HEALTH INEQUALITIES IN THE CONTEXT OF HOUSING CONDITIONS AND HOMELESSNESS

DG SANTE
Unit C4 Health determinants and Inequality
14 March 2017 HI expert group meeting
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PURPOSE OF THE DOCUMENT

- **Building a basic consensus** on the issue of health inequalities regarding housing conditions and homelessness conditions.

- **Follows up to 24 – 25 October 2016 HI Expert Group meeting first exchange on this issue**

- Includes information on key challenges, recommendations, description of actions in MS and through **EU-policies** including **financial instruments**, identified **best practices**.
• Importance of living conditions including housing conditions and housing situations as a social determinant of health.

• **SE disadvantaged groups are more often exposed to inadequate or unstable housing and in extreme cases homelessness.**

• Health problems can be the reason why people cannot afford better housing conditions, get unstable housing or even homelessness.

• **Evidence that Coordinated efforts involving different sectors will pay off for societies:** productivity, HI cost reduction, social protection and health sustainability.
EVIDENCE

24-25 OCT. 2016 PRESENTATIONS

- EUROFOUND study “Inadequate housing in Europe: Costs and consequences” (2016)
- FEANTSA 2016 “Housing First Guide Europe”

FURTHER EVIDENCE

- 2011 WHO report: “Environmental burden of disease associated with inadequate housing”,
- 2013 Commission Staff Working Document on homelessness
- 2016 Social Protection Committee (SPC) Report.
- First information on relevant activities/good practices in MS and at EU-level
Lessons learned from the presentations

All MS are concerned with a clear impact on health on those exposed (chronic diseases / life expectancy drastic reduction of homeless people).

Less productivity and additional burden on MS healthcare systems

Inadequate housing affects particularly vulnerable groups.
Homelessness deepens social and HI in societies.

The health sector could engage with the social and other relevant sectors to promote measures and develop approaches for removing inadequate housing.

The health sector could encourage the implementation of housing-led approaches to reduce homelessness, in line with the Housing First Guide Europe, (improved health outcomes/ costly emergency and hospital services reduced use.)
FURTHER EVIDENCE
Health impact and inadequate housing

A report by the German “Fraunhofer Institut” of 2016:
- Nearly 84 million Europeans live in damp or wet dwellings. When living in a damp and mouldy building, people are 40% more likely to have asthma (2.2 million actually have).

Another report by the European Respiratory Society:
- The socio-economic impact of lung disease: European Governments spend 82 billion EUR each year on asthma and chronic obstructive pulmonary disease.

A recent study about the impact of the 2008–10 housing crisis on self – reported health in Europe:
- Persons who transitioned into housing arrears experienced a significant deterioration in self-reported overall health, especially among those who rent their place.
Defining homelessness

Experience unstable housing living conditions often referred to as homelessness. No single definition of homelessness in all EU MS.

Applied in a number of Member States, the European Typology on Homelessness and Housing Exclusion (ETHOS) classified homeless people according to a broad spectrum of living conditions:

i) roofless (sleeping rough or staying night shelters);  
ii) houseless (in accommodation specifically for the homeless);  
iii) in insecure accommodation (under threat of eviction or violence);  
iv) in inadequate accommodation (which is temporary, non-standard, unfit or overcrowded)
2016 SPC Annual Report findings

- Expert data confirm an increase in homelessness during recent years in most parts of Europe (except in FI, NL).
- There are about 120 million of European population affected by poverty

- 2014 SILC data: 10% of EU people stated inability keeping home adequately warm: 25% CY, LT, PT; 33% EL; 40% BG.

- Recent trends indicate an substantial increase of the population at risk of poverty in arrears on mortgage or rent payments in many MS since the crisis began (CY, EL, ES, IE).

