Eurofound

Living conditions of the Roma: Substandard housing and health

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Wyattville Road, Loughlinstown, Dublin 18, Ireland. - Tel: (+353 1) 204 31 00 - Fax: 282 42 09 / 282 64 56
email: information@eurofound.europa.eu - website: www.eurofound.europa.eu

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Introduction

The living standards of the Roma are well below those of the rest of the population. They often live in dwellings of poor quality in segregated areas without basic services. Living in housing of poor quality also has a negative impact on Romas' health: they have an increased risk of disability, chronic illness and being overweight. Overcrowding is associated with health problems, psychological problems, tuberculosis, respiratory infections, increased risk of fire and domestic accidents. Living in inadequate housing also negatively affects health and feelings of safety and increases the risk of domestic accidents.

Eurofound has carried out a literature review and secondary analysis of survey data in order to gain an overview of the housing and health conditions of the Roma and how both domains are interrelated. The data used for the analysis come from the United Nations Development Programme (UNDP), the European Union Minorities and Discrimination Survey (EU MIDIS) and the EU Roma Health Survey.

Policy context

There is currently an increase in demand for data about the living conditions of the Roma at European level. This interest in having more information about the Roma is partly linked to the evictions of Roma in France and Italy and their repatriation to Romania and Bulgaria in 2010. A resolution by the European Parliament in March 2011 called on the Commission to adopt an EU strategy on Roma inclusion and stressed the importance of developing monitoring indicators as well as calling for the extension of the Laeken indicators to the smallest statistical administrative units.

These demands for more data are also part of the EU Framework for National Roma Integration Strategies, which includes goals in terms of access to education, employment, healthcare and housing that need to be based on 'common, comparable and reliable indicators'. It also calls for the identification of disadvantaged micro-regions or segregated neighbourhoods and for the use of effective monitoring methods in order to evaluate Roma integration policies.

However, it is difficult to gather data about the living conditions of ethnic groups as census data either tend to be outdated or are not disaggregated by ethnicity. In the case of surveys, their sample size tends to make it difficult to gather a lot of information about small groups of the population, while with targeted surveys it is not possible to compare their situation with that of the rest of the population.

Key findings

Access to forms of sanitation

One of the main problems that the Roma face in the field of housing is the lack of access to improved forms of sanitation (such as an indoor toilet, bath or shower). On average, 62% of Roma did not have access to improved forms of sanitation compared with 31% of the majority population living in segregated areas. In relative terms, the Roma in Bulgaria seem to be much more disadvantaged than majority populations in their close proximity. For instance, they were three times more likely to lack access to improved forms of sanitation and almost eight times as likely to live in substandard housing, such as shacks and other rundown buildings.

Overcrowding

Another big issue is the high rate of overcrowding, especially after relocations through forced evictions. The situation appears to be most severe in Slovakia and Hungary where Roma live on average with two persons per room. Overcrowding is associated with a variety of health problems and increases the risk of fire and domestic accidents.

Segregation in cities

Most of the Roma living in cities tend to be in segregated areas. Segregation can be a coping strategy that uses communal ties and networks to fill a void in the provision of essential services. However, even as a coping strategy, segregation is still an ad hoc solution as it increases vulnerability through the isolation and concentration of vulnerable groups. Segregation isolates the Roma from healthcare services, employment, education and contact with the rest of society.

Effect of housing quality on health

The quality of housing in these segregated areas tends to be very poor. The analysis of data shows that Roma living in substandard housing have an increased risk of poor self-reported general health and mental illness. Roma in substandard housing also have a higher risk associated with domestic accidents and drug-related problems.

Lack of adequate housing can also affect health because it can be used as an excuse for discrimination in healthcare services. For example, Travellers in the UK often have limited access to medical consultation because health practitioners sometimes refuse to register patients who do not provide them with a permanent address.

Policy pointers

- Housing initiatives should in general not enhance segregation, but more importantly they should not increase the isolation of vulnerable groups. Strategies targeting deprivation should also include other vulnerable groups living in the area of interest.
- Increasing the availability and accessibility of adequate social housing could be used as a powerful policy tool to improve the living conditions of vulnerable groups, particularly in those central and eastern European Member States that have a high Roma population.
- The limited visibility of smaller areas can have an impact on targeting and allocation of resources. Since 2003, the territorial units (LAU 1 and 2) are no longer officially monitored, complicating the analysis of smaller territorial units such as Roma settlements. A possible solution would be data matching of indicators present in both surveys and censuses.
- It is important to give priority to actions ameliorating the aspects of housing deprivation that are strongly correlated with poor health outcomes. More research is needed to uncover the links between housing and health conditions of the Roma.
- More support should be given to Roma health mediators, as their work is particularly relevant given the lack of health services in Roma settlements, the discrimination experienced when receiving medical treatment, their attitudes to health, as well as their specific epidemiology. The use of mobile healthcare services could provide a cost-effective and short-term solution, bringing much-needed basic healthcare to more isolated and disadvantaged Roma communities.
- Processes of eviction can send groups of Roma down a spiral of worsening housing adequacy. Guidelines or protocols should be developed to avoid this happening.
- One of the most important prerequisites for implementing programmes targeting the Roma population is to have adequate data. In the short term, improvement and use of specialised targeted surveys for documenting the baseline situation as well as for monitoring change is important.

Introduction 1

The quality of housing and the state of its immediate surroundings have a crucial impact on physical and mental well-being. Extensive research on this topic has been carried out. A survey conducted by the World Health Organization (WHO) in several European cities, for example, found links between the lack of adequate illumination and soundproofing and poor mental health; between inadequate ventilation and asthma; and between the presence of damp and mould and respiratory problems (WHO, 2007).

It goes without saying that dwelling standards are determined to a very large extent by the socioeconomic status of the household members and therefore groups at a higher risk of social exclusion are more likely than the rest of the population to have poor health outcomes because of inadequate housing. Therefore, vulnerable groups often find themselves caught in a cycle of deprivation and cumulative disadvantages; for example, a disadvantage in the labour market will mean that they are unable to afford suitable housing, which can worsen their health status. Poor health may be aggravated further due to the fact that vulnerable groups may not be able to access the healthcare they need because of costs, discrimination, physical remoteness, and so on. The different groups included under the label of 'Roma' (such as the Sinti, Iberian Kale and sometimes Traveller groups) frequently face disadvantage due to their ethnicity across many domains, including housing. A report by the European Union Agency for Fundamental Rights (FRA) in 2009 concluded that Roma often live in segregated areas without access to basic services or public utilities and in dwellings in poor conditions (FRA, 2009c).

The European Union has focused more attention on the living conditions of the Roma since the evictions of Roma in France and Italy and their repatriation to Romania and Bulgaria in 2010. A recent resolution by the European Parliament [1] called on the Commission to adopt an EU strategy on Roma inclusion with the objectives of 'ensuring equal access to affordable and healthy housing and abolishing territorial segregation'. Moreover, it recommends that Member States and local authorities integrate 'the allocation of new housing to marginalised communities into a broader more complex policy framework …, which includes the participation of the Roma in the process of building the new establishment'. It also stresses the importance of developing monitoring indicators as well as calling for the extension of the Laeken indicators [2] to the smallest statistical administrative units.

These demands for more data are also part of the EU Framework for National Roma Integration Strategies, which includes goals on access to education, employment, healthcare and housing that need to be based on 'common, comparable and reliable indicators'. More concretely, its objectives are to narrow the gap between the Roma and the rest of the population in terms of health status and access to housing and public utilities. It also calls for disadvantaged micro-regions or segregated neighbourhoods to be identified and for the use of robust and reliable monitoring methods to evaluate Roma policies.

However, developing indicators disaggregated by ethnicity poses a particular challenge given the sample size in surveys, the difficulties in reaching interviewees living in segregated areas (often without an address) and the fact that many Roma refuse to indicate their ethnicity because of the stigma attached to it. In addition, Member States with a poor record of integrating ethnic minorities may have no incentive to provide disaggregated data (Cahn, 2004). All this makes it more difficult to understand the extent to which housing conditions affect the health status of a minority group.

[1] European Parliament resolution of 9 March 2011 on the EU strategy on Roma inclusion (2010/2276(INI)).

[2] The Laeken indicators are a set of indicators on poverty and social exclusion that were developed in 2001 as part of the Lisbon Strategy.

This report aims to give an overview of the extent to which substandard housing constitutes a problem for the Roma in Europe. Some of the main problems that the Roma have to face in relation to housing are high overcrowding rates, lack of access to improved forms of sanitation (indoor toilet, bath or shower), and high levels of urban segregation in areas far from primary healthcare facilities. These poor conditions reach dramatic levels in the case of forced evictions. The report also draws attention to the situation of Traveller groups, who often experience difficulties in finding a place in halting sites or have to pay disproportionate fees to use them. Regarding the health status of the Roma, the most striking fact is that they report better subjective health than the rest of the population. Some of the reasons behind this are that they have a different perception of health (which is seen as the absence of illness) and because they use health services less frequently than the rest of the population and consequently they are less aware of health issues that they may be experiencing. Some of the recommendations on the basis of these findings include improving data collection at the neighbourhood level in order to capture all the elements influencing health, and giving priority to remedying aspects of housing deprivation that are strongly correlated with poor health outcomes (for example, lack of thermal insulation).

Substandard housing and health 2

Substandard housing

A peer review organised by the European Commission in 2007 focused on the variety of standards for housing quality across Europe.[3] Many countries do not have an official definition of inadequate or substandard housing. In Latvia, for example, there is no definition of substandard housing, but for rented accommodation there is a requirement that it should be 'fit for living in', which is defined as being 'residential space fit for living, capable of providing long-term human shelter and accommodating households in compliance with building and health regulations' (Dandolova, 2007). Nevertheless, even if EU Member States do not have an official definition for substandard housing, they tend to have a set of criteria and/or indicators regarding the minimum standards that a dwelling should have (see box below).

Characteristics and dimensions of standard housing recognised in European countries

- Minimum living area/volume of the main room: in France 9 m^2 and 20 m^3
- Minimum living area for a member of the household: in Italy 14 m^2 for the first four members and 10 m^2 for each subsequent inhabitant
- Minimum height of rooms: in France 2.20 m; in Italy 2.70 m (2.55 for mountain municipalities and historical buildings), Bulgaria 2.60 m
- Inside running water, drinking water supply, hot water: in all EU countries
- Inside facilities (sanitary, running water, electricity, gas etc.): in the majority of EU countries
- Inside toilets: in the majority of EU countries
- With shower or bathtub: in the majority of EU countries
- Separate, independent entrance to the exterior in the street/landing, yard, terrace etc. – in Italy
- Free of damp inside and without leaks in the roof, through floor, walls, windows etc. – in all EU countries
- No toxic materials in installations, paint, building materials – in the majority of EU countries
- Hygienic covers on floors, walls, ceilings – in the majority of EU countries
- Free of strong smells and noises – in the majority of EU countries

Source: *Dandolova, 2007, p. 9*

Moreover, there is no common definition of substandard housing at the European level. According to a report by the EU network of independent experts on social inclusion (Frazer and Marlier, 2009), half of the EU Member States lack any official definition of homelessness or housing exclusion, and only a small number of countries adopt broad definitions related to the European Typology of Homelessness and Housing Exclusion (ETHOS) (see below). One exception to this is France, where reference is made to unfit housing (*logement indigne*), which is more a political definition – there is a French National Action Plan against substandard housing – than a concept used on legal documents (Dandolova, 2007).

[3] The countries participating in the peer review were Belgium, Denmark, France, Latvia, Luxembourg, Malta and Romania. More information can be found at:
http://www.peer-review-social-inclusion.eu/peer-reviews/2007/national-action-plan-against-substandard-housing

This chapter gives an overview of some of the international definitions regarding minimum housing requirements, substandard housing, the situation in the immediate neighbourhood and indicators used in Europe to measure the quality of housing. A later part of the chapter looks into the relationship between housing quality and health.

Defining adequate housing

Starting with the criteria used to assess housing adequacy, the General Comment No. 4 in the United Nations (UN) Right to Adequate Housing (1991) lists a number of aspects as universal characteristics of adequate housing.

- Legal security of tenure: protection against forced eviction, harassment and other threats.
- Availability of services, materials, facilities and infrastructure: this includes 'access to natural and common resources, safe drinking water, energy for cooking, heating and lighting, sanitation and washing facilities, means of food storage, refuse disposal, site drainage and emergency services'.
- Affordability: ensuring that the costs associated with housing do not threaten the attainment of other basic needs.
- Habitability: protection from cold, damp, heat, rain, wind or other threats to health, structural hazards and disease vectors.
- Accessibility: this includes ensuring that the needs of disadvantaged groups are met.
- Location: access to services and facilities and distance from sources of pollution.
- Cultural adequacy: for instance, housing must enable the expression of cultural identity.

On the basis of this, the UN Statistics Division defines as a conventional dwelling 'a room or suite of rooms, located in a permanent building, with separate access to a street or to a common space, intended to be occupied by one household'. Conventional dwellings are classified according to whether they are equipped with all the basic facilities: a kitchen or other space for cooking, fixed bath or shower, toilet and piped water (UN Statistics Division, 2008).

On the other hand, informal housing units are defined by the UN as those lacking many of the features of conventional dwellings and unfit for human habitation. The UN classifies informal housing units in three subcategories: improvised housing units (built with waste materials), housing units in permanent buildings not intended for human habitation (excluding those that have been reconverted for human habitation) and other informal housing units (such as natural shelters). These categories were recommended (with some modifications) by the Conference of European Statisticians for the 2010 Censuses on Population and Housing (UNECE, 2006).

Situation in the immediate neighbourhood

In addition to the specific situation of the dwelling, the characteristics of the surrounding neighbourhood have an impact on the health of individuals. The UN Human Settlements Programme (UN HABITAT) provides a definition for substandard houses in disadvantaged areas, which are referred to as 'slum households' and are defined as a group of individuals living under the same roof lacking one or more of the following conditions: a) access to improved water; b) access to improved sanitation; c) sufficient living area; d) durability of housing; and e) security of tenure.

Regarding the state of the neighbourhood in which the housing is situated, an expert working group organised by UN HABITAT defined slums as 'a contiguous settlement where the inhabitants are characterized as having inadequate housing and basic services. A slum is often not recognised and addressed by the public authorities as an integral or equal part of the city.' In terms of its measurement, the group recommended a composite index using the following indicators: a) insecure residential status; b) inadequate access to safe water; c) inadequate access to sanitation and other infrastructure; d) poor structural quality of housing, and e) overcrowding. The data gathered by the European Union

Survey on Income and Living Conditions (EU-SILC) about problems in the residential area includes noise, pollution and crime. In addition to those variables, Eurofound's European Quality of Life Survey (EQLS) includes in its 2011 wave questions about the quality of drinking water, litter or rubbish on the street and traffic congestion in the immediate neighbourhood.[4]

A more detailed typology of housing exclusion has been developed by the European Federation of National Organisations Working with the Homeless (FEANTSA). According to ETHOS, housing deprivation can take the form of insecure housing or inadequate housing. Table 1 outlines how these broad categories are divided.

Table 1: *European Typology of Homelessness and Housing Exclusion*

Operational category	Living situation	Generic definition
Insecure		
People living in insecure accommodation	Temporarily with family/friends	Living in conventional housing but not the usual place of residence due to lack of housing
	No legal (sub)tenancy	Occupation of dwelling with no legal tenancy Illegal occupation of a dwelling
	Illegal occupation of land	Occupation of land with no legal rights
People living under threat of eviction	Legal orders enforced (rented)	Where orders for eviction are operative
	Repossession orders (owned)	Where mortgagee has legal order to repossess
People living under threat of violence	Police recorded incidents	Where police action is taken to ensure place of safety for victims of domestic violence
Inadequate		
People living in temporary / non-conventional structures	Mobile homes	Not intended as place of usual residence
	Non-conventional building	Makeshift shelter, shack or shanty
	Temporary structure	Semi-permanent structure, hut or cabin
People living in unfit housing	Occupied dwellings unfit for habitation	Defined as unfit for habitation by national legislation or building regulations
People living in extreme overcrowding	Highest national norm of overcrowding	Defined as exceeding national density standard for floor-space or useable rooms

Source: **http://www.feantsa.org/files/freshstart/Toolkits/Ethos/Leaflet/EN.pdf**

This typology is built upon three domains that correspond to what is understood as 'having a home'; namely having an adequate dwelling (or space) over which a person and his/her family can exercise exclusive possession (physical domain); being able to maintain privacy and enjoy relations (social domain) and having legal title to occupation (legal domain) (FEANTSA, 2004).

While the European Network of Social Inclusion Experts considers that the ETHOS definitions should be used more widely with a view to improving comparability, it is also noted that a number of experts consider this framework to be too broad for practical policy purposes (Frazer and Marlier, 2009).

[4] See **http://www.eurofound.europa.eu/surveys/eqls/index.htm**

Measuring the quality of housing

Eurostat measures housing deprivation according to the number of poor amenities in the household. The items taken into consideration are: a) leaking roof (or) damp walls, floors, foundations (or) rot in window frames or floors; b) neither a bath, nor a shower, nor an indoor flushing toilet; or c) the dwelling is considered too dark. The concept is similar to the one used previously in the European Community Household Panel – that is, housing deterioration, which included the issues listed in the first point above. Other variables indicating housing problems in the European Community Household Panel were: shortage of space; noise from neighbours or outside; too dark; lack of adequate heating facilities; leaky roof; damp walls, floors, foundation etc.; rot in window frames or floors, pollution, grime or other environmental problems caused by traffic or industry; vandalism or crime in the area. One of the most common indicators is the percentage of households that report three or more of these problems (Eurostat, 1999).

In 2009, 30 million Europeans experienced severe housing deprivation, which is defined as 'living in a dwelling which is considered as overcrowded,[5] while also exhibiting at least one of the housing deprivation measures', with the most frequent problems being leaking roofs, damp or rot in window frames (15.9%) and darkness (7.3%). The countries where more households reported deprivation in 2009 were Bulgaria, Latvia and Romania. These three countries also experienced the highest rates in Europe of severe housing deprivation.

Affordability and housing conditions

EU-SILC also measures the affordability of housing. The indicator used is the housing cost overburden rate, which is defined as the percentage of the population living in a household where the total cost of housing exceeds 40% of their equalised disposable income. Mortgages, loans, utilities and maintenance are included in the calculation of costs. In 2009, 12% of Europeans found themselves in this situation. Other indicators in EU-SILC related to economic strain are the involuntary lack of a telephone, television or a washing machine.

