

# Intra-EU migrants experiencing homelessness in Brussels

Analysis of field data gathered  
by DIOGENES street outreach workers



bruss'help  
.brussels 

# Credits

Author: Mauro Striano, with the collaboration of the DIOGENES team  
Cover photo: Chloé Thôme

With the support of COCOM



**COMMISSION COMMUNAUTAIRE COMMUNE**  
**GEMEENSCHAPPELIJKE GEMEENSCHAPSCOMMISSIE**

This work is supported by the European Programme for Integration and Migration. Sole responsibility for the contents lies with the author and the contents may not necessarily reflect the positions of EPIM or its partner foundations.



**Bruss'Help**  
public law association  
Company number: 0723.632.965  
Rue de l'Association 15, 1000 Brussels



# Content

Introduction	4
1. Differences between Belgian citizens, European citizens and Third Country Nationals	5
2. Residence status and effect on living conditions	8
3. Focus on nationalities and people of Roma origin	11
4. Impact of access to welfare benefits on the wellbeing of those receiving support	14
5. Undeclared work	17
6. Long-term residence in Belgium and effects on living conditions	19
7. Alcohol misuse	22
Conclusions	23

# Introduction

In many European cities, mobile European Union (EU) citizens make up a large proportion of the homeless population. Their presence on the street is particularly high in countries where access to homelessness services is reserved for those who have a right to reside.

People who find themselves destitute while exercising their right to free movement in another European Union member state, often do not know what their rights are and come up against difficulties in accessing appropriate help. They often end up living in appalling conditions as a result.

As part of the second phase of the PRODEC<sup>1</sup> (*Protéger les droits des citoyens mobiles de l'UE en situation de précarité* (Protecting the Rights of Destitute EU mobile Citizens)) project, FEANTSA is in the process of collecting data from Barcelona, Brussels, Münster and Stockholm. Data on Brussels is collected through the work of Bruss'help<sup>2</sup> and DIOGENES,<sup>3</sup> a street outreach service. DIOGENES gathers a lot of information while out on the street, and brings it together in a database that is continually updated. This data includes demographic data, income and household type, drug and alcohol misuse needs, mental health needs, housing situation, residence status and reasons for migration, and data on the health insurance status of this group. All the data is collected anonymously.

The data brought together in this report, which is the second report on this topic, covers 2019. This report complements, at least in part, the first report, which used data collected in 2018.<sup>4</sup>

---

1 <https://www.feantsa.org/en/project/2019/08/28/prodec-protecting-the-rights-of-destitute-eu-mobile-citizens-2nd-phase>

2 <https://brusshelp.org>

3 <https://www.diogenes.brussels>

4 Bruss'help, DIOGENES and FEANTSA, Facteurs contribuant à la vulnérabilité des citoyens mobiles de l'Union en situation de précarité à Bruxelles (Factors Contributing to Vulnerability Among Destitute Mobile EU Citizens in Brussels), <https://brusshelp.org/index.php/fr/observatoire/etudes-et-analyse/2080-facteurs-contribuant-a-la-vulnerabilite-des-citoyens-mobiles-de-l-union-en-situation-de-precarite-a-bruxelles>

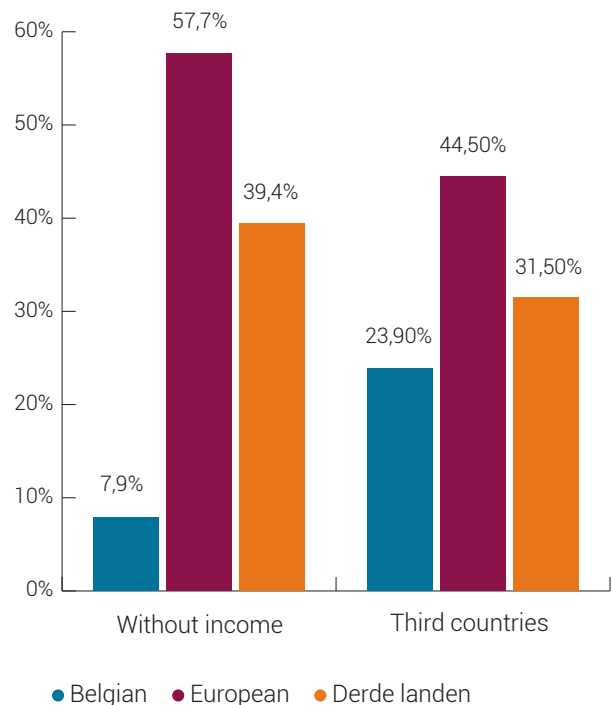
# 1. Differences between Belgian citizens, European citizens and Third Country Nationals

In 2019, DIOGENES collected data on 851 people receiving support. We know the nationality of 777 of these people: 331 are Belgian nationals (42.6%), 319 are from EU countries other than Belgium (41.1%) and 127 are Third Country Nationals (16.3%). It should be noted that the non-EU citizens supported by DIOGENES have generally been living in Belgium for a long time (48% for more than 10 years), several of them since they were children, and that the majority are Moroccan nationals (54.3%). Migrants in transit, for example, rarely show up in this sample. This shows that DIOGENES street outreach workers mainly support Third Country Nationals, who started their journey towards social inclusion a long time ago and often have a better chance of having their rights recognised.

We have recorded an increase in the number of cases over the past three years: in 2018, we had a total of 654 cases and we knew the nationality of 531 people: 225 (42.4%) were Belgian nationals, 227 (42.7%) were mobile EU citizens and 79 (14.9%) were Third Country Nationals; in 2017, we counted a total of 472 cases and knew the nationality of 426 people: 200 (46.9%) were Belgian nationals, 173 (40.6%) were from EU countries other than Belgium and 53 (12.4%) were Third Country Nationals. This data does not in itself show an increase in the number of people needing support. The growth in the number of cases can chiefly be explained by two factors: the higher numbers of street outreach workers employed by DIOGENES and the emphasis put on data collection in recent years, which allows for methodical collection of data on most cases.

There is a majority of men in each of the three categories, but the gender distribution is different in each. The Third Country Nationals are almost exclusively men (114 out of 124, or 91.9%), while the gender makeup of the Belgian citizens and European citizens is more balanced: 73.8% of the Belgians are men, 25.6% are women and 0.6% are trans, and 67.8% of the European citizens are men and 31.5% are women. Women are particularly present among the Romanian citizens (42.1%) and among the people of Roma ethnic origin (53.8%).

Income and destitution considering nationality



The majority of people receiving support are aged between 40 and 59 years; this is true for 53.5% of the European citizens, 47% of the Belgian citizens and 56.1% of the Third Country Nationals. The most common age bracket among the Belgians and the European citizens is 40 to 49 years (24.9% and 28.7% respectively), while the most common age bracket among the Third Country Nationals is 50 to 59 years (29.3%). There are also a significant number of people aged 60 years and over among those in receipt of support among the Belgian citizens and the European citizens (25.7% and 20.3% respectively).

As regards household composition, the data on the EU citizens is quite different from that on the Belgian citizens and Third Country Nationals. A higher proportion of the Belgians (70.9%) and the Third Country Nationals (77.2%) are single than the European citizens (54.2%). 25.1%, that is 80 out of 319 European citizens, are part of a family, while this is only true for 5.2% of the Belgians and 0.8% of the Third Country Nationals. This tendency to be in a family is particularly true of the Romanian citizens – 48.5%, that is 66 out of 136 people – and most of all for the European citizens of Roma ethnic origin – 70.5%, or 74 people out of 105 in receipt of support.

