

Only a small part of the sample (n: 32) is covered by health insurance. The majority is not covered (n: 161), though a large proportion has received healthcare services through the emergency healthcare system, called Aide médicale urgente (AMU) (n: 117). 91 % of those who are insured, and 68 % of those who benefited from emergency healthcare, have lived in Belgium for more than five years.

In terms of health needs, information is more available about those who have health insurance or who have access to emergency healthcare than about those who have neither. For people who are not covered, the level of unknown information around mental health and substance misuse issues is significantly higher than for those who are insured or who at least had access to emergency healthcare support. This might simply reflect the fact that people who have health problems are more likely to be in contact with health services but can also indicate that people who are insured have more access to a diagnosis, thus to treatment. Looking at the data about mental health and drug misuse, there is a higher proportion of people with problems among those who are insured – 44 % have mental health needs and 25 % suffer from drug misuse – than among those who are not (21 % have mental health needs and 11 % suffer from drug misuse). The same trend does not apply to alcohol misuse problems though, which are particularly high among those who benefited from emergency medical help: 68 % of those who used the AMU have alcohol problems, whereas alcohol misuse is an issue for 56 % of people with and without insurance who had never used emergency healthcare.

Mental Health Needs

In the absence of a diagnosis made by a doctor, mental health needs are assessed by *Diogènes*' outreach workers. This is done progressively and by getting to know the beneficiaries over time. *Diogènes*' outreach workers compare their

observations and try to agree on a definition of the mental health needs encountered. When they cannot agree on a diagnosis, it is classified as "other type of mental health need". Bearing this in mind, among those who have mental health needs (n: 72), 24 % (17) suffer from altered perception of reality, 15 % (11) from cognitive disorders, 3 % (2) have intellectual disabilities and 58 % (42) suffer from other mental health conditions.

Data around the nationalities of the people who have mental health needs reflect the overall data on nationalities, with the exception of the Romanians, who seem to be less vulnerable to mental health needs than the other nationalities. This is probably due to the kind of migration, which is generally more family-orientated than for other nationalities. Social isolation can play a significant role in the development of mental health needs. The information available on household type confirm that people who live alone are slightly more vulnerable to poor mental health: 82 % of people who are affected by it live alone, whereas among the overall population under examination the percentage of people living alone is 77 %. The existing data also point to a modest predominance of poor mental health among the men. We can therefore surmise that the women are less affected.

According to the data, mental health problems go hand in hand with alcohol misuse. 75 % of those who have mental health issues also suffer from alcohol misuse. Alcohol misuse among those who do not have mental health problems is significantly lower – 50 %.

Mental health also has an impact on access to private housing (17 % live in private housing compared with 28 % of those who do not have mental health needs) and on use of hospital services to deal with substance misuse (13 % compared with 4 %), emergency departments (31 % compared with 10 %) and ambulance services (26 % compared with 5 %).

François

François was a 60-year-old man originally from Romania. He had been divorced for almost 20 years and had lost contact with his ex-wife. François had two children.

When François left Romania, he was engaged in undeclared work in construction for several years in Greece. At some point he lost his job and left for Belgium. He did so because of a promise of work that turned out to be a scam.

From the moment he arrived in Belgium, he lived on the street. In the beginning, he was engaged in undeclared work in various places. Over time, François started drinking more and more. This caused serious problems with his health so he lost a lot of his independence. It was becoming too difficult to hold down undeclared work in construction. His alcohol consumption had also affected his mental health. He could no longer understand the different administrative procedures he needed to go through to obtain a health card from the *CPAS* or to get a pair of glasses. This added to his frustration and negatively affected his mental health.

François slept on the street and couldn't get warm during the months where he wasn't staying in the Samusocial shelter. He needed a clean and warm place to sleep but he didn't have the right to it. What little money he made though begging he spent on drink and a bit of food.

François never managed to start the process to regularise his status in Belgium. He didn't have enough money to rent a flat and his health wasn't good enough for him to be able to work full time anymore. François died on the street. In the end, he lost all hope. One day he started drinking and kept drinking until he didn't wake up anymore. His body was repatriated and he was buried by his family in Romania.