Moreover, the EU-SILC ad hoc module in 2007 dealt with housing conditions and included the following variables:

- Shortage of space in dwelling: respondent's opinion/feeling concerning shortage of space in dwelling;
- Adequate electrical installations: sufficient to satisfy the general requirements/needs of the household;
- Adequate plumbing/water installations;
- Dwelling equipped with heating facilities;
- Dwelling comfortably warm during winter;
- Dwelling equipped with air conditioning facilities;

[5] A person is considered as living in an overcrowded dwelling if the household does not have at its disposal a minimum number of rooms equal to:

- One room for the household;
- One room per couple in the household;
- One room for each single person aged 18 or more;
- One room per pair of single people of the same gender between 12 and 17 years of age;
- One room for each single person between 12 and 17 years of age and not included in the previous category;
- One room per pair of children under 12 years of age.

- Dwelling comfortably cool during summer;
- Accessibility of grocery/banking/postal/public transport/primary healthcare services: physical and technical access and opening hours;
- Accessibility of compulsory school;
- Change of dwelling;
- Main reason for change of dwelling;
- Overall satisfaction with dwelling: respondent's opinion/feeling about the degree of satisfaction with the dwelling in terms of meeting the household needs/opinion on the price, space, neighbourhood, distance to work, quality and other aspects. The countries where most people were 'very satisfied' were Iceland (72%), Denmark (66%) and the Netherlands (64%). Hungary (12%) and Germany (10%) were the countries where more people reported being 'very dissatisfied'.

This ad hoc module was evaluated as satisfactory by the participating countries and it will be repeated in 2012, with new questions on the size of the dwelling in square metres, the immediate risk of changing the dwelling and the main reason for the expectation of being forced to leave the dwelling.

Problems establishing common definitions

The heterogeneity in the existing definitions and standards across Europe would pose a problem when it comes to establishing common European definitions on substandard housing. This would nevertheless be quite useful since the concept of slums from the UN and the Millennium Development Goals[6] is oriented towards the developing world. The indicators provided by EU-SILC focus on the lack of certain facilities, deterioration and problems in the immediate neighbourhood. The only two distinctions made when it comes to substandard housing are between severe and non-severe household deprivation rates. It might be advisable to use the new data gathered with the ad hoc module to establish a more detailed housing deprivation index.

Regarding the level of disaggregation of data, neither EU-SILC nor the EQLS disaggregate data by ethnicity. It must be noted that the majority of national censuses do not collect data on ethnicity. Reasons for this include the fear of misuse and the conception that data protection laws prohibit the gathering of ethnic statistics. Data protection law, however, rarely explicitly forbids the gathering of data on ethnicity (Petrova, 2004), with the well-known exception of France, which has a long tradition of forbidding 'ethnic' data (Simon, 2007). Research carried out by international academic experts within the framework of the FP7[7] project on Promoting Comparative Quantitative Research in the Field of Migration and Integration in Europe (PROMINSTAT) indicates that of the 25 EU Member States (prior to EU enlargement in 2007) Cyprus, Estonia, Ireland, Lithuania, Slovenia and the UK collect data on 'ethnicity' in their national censuses (Fonseca et al, 2010). Previous research, however, indicated that Bulgaria, Hungary, Latvia, Romania and Slovakia also record data on ethnicity (Simon, 2007). Most of these censuses record major national ethnicities with tick boxes and allow 'other' ethnicities to be recorded with a write-in box. The UK and Irish censuses have separate

[6] Among the UN Millennium Development Goals is halving the proportion of the population without sustainable access to safe drinking water and basic sanitation by 2015 as well as improving the lives of at least 100 million slum dwellers by 2020.

[7] FP7 is the Seventh Framework Programme for Research and Technological Development: the EU's main instrument for funding research in Europe that runs from 2007 to 2013.

categories for Gypsies, Roma and Irish Travellers. Besides explicitly recorded 'ethnicity', nationality, cultural background or mother tongue can be used as proxies for ethnic background. In some cases, this can lead to quite accurate estimates, as a clear distinction between nationality and ethnicity does not always exist. Finally, two important limitations of census data are that they will usually only be updated once every 10 years and restricted access to the data in disaggregated form can limit the possibility of secondary data analysis.

Housing indicators

To aid the discussion on housing and residential patterns for immigrants and minority groups, PROMINSTAT listed a set of housing indicators taken from a review of relevant literature (Fonseca et al, 2010). Some of these indicators will be used as central guidelines throughout this report.

Accessibility

Adequate housing should be accessible for all groups in society. In reality there are obstacles that limit the accessibility of adequate housing. Some of these are straightforward: a lack of financial resources will in general limit accessibility to housing, at least in the private sector. Other obstacles, such as discrimination in the housing market, are less straightforward and harder to quantify. However, direct or indirect forms of discrimination in financial services or in private and public housing markets can severely limit access to adequate housing for vulnerable groups such as immigrants or minorities.

Affordability

Adequate housing should be affordable for all groups in society. Moreover, all households should be able to pay basic housing costs, upkeep of housing and basic utilities. Affordability is not merely related to the rental or mortgage burden, but also to the affordability of structural upkeep and maintaining an adequate indoor climate.

Suitability

Adequate housing should suit the needs of its occupants and should provide enough space and rooms for all household members. Overcrowding should be avoided and the general layout or design of housing should take into consideration the needs of the household.

Adequacy

Adequate housing should be in a good state of repair, properly insulated and equipped with basic amenities such as heating, running water, electricity, a kitchen, a flushing toilet and a bath or shower. Housing should be adequate to fulfil the particular needs of all household members.

Tenure

Homeowners and private/public tenants should enjoy sufficient security of tenure. Studying tenure types for different societal groups can tell us something about their distribution across the housing market and possibly indicate how certain vulnerable groups can be targeted through housing policies.

Housing type

Besides tenure patterns, the type of housing can tell something about the settlement patterns and give hints about the suitability and adequacy of housing. This is especially the case with unconventional housing and ad hoc structures found in slums and shanty towns.

Segregation

Spatial segregation is a complex issue that touches on topics besides housing concentration. As such, however, residential segregation plays an important role in the concentration and isolation of vulnerable groups. Adequate housing should not be far removed from basic means of public transport, employment opportunities, healthcare and educational facilities.

These seven indicators taken from PROMINSTAT will form the basis for this discussion on housing as a social determinant of health, both in general and for vulnerable groups such as the Roma.

Housing and health

The relationship between housing and health is in general difficult to determine because of the many variables that are associated with a person's well-being.

The WHO defines health as a: 'state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 2006, p. 1). In relation to housing, an inclusive definition of health is essential because housing has implications for health beyond the physical side. As a home and a place to feel safe, housing has an impact on mental health and the ability to maintain social contacts. To explore the relationship between housing and health, Table 2 plots self-reported health status according to some elements of housing and neighbourhood deprivation recorded by the second round of the EQLS in 2007.

Table 2: *Relationship between self-reported health status and some elements of deprivation*

Housing/area difficulties and deprivations	Percentage of health status group experiencing housing/area deprivation					Total EU27
	Very good	Good	Fair	Bad	Very bad	
1. Very likely to leave accommodation	1.5	1.6	1.3	1.7	3.2	1.5
2. Unable to pay utilities	9.7	11.2	14.6	21.1	24.9	12.6
3. Unable to pay rent/mortgage	7.2	7.8	9.1	10.6	14.3	8.3
4. Shortage of space	18.7	18.4	16.9	17.9	17.8	18.1
5. Very dissatisfied with accommodation	1.3	1.2	1.8	2.8	6.3	1.5
6. Unable to keep home adequately warm	6.2	6.6	11.9	19.9	26.0	9.0
7. Presence of rot	6.8	7.7	11.3	15.9	22.5	9.2
8. Dampness and leaks	9.9	10.4	13.9	18.6	23.0	11.9
9. Lack of indoor toilet	2.4	3.1	5.8	8.2	12.5	4.1
10. Lack of bathroom or shower	2.1	3.0	5.4	8.0	11.6	3.9
11. Lack of place to sit outside	11.8	13.0	12.1	13.6	21.7	12.7
12. Lack of public transport	11.8	13.3	14.1	17.7	13.2	13.5
13. Many complaints about neighbourhood noise	3.5	3.6	5.6	6.3	12.0	4.4
14. Distance to doctor making visit very difficult	2.8	2.7	5.6	16.3	24.0	4.7
15. Many complaints about air pollution in area	3.9	3.8	5.7	5.2	7.5	4.5
16. Many complaints about quality of tap water	4.4	4.2	4.6	6.1	5.4	4.5
17. Many complaints about crime, violence and vandalism in area	3.0	2.8	4.1	5.3	7.8	3.4
18. A lot of litter or rubbish in the streets	4.6	4.5	5.5	5.7	7.0	4.9

Source: *EQLS, 2007 (Q17–19, 43, 47, 54, 55)* [8]

[8] See Table A5 in the annex for a full description of survey questions.

The numbers in the columns in Table 1 represent the percentage of people in each separate health status group experiencing certain forms of housing/area difficulties or deprivations. Overall, more people with (very) bad health seem to experience these issues than those with (very) good health. Naturally, no direct relationship between housing and health can be surmised from this table as there are complicating issues of causality. It can, for example, be argued that people with bad health will report much more difficulty in reaching their doctor simply because they frequently have to do so. Additionally, people with very bad health might be much more likely to be unable to pay rent or utilities simply because they are unable to work or secure an adequate income. The table nevertheless shows a clear pattern of more vulnerable people experiencing more precarious situations related to their housing and immediate surroundings.

Among researchers and policymakers alike, there is therefore a general consensus that housing has an impact on health. The strength and direction of this relationship, however, remains somewhat contested. Housing and health studies can be distinguished along three separate dimensions. First, distinctions can be made between studying the health benefits of housing improvement and studying the negative health impact of inadequate forms. Second, there is a distinction between focusing on physical, mental and social health (Murphy, 2006). Finally, there is a distinction between focusing on the internal house level, the neighbourhood level or the housing market and residential planning level (Taske et al, 2005). It should be noted that it is quite usual for studies on housing and health to span across the distinction suggested above. These distinctions should therefore not be understood as rigid classifications in which studies can be identified and placed but more as a tool to understand different aspects and points of analysis. For example, some studies move beyond the analysis of physical well-being only and incorporate mental and social health in their design because of the realisation that housing, or 'the home', is more than just the physical space between four walls and a ceiling. Home, as a cultural symbol, is a place where people can feel safe and seek shelter, providing a source of protection, belonging and identification. As such, to have a home is both a 'psychological and a physical necessity' (Bashir, 2002, p. 733). As a safe place, the home should be the quintessential place to carry out social relations and maintain a healthy social life.

In measuring the relationship between housing and health, it is hard to identify clear causal links because there are other variables that influence these two domains or that correlate highly with them. It is frequently suggested that people in poor areas suffer multiple deprivations and forms of exclusion, making the analysis of a single factor influencing their health inequalities very difficult (Wilkinson, 1999). A core issue in this discussion is the relative influence of either compositional, or contextual, housing factors on health – in other words, the relative influence of either the characteristics of the population, or the physical environmental, on health (Curtis and Jones, 1998). Regardless of methodological difficulties and discussions, the link between inadequate housing and ill health has been widely documented and accepted. Some of the most relevant and indicative findings will now be presented for each housing indicator listed in the previous section: accessibility, affordability, suitability, adequacy, tenure, housing type and segregation. It should be noted that these findings do not necessarily represent causal relationships. In most cases, it would be better to understand the findings in terms of correlations between contextual factors – housing environments – and health. In a number of cases, the direction of this relationship also remains unclear and there is evidence to suggest reversed causality, indicating that ill health can actually be the cause rather than the result of substandard housing.

Accessibility

- Ill health and disability are associated with limited access to mortgages and loans (Easterlow et al, 2000). In some cases, this can systematically exclude people already in poor health from adequate forms of housing, locking them in a vicious cycle of ill health and inadequate housing.

Affordability

- Mortgage indebtedness is associated with worsening mental health (WHO, 2011), subjective well-being and more frequent consultations with a doctor (Nettleton and Burrows, 1998).
- High utility expenditures and fuel poverty are associated with health problems (Evans et al, 2000; Healy, 2002a and b; WHO, 2007).
- Rises in rents are associated with increased mortality rates (Thomson and Petticrew, 2005), poor health (Healy, 2002b) and reduced income to buy an adequate diet (Thomson et al, 2003).

Suitability

- Overcrowding is associated with health problems (Taske et al, 2005), psychological problems (Wilkinson, 1999), tuberculosis (WHO, 2011), respiratory infections and increased chances of fire and domestic accidents (British Medical Association (BMA), 2003; Murphy, 2006; WHO, 2007).
- Noise disturbance is associated with sleep deprivation (BMA, 2003), depression, fatigue, hypertension, increased chances of domestic accidents (WHO, 2007) and cardiovascular disease (WHO, 2011).
- Lack of sunlight and a poor view are associated with depression (WHO, 2007).
- Insufficiently equipped staircases or lack of window guards are associated with the increased chance of domestic accidents (WHO, 2007 and 2011).

Adequacy

- Living in inadequate housing negatively affects health (Marsh et al, 2000) and feelings of safety (WHO, 2007), and increases the chance of domestic accidents (BMA, 2003).
- Ill health is associated with a decrease in the ability to maintain adequate forms of housing (Easterlow et al, 2000).
- Dampness, rot, leaks and mould are associated with health problems (Healy, 2002b; Wilkinson, 1999; WHO, 2011), respiratory problems (BMA, 2003; Murphy, 2006; Taske et al, 2005) and depression (WHO, 2007).
- Indoor cold and the lack of adequate heating and insulation are associated with health problems (Evans et al, 2000; Taske et al, 2005), excess winter deaths (BMA, 2003; Healy, 2002a; Wilkinson, 1999; WHO, 2011) and respiratory problems among the young and the elderly (BMA, 2003; WHO, 2007).
- The improvement of energy efficiency is associated with improved health and a reduction in respiratory problems (Thomson et al, 2003).
- Indoor air quality affects health. Asbestos, environmental tobacco smoke, carbon monoxide, radon and formaldehyde are especially damaging (BMA, 2003; Taske et al, 2005; Wilkinson, 1999; WHO, 2011). Inadequate ventilation increases the likelihood of asthma (WHO, 2007).
- The use of lead water piping and lead-based paint is associated with lead poisoning (WHO, 2011) and the development of neurological problems among children (BMA, 2003; Wilkinson, 1999).

Tenure

- Secure home ownership is linked to improved health associated with increased feelings of security and better quality housing (Thomson and Petticrew, 2005).
- Housing insecurity is associated with stress, insomnia and depression (Murphy, 2006).
- Personal control reduces stress and improves health for tenants (Allen, 2000).

Housing type

- Living in high-rise flats is associated with psychological problems including depression (Wilkinson, 1999) and social isolation (WHO, 2011).
- Moving from a flat to a house is associated with improvements in mental health (Gibson et al, 2008).

Segregation

- Lack of waste removal is associated with pest infestation and subsequent health risks (Thomson and Petticrew, 2005).
- Living in poor and dilapidated areas can negatively affect health and feelings of safety (Murphy, 2006; Taske et al, 2005; Wilkinson, 1999; WHO, 2007) and is associated with higher mortality and injury risk (BMA, 2003).
- Living in a noisy area is associated with increased hypertension and higher blood pressure (BMA, 2003).
- Rehousing/relocation and processes of community regeneration positively affect feelings of safety and health (BMA, 2003; Gibson et al, 2008; Thomson et al, 2003).
- Perceptions of neighbourhood safety negatively affect occasional physical exercise (WHO, 2007).
- Traffic and area noise are associated with sleep deprivation and depression (WHO, 2007).

More in-depth analysis of EQLS data on housing deprivation experienced as presented in Table 2 using logistic regression models (see Table A7 in annex for full results) reveals a strong negative association between the ability to keep the house adequately warm and self-reported health for all groups (gender, age, income). Other indicators of housing deprivation that seem to have a strong negative association with self-reported health are rot in windows/doors/floors; dampness or leaks in walls or roof; and lack of a place to sit outside.

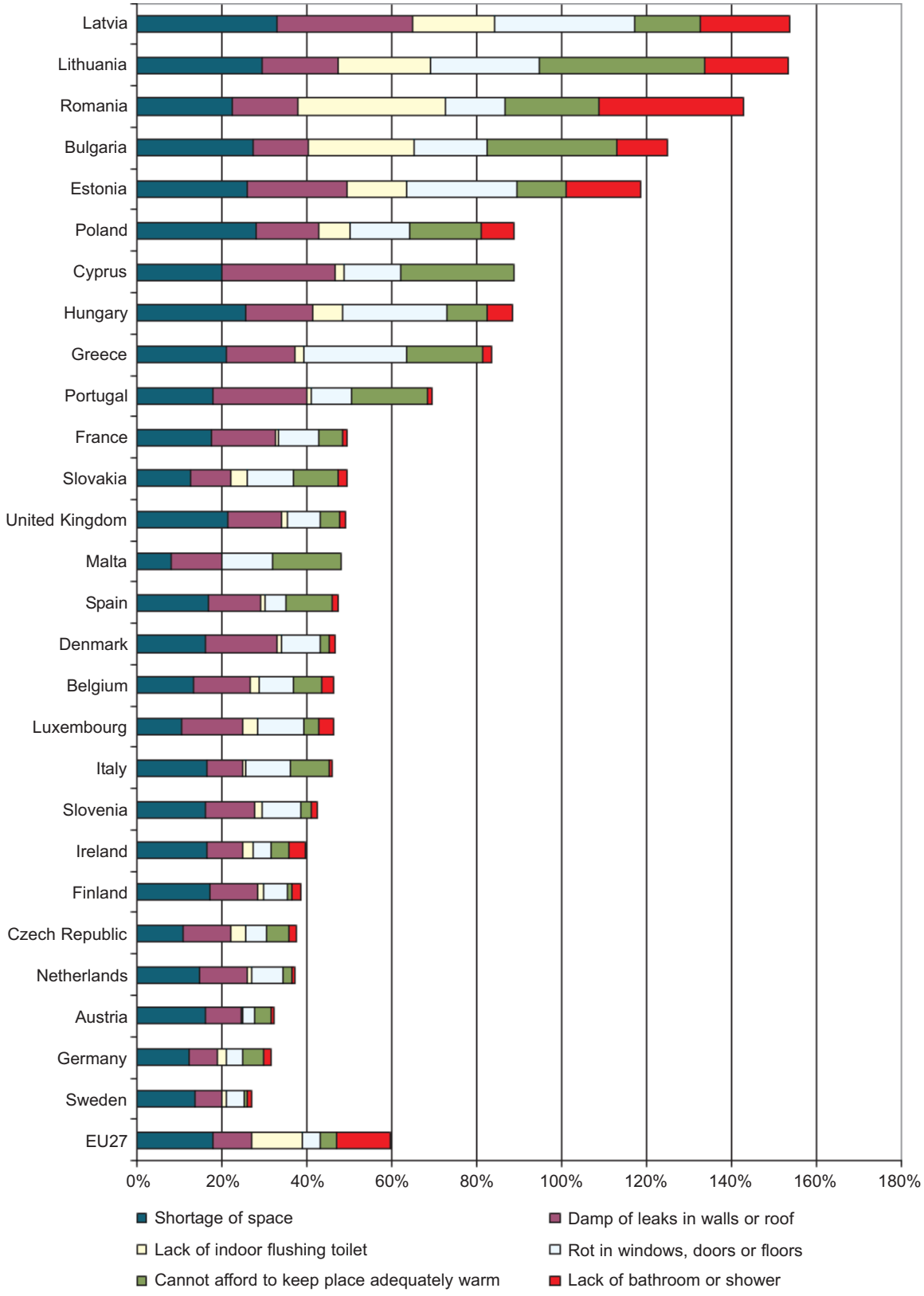
Patterns of substandard housing

An analysis of substandard housing should consider both the characteristics of its occupants and its territorial location. In terms of socioeconomic demographics, analysis of EQLS data indicates that there is a somewhat skewed distribution of substandard housing (see Table A6 in annex).