- Households with children, especially single-parent families, face the highest incidence of being overburdened by housing costs.
RECOMMANDATIONS

1. Inadequate housing  
2. Homelessness
Inadequate housing

The 2016 Eurofound report

- Improving data and indicators to assist cost analysis and use of evidence.
- Translating the data into a cost-benefit message for policies.
- Development of standards and metrics.
- Resident engagement
2011 WHO report on inadequate housing

- Potential for primary prevention
- **Multisectoral responsibility** including different sectors.
- Quantified health gains
- Promotion of healthier housing conditions as follows:

  Controlling the design and construction of new dwellings
  Improving existing housing conditions
  Considering energy inefficient dwellings
  Considering Houses occupation by campaigns and publicity to inform occupiers of potential dangers
  Involving the health sector
  Addressing the role of local Authorities/Municipalities
RECOMMANDATIONS

1. Inadequate housing
2. HOMELESSNESS
2013 Commission staff working document on Homelessness

- Putting in place **integrated, housing-led, long-term strategies** (national/regional/local levels), setting specific targets
- Preventing through early identification of people at risk, offering them tailor-made support schemes.
- More **cooperation** between **social and health** systems.
- **Improving homelessness service delivery** by promoting integrated approaches, long-term planning and financing
- **Empowering homeless people** (participation in service delivery/ relevant policy-making)
- **Reinforcing partnerships** /involving a stakeholders wide range
ACTIONS THROUGH EU POLICIES

Housing and homelessness fall both under the responsibility of Member States themselves.

However, the Commission plays an important role supporting the Member States through

- its policy actions
- by providing financial instruments which the Member States can use to strengthen their actions to improve housing conditions or support homeless people.
Relevant EU health policy activities

**Collection and monitoring of data**: report “Health at a Glance: Europe 2016- State of Health in the EU Cycle stating about persisting HI

**Promoting MS collaboration** social determinants/vulnerable groups), Implementation of projects and work with NGO:

- The setup of a Joint Action on Health Inequalities.
- **The “VulnerABLE”-pilot project**: Among the 30 cases studies identified, the Housing First Guide Europe as well as among the first set of identified best practices by the new Steering Group on Promotion and Prevention of chronic diseases.
- Under the EU-Health Policy Platform, 29 NGOs have issue a Joint Statement on “Health Inequalities and Wellbeing”.

The financial instrument supporting EU health policy is the 3rd Health Programme (2014-2020)
EU Employment, social affairs and inclusion policy activities

Addressing homelessness and housing exclusion has been long-standing priorities in the EU social policy framework. The outline of the European Pillar of Social Rights initiative includes the principles of the right to housing and right to shelter.

- **European Semester** – currently addressed (2017 AGS), the issue of homelessness issue flagged in 6 MS country reports (CZ, DK, ES, FR, IE, IT) and barriers to access to affordable, adequate housing identified in the majority of country reports.

- **Social innovation**: with the co-financing of the EU Programme for Employment and Social Innovation (EaSI), [Housing First Europe tested]. Currently, Two current EaSI projects (Homelab- and HELP)
Other relevant activities

Studies and analysis: recent pan-EU studies include the tenancy law (TENLAW) project; the Pilot Project for the Right to Housing; a study on Cost-efficient Housing Policies. On monitoring, a new study being prepared.

Data development: statistics in the area of housing exclusion and homelessness, with ESTAT, the SPC Indicators Subgroup, the Fundamental Rights Agency and Eurofound. In joint action with the Commission, the OECD published in February 2017 a comprehensive database on affordable housing.

EU Urban Agenda – includes the Poverty and the Housing Partnerships

Promoting exchanges and disseminating good practices - peer reviews in the SPC, stakeholder dialogue and thematic events
Relevant financial instruments

**European Social Fund (ESF)**: to support the social inclusion of homeless people. EU Member States earmarked around 25.5% of their ESF financial resources (amounting to around 21.2€ billion) to the thematic objective 9 on social inclusion.