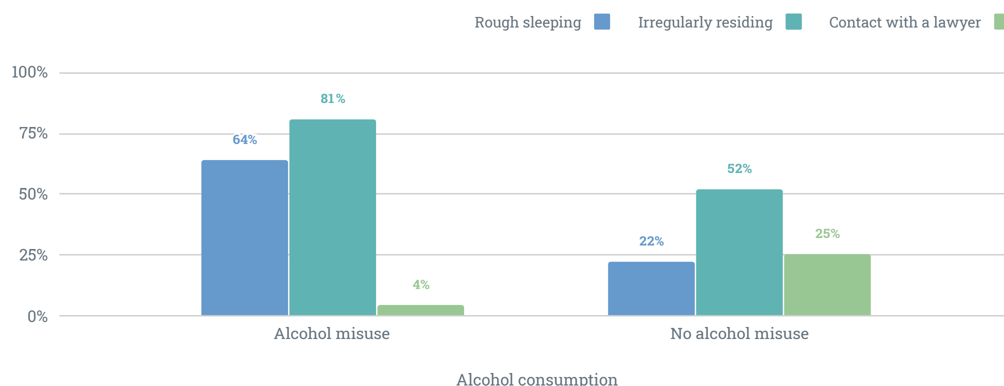
Alcohol Misuse

Alcohol misuse issues are quite common within a population that lives for a prolonged time in very unstable conditions. Polish nationals and men make up a significant proportion of the total number of people considered in this database. Polish is the nationality most represented among those who misuse alcohol (62 %) and men account for 87 % of those with alcohol misuse problems – among those whose consumption of alcohol is not problematic, women account for 58 %. It is probably safe to assume that the reasons behind this this trend are linked to the type of migration – single men looking for a job, living alone – and the number of years spent in difficult living conditions, often on the street, without the right to reside, and thus with no access to adequate health and social services. People of Roma ethnicity – who are more likely to live with their family and proportionately live in an unstable situation for a shorter time than others – are particularly underrepresented among *Diogènes*' beneficiaries who have alcohol misuse problems: Roma only account for 3 % of these people. Data about household type seem to confirm this theory, since 93 % of those who have alcohol misuse problems live alone whereas of those with no problematic alcohol consumption, only 42 % live alone and the majority (52 %) live with their family (information is unknown for 6 %).

Living conditions among those who suffer from alcohol misuse are significantly worse than those who do not. The data draw a clear picture in this regard, with people with alcohol misuse problems being more vulnerable to poor mental health and drug misuse (interesting to note is that among those who do not have alcohol misuse issues, only one out of 62 suffers from drug misuse). Moreover, those with alcohol misuse problems are more likely to sleep rough (64 %, compared with 22 % of those who do not) and to be irregularly residing (81 % compared with 52 %), and less likely to have been in contact with a lawyer (4 %, compared with 25 %). Alcohol misuse is very costly for individuals, thus access to treatment for alcohol problems is essential to improving the living conditions of a significant number of destitute mobile EU citizens.

Aside from the improvements for the individuals, society too would benefit from easier access to treatment for people with alcohol misuse problems. People with alcohol addiction problems tend to use more emergency accommodation and emergency health services. Also, in terms of hospitalisation, in 2018, 40 % of the people with alcohol misuse issues were hospitalised compared with 18 % of those without this kind of problem.

Difference according to alcohol consumption



Drug Misuse

It is worth noting that there is a high level of unknown information about beneficiaries who suffer from drug misuse. This is particularly noticeable when it comes to data related to the use of emergency healthcare. This might suggest a structural challenge in obtaining information about a population that, for several reasons, is hard to reach.

Analysis of nationalities shows a more heterogeneous group than the overall sample, with French and Italian nationals accounting for 19 % and 15 % of people with drug misuse problems respectively. Romanians, on the other hand, do not seem particularly affected by this, with only one person out of 26 for whom substance misuse was observed. Polish is the most represented nationality, accounting for 38 % of those engaging in drug misuse.

Drug misuse often coincides with alcohol misuse – 77 % of drug users also have a problem with alcohol misuse – and, like alcohol misuse, it entails higher levels of mental health needs, rough sleeping, and isolation. Interestingly though, people with drug misuse problems seem slightly less affected by the absence of a regular residence status (62 % are irregularly residing, compared with 74 % of those who are not drug users) and of health insurance (31 % have it, whereas 13 % do not).