Distribution of housing deprivation

As might be expected, there are large differences in terms of affordability and adequacy of housing between those in the lowest and highest income quartiles. For example, as many as 21% of people in the lowest income quartile have problems with damp and leaks in their accommodation compared to only 9% of people in the highest income quartile. As a likely influencing factor, 22% of unemployed people have problems with damp and leaks compared to 11% of the (self-)employed. Besides demographic concentrations, substandard housing is also often territorially concentrated. Across EU Member States, housing deprivation shows a clear pattern of unequal distribution (Figure 1).

Figure 1: *Housing deprivation in the EU*



Note: In some cases, the total percentage will exceed 100% as individual households can experience multiple housing deprivations.
Source: *EQLS 2007 (Q17 – see Table A5 in annex)* [9]

[9] (Q17) Do you have any of the following problems with your accommodation; A) Shortage of space; B) Rot in windows, doors, floors; C) Damp or leaks in walls or roof; D) Lack of indoor flushing toilet; E) Lack of bath or shower; F) Lack of place to sit outside (e.g. garden, balcony, terrace).

In terms of housing deprivation, the situation appears worse in some Baltic and eastern European countries, where conditions seem quite severe compared with some well-performing western European or Scandinavian countries. Within countries, however, smaller geographically concentrated pockets of housing deprivation can exist and in some cases these concentrations might be on such a small scale that the severity of local housing deprivation is lost in national or supranational statistics. This is especially the case if populations have irregular forms of housing, employment and/or settlement. In terms of accurately measuring social exclusion, robust sampling designs and quality controls should be in place. Additionally, efforts can be made to increase the official recording and visibility of, for example, irregular forms of housing, employment and settlement. Since many Roma in Europe are either irregular migrants or live in irregularly constructed or occupied housing, issues of sampling and including a representative population are especially important. For the study of such groups, specialised surveys that take these issues into account will therefore be best suited to accurately measuring their social exclusion.

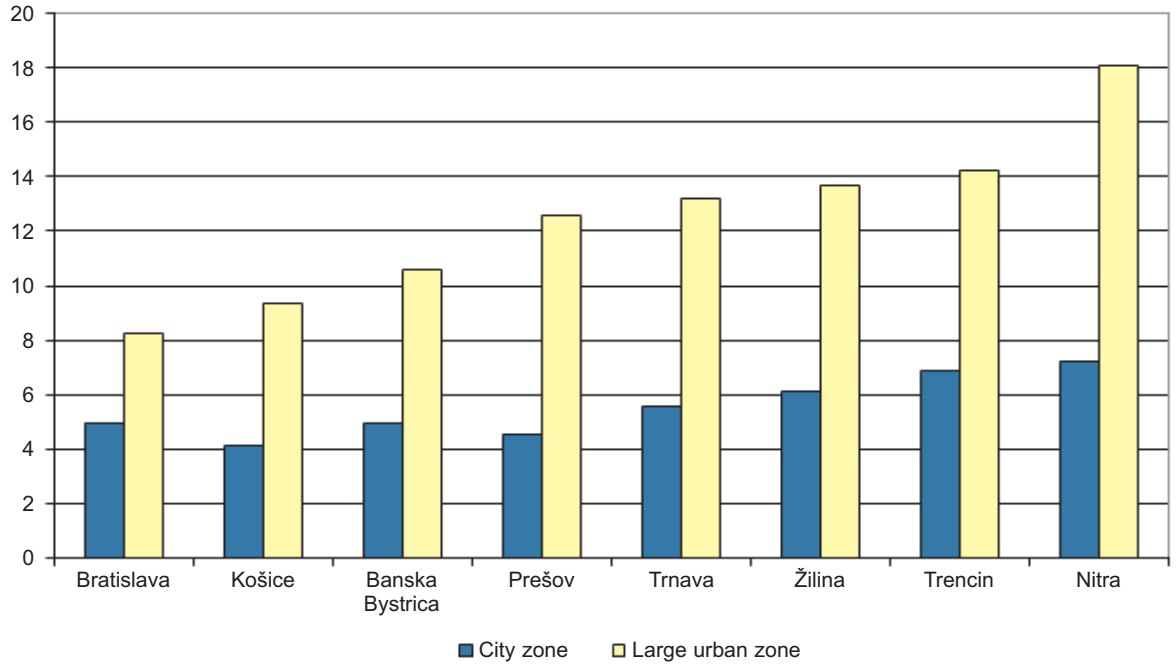
Quality of housing by region

With regard to top-down orchestrated housing policies, the limited visibility of smaller regions can have an impact on restructuring measures and the allocation of resources. Widely used Eurostat data, for example, can only reveal certain 'pockets of poverty' at NUTS levels 1, 2 and 3.[10] After their abolishment in 2003, the smaller levels of NUTS 4 and 5 (now the local administrative units LAU 1 and 2)[11] are no longer officially monitored, complicating the centralised analysis of smaller territorial units. As an example of territorial measurements, Figure 2 shows percentages of dwellings in eight Slovak cities that lack basic amenities. The city zone represents the city centre and its surrounding neighbourhoods while the urban zone includes the whole urban area. The difference in percentage between city zone and urban zone illustrates that there can be large discrepancies between different levels of analysis. What is also interesting is that in lacking basic amenities the city of Košice ranks quite low. However, Luník IX, one of Košice's inner-city neighbourhoods, is well known for its severely deprived housing and large concentration of Roma. The severity of the living conditions in Luník IX is somewhat lost because of its relatively small (official) size compared with the rest of the city. What is important, however, is that the true number of Luník IX's inhabitants is not known but is estimated to be at least three times the intended amount, which makes it hard to accurately quantify the living conditions in this particular neighbourhood and city as a whole.

[10] NUTS refers to the Nomenclature of Units for Territorial Statistics, which is a standard method of referencing subdivisions of countries for statistical purposes.

[11] Within the discussion on Roma inclusion, NUTS 4 or LAU 1 areas are commonly referred to as micro-regions. Even before official abolishment in 2003, however, these smaller territorial units were not equally observed in all Member States.

Figure 2: *Percentage of dwellings lacking basic amenities in eight Slovak cities*



Source: *Urban Audit* (**http://www.urbanaudit.org**), *data from 2001*

Additionally, smaller territorial units can lack basic physical and human resources to access funds and resources at the national or supranational level. Much-needed aid might not be forthcoming if local residents of a small deprived area, falling within a larger administrative unit, are unable or unsuccessful in putting their needs for housing restructuring on local, national or even supranational political agendas.

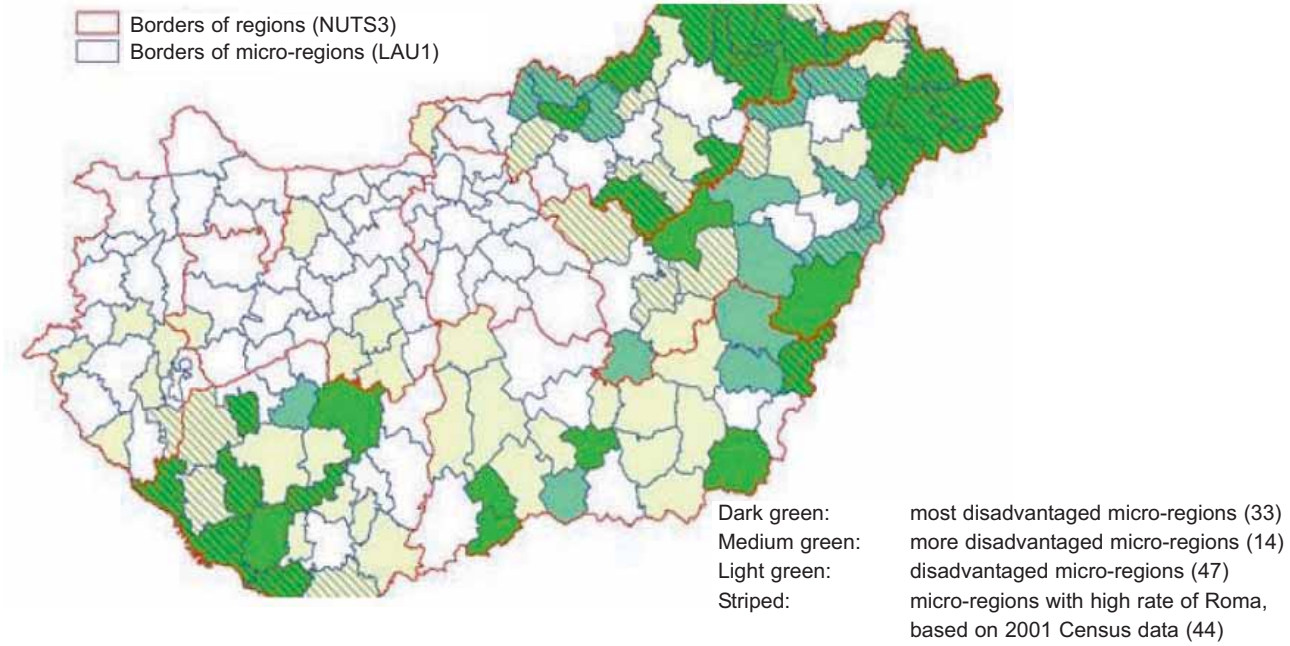
Poverty maps

For these reasons there is an increasing interest in drawing a European poverty map that can identify pockets of poverty below NUTS 3 level, as reflected in the European Commission's discussion paper on Roma inclusion (European Commission, 2011). Centrally collected and detailed geographical information of this kind could help to identify small deprived areas. Especially for targeting purposes of the European Structural Fund (ESF), the European Regional Development Fund (ERDF) or the European Agricultural Fund for Rural Development (EAFRD), such specific tools can aid in the effective allocation of EU resources. However, the high level of territorial disaggregation of proposed poverty maps at NUTS levels 4, 5 or even lower requires data that are both high in quality and vast in sample size. Survey data often contain variables of good quality that cover a wide range of issues, but often lack a sufficiently large enough sample for small-scale territorial breakdowns. Census data, in turn, provide sufficient information for a disaggregation to smaller territorial units, but usually lack good quality variables that can be used to accurately identify different elements of poverty.

One interesting way forward would be the combined use of census and survey data to make poverty estimations at a very small scale. Interesting and promising methodologies and examples have been laid out by research carried out for the World Bank (see for example Hentschel et al, 1998). In principle, the methodology consists of using indicators that are present in both survey and census data to match cases in order to combine the rich detail of survey data with the wide population base of the census data. Applying such techniques to identify small territorial concentrations of poverty on a European scale would provide politicians and policymakers with a powerful tool. However, with regard to the creation of such a European poverty map, there are some things to consider. First, the purpose of the map should be clearly

defined; what it should measure and at what territorial level. Different maps can be conceived and drawn up measuring different elements of exclusions for various groups of people. Poverty maps can be drawn on a purely territorial basis but efforts can also be made to identify specific concentrations of disadvantaged ethnic groups such as the Roma. An example of a map combining both is available in the case of Hungary, and is shown in Figure 3.

Figure 3: *Roma communities and disadvantaged micro-regions (LAU 1) Hungary*



Source: *European Commission, 2011*

It is hard to get an accurate estimation of the concentration of poverty. This will mean that even the best possible poverty map will only 'catch' a certain percentage of disadvantage households (Hentschel et al, 1998). When used as a policy tool for identification, poverty maps will be prone to 'misallocation' of some resources. It would therefore always be good practice to combine poverty maps with the knowledge and experience from local governments, associations and non-governmental organisations (NGOs).

Housing and health inequalities: Roma and itinerant groups 3

Data availability

Roma population

A common element among Roma-related studies is their focus on issues such as discrimination, unemployment, education, housing, health and gender. What these topics commonly share is that they depict the Roma as being a particularly vulnerable group in relation – either explicitly or implicitly – to some majority group. This vulnerability serves as a persistent dimension in the discussion on Roma. Especially in official and scientific studies, it is often this dimension that binds groups together under the common umbrella of being Roma. Ironically, it is this dimension that can reaffirm negative and inferior perceptions of Roma and limit degrees of self-identification. Besides being a scientific concern, demographic information on Europe's Roma population proves to be an issue of political relevance.

Official and unofficial population estimates of Roma tend to differ significantly.[12] Figures provided by the World Bank[13] of Roma in southeastern Europe, for example, show a total gap between high and low estimates of more than 3.5 million people. Besides the methodological difficulties of collecting reliable data on Roma, there are likely to be concerns related to data protection law. It is not always clear in what way national or even supranational data protection law actually prohibits the collection of data on ethnicity. It has been suggested that data protection has in some cases been overemphasised, leading to a rather aversive stance with regard to the collection of data on vulnerable groups such as Roma (Cahn, 2004, p. 5). Nonetheless, parties that wish to rally political support for Roma inclusion have an incentive to inflate unofficial Roma estimates in order to stress the significance of the issue (Babusik, 2004).

In the case of scientific study, estimates of Roma populations play an important role in the sample designs and methods of surveys. In Roma surveys there are two general approaches to identifying target groups. The first focuses on self-identification and the second relies more on external identification. As indicated, self-identification will tend to underestimate Roma populations. External identification approaches can be more accurate, but they have been criticised as being more prone to selection bias by criteria besides ethnicity, such as poverty, language or residency; consequently increasing the risk of excluding groups of more integrated and assimilated Roma (Babusik, 2004). A similar risk would be present in the self-identification approach when better-integrated Roma wish to emphasise their assimilation by underreporting their Roma identity.

Concept of vulnerability

In both self- and external identification, vulnerability often remains a central concept that interacts with the identification of Roma populations under study. Consequently, vulnerability should be a central concept of identification in study and policy improving housing and health of Roma populations in Europe. There is, however, a danger associated with overemphasising the concept of vulnerability linked with specific ethnic or cultural groups. In general, the danger lies

[12] See estimates by country at: **http://www.coe.int/t/dg3/romatravellers/Source/documents/stats.xls**

[13] See World Bank fact sheet 'Roma at a glance': **http://siteresources.worldbank.org/INTROMA/ Resources/Roma_at_a_Glance.pdf**

in the fact that associations between vulnerability and other group identifiers can stigmatise the target group. FEANTSA therefore states that:

> *speaking in terms of socially excluded groups it is good to a certain extent to have a picture of who is poor, but in the meantime there is danger that we may arrive to speak about poverty and social exclusion by target groups and not speaking about a general phenomenon affecting many people in the society. Having different 'targeted' socially excluded groups we may actually stigmatise them, we may put a specific 'etiquette' thus affecting the chances of the members of such 'groups' to be integrated*
>
> (FEANTSA, 2005, p. 4).

In this regard, it is important to realise that dimensions of vulnerability often intersect and affect many people living in deprived areas. It is unlikely that any analysis based on one sole dimension of vulnerability would be able to accurately capture the full extent of exclusion faced by those who live in the more seriously deprived areas. Issues of location, housing and the provision of services therefore become important elements in identifying vulnerable groups and pinpointing inequalities in, for example, housing, health, employment and education.

UNDP survey on groups at risk

A large survey that focuses on multiple dimensions of vulnerability was undertaken by the United Nations Development Programme (UNDP, 2006). Vulnerability is defined by the UNDP as a marginal social situation caused by unfavourable positioning along several dimensions; the following 10 are listed by the UNDP[14]:

- income;
- education;
- housing;
- security;
- health[care];
- physical/mental/emotional ability;
- ethnicity;
- religion;
- age;
- family status.

A marginal position along these items increases the vulnerability of groups and individuals because it deprives them of security and forms a basis for unequal treatment. Vulnerability as such is therefore understood as a total reality; it is not just related to ethnicity or any other single item, but is the amalgamation of several items in a particular time and place. Location is a fundamental aspect of studying social exclusion because segregation can cluster populations together along dimensions of vulnerability. The neighbourhood of Luník IX in Košice provides an infamous example of an area where such clusters exist. In this old housing estate almost all of the estimated 7,000 residents are of Roma origin. Whether Roma or not, however, almost total unemployment, illiteracy, substandard living conditions, severe health inequalities and lack of neighbourhood services are daily realities for all of its residents.

[14] This list is not exhaustive; gender or sexual orientation could, for example, be considered as other areas of vulnerability.

In the UNDP survey, which began in 2004, a research design was therefore chosen, focusing on specific localities with a large concentration of Roma. These localities were identified by comparing available census data on the local and national level of concentration. Interviews were conducted in settlements that had an above-average concentration of Roma residents. Within these settlements both Roma and non-Roma respondents were interviewed, making it possible to compare results on the basis of ethnicity. The final UNDP report indicates that Roma are in general more vulnerable than their non-Roma neighbours. For example, as many as 44% of Roma households live in poverty compared with 11% of majority households, and Roma children spend on average 5.5 years less in school than majority children. With regard to housing, the report concludes that:

> *a large percentage of Roma live in dilapidated houses or shacks with substandard sanitation infrastructure. Roma households are much less likely than majority households to have access to toilets or piped water inside the house or yard. They possess fewer basic household items, such as a bed for each household member, furniture or major household appliances. Lack of access to information and communications technology is also manifested in the Roma situation*
>
> (UNDP, 2006, p. 55).

The UNDP study is of great value because it points to vulnerability along ethnic lines within certain localities. What the UNDP study cannot do, however, is make any inference about Roma living in other, non Roma-majority, localities. The exclusion of these populations in the UNDP study limits the potential for generalisation. It can be hypothesised that these Roma, because they are integrated, are less vulnerable and lead substantially better lives. Regardless of this limitation, the UNDP survey remains a thorough study on the vulnerability of Roma.