**The Fund for European Aid to the Most Deprived (FEAD)**: to alleviate the worst forms of poverty in the EU such as homelessness, child poverty and food deprivation by providing non-financial assistance to the most deprived persons. FEAD EU part budget: 3.8€ billion in 2014-20. Every MSt defines the specific group(s)

**The EU Programme for Employment and Social Innovation** is available to test innovative approaches (see above) and finance social research. Under a multiannual partnership agreement, an annual operating grant has been provided to EU social networks working with the homeless such as FEANTSA, Caritas, Eurodiaconia, the European Anti-Poverty Network etc.
EU regional policy

Relevant activities

Since the Dutch Presidency and the adoption of the Pact of Amsterdam, the Urban Agenda for the Agenda has been actively working to further develop urban policy. National governments, cities, European institutions and other stakeholders work together under to create Actions under three strands: Better Regulation, Better Funding and Better Knowledge (knowledge base and exchange) ([https://ec.europa.eu/futurium/en/urban-agenda](https://ec.europa.eu/futurium/en/urban-agenda)).

A number of priority themes have been agreed for the collaboration and partnerships on urban poverty, housing and the inclusion of migrants and refugees have been created. Outcomes of these partnerships may include health related actions.
EU regional policy: Relevant financial instruments

The European Regional Development Fund (ERDF), part of the European Structural and Investment Funds (ESIF): one of its objectives in the field of health the reduction of health inequalities. In the field of housing, it can finance building and energy-efficient renovation, social housing and urban regeneration.

In the 2014-2020 programming period Member States have allocated 1,4 billion euros for housing infrastructure.
MEMBER STATES INITIATIVES

The SPC Annual Report 2016 report stated that actions and initiatives to tackle Homelessness and House exclusion are on the agenda in many Member States at national and local level.

Latest initiatives taken by the Member States as follows:

**Housing**
- **LU**: Housing assistance in January 2016

**Supporting the homeless**
- **ES**: Comprehensive National Strategy for Homelessness 2015-20, to tackle the social consequences of evictions.
- **PL** introduced in August 2015 amendments related to granting shelter for homeless by the commune.
## BEST PRACTICES

<table>
<thead>
<tr>
<th>Title</th>
<th>Main aim and objective</th>
<th>Country</th>
<th>Coverage</th>
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<tbody>
<tr>
<td>Find &amp; Treat, London</td>
<td>In London a mobile health unit has been funded which travels across the London boroughs and screens homeless people for TB.</td>
<td>UK</td>
<td>Regional</td>
</tr>
<tr>
<td>Housing First</td>
<td>Housing First is a practice model to support homeless people with high support needs. The project provides access to permanent housing without any preconditions.</td>
<td>Transnational</td>
<td>European</td>
</tr>
<tr>
<td>Ombolt</td>
<td>A football league for homeless youth, to encourage physical activity, sports and integration.</td>
<td>Denmark</td>
<td>National</td>
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<tr>
<td>Drug consumption rooms (DCRs)</td>
<td>Drug consumption rooms (DCRs) are dedicated centres where homeless people can take drugs, under the supervision of a nurse.</td>
<td>Denmark</td>
<td>Regional</td>
</tr>
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</table>
Conclusions

Inadequate Housing can contribute to deepen health inequalities

Evidence exists the ability to reduce the burden of health care systems.

Multipartenarial approach is needed involving different actors with Health to being involved in all the relevant policies.

These actions fall under the responsibility of MS. However, regarding Homelessness and social exclusion, there has been a long and active work at EU level (activities and funds).

Actions on inadequate housing and inadequate occupation/situation might be considered because of the impact on Health
ACTIONS FOR EXPERT GROUP MEMBERS

- Identify to which extent policy approaches for removing inadequate housing exist, and propose the development of such approaches where needed;
- Identify whether the Housing First-approach is implemented and consider possibilities for upscaled such implementation, where needed;
- Collect information about best practices in these two fields;
- Consider suggestions for actions through EU policies and/or EU financial instruments which would add value to Member States.