A high proportion (57.7%) of the European citizens have no income; this is much higher than among the Third Country Nationals (39.4%) and the Belgian citizens (7.9%). In the group of people supported by DIOGENES, the number of European citizens who have access to welfare assistance is in fact very low: only 11.6% receive the state income support allowance (*revenu d'intégration sociale (RIS)*) and 9.5% receive other benefits. Comparison with the two other categories suggests that the situation is much better for Belgian citizens and Third Country Nationals. Indeed, 36.9% of the Belgians are in receipt of RIS and 33.8% receive other benefits, and 29.9% of the Third Country Nationals receive RIS and 14.1% receive other benefits. Looking at income from work, we notice that a higher proportion of the European citizens are in work than the other categories under study: 17% of the Europeans DIOGENES support have a job, of which 4.1% have a contract and 12.9% work cash-in-hand. Among the Third Country National group, 5.5% do undeclared work and 0.8% have a contract, and the sample of Belgian citizens shows that 1.5% of them work and 1.2% are sex workers. The difference is therefore quite stark between European citizens on the one hand and the other two categories on the other, with in particular a significant proportion of people who do undeclared work among the European citizens. Indeed, there is a link between the limited

level of access to welfare benefits and reliance on undeclared work, as well as on begging. The latter is more common among the European citizens (52.7%) than among the Belgian citizens (31.4%) or the Third Country Nationals (29.1%).

The European citizens also experience worse conditions than the two other categories in terms of housing. The European citizens are in fact more often faced with street homelessness (44.5%) than the Third Country Nationals (31.5%) or the Belgians (23.9%). 37.1% of the Belgian citizens in receipt of support are housed, including in social housing (5.7%) or through a social rental agency (SRA) (20.2%), while 25.7% and 26.1% of the European citizens and Third Country nationals respectively are housed. It should also be noted that none of the European citizens have access to social housing or a flat through an SRA, while 8.7% of the Third Country Nationals in receipt of support have housing through an SRA and 2.4% of them live in social housing. The unfavourable conditions in which the Europeans live, even compared to the Third Country Nationals, can in large part be explained by the high proportion of them who are residing irregularly (60%, versus 38% of the non-EU citizens) and their short time living in Belgium – 32.9% of the EU citizens have been living in Belgium for more than 10 years, whereas this is true for 48% of the non-EU citizens. 19.7% of the Third Country nationals actually migrated to Belgium when they were children, while this is only true for 2.5% of the Europeans.

Moving on to health, the European citizens of all nationalities are doing better than the Belgians and the Third Country Nationals in terms of mental health problems, alcohol addiction and drug use.<sup>5</sup> The majority (66.8%) of the European citizens in receipt of support (213 of 319 people) do not have mental health needs. Not so the Belgians and Third Country Nationals, of whom 68.3% and 55.1% respectively have difficulties with their mental health. The Belgians and the Third Country Nationals are more affected by

<sup>5</sup> As we will see later on, this statement should be qualified when we are not looking at the European clients as a homogeneous group. Indeed, there are many differences between, for example, citizens of Roma ethnic origin and non-Roma people.

addiction – with 32.9% and 48.8% of people respectively suffering from it – than the European citizens, of whom only 7.2% misuse substances other than alcohol. Alcohol misuse is more similar among the three groups, with 46.4% of the Europeans, 57.7% of the Belgians and 60.6% of the Third Country Nationals in receipt of support affected by this problem.

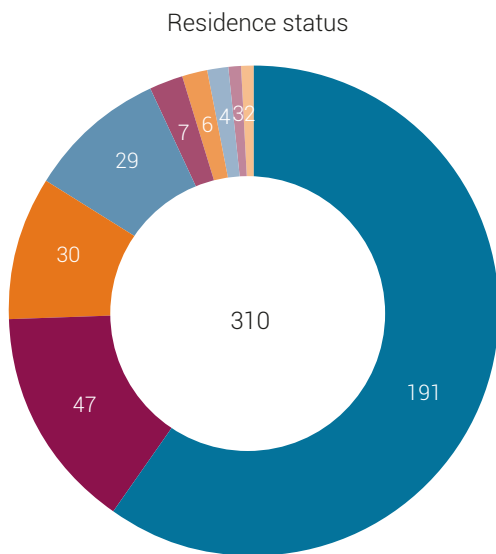
Despite there being a legal framework that facilitates the free movement of European citizens, these citizens experience, in several respects, worse living conditions than Belgians or Third Country Nationals, if we take the people supported by DIOGENES as an example. In particular, the European citizens are more affected by street homelessness and the lack of access to welfare assistance and income in general. On the other hand, the Europeans, if taken as a homogeneous group, on the whole experience fewer mental health problems and addictions, which implies that the reasons for their poor living conditions lie in their insecure residence status. That said, in this comparative study, we refer to the categories of Belgian citizens, European citizens and Third Country Nationals as three homogeneous groups, which does not reflect reality. In particular, there are significant differences among the group of Europeans, for example between the Roma population and non-Roma population.

## 2. Residence status and effect on living conditions

The biggest obstacle to obtaining a residence permit is having to have a registered address. The application of European Directive 2004/38/CE<sup>6</sup> in Belgium dictates that entrants must register with the local authority of residence within three months of their arrival in Belgium. The problem is that 170 of the 319 European citizens receiving support from DIOGENES (53.3%) have no address and only 14 of them have managed to get a "reference address."<sup>7</sup> Being unable to find a residence means not having a residence permit.

a long-term residence permit (E+ card), which can be obtained after five years of residence (n=47) and those with a five-year residence permit or E card (n=30).

The first thing to note is that a high proportion of people with irregular residence status have already been living in Belgium for several years: 16.8% have been living in Belgium for more than ten years, 22% for more than five years, 29.3% for more than a year and only 11.5% have just arrived in Belgium (less than a year ago). Obtaining a residence permit is often a complicated process, which is evidenced by the data in that 80.9% of the European citizens who have an E+ card and 70% of those who have an E card have actually been living in Belgium for more than ten years.



- Irregular
- E+ Card
- E Card
- n/a
- Regular, but not specified
- Other
- Annex 19
- Annex 35
- Annex 15

In order to identify the effects of residence status on the living conditions of people in the sample under study, we will focus on three categories: people with irregular residence status (n=191), those with

The majority of people with irregular residence status have no income (81.2%). Their only means of obtaining financial resources are undeclared work (18.3%) and begging, which affects 64.9% of the irregularly residing European citizens supported by DIOGENES. The more secure people's residence status is, the less likely it is that they will not have an income: having no income affects 26.7% of people with a short-term residence permit but only 6.4% of those who have a long-term residence permit. The same trend is true as regards the proportion of those doing undeclared work, which falls to 6.7% among the group with an E card and 2.1% among the group with an E+ card.

Lastly, a higher percentage of people with a short-term permit (43.3%) receive RIS than people with a long-term permit (31.9%). By contrast, those with an E+ card have better access to income linked to an occupation (17% versus 10%), to unemployment benefits (10.6% versus 3.3%), to a pension (8.5% versus 0%) and to other benefits such as health insurance (12.8% versus 6.7%) and disability living allowance

<sup>6</sup> Directive 2004/38/EC of the European Parliament and of the Council on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States.