EU-MIDIS data

A second quantitative report on Roma is the FRA report on housing discrimination (FRA, 2009a). This report analyses European Union Minorities and Discrimination Survey (EU-MIDIS) data dealing specifically with housing discrimination experienced by Roma in selected EU Member States. It concludes that the experience of housing discrimination varies greatly across countries. Overall, 1 in 10 respondents reported experiencing some form of discrimination when trying to rent or buy accommodation (ibid). The EU-MIDIS survey (FRA, 2009b) sampled Roma in Bulgaria, the Czech Republic, Greece, Hungary, Poland, Romania and Slovakia. In those countries, Roma were sampled nationwide from different locations using stratified sampling based on either national statistics or specialist estimates. Compared with the UNDP survey, this sampling reduces bias towards areas of high segregation. However, FRA warns against making inferences about specific ethnic minorities within countries and claims that comparison should primarily be made between different groups across countries. Like the UNDP survey, a subsurvey collected data on majority – non-minority – populations, making comparison with majority populations possible. Unlike the UNDP survey, however, those surveyed as 'majority' received shortened questionnaires, limiting the areas in which comparison can be made.

The results of EU-MIDIS are again displayed in a further FRA report on housing conditions of Roma and Travellers in the European Union (FRA, 2009c). Besides quantitative information this report also provides qualitative information collected mainly by the European Racism and Xenophobia Network of National Focal Points (RAXEN). With regard to housing and living conditions of Roma, the report concludes that

> *there are several international instruments setting out the contours and content of the right to adequate housing. It is clear that large numbers of Roma and Travellers in the EU do not enjoy equal treatment in this respect, living in substandard conditions which fall far below even the minimum criteria of adequate housing. ... Many Roma and Travellers live in overcrowded conditions, with considerably less space per person than national averages, where many dwellings are in a state of considerable disrepair*
>
> (FRA, 2009c, p. 5).

ERRC study on substandard housing in Romani communities

The European Roma Rights Centre (ERRC) published a report in 2010 on substandard housing conditions in Romani communities in Albania, Bosnia-Herzegovina, the former Yugoslav Republic of Macedonia, Montenegro, Romania, Serbia and Slovakia. The report draws mainly on testimonies of and interviews with Roma individuals, Romani activists and municipal officials. It provides an illustrative account of severe housing inequalities faced by Roma populations in southeastern Europe. In conclusion, the ERRC states that 'Roma in Albania, Bosnia Herzegovina, the former Yugoslav Republic of Macedonia, Montenegro, Romania, Serbia and Slovakia live in similar substandard housing conditions: each country has its own characteristics, but housing which does not meet adequate living standards is a common issue facing many Roma in these countries' (ERRC, 2010, p. 7).

Studies on health and healthcare

Two cross-national reports that deal specifically with Roma health inequalities are worth mentioning. The first is the report by the Fundación Secretariado Gitano (FSG). The FSG presents data from a survey carried out between 2006 and 2009 interviewing a total of 7,604 Roma in Bulgaria, the Czech Republic, Greece, Portugal, Romania, Slovakia and Spain. It concludes that Roma are 'particularly vulnerable to the effects that social conditions have on health. Housing conditions, the type of employment that a portion of the Roma population engages in and the greater difficulties faced in achieving a suitable level of education are just some of the factors accounting for the precarious health situation characterising Europe's Roma community' (FSG, 2009, p. 72).The FSG further states that one-fifth of family units living in substandard housing have household members with alcohol-or drug-related problems. This relationship is highlighted in Table A1 in the annex to this report. The FSG sample does not have an internal control group similar to the one integrated in the UNDP survey. Instead, the FSG study uses external Eurostat data to make comparisons with majority populations.

The second report on Roma health and healthcare is published by the ERRC. The ERRC report is a qualitative report on accessibility, discrimination, inequality and the violation of human rights in healthcare services covering Bosnia Herzegovina, Bulgaria, Croatia, the Czech Republic, France, Greece, Hungary, Italy, Kosovo, the former Yugoslav Republic of Macedonia, Montenegro, Romania, Serbia, Slovakia, Slovenia and Spain. It presents information from legal databases and data from interviews with Romani men and women of all ages, living in different localities across Europe. In the cases of Bulgaria, Hungary and Spain, doctors who frequently work with Roma were also interviewed. With regard to housing and health, the ERRC report concludes that:

> *systematic human rights violations in other areas have a direct impact on the ability of Roma in Europe to realise the right to the highest available standards of physical and mental health. Particularly evident are the effects of extremely substandard housing, and other housing rights violations, and problems arising as a result of racial segregation in schooling*
>
> (ERRC, 2006, p. 69).

Health inequalities

Focus of various studies

Studies on Roma health illustrate that Roma face severe health inequalities and have limited access to healthcare services (FSG, 2009; ERRC, 2006; UNDP, 2006; Babusik and Papp, 2003). A number of studies also reveal considerable health inequalities for itinerant groups (Peters et al, 2009; Matthews, 2008; Van Cleemput, 2007; and Van Cleemput et al, 2007; Parry et al, 2007). It should be noted that representative and systematically collected data on health inequalities for both Roma and itinerant groups are not always available. Data on health inequalities for Roma and itinerant groups do exist, but are often fragmentary and lacking in information on specific health issues. In a literature review of Roma health studies, Hajioff and McKee conclude that the majority of studies on Roma health focus on communicable diseases or

reproductive health. The authors add that '[this] suggests a focus on concepts of contagion or social Darwinism,[15] indicating a greater concern with the health needs of the majority population with which they live' (Hajioff and McKee, 2000, p. 864). A more recent literature review conducted by Zeman et al concludes that a majority of Roma health research focuses on genetics and cultural considerations in healthcare provision. They found a lack of studies providing a general health surveillance of the population and very few studies focusing on dental health (Zeman et al, 2003).

Health gap between vulnerable groups and majority populations

Because health issues are often approached subjectively in survey data there are some methodological difficulties to consider. For example, paradigms of health can vary between different social groups. When studying health among minority groups it is therefore important to consider whether their perception of health and illness diverges from majority perspectives. A discussion on Roma health inequalities should therefore be explicit about Roma health standards and the way Roma perceive health and illness. For example, the FSG study shows that Roma on average report better subjective health than overall EU27 populations (FSG, 2009). This finding is somewhat mediated by the lower average age of Roma, but could also be influenced by the fact that Roma populations can have different perceptions of health. In its report on Roma health mediators, the Open Society Institute (OSI), for example, reports that Roma define health as 'the absence of biological disease' (OSI, 2005, p. 6). Masseria et al further report that:

> *the self-reported worsening in health status indicator does not tell anything about the actual health condition of an individual. It is, therefore, possible that Roma are still less healthy than the national majority population even if their self-reported health status did not deteriorate more than for the latter, simply because their initial health was worse. Moreover, the Roma may have a different perception of what worsening health is than the non-Roma*
>
> (Masseria et al, 2010, p. 553).

It can also be considered that majority populations might be more likely to be clinically diagnosed because they enjoy better access to healthcare services and are therefore more aware of illness. Diverging health standards between Roma and majority populations can therefore help to explain different diets, lifestyles, the lack of demand for preventive health services (OSI, 2005) and why anti-smoking advice provided by doctors is often ignored (Vokó et al, 2009).

In relation to itinerant groups, Van Cleemput et al (2007, p. 205) identify a general disbelief in the effectiveness of preventative treatment and a conviction that medical consultations reduce resilience by bringing bad news. Van Cleemput et al state that among their Traveller and Gypsy interviewees 'ill health is seen as normal, an inevitable consequence of adverse social experiences, and is stoically and fatalistically accepted'. These specific attitudes and beliefs about health and illness have an important impact on the widening of existing health inequalities. Even if healthcare provision is increasingly extended towards vulnerable groups, it cannot be assumed that it will be taken up. Matthews (2008) indicates that a prime reason for avoiding consultation is hostility and prejudice experienced in healthcare services. The ERRC report (2006) points to similar concerns regarding the healthcare experiences of Roma. Any effort to bridge the health gap between these vulnerable groups and majority populations should be sensitive to these issues.

[15] Social Darwinism relates to ideas of societal evolution and selective survival. It is most commonly used as a pejorative term in critical claims.

Factors contributing to health inequalities

A multitude of different factors contribute to the existence of health inequalities between Roma and majority populations. The process of alleviating these health inequalities should therefore target inequalities in other areas such as socioeconomic status, level of education or housing. Ethnicity should play a role in this only when there is evidence of unequal treatment that has a direct impact or an indirect impact on health. Some case studies in Bulgaria, Hungary and Romania show that health inequalities between Roma and non-Roma are partly, or even wholly, explained by differences in socioeconomic status (Masseria et al, 2010; Vokó et al, 2009). Data from the UNDP (2006) also suggest that inadequate income is the main factor explaining why Roma have limited access to healthcare. It is clear that income and poverty are important factors explaining health inequalities, but ethnicity, as a basis for unequal treatment, should also be regarded as a factor contributing to the extreme inequalities faced by Roma. This view is also supported by the ERRC, which states that:

> *racial discrimination outside the healthcare system also affects the health of Roma in a number of ways. Institutional racism – the operation of various institutions in society in a way which denies equal rights and opportunities to Roma – affects major socioeconomic determinants of health such as living conditions, nutrition, work conditions, and other areas of life. … One area in which the impact of racial discrimination on the health of Roma is particularly visible is housing*
>
> (ERRC, 2006, p. 12).

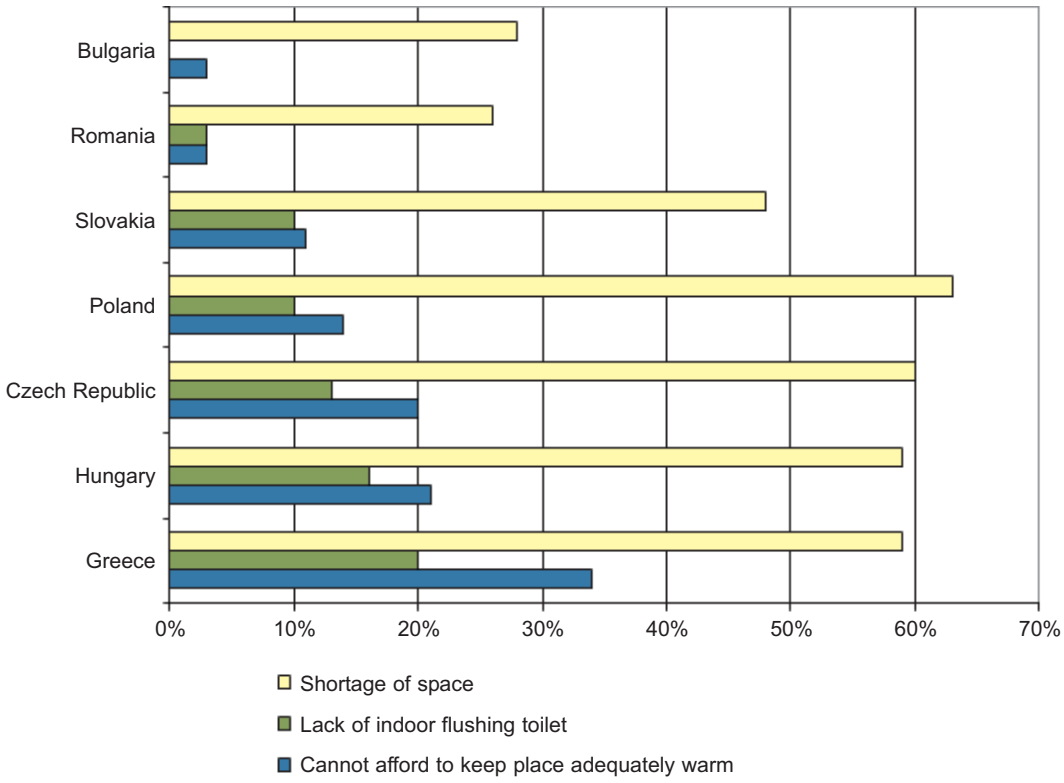
Data on housing

The collection of reliable data on Roma populations is challenging. The studies introduced above do provide information on the housing and living conditions of Roma across Europe. The next section will present their most relevant findings in some more detail, focusing specifically on the indicators outlined in Chapter 2: accessibility, affordability, suitability, adequacy, tenure, housing type and segregation. Many of these indicators are usually measured as snapshots in time and consequently do not offer much room to view housing conditions in a more dynamic way. Concepts of accessibility and segregation get more meaning when a temporal element is added because they provide information about actual movement rather than static assessments.

Accessibility

The accessibility of housing gives an idea of the extent of unequal treatment in the housing market. Housing discrimination can limit access to housing, making it in effect more complicated to secure adequate forms of housing. The EU-MIDIS survey provides important information on the existence of housing discrimination disaggregated by ethnicity. The EU-MIDIS questionnaire includes subjective questions on discrimination experienced in the previous 12 months or five years in nine general areas. Questions CC1 and CC2 (see Table A2 in annex) focused specifically on the discrimination experienced when looking for a house or an apartment to rent or buy. According to the findings, Roma in Bulgaria and Romania only experienced marginal housing discrimination (<5%), whereas Roma in Greece reported much more severe discrimination in their access to housing in the previous five years (>30%) (Figure 4). Somewhere between these extremes were Hungary and the Czech Republic (≥20%), and Poland and Slovakia (<15%). An important consideration is that these figures are likely to underestimate long-term discrimination on the housing market. One could argue that five years is not a sufficiently long period in a person's housing career to adequately measure true levels of housing discrimination. The likelihood that people move and look for other housing within five years potentially shields them from experiencing discrimination in the housing market (FRA, 2009a).

Figure 4: *Experiences of (housing) discrimination (%)*



Source: *FRA, 2009a and 2009b (EU-MIDIS: Questions CC1/CC2, A2)*[16]

The reverse could equally hold true. Prolonged periods without changing residence could be instigated by a certain expected level of discrimination when attempting to gain access to other housing. Specific characteristics of national or local Roma communities are also likely to influence this process. Well-established and segregated communities could report lower levels of housing discrimination simply because they are unlikely to look for housing outside their own community. Looking at general levels of discrimination and housing discrimination in Figure 4 reveals that there is a somewhat weak relationship between the two. Countries where Roma experience a higher general level of discrimination also tend to have a more profound level of discrimination in the housing market. What is interesting, however, is that in Bulgaria and Romania, where almost 30% of Roma interviewed reported having experienced some form of ethnic discrimination in the previous year, experience of housing discrimination is very low or even non-existent. Another factor to consider with regard to housing is the accessibility of funds, loans and mortgages. EU-MIDIS[17] data indicate that Roma experience some discrimination when applying for loans or visiting banks, but the number of such experiences is relatively low[18] in comparison with other areas of discrimination. Discrimination when applying for loans

[16] (A2) 'Have you personally (in the last 12 months) felt discriminated against or harassed on the basis of ethnic or immigrant origin?' (CC1) 'Have you ever (in the last 5 years) been discriminated against when looking for a house or apartment to rent or buy, by people working in a public housing agency, or by a private landlord or agency?' (CC2) 'Have you ever (in the last 12 months) been discriminated against when looking for a house or apartment to rent or buy, by people working in a public housing agency, or by a private landlord or agency?

[17] (CI1, CI2) Have you been discriminated against when trying to open a bank account or get a loan from a bank in the last five years or last 12 months? (see Table A2 in annex)

[18] On average, around 9% of the Roma respondents reported discrimination when visiting a bank.

could, however, go underreported if Roma avoid visiting banks for loans and mortgages because they are not in a stable financial position. Additionally, Roma might avoid going to banks because they already assume that they will be discriminated against.

Besides quantitative data, there is a vast collection of qualitative evidence that suggests direct and indirect housing discrimination against Roma. In Spain, the FSG collected a total of 131 discrimination claims. After discrimination in media, discrimination in housing was the second largest category. Most claims related to persons or families seeking accommodation only to be turned down when the lender suspected or discovered their Roma background. In one newspaper there is reference to an accommodation advertisement that stated: 'no dogs, no Gypsies'. In another claim a proprietor tried to sell his house with a sign saying 'for sale, Gypsies only'. When asked about the sign, the man stated that he could not stand his neighbours and was selling his house to a Roma person as a matter of revenge (FSG, 2010).

Some barriers to accessibility can also exist in national regulation that restricts access to housing for certain groups. For example, some concerns were voiced in a Human Rights Watch report on the housing rights of Roma and Travellers in France. Although it is not necessary for EU citizens to have a residence or work permit to apply for housing in another Member State, it was reported that landlords, government agents and social housing providers sometimes do ask for one (Derdek and Firmin, 2010). With regard to recognition of the housing rights of Roma in France, the RAXEN report on housing conditions states that:

> *their right to housing depends on the recognition of their right to stay in France. ... French authorities apply article 5C of the Convention implementing the Schengen Agreement of 14 June 1985, which states that foreigners arriving from the Schengen area must prove that they have resources amounting to at least 500 Euros. Therefore in practice, Roma are often excluded from provisions in law and are not permitted to work under the terms of the transitional provision*[18] *which apply to new EU citizens. The consequences of this barrier to the labour market on living conditions are dramatic*
>
> (RAXEN, 2009b).

In addition, Derdek and Firmin (2010) report that the need to prove sufficient income in France can further limit access to social housing for vulnerable groups that are most in need of this kind of support.

Most of the available data on housing accessibility presupposes more or less sedentary forms of living. For more itinerant groups of Roma, however, the availability of legal and properly facilitated halting sites forms a first condition to adequate forms of living. The available data on the accessibility of halting sites is primarily broken down into country-specific analysis. Concerning the general situation in Europe, FRA states that 'the shortage of adequate permanent and transient halting sites and pitches is palpable, despite the implementation of relevant programs' (FRA, 2009c, p. 6). As a prime reason, FRA suggests that there is often strong local opposition to the provision of adequate halting sites. Besides a general lack of good quality halting sites, FRA additionally reports on national and local instances where regulation forms a substantial barrier for the creation and use of halting sites. In France, for example, a law passed in 2000 aimed to facilitate the creation of new halting sites in cities and towns with a population of over 5,000 through financial incentives. A second law passed in 2003, however, made it possible for cities and towns with a population of fewer than 20,000 to file for exemption from hosting such sites. The reality of these measures is that Roma and other itinerant groups face increasing difficulty in accessing adequate and legal halting sites outside urban areas.

