**MIT\_17122015**

**EAPN paper on the Access to Housing and Public Health Services – Proposed Structure**

**and Thematic Overview**

**Proposed structure of the report:**

**Introduction**

* **Overview of the current state of play in the field of housing and public health services in the EU based on the most relevant literature/reports**
* **EAPN’s position highlighting the most pressing issues related to accessibility (affordability, quality and coverage) supported with the report’s findings;**
* **Presentation of the report’s objectives and research methodology**

**The main part of the report – The national level**

* **In the main part the report will focus on the presentation of findings based on the inputs given by the national European Anti-poverty networks.**
* **The main part can be divided into sub-headings, where each sub-heading will present the findings coming from one question in the fiche.**
* **The main part would therefore include the following subheadings: 1. Main obstacles, 2. Main causes, 3. The changes in accessibility; 4. The effects of changes in accessibility on the poverty and social exclusion; 5. Groups of people most affected; 6. The role of the EU (Funds); 7. Policy recommendations at national level; 8. Policy recommendations at the EU level; 9. Examples of good practices.**
* **In the introduction to each subheadings there will be a general summary highlighting the key issues identified under each question in the fiche.**
* **Following the general summary there will be short summaries of country-specific observations demonstrating the existence and the form of key issues in the national contexts.**

**Conclusions – Recommendations**

* **In the conclusion there will be a list of key recommendations for policy solutions at national and EU level. This list of recommendations will summarize the most relevant recommendations presented under the subheading 7 and 8**

**Appendix – Fiche**

**Thematic overview**

* **This overview lists key themes/issues that were presented by the EAPN Members. The overview draws from responses received by 7 December 2015 and includes answers from 10 countries: Belgium, Finland, Iceland, Ireland, Latvia, Norway, Portugal, Slovakia, Sweden, and UK.**
* **The lists of themes under each question of the fiche can be used as template for key issues highlighted in the subheadings of the main part of the report.**

1. **Main obstacles in accessibility to quality housing and public health services**

Housing

The Lack of affordable and appropriate (quality) housing

Reasons:

* The lack of rental houses in general is pushing up the rental prices
* Higher rents in urban centres
* Lack of social housing
* The domination of the ownership culture (governments are promoting private ownership)
* Increasing housing demand (population increase, demographic ageing)
* Privatization of the housing market

The lack of capacities to access housing or to obtain the access to housing

Reasons:

* Increasing number of people at risk of poverty and social exclusion – unemployment
* In-debtness due to housing loans (housing costs overburden)
* Exclusion of certain social groups (Roma, immigrants)
* Conditionality for renting (income checks, guarantee)
* Increase in costs of housing (rents)

Health

The lack of accessible, affordable and quality health-care services

Reasons:

* Administrative thresholds (documents, especially for certain social groups like migrants and homeless)
* Privatization of the public health-care services
* Increasing costs of health-care services
* The lack of health-care services in rural areas
* Lower quality of health-care services related to public health insurance
* Unbalanced and unmonitored funding of health-care services
* The lack of doctors and hospital facilities
* Lack of information/communication gap
* General increase of people experiencing poverty and social exclusion

1. **Main causes for limited access and exclusion from housing and health-care services**

Housing

* Housing policies supporting house owners and not tenants
* Increase in housing costs (rents)
* Lack of social housing
* Lack of housing in general
* Exclusion of certain social groups
* Lack of information for obtaining social housing benefits
* Economic crisis and austerity measures in general
* High conditionality for accessing renting market (income checks, guarantee)
* Privatization (subsidizing rents and not offering social housing)

Health

* Increasing costs of health-care services
* Reductions in public expenditure for health-care services
* Urban centralization of available health-care services
* The lack of medical professionals
* Privatization
* The lack of information
* Limitations in accessing to public health insurance (limited to registered unemployed people)

1. **How are changes in accessibility affecting the situation of poverty and social exclusion**

Housing

* People living in bad quality housing affecting their health
* The increase in homelessness
* In-work poverty
* Limiting access to employment
* Increasing poverty of home-owners

Health

* The close down of health-care services and with it the close down of local satellite services (higher unemployment)
* The increase in medical costs and the cut of social benefits increased the number of long-term unemployed people and impoverished part of the population

1. **Which aspects of housing and public health care services have faced the biggest regression and what were the causes for the regression**

Housing

* Lesser social investments for affordable housing
* The domination of private rental companies/privatization
* Lesser investments in building social housing/higher prices for social housing
* No adjustment of the limits for housing benefits/reduction of housing benefits
* Promotion of home-ownership