<sup>7</sup> A "reference address" (adresse de référence) is provided to homeless people (by a charity) so that they can receive post at a particular address even though they do not live there, and use it when administrative procedures require an address.



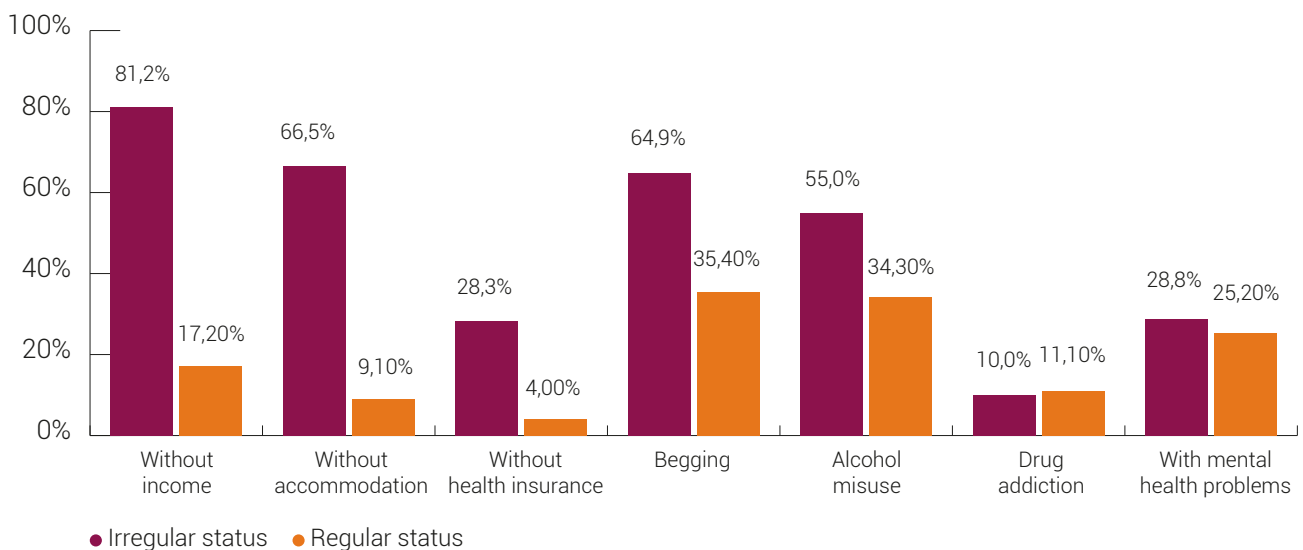
(8.5% versus 0%) than those with an E card. This data shows that people with a long-term residence permit – and so a secure residence status that guarantees equal treatment with Belgian citizens – experience a higher level of social inclusion which allows them, amongst other things, to move from welfare assistance (non-contributory benefits) into paid work or social insurance (contributory benefits).

Residence status and lack of income are the two main factors that force the majority of irregularly residing European citizens into rough sleeping. Indeed, 66.5% of this group sleep rough, compared with 10% of those who have an E card and none who has an E+ card. Fewer than 10% of the people with irregular residence status (9.4%) have a place of their own to live. For everyone else, apart from those who sleep rough, the most common housing solutions are sofa-surfing (8.9%) or staying in a squat (3.7%), a hostel (3.1%) or a cohousing community (2.6%). It is important to note that none in this group has a place in supported housing. As with access to income, the more secure their residence status becomes with time, the

more stable housing options become available to the people supported by DIOGENES. The figures corroborate this: 56.7% of people with an E card and 68.1% of those with an E+ card have their own place to live. Moreover, people with a long-term residence permit have the option of a flat obtained through an SRA (6.4%) or social housing (4.3%), which means that a total of 78.8% of these people have a place to live.

For someone who has no address, residence permit, income or housing, another problem arises: not having health insurance. Their only option is therefore the emergency medical assistance (EMA) service. In this respect too, secure residence status goes hand in hand with better medical cover. The proportion of people with health insurance is 37% among people with an E card and 74.5% among people with an E+ card. As a result, many people with irregular residence status use the EMA service (60.2%), while reliance on this assistance lessens once a person's residence status becomes secure: 53.3% of the people with a short-term residence permit use it but only 12.8% of the people with a long-term residence permit do.

Persons with regular or irregular residence status



The trends relating to and therefore the link between mental health needs and alcohol addiction and residence status seem to be more tenuous than the indicators we have just analysed. The group with an E+ card more often have mental health needs (38.1%) than the group with irregular residence status (21.5%) or the group with short-term residence rights (20%). However, we should stress that if we concentrate on the data for people with irregular residence status who have been living in Belgium for more than ten years, this proportion reaches 28.6%. This could indicate that the length of time spent living in poor conditions could make mental health problems worse. Another reason could be the fact that people with irregular residence status do not generally have access to specialist treatment services and it is therefore difficult to diagnose potential mental health conditions. According to the data available, alcohol misuse seems to be more prevalent among people with irregular residence status (55%) than among people with an E card (26.7%) or people with an E+ card (42.6%). We should point out that, as with mental health disorders, alcohol misuse appears to become more acute with the number of years living in Belgium. Indeed, the percentage of long-term residents that suffer from alcohol addiction is greater than that among short-term residents and, if we only take into account people who have irregular residence status and have been resident for several years, the proportion is as high as 67.4% among those resident for more than five years.

In conclusion, having a residence permit is the key to a better quality of life, especially if it is a long-term permit, which grants equal treatment with Belgian citizens. The more secure a person's residence status is, the more likely it is that they will have an income, housing and health insurance. It follows that people who have a long-term residence permit can more easily reach a level of social inclusion, which allows them, among other things, to move from welfare assistance (non-contributory benefits) into paid work or social insurance (contributory benefits). By contrast, people with irregular residence status are very vulnerable to street homelessness; their only means of income is undeclared work and they do not have health insurance. Reliance on the EMA service, the only option for people with no residence permit, is dangerous for their health, in that they have to wait until their condition is serious enough for them to be able to access treatment.

### 3. Focus on nationalities and people of Roma origin

Among the European citizens whose nationality is known (n=319), the five most represented countries of origin are Romania (42.6%, n=136), Poland (37%, n=118), France (5%, n=16), Italy (3.8%, n=12) and Slovakia (3.1%, n=10). Romanian and Polish nationals therefore make up 79.6% of the total population of European citizens studied in the 2019 data. The proportion of nationals from these two countries is about the same as it was in 2018 (in that year, the sum of these two nationalities came to 79.4%). However, the ratios changed: in 2018, Poland was the main country of origin (46%), then Romania (33%), while in 2019, Romania was the main country (42.6%) and then it was Poland (37%). This is because of the considerable increase in the number of Romanian nationals – in particular of Roma ethnic origin – recorded in the database: the number of Romanian nationals went from 75 in 2018 to 136 in 2019 and that of individuals in the Roma group went from 39 to 95. The number of people in the sample of Polish nationals did go up slightly, from 106 to 118.

Given that these nationalities represent four people out of five, as we did in the previous report,<sup>8</sup> we will focus on them and explore the differences between their profiles. When analysing the characteristics of the European nationals, it is important to distinguish those of Roma ethnic origin from those who are not Roma, because these two groups are markedly different from each other. We should add that the difference is also clear, and sometimes even more marked, between Romanian nationals who are Roma and those who are not.