[19] Bilateral agreements on the freedom of movement for workers between the newer and older EU Member States are still in effect. In the case of France, until the end of 2011 migrant workers from Bulgaria and Romania required a permit to work (see **http://ec.europa.eu/eures**).

For countries that provide data on halting sites and the approximate size of itinerant groups, it can further be assessed that there is a general lack of regulated sites. The RAXEN network of National Focal Points[20] collected this information for all the EU27 Member States. Only the reports for Belgium, France, the Netherlands and the UK provide information on size and accommodation of itinerant groups including Roma. Many other RAXEN reports either claim that relevant information is not available or that the vast majority of Roma are sedentary. Ratios of regulated halting sites in relation to the size of itinerant groups appear to be highest in the Netherlands, followed by the UK, France and Belgium. This information should be viewed with caution because there are no uniform standards with regard to halting sites, nor is there a clear understanding of the meaning of the words 'site', 'pitch' and 'lot'. In general, a site is understood to be a place that contains multiple individual places known either as pitches or lots. In reporting on site availability, however, this distinction is not always clear, which casts doubt on the exact number of individual places available. Without clear definitions it is very difficult to assess the available space on individual halting sites. To complicate matters further, halting sites are sometimes also referred to as camping sites, pitching sites, transient sites or encampments. These differences can at times relate to differences in usage. A camping site, for example, can indicate a more permanent type of residency whereas usage of transient sites can be understood as more temporary in nature. However, as indicated above, the lack of uniform standards and definitions complicates matters and obscures cross-national comparison of the availability of halting sites.

Affordability

The affordability of housing – adequate or not – is a crucial indicator that pinpoints the difficulties vulnerable groups experience when securing and maintaining adequate standards of living. The concept of affordability points to the relationship between income and outgoing expenses for accommodation. Surveys or censuses sometimes collect information on housing expenses, but since information on ethnicity is rarely recorded, these sources provide little information regarding the affordability of housing for vulnerable groups such as the Roma.

Some data on affordability are provided by the UNDP survey, which includes information on housing payments and monthly household income for Roma. The findings show that Roma spend a disproportionate share of their monthly income on housing. In addition, Roma spend a much higher percentage of their monthly income on housing than majority populations living in close proximity, suggesting that in both absolute and relative terms the Roma face problems in relation to the affordability of their housing. Evidence pointing towards more favourable circumstances for Roma also exists, however. In Spain, a majority of Roma who rented housing reportedly paid amounts below market prices, mainly because of longstanding leasing contracts and the rental of officially protected housing (Evangelista, 2010).

With regard to affordability of halting sites there is evidence that privately owned halting sites are prone to charging itinerant groups disproportionate amounts for accommodation and utilities. In the UK, the Cornwall-based organisation supporting Gypsies and Travellers (TravellerSpace) reported that 'many Travellers [who] live on farms pay extortionate rents' (Cemlyn et al, 2009, p. 23). Publicly owned halting sites often depend on subsidies for their renovation and upkeep, providing good affordable accommodation for itinerant groups – see for example RAXEN NFP report on Belgium (RAXEN, 2009a).

Suitability

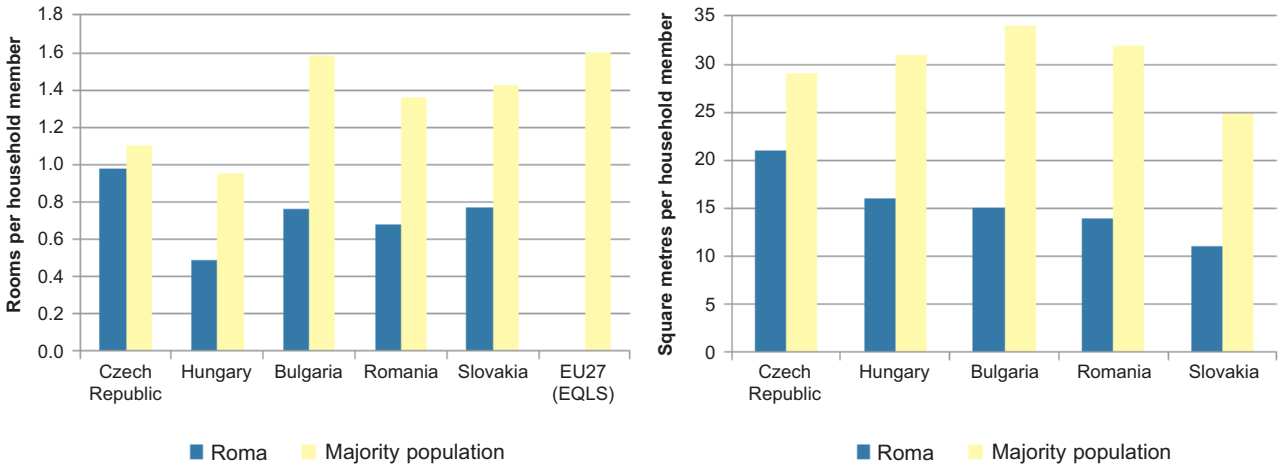
Suitability of housing measures how a dwelling suits the specific needs of a household. The house should be a place where all household members are able to engage in social interaction and maintain social relations while providing adequate privacy for all household members. One central – and easily quantifiable – indicator of suitability is the

[20] RAXEN NFP reports are available online: **http://www.fra.europa.eu**

available space as a function of household size; either in rooms per household member or actual space in square metres per household member. Combined, these indicators measure levels of overcrowding in terms of available privacy and space for each household member. Statistics of this kind are observed by some types of national or cross-national household surveys and national censuses, but rarely do they include data on ethnicity that allow a desegregated analysis by ethnic group.

The UNDP survey provides data on available rooms and square metres per household member for Roma and majority populations living in their close proximity. The UNDP data show that both in terms of square metres and rooms per household member, the Roma fall behind the majority population and live in much more overcrowded conditions (Figure 5). The situation appears to be most severe in Slovakia and Hungary, where Roma live on average with two persons per room. This situation is further complicated in Slovakia by the relatively small size of the living space: on average Roma in Slovakia only have 11 square metres per person throughout the entire house (Figure 5). Eurofound's EQLS data indicates that in the EU27 there are on average 1.6 rooms per household member. In the countries covered by the UNDP survey, both Roma and majority populations largely fall below this European average.

Figure 5: *Rooms per household member and square metres per household member*



Sources: *EQLS 2007 (Q15 – see Table A5 in annex)*[21]*; UNDP, 2006 (Q26ab – see Table A3 in annex)*[22]

There is some evidence that in cases of forced eviction the suitability of housing sinks to a distressingly low level. From 2001, local authorities in Piatra Neamț, Romania started to evict Roma inhabitants from the city centre into isolated peripheral locations. One of these locations, a former chicken farm located 5km outside the city, was subdivided by local authorities and fitted with rooms a maximum of 10 square metres in size. The rooms were assigned to Roma as social housing with each household being assigned to a single room regardless of household size (Galbea, 2010). Even without any knowledge of household size, however, it appears safe to assume that the suitability of these housing units falls even behind the already low average levels observed in Romania by the UNDP.

[21] (Q15) How many rooms does the accommodation in which you live have, excluding the kitchen, bathrooms, hallways, storerooms and rooms used solely for business? Divide by household member recorded in EQLS survey household grid.

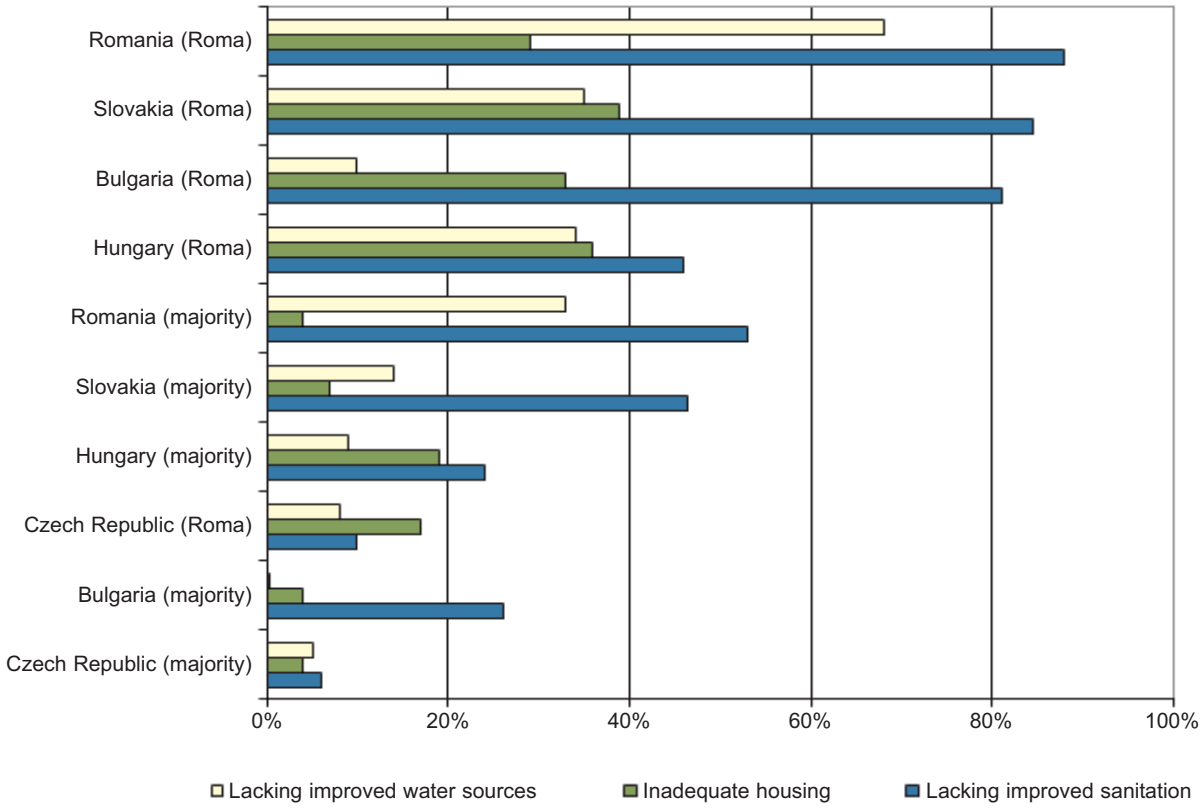
[22] (Q26a) How many rooms does your household have in the dwelling you currently occupy? (Q26b) And how many square metres in total is the size of your current dwelling? Divide by household member recorded in UNDP survey household grid.

With regard to countries that have significant itinerant populations, the availability of halting sites will have a direct impact on the issues of overcrowding. For example, the RAXEN NFP report for Belgium indicated that 'one worrying aspect is that due to the general shortage of halting lots, most sites were overcrowded with too many trailers. This challenges the general cleanliness of the site and the sanitary units in particular' (RAXEN, 2009a, p. 30).

Adequacy

The adequacy of housing refers to the quality of housing and the availability of basic amenities (Fonseca et al, 2010). Vulnerable groups run a particularly high risk of finding themselves in substandard forms of housing. This is particularly problematic when high levels of segregation confine people to isolated areas known to be deprived of basic amenities such as indoor showers and toilets, access to clean drinking water, electricity, or regular refuse disposal. The UNDP survey provides information on the percentage of households living in inadequate forms of housing and lacking improved forms of sanitation or water sources (Figure 6).

Figure 6: *Households in inadequate housing and lacking basic hygiene facilities, Roma vs. majority population (%)*



Source: *UNDP, 2006 (Q29, Q30, M14 – see Table A3 in annex)*[23]

'Inadequate housing' shows the percentage of households living in ruined houses or slums, 'lacking improved sanitation' shows the percentage of households not having a toilet or bathroom inside the house and 'lacking improved water sources' shows the percentage of households not having a piped water source on their household property. These findings indicate that gaining access to improved forms of sanitation remains one of the biggest challenges for both Roma and

[23] (M14) External evaluation of the household's dwelling. (Q29) Which sources of potable water do you use? (Q30) Does the dwelling in which you live have a toilet and a shower or bathroom inside?

majority populations living in close proximity. On average, 62% of Roma did not have access to improved forms of sanitation compared with 31% of the majority population. Eurofound EQLS data show that on average in the EU27 Member States only 3.1% of respondents lacked improved forms of sanitation.

For both Roma and majority populations, the situation in Romania appeared to be most severe; 69% of Roma did not have access to improved water sources, and up to 88% of Roma did not have access to improved forms of sanitation (Figure 6). In relative terms the Roma in Bulgaria seem to be much more disadvantaged than majority populations in their close proximity. Roma were three times more likely to lack access to improved forms of sanitation and almost eight times as likely to live in substandard housing, such as shacks and other rundown buildings.

Processes of eviction can send groups of Roma down a spiral of worsening housing adequacy. For example, in 2004 the Miercurea Ciuc city council in Romania forcefully evicted over 100 Roma from the city centre to isolated locations outside the city. In one of these locations, next to a sewage plant, six metallic barracks were allocated to the entire group as living quarters. They shared a single water source close to the sewage plant that was surrounded by toxicity warning signs. Public analysis of the water revealed that ammonia levels were almost double the maximum permitted amounts. In Piatra Neamț, Romania, evicted Roma were offered replacement housing that lacked sewerage facilities, drinking water, sources of heating – apart from solid fuel fires – and had a roof made of asbestos (Galbea, 2010).

In segregated and substandard housing, the reliance on wood or gas fires for light, heating and cooking can pose a serious fire hazard (RAXEN, 2009b). In France during winter the organisation Médecins du Monde treats Roma with burn wounds, many of whom are children. Accidents involving gas poisoning and burning are common among residents of shanty towns and illegal squats and they frequently prove to be fatal. Some of the most severe cases have been documented and reported by the Collectif National Droits de l'Homme (Romeurope, 2010).

In many European countries, concerns are raised regarding the adequacy of housing for Roma. In Greece, for example, a UN Human Rights Council report (2008) indicated that some settlements housing Roma still lacked basic facilities such as mains power supply, running water and regular refuse disposal. From some Member States, however, there is evidence that Roma face more favourable and adequate housing situations. In Slovenia, for example, 75% of Roma households are reported to have access to running water and in Spain 80% are reported to have satisfactory access to facilities and amenities (FRA, 2009c).

With regard to the adequacy of halting sites in countries with substantial itinerant populations, there is some evidence that official halting sites do have good facilities and connection to services.[24] As indicated earlier, however, complications occur when the supply of available halting sites does not meet the demand, resulting in overcrowding and illegal halting, putting a strain on the available facilities and services and making it difficult to assess and control levels of adequacy of housing.

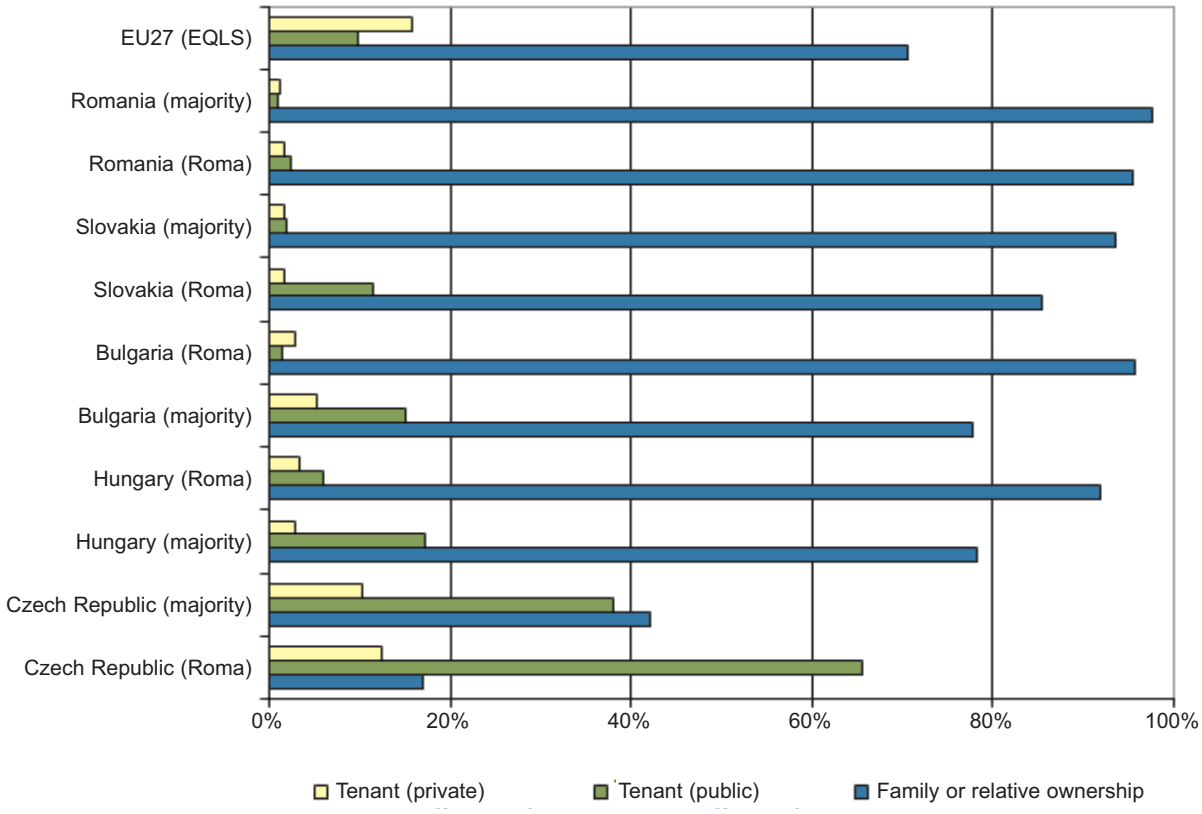
Tenure

Studying types and security of tenure is crucial to understanding the housing situation of vulnerable groups such as Roma. Different types of tenure can have an impact on legal security and fluctuations in housing costs. The UNDP survey provides some information on tenure patterns in terms of ownership status.

[24] See for example RAXEN NFP reports at **http://www.fra.europa.eu**

Compared with majority populations, Roma seem more likely to rent in the public housing sector. The overall share of public housing remains relatively small compared with private home ownership, however, and only Roma in the Czech Republic are more likely to live in public housing than in private dwellings. This difference is probably caused by diverging national paths of privatisation and desocialisation in the housing sector. Such differences should be considered when drawing conclusions on, for example, relatively high or low national levels of private home ownership, or a high dependency on social housing. In the UK, for instance, home ownership among some ethnic groups can be associated with poorer living conditions since it is not associated with actual upward social mobility but rather with limited access to social housing (Fonseca et al, 2010). In addition, patterns of tenure have important implications for policy design that targets substandard housing. Figure 7 shows that the largest national gap in housing adequacy for Roma households occurs between Romania and the Czech Republic. In terms of tenure these two countries also exhibit the biggest gap between public tenure and (family) home ownership. Increasing the availability and accessibility of adequate social housing could be used as a powerful policy tool to improve the living conditions of vulnerable groups. Especially for vulnerable groups, increasing the social housing stock can help in terms of monitoring and combating severe housing inequalities that have implications for inequalities in fields such as health, employment and education. Figure 8 provides an overview of the availability of social housing in the EU.