Health

* Limiting scope of the general medical insurance
* Increasing cuts in the public health-care system affecting the quality and accessibility/the close down of certain health-care services in certain areas

1. **Which groups of people face the biggest problem in accessibility?**

Housing

* (Undocumented) migrants/asylum seekers
* Roma people
* People dependent on housing benefits (people on social housing waiting list, social housing tenants)
* Homeless
* Travellers
* People with disabilities
* Young people leaving care institutions/young people without parental assistance
* Distressed mortgage holders
* Low-income families/single parent households
* Elderly people
* People experiencing poverty and social exclusion in general

Health

* The same groups as for housing
* The population living in rural areas
* Drug dependent people
* People with psychological problems

1. **How is the EU helping?**

Housing

* CSR 2015 didn’t address important housing issues or they completely left out the housing issues
* EU funds
* Demanding more liberalization

Health

* CSR 2015 addressing issues of health-care systems (but inappropriate, not addressing pressing issues, focused on cost-effectiveness)
* Health-care services only supported through investments in infrastructure

1. **What could be the policy solutions at national level?**

Housing

* More investment in building social housing
* More social investments for accessible housing (private and public)
* The state should set a benchmark of housing costs for low-income families
* Increased security in the private rental market
* Revised legislation (on rents)
* The revision and adjustment of the criteria for the housing benefits
* Increasing the amount of housing benefits
* To avoid investing in large segregated social housing developments
* Establishment of agencies dealing with housing issues of certain social groups (e.g. Travellers) on governmental level
* To form and implement national strategy plans taking into account the issue of poverty and social exclusion
* Promote cooperative ownership
* Developing national campaigns for tackling stereotypes and for sharing good practices
* To put on the rental market empty premises at accessible prices
* Limiting conditionalities that exclude people from being accepted as tenants

Health

* To stop privatization (public funding of private health-care sector)
* Setting the limit for costs of health-care services
* Decentralization of health-care services by employing medical professional in rural areas
* Health-care compensation should be given to people with lower-income automatically (without additional requests needed)
* The effective implementation of national strategies with emphasis on increasing expenditure on health-care services
* Stronger supervision/monitoring of given funds (involvement of NGOs)
* Spreading the information on health-care services
* Promoting the accessibility of the health-care services by the most vulnerable groups

1. **What could be the policy solutions on the EU level?**

Housing

* Minimum quality standards
* Minimum energy efficiency standards
* Social investment in housing as a priority (The revision of the Growth and Stability Pack)
* The implementation of the Commission’s recommendations in the Social Investment Package regarding homelessness
* EU recommendations for adequate and affordable housing

Health

* Limiting the privatization
* Ending the focus on cost-effectiveness
* Monitoring of funds with involvement of NGOs
* Higher transparency of the pharmaceutics industry on the EU level/better negotiation of prices for medicines for costly treatments on the EU level

1. **Good practices (the usage of EU funds)**

Housing

* Finland: ESF Funds used for housing-first project; ‘housing-help’ service
* Iceland: special housing benefits for low-income families and individuals
* Ireland: Better Energy Warmer Homes Scheme; an insulation for retrofitting programme for occupied social housing units; retrofitting vacant social housing; the investment of the European Investment Bank into a new investment fund for social housing
* Portugal: possibility to fund housing projects on urban rehabilitation under National Housing Strategy and the Partnership Agreement Portugal 2020; work of the Portuguese Association of Large Families; Housing First Project; National Housing Strategy
* Slovakia: financial support to building housing for Roma people, young families, families with person with disabilities, support to municipalities to build the rental housing

Health

* Belgium: Community health centres
* Finland: ‘Health kiosks’, ‘low threshold services’
* Portugal: Free access to health services for minors; the most recent developments (November 2015) – care services in health centres are free of charge, the cost for emergency health-care services offered after 20h is 5 Euro (and not 10,30 Euro as it was before)

1. **Actions of your network/organization – examples**

Housing

* EAPN Portugal: National and Local Councils of Citizens; Project DRIVERS; lobbying for the implementation of the National Strategy for the Inclusion of Homeless People
* EAPN Slovakia: Individual and family support, accessible information, public hearings with stakeholders, active participation of people in the creation of the development plans in the municipalities

Health

* EAPN Iceland: representation in the Welfare Watch
* EAPN Ireland: reporting on health inequalities (the impact of the crisis on marginalised groups
* EAPN Portugal: national research on Poverty Impact on Mental Health (planned for 2016)

1. **Additional comments**

Finland: Social welfare and health care reform