The first comparison to be made is between Roma European nationals (n=105) and non-Roma European nationals (n=210), of all nationalities. Firstly, in terms of demographics, we can see a very interesting split around breakdown by gender and household type. On the one hand, the specificity of the Roma population is to be found in the slightly higher proportion of women (53.8%) and significant number of families among them (70.5% are part of a family). On the other hand, the non-Roma citizens are mostly men (79.2%) and live alone (73.3%, compared with 15.2% as a couple and 2.9% as part of a family). The main factor that could explain the difference in gender distribution is the relationship between two indicators: whereas Roma people almost exclusively migrate as a family, among the non-Roma, it is more likely that men – whether or not they have a family – will leave their country of origin on their own to find work in Belgium. Other factors explain the greater presence of women among the Roma population, but cannot be captured in the available data: cultural aspects specific to this group and the relationship with the female outreach worker who supports them. Given that the person responsible for the Roma service users is a woman and is of Roma ethnic origin, it is easier for her to make contact with the women. Making contact with the men first would be culturally problematic. What is more, the division of tasks between women and men within Roma communities determines that it is women's role to ask for help and to communicate their families' needs to social workers.<sup>9</sup>

As regards residence status, citizens of Roma origin seem to have easier access to a registered address – 39% versus 16.7% of the non-Roma – or to a reference address – 5.7% versus 3.8% among the non-Roma. This has a knock-on effect on the number of people who are irregularly residing, which is 65.2% among the non-Roma but 47.6% among the Roma people. In particular, the Roma people have easier

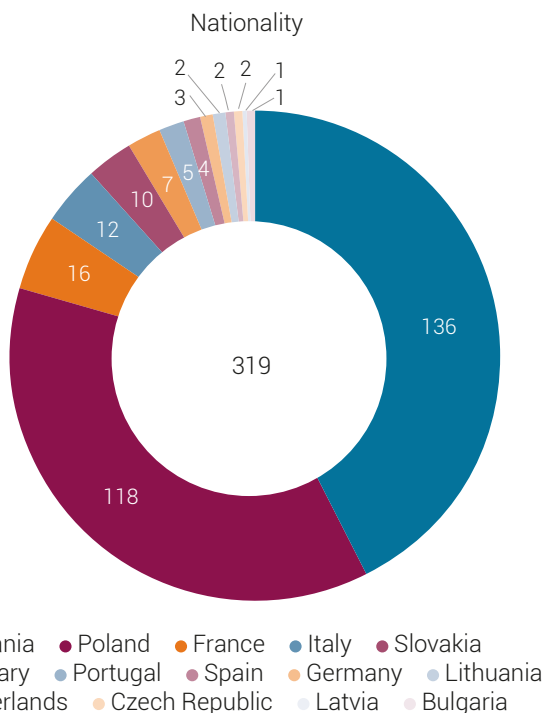
<sup>8</sup> Bruss'help, DIOGENES and FEANTSA, *Facteurs contribuant à la vulnérabilité des citoyens mobiles de l'Union en situation de précarité à Bruxelles* (Factors Contributing to Vulnerability Among Destitute Mobile EU Citizens in Brussels) <https://bruss'help.org/index.php/fr/observatoire/etudes-et-analyse/2080-facteurs-contribuant-a-la-vulnerabilite-des-citoyens-mobiles-de-l-union-en-situation-de-precarite-a-bruxelles>

<sup>9</sup> Interview with Bram Van De Putte, Daniela Novac and Joris Sabo, 29/10/2020

access to a five-year residence permit, an E card: this is true for 18.1% of the Roma nationals, versus only 5.2% of the non-Roma. As for the E+ card, the long-term residence permit, 15.2% of the Roma have one, versus 14.8% of the non-Roma. It is important to note that the proportion of Roma individuals who have seen a specialist immigration solicitor is much higher than among the non-Roma (22.9% versus 4.8%).

whereas none of the non-Roma in the database do. The latter rely instead on income from undeclared work (17.1%). This is particularly the case for Polish citizens: 24.7% of the Polish nationals receiving support from DIOGENES rely on income from undeclared work. By contrast, their access to the RIS allowance is very low (4.2%).

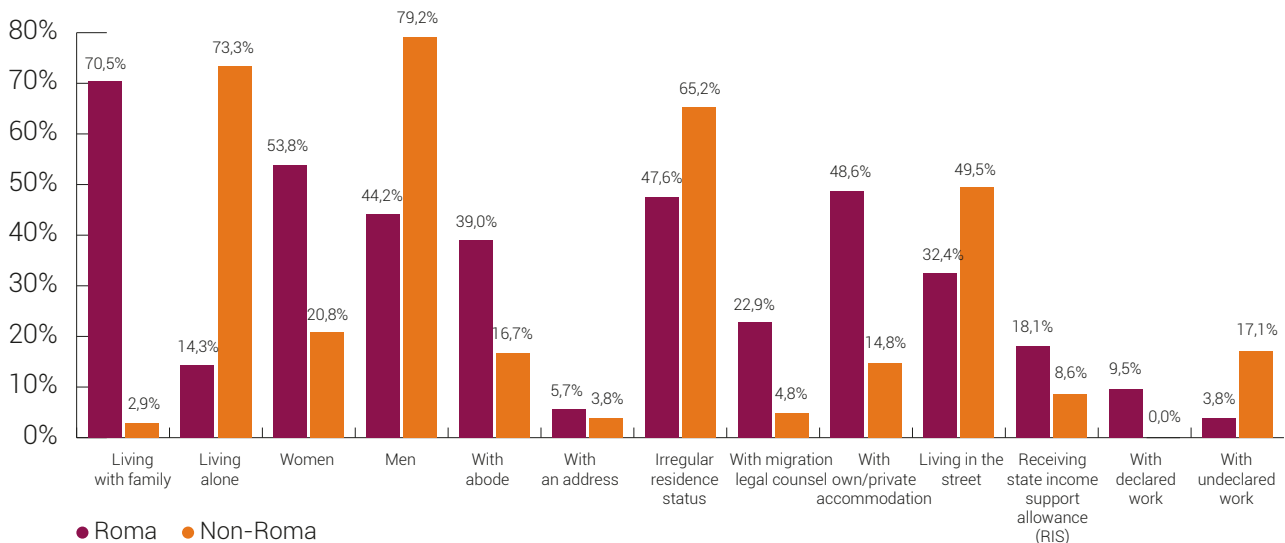
The data around access to a residence permit and to individual housing shows better conditions for the Roma group. The DIOGENES street outreach workers<sup>10</sup> interpret these better conditions as being explicable by factors linked, on the one hand, to the way the service works and on the other hand to the characteristics of the Roma communities living in Brussels. First of all, as regards the way the service works, it should be noted that its resources are limited: one person working part-time supports the whole group. That leads to a situation where priority for support is given to those people who are already relatively established and with whom it is possible to start procedures that will help regularise their residence status and improve their living conditions. As regards the characteristics specific to this group, we notice that the fact that Roma communities have been present in Belgium for a number of years makes the arrival of new members of the same community easier, in many respects. First and foremost, it is easier for new arrivals to find a place to live with one of the members of their community, and the possibility of having an address opens doors to obtaining an E card, particularly as a job-seeker or self-employed worker. The presence of Romanian companies registered in Belgium, in the construction and cleaning/domiciliary care sector, also allows members of the communities that set them up to obtain self-employed status more easily. Once someone has obtained a short-term residence permit, they can seek assistance from a welfare assistance centre (*Centre public d'action sociale*, CPAS). If they apply for assistance from a CPAS, they have to sign a document declaring that they are aware that being awarded welfare assistance could cause them to lose their residence permit. The decision by



Peoples's residence status inevitably has an impact on their housing conditions and access to an income. The differences in terms of access to housing are particularly stark: 48.6% of the Roma European citizens live in their own home, while only 14.8% of the non-Roma do. Street homelessness is particularly serious for the non-Roma people, with one in every two non-Roma citizens sleeping rough (49.5%), while this is true for only 32.4% of the Roma people supported by DIOGENES. As regards income, the most noticeable differences are around access to RIS income support, which 18.1% of the Roma receive, compared with 8.6% of the non-Roma. In addition, 9.5% of the Roma have an income from work with a contract,

<sup>10</sup> Ibid.