Figure 7: *Tenure types for Roma and majority populations (%)*

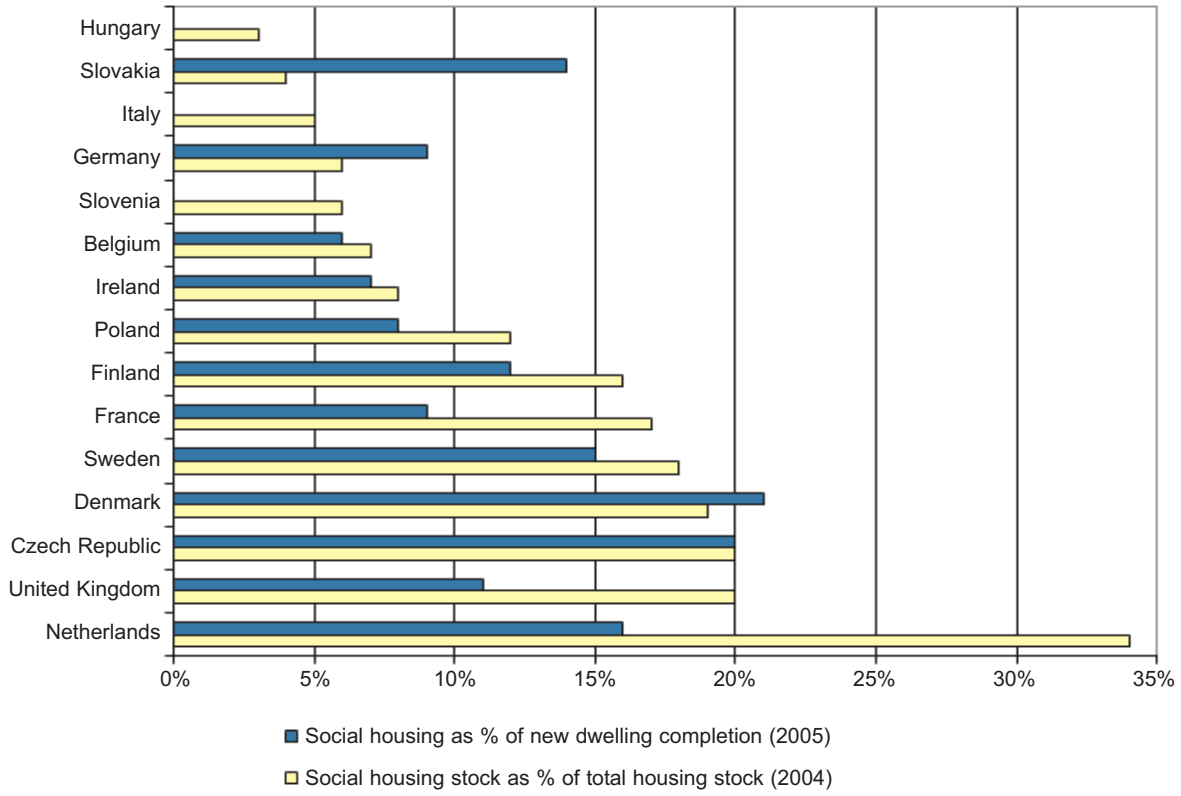


Sources: *EQLS 2007 (Q16 – see Table A5 in annex)*[25]; *UNDP, 2006 (Q27a – see Table A3 in annex)*[26]

[25] (Q16) Which of the following [own with/out mortgage, private/public tenant, rent-free accommodation, other, don't know] best describes your accommodation?

[26] (Q27a) Who is the owner of the dwelling in which you live?

Figure 8: *Provision and renewal of social housing (%)*



Source: *Dol and Haffner, 2010*[27]

In eastern and southeastern European countries the transition from planned to more market-orientated economies and the privatisation of the housing stock has greatly reduced the availability of social housing. In Hungary, for example, due to mass privatisation in the first half of the 1990s, only around 4%–5% of flats remain in the public housing sector (Köszeghy, 2009). This figure is among the lowest in Europe and it puts a severe strain on social housing and its ability to reach and help those vulnerable groups that are most in need of housing assistance. This situation can have a direct impact on the security of tenure when a lack of affordable social housing forces vulnerable groups who cannot afford to rent or buy privately to live in illicitly constructed housing or occupy land without authorisation. In Budapest, the Hungarian Roma Civil Rights Foundation (RCRF) reported that 250 households were evicted and 2,200 households lived under threat of being evicted between 2004 and 2005. These figures include both Roma and non-Roma households and the precise numbers of Roma households among them are not known. A main cause of eviction for households is rent arrears and the RCRF reports that nationwide approximately 100,000 indebted households are undergoing court proceedings (ibid).

[27] Data on the new completion of social housing are missing for Slovenia, Italy and Hungary.

Compared with other EU Member States, the public housing sector in Spain is also reported to be underdeveloped. The housing sector in Spain is dominated by commercial and private developments and the national focus is more on home ownership than on rental housing; consequently, social housing and public subsidised housing are the exception. Combined with recent rises in housing and private rental prices, this makes it hard for some low-income families to afford decent housing (RAXEN, 2009c).

Costly private housing rental can impair security of tenure; reliance on social housing is, however, by no means a guarantee of greater security. Social housing may be considered more secure in terms of legal status, affordability and adequacy, but this security can be undermined by forces of urban [re]development and gentrification. There are, for example, reported instances in Portugal, Slovakia and the Czech Republic where Roma were evicted after city centre areas became more attractive through processes of urban development and revitalisation (FRA, 2009c). Security of tenure is highly dependent on the nature and extent of national housing legislation and regulation. In Romania, for example, the only national legislation against forced eviction is a protection law protecting renters of private property against eviction without a court decision. Demolition of housing is possible in any case where dwellings are built on public property or where no proper authorisation is held. Securing such authorisation for construction can in turn be very costly, forcing Roma who cannot access rental housing to live with the constant threat of eviction in illegally constructed dwellings (Niţă, 2009). In Slovakia, almost a third of dwellings in segregated Roma settlements are built without proper licensing or authorisation. Instances of forced eviction are frequently reported and in 2007 the Centre for Housing Rights and Evictions claimed that Slovakia was one of the worst violators of housing rights in the world (RAXEN, 2009d).

In Bulgaria, the lack of suitable housing for Roma has resulted in a massive surge in illegally constructed houses. During the 1960s, the communist governments moved Roma families to two-bedroom apartments. Since Roma families were in general larger than majority families, many started to expand their living quarters with additional rooms or even entire new buildings. Consequently, in some contemporary urban areas as many as 85%–90% of houses are illegally constructed. Besides presenting difficulties with regard to security of tenure, this situation poses massive challenges for infrastructural development in some of the more densely populated urban neighbourhoods (RAXEN, 2009e, p. 6). From a legal perspective, local governments also do not have to provide unauthorised sites with the necessary infrastructure since they are not part of official spatial planning (Somogyi and Teller, 2011). In terms of security of tenure, inclusion in spatial planning and official allocation of resources, the legalisation of irregularly constructed or obtained housing would be a necessary first step in improving the living conditions of the Roma.

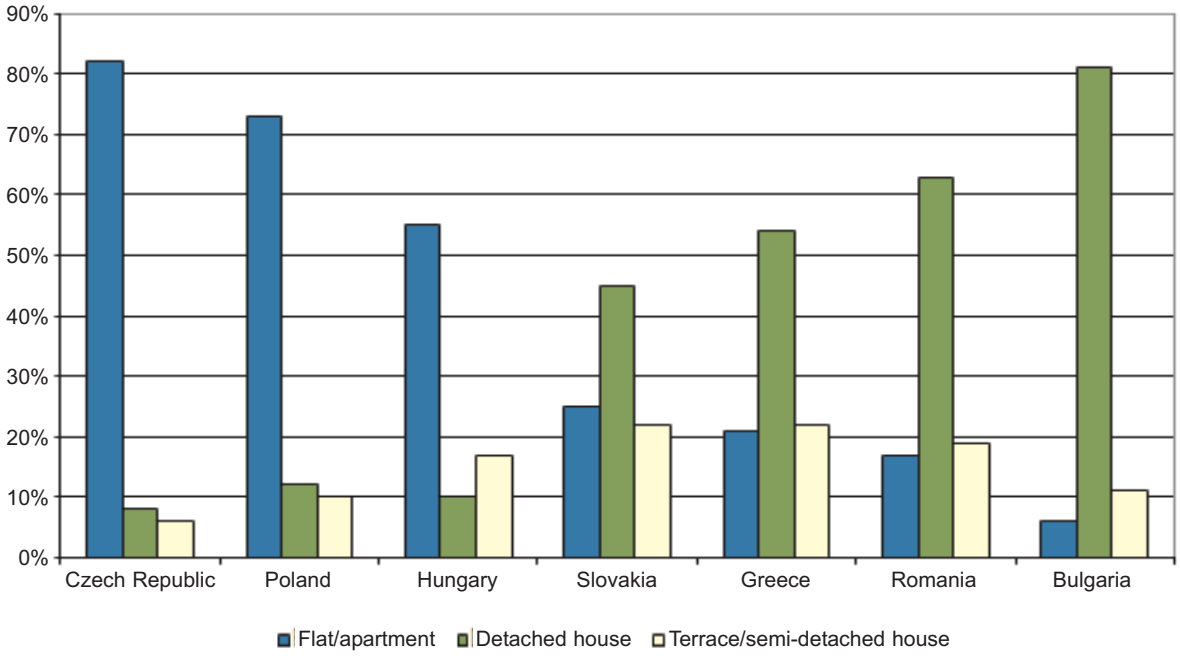
With regard to halting sites, security of tenure is highly dependent on the availability of regulated halting sites. Where these sites are not readily available, itinerant groups resort either to privately owned pitches or pitch somewhere illegally. In both cases, this can leave them in a similar situation to sedentary Roma, with little security of tenure and the constant threat of eviction.

Housing type

In addition to tenure, the actual type of housing can be an important point of analysis of living conditions. As with tenure patterns, however, cross-national comparison should only be considered after taking into account any country-specific characteristics regarding the housing stock. In addition, settlement patterns and segregation can show up in a predominance of housing types for different groups. When looking at data on housing types for Roma collected by the EU-MIDIS survey these cross-national differences become apparent.

More than 80% of Roma in Bulgaria were reported to live in detached housing while in the Czech Republic the vast majority of Roma live in flats or apartments (Figure 9). Any conclusion on these figures should take into account the quality of housing in terms of suitability and adequacy, and should consider patterns of segregation and settlement – for example different levels of urbanisation.

Figure 9: *Housing types for Roma (%)*



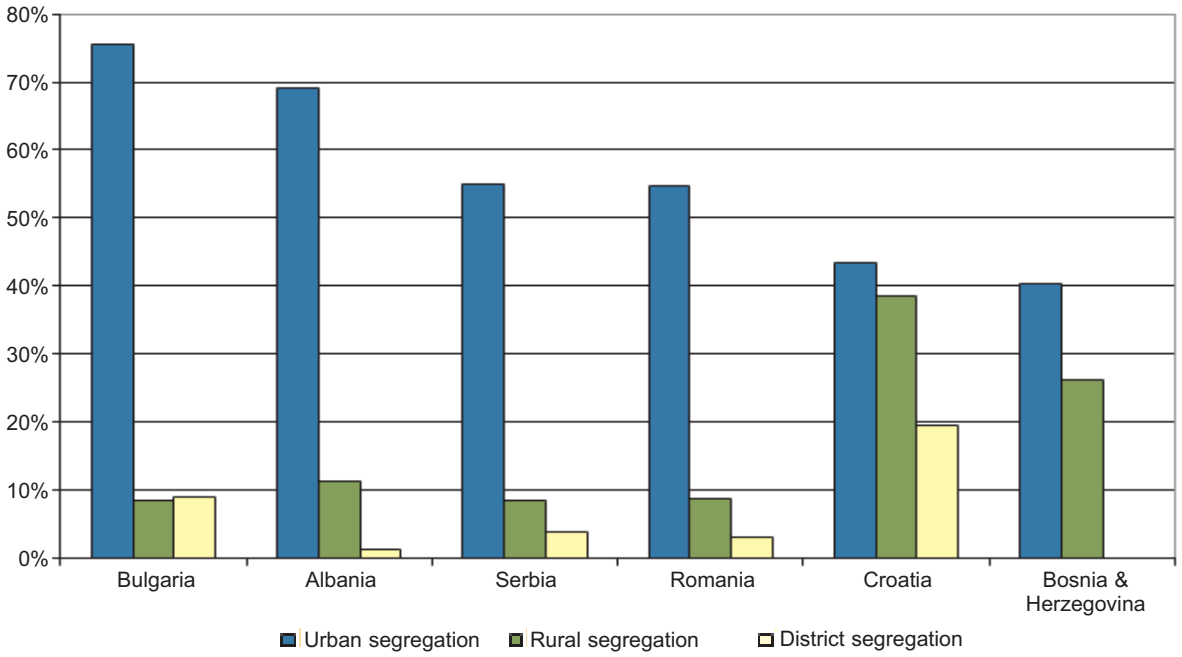
Source: *FRA, 2009a (EU-MIDIS: PI11 – see Table A2 in annex)*[28]

Segregation

Some information on the segregation of Roma is provided by the UNDP survey, which collected data on the level of ethnic and religious segregation in city neighbourhoods, towns, villages and the wider districts in which these settlements were located. Data from the western Balkan countries show that levels of urban segregation vary between 40% and 50% to well above 70% (Figure 10). In the case of Bulgaria, more than 70% of urban Roma live in segregated neighbourhoods. Levels of rural segregation appear to be lower, with only moderate segregation in Croatia and Bosnia-Herzegovina. Croatia also exhibits some segregation at district level, which could indicate more severe issues of isolation for Roma communities in those countries.

[28] (PI11) How would you describe the place where the respondent lives?

Figure 10: *Roma households living in predominantly Roma settlements (%)*



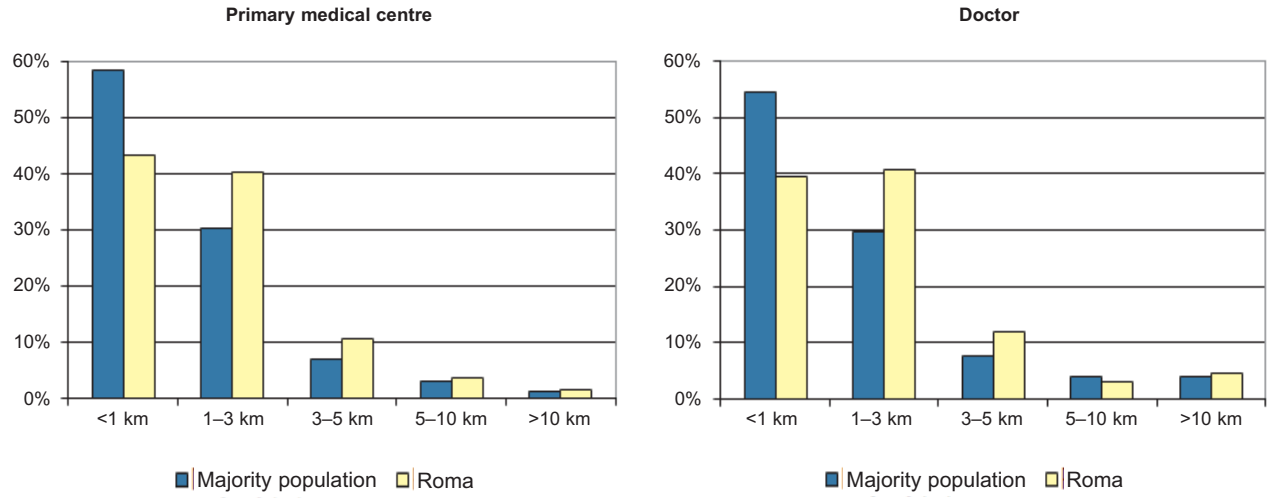
Source: *UNDP, 2006 (Q3, Q4 – see Table A3 in annex)* [29]

Segregation is frequently associated with isolation and the concentration of poverty. Segregation can also prove to be a coping strategy that uses communal ties and networks to fill a void in the provision of essential services. However, even as a coping strategy, segregation is still an ad hoc solution to problems of vulnerability. The real threat of segregation therefore lies in the increase of vulnerability through the isolation and concentration of vulnerable groups. With regard to the Roma in Hungary, for example, it is reported that 'disparities between neighbouring Romani and non-Romani households are relatively small, which suggest that housing inequalities are strongly determined by spatial disparities; so the poor housing conditions of Roma are to a large extent linked to their spatially disadvantageous dispersion' (Köszeghy, 2009, p. 7).

Segregation as a spatial phenomenon affects vulnerable groups and isolates them from healthcare services, employment, education and social life in general. Figure 11 shows the distance to primary healthcare centres and doctors for Roma and majority populations in Albania, Bulgaria, Bosnia-Herzegovina, Croatia, the former Yugoslav Republic of Macedonia, Serbia, Montenegro, Romania and Kosovo. Compared with majority populations, Roma appear to live further removed from the more basic healthcare facilities. The use of mobile healthcare services could provide a cost-effective and short-term solution, bringing much-needed basic healthcare to more isolated and disadvantaged Roma communities.

[29] (Q3) What is the dominant ethnic identity of the residents of this village/town (the settlement you live in)? (Q4) What is the dominant ethnic identity of the residents of the district in which your village/town is located?

Figure 11: *Distance (km) to health facilities for Roma and majority populations (%)*



Source: *UNDP, 2006 (Q10 – see Table A3 in annex)* [30]

Housing initiatives should in general not enhance segregation, but even more important is that they do not increase the isolation of vulnerable groups. It should also be noted that anti-segregation initiatives or legislation can be misused to limit access to the housing stock for certain ethnic, cultural or racial groups. Peucker et al report that in Germany the anti-discrimination act, originally designed to ban ethnic discrimination in a number of areas, contains a provision that makes it possible to limit access to the housing market in order to constrain cultural or ethnic segregation. Peucker et al state that 'this provision may constitute a loophole for landlords in the housing market to (lawfully) discriminate against Sinti and Roma who want to live alongside their kin' (2009, p. 5).