The available data would suggest a higher use of hospital emergency departments and ambulances by people with drug misuse issues. However, the data are not reliable since information is unknown for a very significant proportion of those with drug misuse issues: regarding the use of emergency departments, information is unknown for 69 % of the sample, and for the use of ambulances, 73 % of the sample.

Administrative Status

How Immigration Status Has an Impact on Living Conditions

In the analysis of the consequences of a person's immigration status on their living conditions, we focused on three categories: those who are irregularly residing, those who have a short-term residence permit (E card for those who have been resident for less than five years), and those who hold a long-term residence permit (E+ card for those who have been resident for more than five years).

As seen above, Polish and Romanian are the two most present nationalities among *Diogènes* beneficiaries and account for 79 % of the 228 mobile EU citizens included in the database. It is interesting to note though that Poles are most represented among those who are irregularly residing (54 %) and long-term residents (42 %), while Romanians, mostly of Roma ethnic origin, make up the majority of short-term residents (59 %). Out of 17 people with a short-term residence permit, ten are Romanians, of which eight are Roma (four men and four women). This a small sample, which might however suggest that in recent years, there has been an increasing influx of Romanian families of Roma ethnic origin for whom there are opportunities to get a residence permit and who can therefore slowly integrate into Belgian society. Also interesting to note is that they are the group of short-term residents that has the highest proportion of individuals who have been in contact with an immigration lawyer (35 %, compared with 8 % of those irregularly residing, and 4 % of long-term residents). This probably highlights the importance of getting legal assistance in order to regularise one's immigration status but might also mean that efforts have been made to provide legal assistance for a specific group of mobile EU citizens.

The lack of a regular immigration status of course has a big impact on various aspects of individuals' lives. Mobile EU citizens with no right to reside are mostly cut off from any kind of income: 78 % of them do not have any kind of economic resources, while this applies to only 6 % of short-term residents and 8 % of long-term residents overall. Rough sleeping is also mostly an issue for those irregularly residing – 64 % of them have no place to stay – while it is less of an issue for short-term residents (6 %) and long-term residents (8 %) overall. It is worth pointing out that the data about housing draws a better picture for short-term residents, with 82 % of them living in private housing, than for long-term residents, who are more vulnerable to rough sleeping and of whom a lower percentage live in private housing (46 %). Short-term residents also seem to be better off than long-term residents in terms of mental health and alcohol misuse issues. This might be related to the fact that living for a long time in difficult circumstances has an impact on health but might also, as previously explained, be related to the differences in migration patterns between those who are short-term and those who are long-term residents. However, when it comes to health insurance, long-term residents are more likely to be insured than short-term residents and, it goes without saying, than people who do not have the right to reside. 88 % of long-term residents are insured, whereas 53 % of short-term residents are not. In the sample, not one irregular resident had health insurance – most of them (62 %) relied on emergency healthcare. A possible consequence, that can be fully confirmed by the data, is that irregularly residing mobile EU citizens make more use of emergency health services, such as emergency departments and ambulances. According to the existing information, on the one hand, the percentage of people with a residence permit who do not use such services is higher than among those with no right to reside but on the other hand, the percentage of people who declared using such services is relatively similar. The difference lies in the level of unknown information, which is much more pronounced for people who are irregularly residing. It is therefore reasonable to assume that people with no right to reside are more likely to use emergency health services, since they are often unable to access primary healthcare and their health conditions tend to get worse over time.

Contact with a Lawyer

Out of a total number of 228, only 24 *Diogènes* beneficiaries had received advice from a lawyer. Most of these people are Romanians (71 %, n: 17) and of Roma ethnic origin (58 %, n: 14) and most have children in Belgium (58 %, n: 14) and live with their families (54 %, n: 13). Made up of 13 men and 11 women, this is a more gender-balanced group than the overall group captured in the database. Almost all (21 out of 24) have been living in Belgium for more than five years.