Persons self declared as Roma or Non-Roma



the government immigration department (*Office des Etrangers*) on their residence permit, and, if applicable, their appeal to the immigration tribunal (*Conseil du Contentieux*), take time – sometimes over a year. This allows people to find more long-term solutions, even a place of their own to live and a job. Community solidarity and, in general, a resourcefulness made easier by the existence of an already-established community compensates, at least in part, for the lack of safety net for new arrivals.

Surprisingly, in the majority of cases, having access to the RIS allowance, housing and a residence permit do not seem to make it easier for Roma migrating within Europe to access health insurance. Indeed, the proportion of people who have health insurance is the same among the Roma and non-Roma groups (15.2%), and the level of use of the EMA service is similar (49.5% among the Roma and 47.1% among the non-Roma). By contrast, as regards mental health, the split speaks volumes: 85.7% of the people in the Roma group have no problems, whereas this is only true of 56.7% of the non-Roma. Among the non-Roma European citizens supported by DIOGENES, 9% experience distorted perception, 11.9% have an intellectual disability, 2.9% have a cognitive impairment, and 17.6% have other mental health needs. Alcohol addiction is also much less of a problem among

the Roma group than among the non-Roma group: alcohol addiction affects 64.3% of the people in the non-Roma group but 10.5% of the Roma people. Excessive alcohol consumption appears to affect the Polish nationals in particular (73.7%). Living as a family, residence rights, access to the welfare state and more favourable housing conditions are probably the factors that prevent the misuse of alcohol and other substances and the development of mental health problems.

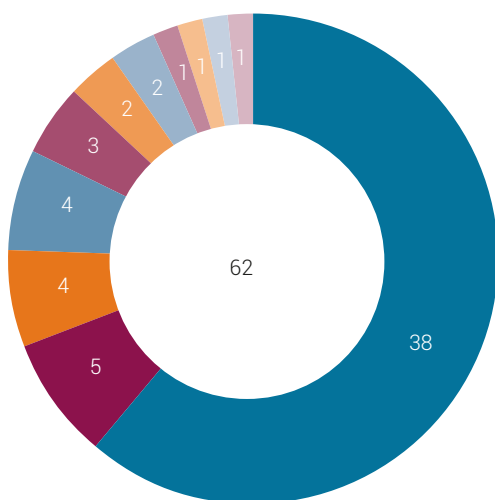
Analysis of the data shows that the European citizens supported by DIOGENES are not a homogeneous category. In particular, there is a very clear difference between the group of Roma ethnic origin and the non-Roma. Their differences in living conditions are mainly the result of cultural factors that set them apart from each other. We notice that the Roma people in the sample almost always undertake their migration journey as part of a family unit and that belonging to a community that is already established in Belgium allows new arrivals to benefit from a support network. It is interesting to note that this community solidarity compensates for the lack of safety net and that, therefore, resourcefulness and relationships between people make up for what is missing from the European legal framework in terms of access to services and to basic social welfare schemes.

## 4. Impact of access to welfare benefits on the wellbeing of those receiving support

To study the impact of access to welfare benefits, we have singled out data on people who have no income on the one hand and people who receive benefits on the other, including RIS and other allowances such as disability living allowance (*“la vierge noire”*), sickness benefits for people with health problems (*“la mutualité”*), pensions and unemployment benefits. The total number of people in this group is 246, of whom 62 have access to welfare benefits and 184 have no form of income, which suggests that access to welfare benefits remains fairly limited for those European citizens supported by DIOGENES.

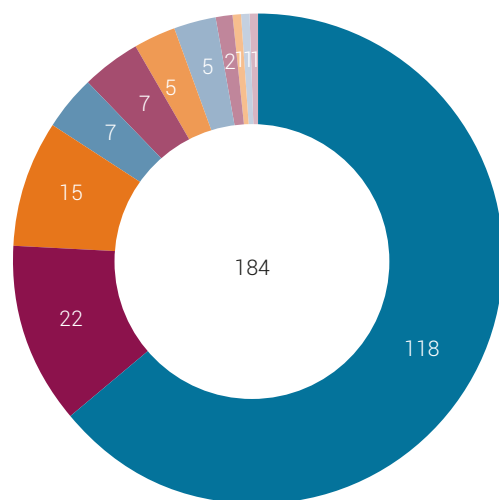
Analysis of the data suggests that receiving social welfare is key to being able to exit rough sleeping and access housing solutions. Only 6.5% of the 62 people supported by DIOGENES who have access to welfare benefits is street homeless. The majority of those who have access to benefits (61.3%) live in housing found in the private rented sector or through an SRA (4.8%), or in social housing (3.2%). If we look at those who sleep rough, those who live in supported housing (8.1%), in a hostel (6.5%), with friends or acquaintances (3.2%), in retirement housing (1.6%) or in a cohousing community (1.6%), the percent of people who have access to welfare benefits and are homeless is 27.5%. The comparison with the sample of people who have no income is striking – in this group, 83.1% are homeless, and 64.1% of the 184 individuals in question are street homeless. Only 22 out of 184 people live in their own home. Even though a third of the people with access to welfare benefits are still homeless, which is still a worrying observation, it is nevertheless clear that welfare benefits play a significant part in improving quality of life.

Housing situation for those receiving welfare benefits



- Own place/private
- Shelter
- No accommodation
- Emergency centre
- AIS
- Social housing
- With third persons
- Rest home
- Cohousing community
- n/a
- With family

Housing situation for those not receiving welfare benefits



- No accommodation
- Own place/private
- With third persons
- Emergency centre
- n/a
- Squat
- Cohousing community
- With family
- Hospital - long stay
- Prison
- Regular accommodation

Another striking difference between the two groups under study is around residence rights. 84.2% of those who have no income have irregular residence status, whereas everyone who has access to welfare benefits has a residence permit. The majority (54.8%) have an open-ended residence permit (E+ card). It is also interesting to note that 75.8% of those who have access to welfare benefits have been living in Belgium for more than ten years and 14.5% of them have been living here for more than five years. Only three out of the 62 people (4.8%) who have been living in Belgium for fewer than five years have access to welfare benefits, which suggests that it is necessary to be a long-term resident to access benefits, and thus the extreme complexity of access to the welfare state for European citizens.

Only one person out of the 184 who receive no welfare benefits and have no occupation (so no form of income apart from possibly begging) has health insurance. The majority of individuals in this group (56.5%) have used the EMA service to meet their health needs. Among those who receive welfare benefits, 35 out of 62 people (56.5%) have health insurance and 33.9% have used the EMA service. This shows therefore that access to welfare benefits and access to healthcare are closely linked, and gives an idea of the extreme hardship experienced by people with no income, who are street homeless, and have no residence permit and no health insurance.