In some cases, specialist facilities for itinerant groups, like halting sites, are provided in rather remote and hard-to-reach places. While the wilful continuation of a non-sedentary lifestyle should be acknowledged, cultural considerations should not be used as an excuse for the segregation of vulnerable groups in isolated locations that lack basic facilities. Examples of such policies could be observed in Italy in the late 1980s and early 1990s, when several local governments developed policies for the 'protection of nomadic cultures' (ERRC, 2006, p. 70). As a consequence, it is reported that in Italy the 'perception of Roma as "nomads" permeates all aspects of public policy towards these groups and in particular, housing policies. At the centre of housing policies targeting the Roma is the idea and practice of "camps for nomads" or simply Roma camps' (Enwereuzor and Pasquale, 2009, p. 4). These Roma camps are typically isolated communities where many Roma live sedentary lives in overcrowded conditions largely cut off from water, electricity, sewerage systems and waste removal (Harrison et al, 2005). Another example in Kladno in the Czech Republic illustrates how cultural arguments are used in favour of eviction. Roma living in ethnically mixed inner-city neighbourhoods were coercively moved to segregated housing in isolated locations on the edge of town. Local authorities justified these actions by falsely suggesting that many Roma left voluntarily because they preferred to live segregated with other Roma (Hrubá, 2010).

[30] (Q-10) 'How far from your house, in terms of kilometres, is the nearest A) Primary medical centre; B) General Practitioner; C) Polyclinic; D) Hospital; E) Traditional healer.'

The segregation and isolation of Roma populations has implications for their health. The ERRC reports that in Hungary poor Roma cluster together in isolated small rural settlements that have seen a general exodus of non-Roma inhabitants and a consequential dwindling of public institutions and basic service provision. Of Roma living outside Budapest, almost 20% live in settlements without access to a doctor (ERRC, 2006). In other cases, health threats do not result from a lack of services but rather from the presence of dangerous and toxic environments. The Roma settlement of Patoracka outside of Rudnany in eastern Slovakia, for example, is located on the grounds of a former mercury mine, and in North Mitrovica, Kosovo, 700 Roma individuals, including children, have been living in camps situated on lead-contaminated land (ibid).

Relationship between housing and health

When the housing situations of the Roma are held up against the evidence presented in the previous chapter, it seems obvious that in Europe many Roma live in conditions that are known to be damaging to their health. With regard to the most vulnerable among both Roma and itinerant groups in general there are also some considerations to be taken into account that set them uniquely apart from majority populations. For itinerant groups, there is some evidence to suggest that their travelling lifestyles might have a very specific impact on their health. In the UK, for example, it was reported that Gypsies and Travellers often experience limited access to medical consultation because health practitioners sometimes turn away patients who do not provide them with a permanent address (Matthews, 2008). It is further reported that the continuation of a travelling lifestyle is often a great source of happiness and a way to stay in close contact with family and social networks. The discontinuation of the travelling lifestyle and settling in 'brick and mortar' housing is sometimes a choice made for health reasons. For some, however, this new sedentary life is also associated with increased worries over fixed costs, quarrels with neighbours and the loss of social ties (ibid; Van Cleemput et al, 2007). Many Gypsies and Travellers who settle do not remain living in 'brick and mortar' for long (Greenfields and Smith, 2010).

Another issue to consider is that for some vulnerable groups reversed causality – ill health leading to increasingly inadequate forms of housing – will be less of an issue because their worsening health will not have a huge impact on their employment, income or security of tenure. In some of the more deprived Roma settlements and urban ghettos, unemployment is so rampant and housing is already so inadequate that any deterioration in health will have only limited consequences for the standard of housing. Many in illegally constructed or occupied housing, like makeshift housing and squats, often enjoy the few comforts they have thanks to the kindness of others. Their security of tenure – or rather lack thereof – is therefore less a function of their access to financial resources and more a reflection of the willingness of local property owners or politicians to let them stay.

Some of the health impacts of extreme forms of housing exclusion are studied and discussed by FEANTSA. They argue that those who experience advanced stages of housing exclusion[31] – those who are roofless and homeless – face even greater health risks than those living in insecure or inadequate housing. Homelessness can have severe implications for a person's well-being, especially and uniquely so for mental and social well-being. FEANTSA argues that the 'physical implications of being without shelter are many and severe, but are further compounded by the mental ill-health implications. Stress and mental vulnerability go hand in hand with social and housing exclusion, which impacts even on identity and self-esteem. It also makes it hard to maintain social bonds and networks, as there is no structure around which to build them' (Murphy, 2006, p. 12). With regard to the Roma, FEANTSA states that many experience some form of housing exclusion. It is suggested that there are some general differences between the types of exclusions faced by

[31] To approach homelessness in a holistic way FEANTSA conceptualises housing exclusion using four categories: those who are roofless, those who are houseless, those in insecure housing and those in inadequate housing (Edgar et al, 2004).

Roma in Europe. Roma in western Europe, for example, would be more likely to fall within the first two conceptual categories of housing exclusion – roofless or homeless – whereas Roma in eastern Europe would be more likely to fall within the last two categories – insecure or inadequate housing (FEANTSA, 2005). Internal migration within the European Union and remnants of state planning under communism are some of the likely causes for these general differences.

For some Roma in new Member States and candidate countries, European integration brings the prospect of improving their life by securing employment elsewhere. The inability or unwillingness to incorporate these new labour migrants can leave them vulnerable to the forms of exclusion from which they are trying to escape. In some cases, this can lead to severe housing exclusion and aggravated health inequalities. In France, for example, a study[32] of living conditions of Roma conducted by Médicins du Monde concluded that 53% of respondents lived in rundown caravans, 21% lived in converted squats, 21% lived in self-constructed huts and the remaining 5% lived either in tents, on the street or squatted in unconverted abandoned buildings. It was reported that:

> *these living conditions make people's state of health worse and can even contribute towards developing conditions: basic hygiene is difficult when there is no access to water or to individual clean facilities; exposure to the elements; surrounding land is muddy and swamp like; food which is often based upon supermarket or market rejects; constant stress and fear of police intervention; piles of rubbish which attracts rodents and parasites, … dangerous lighting and heating systems*
>
> (Romeurope, 2010, p. 135).

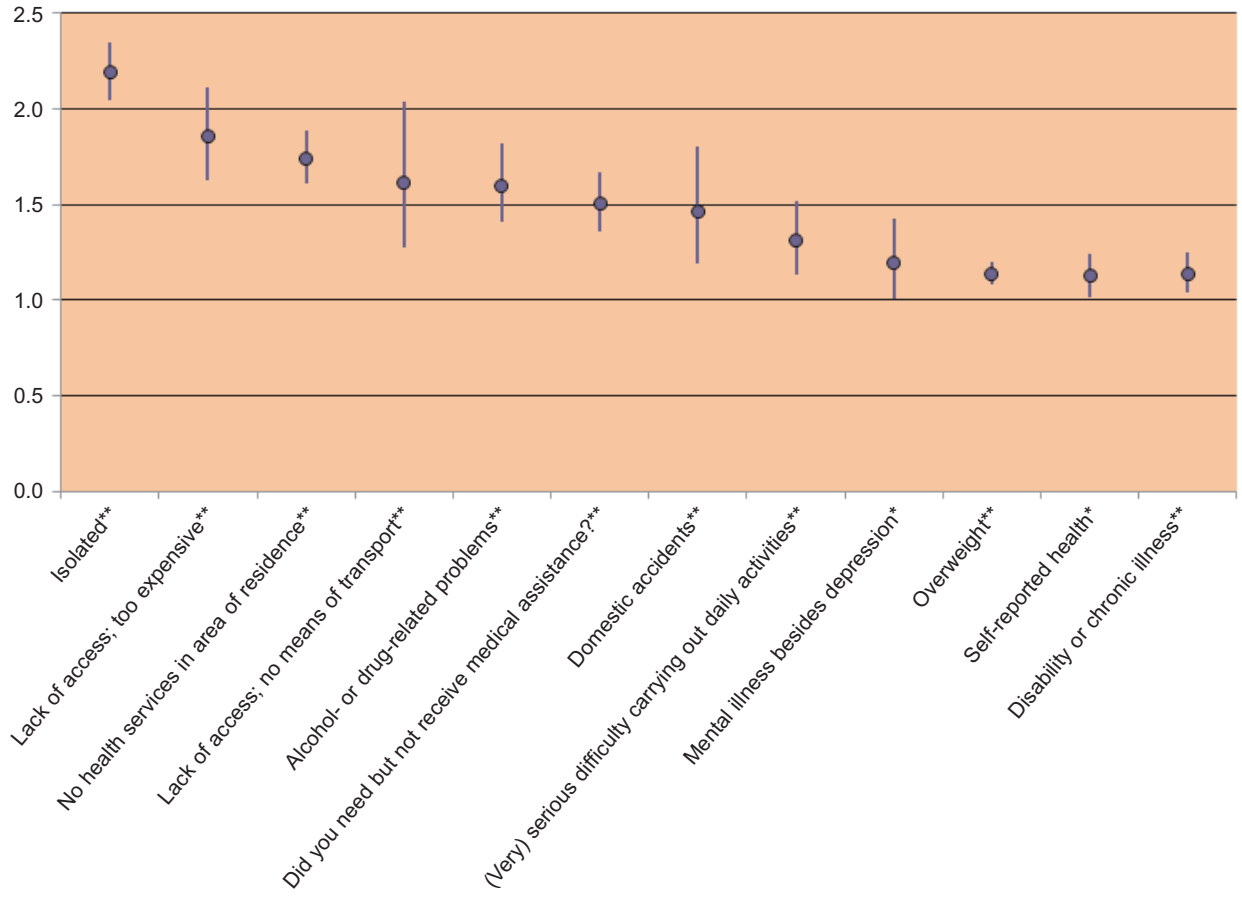
The living conditions in Roma or 'nomad' camps in Italy can be equally severe. Monasta et al studied how living in such a camp affects the health of children. They found a high presence of diarrhoea, coughs and respiratory problems and concluded that 'risk factors associated with these outcomes include years spent living at the camp, overcrowding, housing conditions, use of wood burning stoves, presence of rats, and issues related to quality of sanitation and drains' (Monasta et al, 2008, p. 2035). The detailed analysis by Monasta et al gives their findings strength, but comparison with non-Roma living in similar conditions could have added additional valuable information on possible discrimination and its relative importance in understanding health inequalities for Roma. A comparative health survey of inhabitants of Roma settlements in Hungary, carried out by Kosá et al (2007), does include a control group for such comparison. Their findings indicate that, compared with majority populations in the lowest income quartile, people living in Roma settlements had worse self-reported health, experienced more discrimination in healthcare services, smoked more and had unhealthier diets. The majority population was also far more likely to conceive good health as something they could achieve by themselves. Even compared with the lowest income quartile, the percentage of people who believed good personal health to be achievable was on average 14% lower in the Roma settlement. The comparison made with the Hungarian majority population provides valuable information on the particular vulnerability of Roma. The authors conclude that 'people living in Roma settlements experience severe social exclusion which profoundly affects their health' (Kosá et al, 2007, p. 853). What role housing exclusion plays in this regard remains somewhat unexplored as Kosá et al do not explicitly test indicators of substandard housing in relation to indicators of health, making it difficult to assess whether health inequalities are related to inadequate housing or to other dimensions of vulnerability. Analysis of the same data by Vokó et al, however, revealed that Roma ethnicity, or living in a Roma settlement, do not explain worse self-reported health. Instead the authors find that income, education and employment fully reflect the health inequalities of Roma people in Hungary. They conclude that 'socioeconomic status is a strong determinant of health of people living in Roma settlements in Hungary. It fully explains their worse health status' (Vokó et al, 2009, p. 455).

[32] This survey was carried out between 2010 and 2011 in four French cities (Nantes, Bordeaux, Marseille and Strasbourg) amongst 281 Roma aged below 30.

A similar conclusion is drawn by Masseria et al regarding the socioeconomic determinants of health inequalities for Roma. To reach their conclusions, the authors perform a secondary analysis on data collected by the UNDP for Roma in Bulgaria, Hungary and Romania (UNDP, 2005, 2006). Their findings point out that 'the main determinant of inequalities in health status in all three countries are education and wealth while the role of ethnicity varies across countries and indicators' (Masseria et al, 2010, p. 553). One indicator that was not fully explained by socioeconomic determinants was the increased probability of feeling threatened by ill health due to unhygienic circumstances, perhaps pointing to the importance of contextual health determinants.

Secondary analysis of data collected by the FSG also reveals that contextual factors could play an important role in certain health determinants for Roma. The risk ratio for living in substandard housing was calculated for several health and residence indicators. The results in Figure 12 show that people living in substandard housing have an increased risk of disability, chronic illness and being overweight. They also have an increased risk of general worse self-reported health and mental illness. In terms of residential isolation and lack of service the risk associated with substandard housing is even higher, indicating that substandard housing is more likely to be found in isolated areas that lack health services and transportation. Roma in substandard housing also have higher risks associated with domestic accidents and drug-related problems.

Figure 12: *Risk ratios living in substandard housing (95% confidence interval)*



Note: * p≤0.05, ** p≤0.01
Source: *FSG (see Table A4 in annex)*

In summary, this chapter has shown that when compared with majority populations, many Roma in Europe live in relatively inadequate forms of housing. Even with few data on Roma, the available data identify inequalities in both housing and health for Roma minorities living in Europe. The life expectancy at birth can be as much as 10 years lower for Roma compared with majority populations and Roma face difficulties accessing proper healthcare. With regard to housing, there is evidence that Roma and itinerant groups face several inequalities in relation to majority populations:

- Accessibility: housing discrimination, access to loans/mortgages and the allocation of proper halting sites limiting the ease of accessing and securing adequate forms of living.
- Affordability: relatively high expenses for housing and halting sites, limiting the ability to maintain adequate forms of living.
- Suitability: relatively high rate of overcrowding, especially in the case of relocation through forced evictions.
- Adequacy: relatively large gap in the provision of basic amenities, especially with regard to access to improved forms of sanitation (indoor toilet, bath or shower).
- Tenure: high relative level of home ownership and low levels of public (social) tenure compared to EU27 average. Irregular forms of housing severely reduce security of tenure, leaving many vulnerable to eviction.
- Segregation: high levels of (urban) segregation and relatively more isolated primary health facilities.

The precise health impact of housing exclusion for the overall Roma population in Europe remains somewhat unexplored but general evidence from several sources, as well as specific evidence dealing with Roma, suggests that their living conditions explain the existent health inequalities to large extent.

Conclusions and recommendations 4

This report has focused on substandard housing and its impact on health, with a particular emphasis on the situation of the Roma. As can be seen from Chapter 2, definitions and indicators of substandard housing have been explored by various relevant organisations, such as the UN, FEANTSA and Eurostat. The 2012 EU-SILC ad hoc module on housing conditions will provide new data that can be used to develop a more detailed categorisation of housing exclusion.

Housing policy is within the remit of Member States. Although it has no formal competence, the EU has recently had an increasing role to play in housing policy. For example, from 2007 on the Structural Funds have been used to help with the renovation of residential buildings (CECODHAS, 2011). An important further development is that since 2010 housing interventions have been targeted to marginalised communities, 'explicitly, but not exclusively' (European Commission, 2009) to Roma with the help of the ERDF. Within the efforts to elaborate an EU Roma inclusion strategy, housing exclusion is an important area for intervention. The European Parliament resolution on Roma inclusion[33] identifies housing as one of the priority areas to be adopted by the Commission as part of the strategy on Roma inclusion ('housing, including a healthy environment and adequate infrastructure'). In addition, the resolution has some other direct and indirect references to housing. Explicit reference is made, for example, to ensuring 'equal access to affordable and healthy housing and abolishing territorial segregation', listing 'decent housing' among requirements which are 'essential to ensure equal opportunities, the chance of full participation in society and the lack of future discrimination'. The document encourages Member States to provide data 'regarding the socio-economic situation of the Roma (mainly regarding their … health, housing).' Within this context, it even calls for the need to set up specific targets.[34]

About 30 million Europeans have been living in substandard housing (according to 2009 data). This means that they are suffering not only from overcrowding, but also from other symptoms of housing deprivation, such as leaking roofs, damp or rot in window frames; in other words, from conditions that are proven to adversely affect the health of residents. It is understandable that after the two waves of eastern enlargement, the issue of substandard housing is more focused also at European level since, as this report confirmed, many people who suffer from some forms of housing deprivation live in one of the central and eastern European Member States.

For vulnerable groups, housing is often just one of many factors that impact on health status. This can make it difficult to quantify the extent to which housing is contributing to health inequalities. Regarding the relationship between housing and health, the analysis in the report was based on those key housing dimensions that had been identified by previous research as the most important ones in terms of the relationship: accessibility, affordability, suitability, adequacy, tenure, housing type and segregation. (The relationship was explored for the situation of the Roma along the same dimensions.) Although the general findings should be understood as correlations rather than as a straightforward, causal relationship, some features of substandard housing, identified in Chapter 2, are clearly associated with adverse health outcomes. For example, cold, damp and mouldy housing conditions adversely affect the health status of the residents, reflected in worsening of respiratory symptoms, particularly among children. According to data from Eurofound's European Quality of Life Survey, it seems that besides the aspects of accessibility, affordability and suitability, such specific issues of adequacy are of primary importance, such as lack of adequate heating and insulation, need for improvement of energy efficiency, tackling the problems of dampness, rot, leaks, mould and poor indoor air quality.

[33] European Parliament resolution of 9 March 2011 on the EU strategy on Roma inclusion (2010/2276(INI)).

[34] The examples mentioned concern other fields than housing (education, employment in public administration), see: EU strategy on Roma inclusion of 9 March 2011, point 44.

The available data confirm that in comparison with the majority population, many Roma in Europe live in distinctly inadequate forms of housing and this reinforces the existing health inequalities. On the basis of the aforementioned dimensions of substandard housing, the report demonstrated that Roma face housing discrimination, lack of access to mortgages and loans, high housing costs, overcrowding, lack of improved forms of sanitation, insecurity of tenure, evictions and territorial concentration/ isolation.

There are other aspects that highlight the importance of improving precarious housing conditions of the Roma, identified in Chapter 3, and have significant policy implications. They are closely connected to a number of issues of high relevance in terms of the Roma inclusion strategy, and raised by the European Parliament resolution of 2011. For example, as regards the issue of separating children from their families, inadequate housing conditions are among the reasons why local authorities take separation actions. Improving housing conditions is therefore an important prerequisite to limit such practices. Moreover, the resolution, by suggesting that deprived micro-regions should be identified across Europe, points to the importance of territorial targeting. This could be all the more beneficial for the making and implementation of policy because by targeting deprived areas rather than Roma communities, the principle of 'explicit but not exclusive targeting' is ensured. At the same time, by defining various criteria for deprived areas, the resolution also identifies those specific fields where intervention is needed.