Even though the majority are irregularly residing (54 %, n: 13), and can only rely only on emergency healthcare (75 %, n: 18), their living conditions are relatively better than those of the overall sample. 62 % of them have an income – one has a work contract and 14 receive the minimum income allowance –, and 67 % (n: 16) live in private housing. Only three beneficiaries in this sample are rough sleepers. While in terms of mental health needs and drug misuse, the data do not differ strikingly from the overall group – 43 % (n:11) present poor mental health and 13 % (n: 3) drug misuse issues – people who suffer from alcohol misuse are poorly represented in this specific group (26 %, n: 6). This trend is mostly explained by the overrepresentation of people of Roma ethnic origin, who, as previously shown, seem to be less affected by alcohol misuse issues than the rest of *Diogènes*' beneficiaries.

Advice from a lawyer, particularly an expert on EU free movement law, can make the difference for homeless mobile EU citizens. The data suggest that people who can access legal advice are more likely to have access to welfare benefits and are less likely to experience difficult living conditions.

Calo

Calo is a young Slovakian man of Roma origin. He is about 30 years old and lives on the street with his partner. Their three children have been placed in care by the family courts. The judge specifically asked Calo to find a place to live and a job.

Calo arrived in Belgium as an asylum seeker in 2012. His asylum application was rejected and he is now living in the country irregularly. Since 2012, he has alternated between living on the street and staying in the Fedasil hostel for asylum seekers.

His lawyer lodged an appeal with the employment tribunal against a decision by his local *CPAS* not to grant him welfare payments. The grounds on which Calo and his lawyer based his claim for the right to welfare payments are the fact that the couple cannot leave Belgium because their children have been placed in care. The tribunal ruled in favour of Calo and the *CPAS* was ordered to pay the family welfare payments equivalent to the minimum income allowance. Since then, Calo and his wife have received support and case work from the Roma Unit at the Brussels City Centre *CPAS*. They have now started proceedings to gain the right to accommodation.

Conclusion

The data collected in this report describe a sample of the population experiencing difficult living conditions in Brussels. Although this only reflects the experience of one the many homeless services in existence, it provides a reliable picture of what the main trajectories are for mobile EU citizens struggling to make end meets in Brussels.

In the absence of policy measures that address the obstacles encountered by EU citizens who become destitute in Brussels, one of the main features of this target group is the likelihood of getting into a vicious cycle where the absence of a job entails the absence of an income, that then leads to the absence of housing and of an address, the impossibility of obtaining a residence permit and, as a consequence, the impossibility of accessing services and welfare benefits. For many, this situation is protracted for many years, becomes chronic, and pushes people to the point of no return. Over time, problems that, if tackled early on, could have been solved, become insurmountable and drive people into extreme social exclusion.

To break the vicious cycle, it is extremely important that these people have access to a residence permit. This often paves the way for access to essential services and welfare benefits. A safety net – a minimum income, for instance – is in many cases a route into social inclusion. The absence of a regular immigration status, particularly when this is the case for many years, tends to coincide with very serious health problems, including mental health and substance misuse. Given the importance of having a regular immigration status, it is therefore also vital to have access to housing, or at least, to shelter, and therefore to an address, which is needed as a prerequisite to regularising someone's status.

The absence of health insurance is also a major problem. Only having access to emergency health treatment jeopardises people's health since they must often must wait until their conditions become serious enough for them to be able to access treatment.

The fact that certain European nationalities are particularly vulnerable to homelessness in the exercise of the right to free movement should promote coordination at European level. This coordination mechanism, monitored by the EU Institutions, should involve local and national public authorities and consular corps. A transnational partnership could help prepare mobile EU citizens before they leave and reduce their vulnerability to destitution. It could also help find adequate solutions for people if they become destitute in another Member State. Within this framework, the EU should also monitor the way voluntary returns and reconnections programmes are carried out, to avoid abuses and to make sure there is adequate follow-up once people are back in the country of which they are nationals.

Cultural mediators are paramount to supporting mobile EU citizens and there need to be enough of them to support beneficiaries effectively. Together with cultural mediation, legal advice proves to be an essential service in preventing people from becoming long-term homeless and, consequently, developing high levels of support needs. In this context, it would be useful to develop local-level cooperation between organisations providing services to destitute mobile EU citizens and legal experts specialised in EU free movement law. Moreover, the setting-up of a multiagency partnership between housing, employment, health and education services would facilitate the development of a holistic and solution-orientated approach towards homelessness among mobile EU citizens. This type of partnership would help the Brussels region to put in place integration strategies and properly address public policy issues without having recourse to measures that criminalise homelessness.