There are fewer differences between the two groups as regards mental health: 62.9% of those who have access to welfare benefits and 67.9% of those with no income have no mental health needs. Nevertheless, we have less information on the mental health needs of those who have no income (9.8% of the sample) than on those who have access to welfare benefits (1.6% of the sample), which implies that we do not know the full extent of mental health problems among the group with no income. This is mainly because the DIOGENES street outreach

workers have not known those who have no income for as long and an exhaustive study of the presence of mental health problems has not yet taken place. On the other hand, those who have no access to welfare benefits seem to have more problems with alcohol addiction than those who do have access to benefits: almost half of those who have no access to welfare benefits suffer from alcohol addiction (47.3%), whereas, in the sample of people who do have access, only a third misuse alcohol (33.9%). The lack of income and the difficult living conditions that result from it – including social isolation – are probably at the root of this particularly salient difference between the two groups. As has also been referred to in other studies, the proportion of people appearing to demonstrate serious risk of harmful alcohol use or alcohol dependence seems higher among individuals whose social situations are the most difficult.<sup>11</sup> In addition, cultural differences could play a role: as explained in the section comparing citizens of Roma origin and other European citizens, the Roma group has less of a tendency to consume alcohol and has proportionately more access to welfare benefits, which could have an impact on the data recorded in the database and on the comparison with the group that have access to CPAS assistance or other benefits and the group that do not.

Lastly, one final difference observed between the two groups regards the level of involvement in begging. As is to be expected, a significant proportion of the people who have no income engage in begging (71.2%), while only a relatively small proportion of those who receive welfare benefits do (32.3%).

Ultimately, obtaining welfare benefits appears key to being able to exit rough sleeping and access housing solutions. In contrast, it is clear that access to the welfare state is extremely complex, especially for European citizens who are destitute. People have to go through a complicated process – and are often required to have been resident in the country for sev-

11 F. Beck, S. Legleye, S. Spilka, L'alcoolisation des personnes sans domicile: remise en cause d'un stéréotype (Alcohol addiction among homeless people: another look at a stereotype), in « Economie et Statistique » (Economics and Statistics), n° 391-392, 2006.

eral years – before they can access help. The resulting lack of income and the poor living conditions that follow – including social isolation – are probably at the root of problems such as alcohol addiction, which further worsens the condition of those affected and is difficult to treat without access to healthcare.

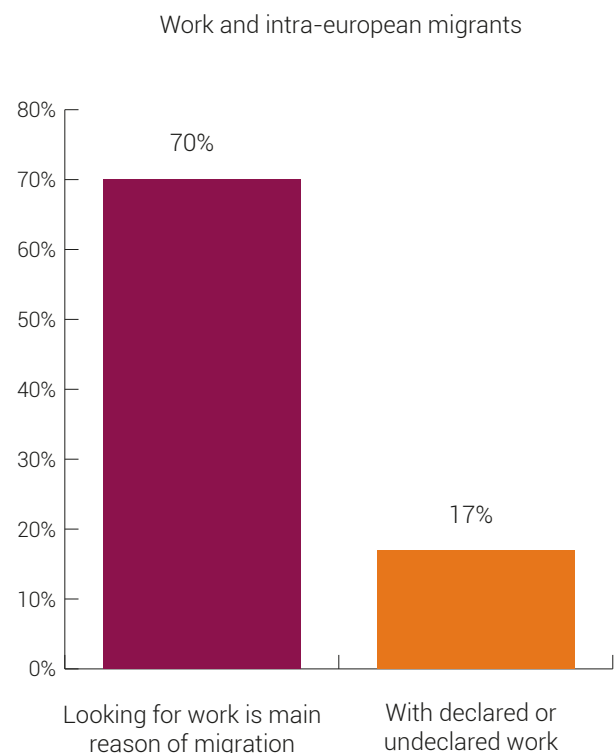


## 5. Undeclared work

Mobile EU citizens generally manage to find work in another EU member state. According to Eurostat, the rate of employment among mobile EU citizens was 75.5% in 2019, whereas the overall European employment rate was 73.1%. In most countries, the employment rate among EU citizens living in a country other than their country of origin was higher than in the citizen's country of origin, and higher than the European average. Between 2009 and 2019, the rise in the employment rate among mobile EU citizens (+6.4 %) was higher than the rise in the employment rate among the general population (+4.9 %).<sup>12</sup> Looking for work is the main reason European citizens exercise free movement. We also found this to be true in this report. As a matter of fact, more than 70% of the migrants migrating within Europe supported by DIOGENES say that they migrated to Belgium to look for work. By contrast, out of a total of 319 European citizens supported by DIOGENES, only 54 are working, of whom 13 have an employment contract and 41 work without a contract. It is evidently very difficult to access the labour market and undeclared work is a reality for the majority of the people in the sample, including those who have income from work. Even though it is difficult to compare the living conditions of the group of people who have no contract with those of the group of people who have a contract, the latter group being very small and therefore not very representative, analysis of the data provides a snapshot of the profiles and the living conditions of people engaged in undeclared work.

The most common profile among the group who work but have no contract is male (87.2%), single (75.6%) and of Polish nationality (70.7%). Nevertheless, there are also a significant number of Romanian nationals (24.2%). The large majority of people in this group have irregular residence status (82.9%) and/or have no address (56.1%). And yet, a large number of them have been living in Belgium for a long time: 29.3% have

been living here for more than five years and 14.6% for more than ten years. This suggests that 43.9% of the people in this sample would potentially have the right to a long-term residence permit (E+). A further 19.5% of these individuals have been living in Belgium for more than a year and only 4.8% have been living here for less than a year. On top of this, none of the people in the sample have health insurance, even though the majority have used the EMA service (58.5%). Doing undeclared work and not having health insurance or welfare benefits is particularly dangerous. Having an accident at work, not being able to receive treatment and experiencing a sudden loss of income can have a dire impact on the living conditions of people who are already in a very difficult situation.



The European citizens DIOGENES supports who have a job – with or without a contract – have fewer mental health needs than average. Around four out of five people have no mental health problems – 78% among

<sup>12</sup> Eurostat, EU citizens living in another Member State - statistical overview. [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=EU\\_citizens\\_living\\_in\\_another\\_Member\\_State\\_-\\_statistical\\_overview#Key\\_messages](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=EU_citizens_living_in_another_Member_State_-_statistical_overview#Key_messages)

the people with no contract and 84.6% among the people with a contract. Working without a contract, and so clearly in a very precarious position, does not seem to have an impact on people's mental health. By contrast, the difference between the two groups is telling from the point of view of alcohol misuse: this affects 70.7% of the people with no employment contract but only 30.9% of the people with a contract.

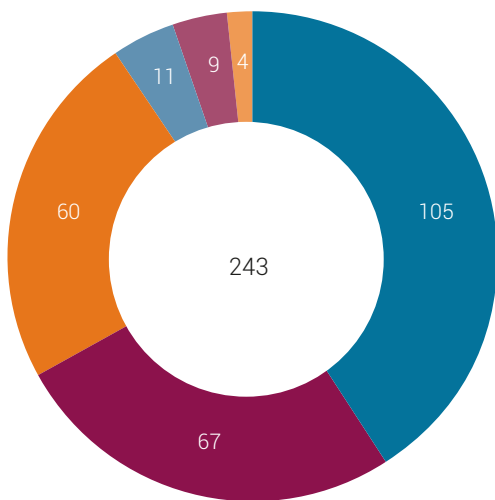
On another note, it should be recognised that a significant proportion of the sample have no housing or accommodation solution. No fewer than 43.9% of the individuals affected sleep rough, 19.5% are sofa-surfing and 2.4% live with their family; 4.9% live in a squat and 2.4% in a cohousing community. Only 19.5% have their own place to live, which suggests that access to housing or accommodation is particularly difficult for people with irregular residence status who work but have no work contract, even if they have an income. The difference between them and people doing declared work is stark: almost all of these people (92.3%) live in their own home and a small number of them with family or friends (7.7%).

Unfortunately, undeclared work is often the only option available to European citizens who, when they arrive in Belgium, have difficulty finding work, have to navigate complicated administrative procedures and experience poor living conditions. Without an address, sleeping rough, with no health insurance, these people find work through informal networks and are very vulnerable to very poor working conditions and even exploitation. Not having a work contract and therefore being unable to register as a worker is an obstacle to accessing housing and the social safety net, one that is often insurmountable. These living conditions, if they persist, push people into extreme social exclusion, which also entails alcohol misuse.

## 6. Long-term residence in Belgium and effects on living conditions

We have information on how long 256 European migrants have been living in Belgium. 105 of them (41%) have been living in Belgium for more than ten years, 60 (23.4%) for more than five years, 67 (26.2%) for more than a year and 24 people (9.4%) have just arrived and have been living in Brussels for less than a year. The large majority (64.4%) have therefore been living in difficult conditions for a long time – more than five years.

Duration of the stay in Belgium



- More than 10 years
- Between 5 and 10 years
- Between 1 and 5 years
- Less than 1 year
- Less than 3 months, 1st time
- Less than 3 months, recurrent

Some aspects of the living conditions of European migrants within Europe do seem to get better over time. This is probably because they get to know the system better and have taken more steps towards regularising their residence status, looking for a place to live, applying for benefits and accessing social assistance. It is quite revealing, for example, that no one who has been living in Belgium for less than

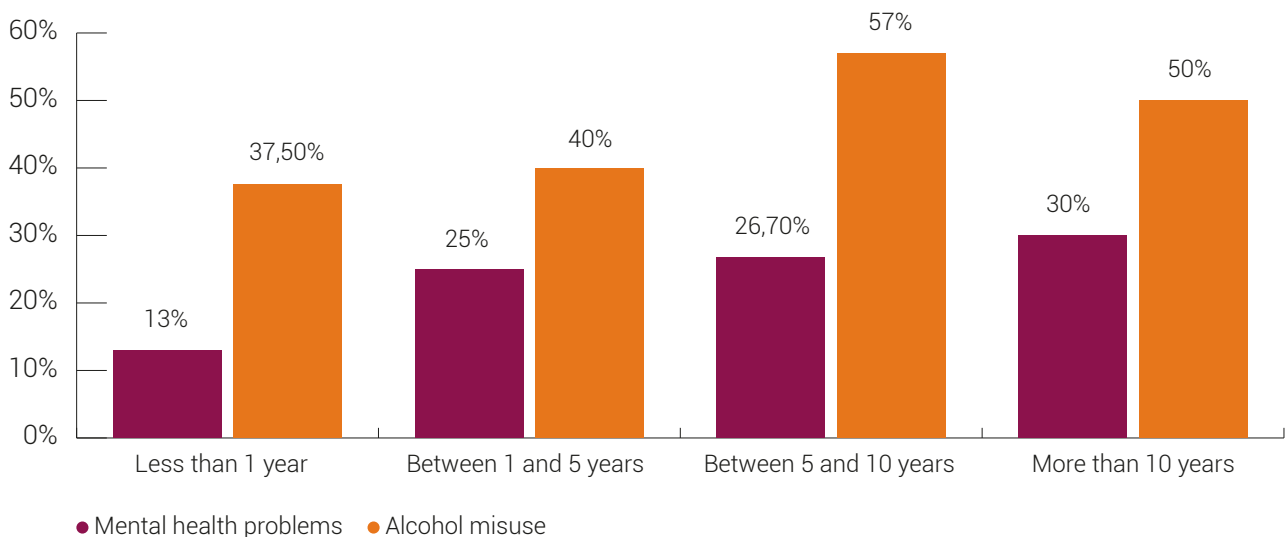
a year, only 3% of those who have been living here for less than five years and only 6.7% of those who have been living here for less than ten years, have seen a specialist immigration solicitor. It is only among those who have been living in our country for more than ten years that the proportion of people who have seen a solicitor reaches 26.7%. The effects can be seen in the proportion of people who have their own housing and have a registered address or a reference address and, as a result, the proportion of people who have a residence permit, which increases with time spent in Belgium. As regards having an address, 4.2% of the people who have been living in Belgium for less than a year have a registered address but none of them have a reference address. Among the group who have been living in Belgium for between one and five years, 13.4% have a registered address and 1.5% have a reference address; among the group who have been in Belgium for between five and ten years, 20% have a registered address and 1.7% have a reference address and among the group of people who have been living in our country for more than ten years, 49.5% have a registered address and 11.4% have a reference address. It follows that it is only past the ten year mark that the proportion of individuals who have a residence permit exceeds that of those who have irregular residence status. Indeed, 91.7% of people in the group who arrived less than a year ago have irregular residence status, 83.6% of those in the one-to-five-year group have and 70% of the people who have been living here for more than five years have irregular residence status, whereas only 30.5% of the people who have been living in Belgium for more than ten years are in this situation. It is also important to note that only 36.2% of the people who have been living in Belgium for more than ten years and 13.3% of the people who have been living here for more than five years have a long-term residence permit (E+ card). The E+ card can usually be obtained after five years on Belgian soil and grants equal treatment with Belgian citizens, including in terms of welfare benefits and social assistance.

As has already been mentioned, beyond residence status, access to own housing increases and street

homelessness becomes less prevalent with the number of years spent on Belgian soil. Among the group of mobile EU citizens supported by DIOGENES, those people who have been living in Belgium for less than a year are mostly rough sleepers (87.5%). This proportion decreases with the number of years spent in our country: 59.7% among the one-to-five-year group; 41.7% among the five-to-ten-year group and 21.9% among the group of people living in Belgium for more than ten years. By contrast, the proportion of people who find their own place to live increases, as we have referenced, with time: 8.3% among the group living in Belgium for less than a year; 14.9% among the one-to-five-year group; 26.7% among the five-to-ten-year group and 48.6% among the more-than-ten-year group (of whom 2.9% via an SRA). It is also surprising to see that none of the European citizens supported by DIOGENES who have been living in Belgium for less than ten years live in supported housing. It is necessary to look at the more-than-ten-year group to find a small sample (4.8%) who live there. This indicates that, beyond difficulties in accessing housing, it is extremely difficult for people who are homeless and have an irregular residence and welfare eligibility status to find a place in supported housing, the main obstacle being the lack of means with which to pay rent in supported housing.

As with access to housing, there is a link between the time spent in Belgium and the likelihood of having some form of income. In particular, access to the RIS allowance increases proportionally with length of residence: 1.5% of the individuals in the one-to-five-year group; 10% of the five-to-ten-year group and 26.7% of the more-than-ten-year group receive RIS. More specifically, we notice that: people who have been living in Belgium for less than a year who have an income are solely engaged in undeclared work (12.5%) and the rest (87.5%) have no income; among the one-to-five-year group, more than three quarters (76.1%) have no income, 11.9% are reliant on undeclared work, only three out of 67 have a work contract and three others have managed to receive welfare assistance (the first receives RIS, the second receives sickness benefits and the third receives unemployment benefits); among the five-to-ten-year group, 58.3% have no income, 10% receive RIS and 5% other welfare benefits and 3.3% work with a contract; among the individuals who have been living in Belgium for more than ten years, 38.1% have no income, 26.7% receive RIS and 18.1% other welfare benefits, 7.6% work with a contract and 5.7% without a contract. It is quite striking to see that, even after more than ten years of residence in Belgium, the proportion of people who are working who have an employment contract is still very low.

Mental health problems and alcohol misuse considering duration of stay in Belgium



The same upward trend applies to obtaining health insurance, even though the proportion of people with health insurance is still quite low among people who have been living in Belgium for more than ten years (18.8%). Reliance on the EMA service still dominates (45.2%). 75% of the less-than-a-year group have used the EMA service; among the one-to-five-year group, 6% have health insurance and 56.7% have used the EMA service; and among the five-to-ten-year group, 13.3% have health insurance and 55% have used the EMA service.

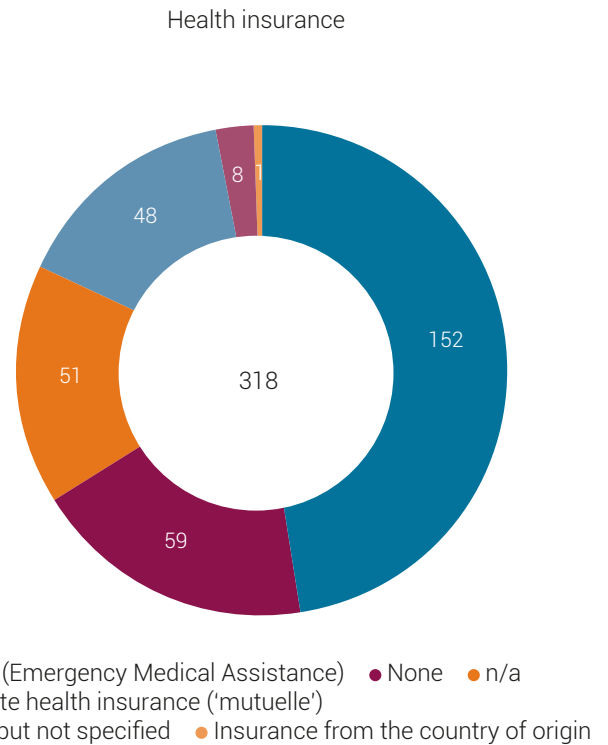
Although, overall, conditions with regard to several indicators seem to get better with time, it should nevertheless be noted that the proportion of European citizens with mental health problems increases over the years. 25% of the people living in Belgium for between one and five years have mental health needs, 26.7% of the people in the five-to-ten-year group do and 29.6% of the people in Belgium for more than ten years do. Although the increase is slight, this nevertheless shows that there is a risk of mental health problems getting worse as a result of time spent in poor conditions, sleeping rough, in destitution and, above all with limited – or no – access to healthcare.

## 7. Alcohol misuse

We have data on alcohol use on 296 people, of whom 148 (50%) suffer from alcohol addiction problems. Alcohol misuse mainly affects men (83.6% of the sample) and people who live alone (75%).

The majority of people suffering from alcohol addiction have irregular residence status (70.9%), are more likely to do undeclared work – 19.6% versus 6.1% among those who do not have alcohol misuse problems – and are more vulnerable to street homelessness (55.4% versus 34.5% of the group who do not suffer from alcohol addiction). The living conditions of the people suffering from alcohol addiction are particularly poor and, unfortunately, the solutions that exist in terms of treatment are inaccessible to many of them, because they have no right to reside. This insecure situation also explains the increased incidence of mental health problems among people who have alcohol addiction problems: 33.8% of the people suffering from alcohol addiction also have mental health disorders, versus 17.5% of those who do not have alcohol misuse issues.

Alcohol misuse, coupled with mental health problems, which often get worse over time, requires long-term care and support. The free care guaranteed by the EMA service (51.8% of the people with alcohol addiction problems have used the EMA service), meaning a three-week-long stay in hospital, is not enough. Proper long-term treatment is needed and, unfortunately, for those with an insecure residence status and with no health insurance, this is not feasible.



## Conclusions

Despite there being a legal framework that, in theory, facilitates the free movement of European citizens, these people, based on data on those people supported by DIOGENES as an example, experience worse living conditions than Belgians or Third Country Nationals in several respects. In particular, European citizens are more affected by street homelessness and the absence of welfare assistance and income in general. On the other hand, Europeans, if taken as a homogenous group, on the whole experience fewer mental health problems and addictions, which implies that their poor living conditions are mainly a result of their insecure residence status.

Having an address and, as a result, a residence permit, is the key to a better quality of life, especially if it is a long-term permit. This provides for equal treatment with Belgian citizens. The more secure a person's residence status is, the more likely it is that they will have an income, housing and health insurance. People with irregular residence status are very vulnerable to street homelessness; their only source of income is undeclared work and they have no health insurance other than the EMA service.

There is a very clear difference between the group of Roma ethnic origin and the non-Roma. Their differences as regards living conditions are mainly the result of cultural factors that set them apart from each other. We notice that the migration journeys of the Roma people in the sample are almost always as part of a family unit and that belonging to a community that is already established in Belgium allows new arrivals to benefit from a support network. It is interesting to note that this community solidarity compensates for the lack of safety net and that, therefore, resourcefulness and relationships between people make up for what is missing from the European legal framework in terms of access to services and to basic social welfare schemes.

Obtaining welfare benefits appears key to being able to exit rough sleeping and access housing solutions.

However, it is clear that access to the welfare state is extremely complex, especially for European citizens who are destitute. People have to go through a complicated process – and are often required to have been resident in the country for several years – before they can access help. The resulting lack of income and the poor living conditions that follow – including social isolation – are probably at the root of problems such as alcohol addiction, which further worsens the condition of those affected and is difficult to treat without access to healthcare. Unfortunately, undeclared work is often the only option available to European citizens who, when they arrive in Belgium, have difficulty finding work, have to navigate complex administrative procedures and experience poor living conditions. Without an address, sleeping rough, with no health insurance, these people find work through informal networks and are very vulnerable to very poor working conditions and even exploitation. Not having a work contract and therefore being unable to register as a worker is an obstacle to accessing housing and the social safety net, one that is often insurmountable. These living conditions, if they persist, push people into extreme social exclusion, which also very often entails alcohol misuse.

Some aspects of the living conditions of European migrants within Europe do seem to get better over time. This is probably because they get to know the system better and have taken more steps towards regularising their residence status, looking for a place to live, applying for benefits and accessing social assistance. Although, overall, conditions with regard to several indicators seem to get better with time, it should nevertheless be noted that the proportion of European citizens with mental health problems increases over the years. Although the increase is slight, this nevertheless shows that there is a risk of mental health problems getting worse as a result of time spent in poor conditions, sleeping rough, in destitution and, above all with limited – or no – access to healthcare.