In principle, the fact that Roma are particularly at risk of substandard housing, falling far below even the minimum criteria of adequate housing conditions, calls for actions in the area of social housing. Its availability, however, is very limited in precisely those central and eastern European Member States that have a high Roma population. At the same time, as evidence presented in this report suggests, there are serious problems in terms of adequacy, when social housing is analysed: for example, according to the results of the EQLS, a large share of people living in social housing complained about rot, leaks, damp, etc.; that is, conditions which adversely affect health conditions of the residents (see Table A6 in annex). This highlights the need for further actions in the area of social housing even in those countries where these schemes are more widespread.

On the basis of all the findings presented in this report, it can be concluded that for efficient actions in the future, particular attention should be paid to the following points.

- Due to the fact that living conditions of the Roma can be described by multiple deprivations (such as housing, education, employment), an efficient intervention in any individual area requires a highly complex and integrated approach. This means that strategies are needed which address housing within the context of policies targeting other deprivations. This should not be applied only for the Roma, but also for other vulnerable groups.
- Relating to this and to the scale of the issues, the required level of funding is huge, and this should be taken into account during budgetary planning. Wherever feasible, efforts should be made to combine organisational funds and resources.
- Since many Roma live segregated in deprived areas, a specific targeting of Roma seems merited. A territorial dimension should, however, be included in any programme designs to ensure that non-Roma populations living in these areas are not left out.
- Policy measures aiming at reducing health inequalities should be sensitive to those specificities that characterise not only the objective health status of the Roma (and other vulnerable groups) but also their perceptions about this. Previous research has already shown that specific attitudes and beliefs towards health and illness for example among the Roma (but also within other vulnerable groups) have an important impact on increasing existing health inequalities. Health mediators can play an important role in this area.

As regards further research, the following recommendations can be made.

- It is evident that one of the most important prerequisites for implementing programmes targeting the Roma population is to have adequate data. In the short term, improvement and use of specialised targeted surveys for documenting the baseline situation as well as for monitoring change remains important. In addition, these surveys should recognise the principle of multiple deprivations and include variables on a range of issues (in other words, not only analyse housing issues or only health issues). In the medium or long run, more efforts can be made to harmonise surveys with census data, enabling the accurate construction of small territorial assessments using case matching techniques.[35] These techniques can be employed to study a wide range of different issues and they may prove to be of value when designing and evaluating policies.
- Findings described in this report confirm that more research is needed on identifying the impacts of housing on health, in order to understand the relationship more accurately. This could inform policy on how to prioritise certain aspects.

[35] Case matching allows researchers to combine variables common to census and surveys in the same area with a view to extending the data available. See **http://web.worldbank.org** for more information on case matching and the construction of poverty maps.

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(All Eurofound publications available at **http://www.eurofound.europa.eu**)

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Annex

Table A1: *Summary of report findings*

Study	**Countries / regions** coverage of report	**Housing vulnerability** summary of report findings	**Health(care) vulnerability** summary of report findings
UNDP 2005	Albania Croatia Czech Republic Hungary Kosovo Former Yugoslav Republic of Macedonia Romania Serbia Montenegro	• Prevalence of overcrowding • Lack of improved sanitation • Prevalence of substandard housing • Lack of private water sources • Housing expenditure relatively high burden	
UNDP 2006	Albania Bosnia-Herzegovina Croatia Kosovo Former Yugoslav Republic of Macedonia Romania Serbia	• Lack of improved sanitation • Prevalence of substandard housing • Lack of private water sources • Lack of basic household items	• Lack of access to doctor • Lack of identity or health documents • Prevalence of malnutrition • Lack of vaccination
FSG 2009	Czech Republic Bulgaria Greece Portugal Romania Slovakia Spain	• Prevalence of overcrowding • Prevalence of substandard housing	• Relative shorter life expectancy • Lack of physical exercise • Prevalence of being overweight and obesity • Lack of fresh fruit, vegetables and fish in daily diet • Prevalence of alcohol and drug abuse in areas of substandard housing • Lack of access to healthcare • Prevalence of chronic illness and sensory impairment • Prevalence of smoking
FRA 2009a	Bulgaria Czech Republic Greece Hungary Poland Romania Slovakia	• Evidence of minority segregation • Prevalence of housing discrimination • Lack of knowledge or belief in effectiveness of anti-discrimination legislation	
FRA 2009c	EU27	• Prevalence of substandard housing • Lack of access to public utilities: water, gas, electricity • Prevalence of overcrowding • Poor housing conditions as a result of racial discrimination • Evidence of segregation • Lack of security of tenure • Prevalence of housing discrimination	• Lack of access to healthcare

Table A2: *Sample questionnaire EU-MIDIS*

	Enquiry Type and structure	**Response** Type and values
A2	**Interview question** In the past 12 months have you personally felt discriminated against or harassed in [COUNTRY] on the basis of one or more of the following grounds? Please tell me all that apply. A) Ethnic or immigrant origin; B) Gender; C) Sexual orientation; D) Age; E) Religion or belief; F) Disability; G) For another reason.	**Multiple nominal responses** 1) Mentioned; 2) Not mentioned; 3) None of these; 6) Refused; 7) Does not understand question; 9) Don't know/No opinion.
B1	**Interview question** What do you think, is there a law in [COUNTRY] that forbids discrimination against immigrants and ethnic minority people: A) When applying for a job; B) When entering or in a shop, restaurant or club; C) When renting or buying a flat?	**Multiple nominal responses** 1) Yes; 2) No; 6) Refused; 7) Does not understand question; 9) Don't know/No opinion.
CC1	**Interview question** Again, thinking about the last 5 years, (or since you have been in [COUNTRY]), have you ever been discriminated against in [COUNTRY] when looking for a house or apartment to rent or buy, by people working in a public housing agency, or by a private landlord or agency?	**Nominal response** 1) Yes; 2) No; 3) Discriminated on grounds other than immigrant or minority background; 8) No contact/Not applicable; 6) Refused; 7) Does not understand question; 9) Don't know/No opinion.
CC2	**Interview question** [if CC1 coded 'yes'] Thinking about the last time this happened, when was this: in the last 12 months or before then?	**Ordinal response** 1) In the last 12 months; 2) Before then; 6) Refused; 7) Does not understand question; 9) Don't know/No opinion.
CI1	**Interview question** During the last 5 years, (or since you have been in [COUNTRY]), have you ever been discriminated against in [COUNTRY] when trying to open a bank account or get a loan from a bank?	**Nominal response** 1) Yes; 2) No; 3) Discriminated on grounds other than immigrant or minority background; 8) No contact/Not applicable; 6) Refused; 7) Does not understand question; 9) Don't know/No opinion.
CI2	**Interview question** Thinking about the last time this happened, when was this: in the last 12 months or before then?	**Ordinal response** 1) In the last 12 months; 2) Before then; 6) Refused; 7) Does not understand question; 9) Don't know/No opinion.
PI11	**Post-interview assessment** How would you describe the place where the respondent lives?	**Nominal response** 1) Flat/apartment/maisonette; 2) Separate detached house; 3) Terraced or row house; 4) Semi-detached house; 5) Other.

Table A3: *Sample questionnaire UNDP*

	Enquiry Type and structure	**Response** Type and values
Q3	**Interview question** What is the dominant ethnic identity of the residents of this village/town (the settlement you live in)?	**Nominal response** 1) Roma 2) Albanian 3) Bosniak 4) Bulgarian 5) Croat 6) Hungarian 7) Greek 8) Macedonian 9) Montenegrin 10) Romanian 11) Serb 12) Turk 98) Other (specify) 99) Refused/Don't know
Q4	**Interview question** What is the dominant ethnic identity of the residents of the district, in which your village/town is located?	**Nominal response** 1) Roma 2) Albanian 3) Bosniak 4) Bulgarian 5) Croat 6) Hungarian 7) Greek 8) Macedonian 9) Montenegrin 10) Romanian 11) Serb 12) Turk 98) Other (specify)
Q10	**Interview question** Tell me, how far from your house, in terms of kilometres, is the nearest… A) Primary medical centre; B) General practitioner; C) Polyclinic; D) Hospital; E) Traditional healer?	**Multiple ordinal response** 1) Less than 1 km; 2) 1–3 km; 3) 3–5 km; 4) 5–10 km; 5) Over 10 km; 9) Refused/Don't know
Q17	**Interview question** I will ask you now about the income (or transfers) your household actually received (net income) during the last month. Please tell me, what sum, approximately, was made by each of these kinds of incomes (or transfers)? A) All kinds of wages, earnings, bonuses, all household members' income from business and any individual labour activity; B) Old-age pensions/including contributory; C) Disability pensions; D) State transfer for children, including maternity leave benefits and childcare allowance; E) Unemployment, poverty and local assistance benefits; F) Stipends and scholarships; G) Sale from home or otherwise collected agricultural production; H) Money received from interest, capital, debtors; I) Pawning or sale of personal things or collected secondary materials; J) Money from informal personal activities like gambling, begging, fortune telling etc.; K) Remittances or gifts received from friends and relatives; L) Aid from non-governmental organisations (NGOs), charitable or humanitarian contributions.	**Multiple interval responses** Amounts in local currency

	Enquiry Type and structure	Response Type and values
Q32	**Interview question** Approximately how much did your household spend last month on each of the following items? A) Food; B) Alcohol and cigarettes; C) Clothes (including shoes); D) Housing (rent and public utilities – phone, water, electricity); E) Medicines and medical services; F) Everyday household goods, e.g. hygienic products, detergents etc.; G) Transportation; H) Going out to cinema, cafeteria etc.	**Multiple interval responses** Amounts in local currency
Q26a	**Interview question** How many rooms does your household have in the dwelling you currently occupy?	**Interval response** Record number
Q26b	**Interview question** And how many square metres in total is the size of your current dwelling?	**Interval response** Record number
Q27a	**Interview question** Who is the owner of the dwelling in which you live?	**Nominal response** 1) My family / member of the family; 2) My relatives; 3) Other person ownership; 4) Municipal/state ownership; 5) It is a collective centre/camp; 6) Dwelling in an unregulated area; 7) Other (specify); 9) Refused/Don't know.
Q29	**Interview question** Which of the following sources of potable water do you use?	**Multiple nominal responses** 1) Piped water inside the dwelling; 2) Piped water in the garden/yard; 3) Public tap; 4) Covered well or borehole; 5) Surface water from spring/mineral spa; 6) Rain water; 7) Tanker/truck; 8) Buy bottled mineral water; 9) Other (specify).
Q30	**Interview question** Does this dwelling in which you live have…? A) Kitchen inside; B) Toilet in the house; C) Latrine; D) Sewerage inside for disposal of wasted water; E) Shower or bathroom inside; F) Electricity supply.	**Nominal response** 1) Yes; 2) No; 9) Refusal/Don't know.
M14	**Pre-interview assessment** External evaluation of the household's dwelling	**Nominal response** 1) Apartment in block of flats; 2) New house in good condition; 3) Older house in relatively good condition; 4) Ruined house or slums; 5) Accommodation for refugees (camp/adapted building); 6) Other (specify).

Table A4: *Sample questionnaire FSG*

	Enquiry Type and structure	**Response** Type and values
H5	**Interview question** Do you have difficulty carrying out daily activities? (going out, getting dressed, personal hygiene, eating, etc.)	**Ordinal response** 1) No difficulty; 2) Moderate difficulty; 3) Serious difficulty; 4) Very serious difficulty or inability.
H11	**Interview question** Do you have a disability or chronic illness? If so, specify.	**Nominal response** 1) Yes… (specify); 2) No.
H14	**Interview question** What type of home do you reside in?	**Nominal response** 1) Standard flat or house; 2) Substandard housing; 3) Shanty town.
H15	**Interview question** Is the area or neighbourhood where you live integrated into the rest of the city or is it isolated? And in either of these cases, are health conditions good or bad?	**Nominal response** 1) Area or neighbourhood integrated into the city with good health conditions; 2) Area or neighbourhood integrated into the city with poor health conditions; 3) Area or neighbourhood isolated from the city with good health conditions; 4) Area or neighbourhood isolated from the city with poor health conditions.
H16	**Interview question** Are health and social services available in the area or neighbourhood where you reside?	**Nominal response** 1) Yes; 2) No.
M6_A5	**Interview question** Has a physician informed you that you are currently a chronic sufferer of any of the following diseases or health problems? A) High blood pressure; B) High cholesterol; C) Diabetes (high sugar level); D) Asthma, chronic bronchitis or emphysema; E) Heart disease; F) Stomach ulcer; G) Allergy; H) Depression; I) Other mental illnesses; J) Migraines or headaches; K) Poor circulation; L) Hernias; M) Arthritis, rheumatism; N) Osteoporosis; O) Prostate problems [men only]; P) Menopause-related problems (except osteoporosis) [women only].	**Multiple nominal responses** 1) Yes; 2) No.
M8_A7	**Interview question** Specifically focusing on the most recent accident (if you have had more than one in the last 12 months), where did it happen?	**Nominal response** 1) At home, stairs, building entrance, etc.; 2) Outside – a traffic accident; 3) Outside – not a traffic accident; 4) At work or school; 5) Some other place.
M26_A34	**Interview question** In the last 12 months did you need but not receive medical assistance?	**Nominal response** 1) Yes; 2) No.

	Enquiry Type and structure	Response Type and values
M27_A35	**Interview question** What was the main reason that you did not receive medical assistance?	**Nominal response** 1) S/he could not get an appointment; 2) No one could get off work to take him/her to the physician; 3) It was too expensive / they didn't have the money; 4) They had no means of transport; 5) S/he was too nervous and scared; 6) The insurance did not cover the visit; 7) They did not have insurance; 8) They would have to wait too long; 9) Some other reason.

Table A5: *Sample questionnaire EQLS*

	Enquiry Type and structure	Response Type and values
Q15	**Interview question** How many rooms does the accommodation in which you live have, excluding the kitchen, bathrooms, hallways, storerooms and rooms used solely for business?	(INT.: Enter number of rooms or 99 for don't know) _____
Q16	**Interview question** Which of the following best describes your accommodation?	1) Own without mortgage (i.e. without any loans) 2) Own with mortgage 3) Tenant, paying rent to private landlord 4) Tenant, paying rent in social/voluntary/municipal housing 5) Accommodation is provided rent free 6) Other 7) (Don't know)
Q17	**Interview question** Do you have any of the following problems with your accommodation? A) Shortage of space; B) Rot in windows, doors, floors; C) Damp or leaks in walls or roof; D) Lack of indoor flushing toilet; E) Lack of bath or shower; F) Lack of place to sit outside (e.g. garden, balcony, terrace).	**Nominal response** 1) Yes; 2) No; 3) Don't know.
Q18	**Interview question** How likely do you think it is that you will need to leave your accommodation within the next six months because you can no longer afford it?	**Ordinal response** 1) Very likely; 2) Quite likely; 3) Quite unlikely; 4) Very unlikely; 5) Don't know.
Q19	**Interview question** There are some things that many people cannot afford, even if they would like them. For each of the following things on this card, can I just check whether your household can afford it if you want it? A) Keeping your home adequately warm; B) Paying for a week's annual holiday; C) Replacing any worn-out furniture; D) A meal with meat, chicken or fish every second day if you wanted it; E) Buying new, rather than second-hand, clothes; F) Having friends or family for a drink or meal at least once a month.	**Nominal response** 1) Yes, can afford if want; 2) No, cannot afford it; 3) Don't know.

	Enquiry Type and structure	Response Type and values
Q43	**Interview question** In general, would you say your health is…	**Ordinal response** 1) Very good; 2) Good; 3) Fair; 4) Bad; 5) Very bad; 6) Don't know.
Q47	**Interview question** On the last occasion you needed to see a doctor or medical specialist, to what extent did each of the following factors make it difficult for you to do so? A) Distance to doctor's office/hospital/medical centre; B) Delay in getting appointment; C) Waiting time to see doctor on day of appointment; D) Cost of seeing the doctor.	**Ordinal response** 1) Very difficult; 2) A little difficult; 3) Not difficult at all; 4) Not applicable/never needed to see doctor; 5) Don't know.
Q54	**Interview question** Please think about the area where you live now – I mean the immediate neighbourhood of your home. Do you have reasons to complain about each of the following problems? A) Noise; B) Air pollution; C) Lack of access to recreational or green areas; D) Water quality; E) Crime, violence or vandalism; F) Litter or rubbish in the streets.	**Ordinal response** 1) Very many reasons; 2) Many reasons; 3) A few reasons; 4) No reason at all; 5) Don't know.
Q55	**Interview question** Still thinking about your immediate neighbourhood, are there any of the following facilities available within walking distance? A) A food store or supermarket; B) Post office; C) Banking facilities; D) Cinema, theatre or cultural centre; E) Public transport facilities (bus, metro, tram, etc); F) Recycling facilities.	**Nominal response** 1) Yes; 2) No; 3) Don't know.

Table A6: *EQLS population and substandard housing (%)*

	Income		Age			Settlement		Employment		Migrants		Tenure		
	Lowest quartile	Highest quartile	18–34	35–64	65+	Rural	Urban	(Self-) Employed	Unemployed	1st generation migrants	2nd generation migrants	Home owner	Social housing	Private tenant
1. Very likely to leave accommodation	2.4	1.8	2.4	1.2	0.9	1.3	1.8	1.5	4.1	2.5	2.1	0.8	2.0	4.1
2. Unable to pay utilities	23.2	6.9	13.7	12.5	10.8	11.9	13.2	11.8	22.4	12.5	11.3	10.6	17.8	17.4
3. Unable to pay rent/mortgage	14.2	5.0	9.9	8.5	4.7	7.1	9.3	8.9	15.4	10.1	10.0	5.7	15.8	15.2
4. Shortage of space	23.2	14.6	24.7	18.3	8.1	14.9	21.5	20.6	27.3	22.2	21.7	14.9	26.0	26.2
5. Very dissatisfied with accommodation	3.4	1.1	1.8	1.6	1.0	1.2	1.9	1.3	5.0	1.9	1.9	0.9	3.5	2.6
6. Unable to keep home adequately warm	18.4	4.4	8.1	8.8	10.4	8.9	9.0	6.6	15.9	9.5	9.1	8.3	10.1	10.4
7. Presence of rot	16.5	6.1	9.5	9.2	8.6	9.2	9.1	7.8	15.3	10.0	9.7	7.7	13.3	12.8
8. Dampness and leaks	20.9	8.8	13.8	11.4	10.3	12.1	11.6	10.9	21.6	12.2	14.0	9.5	17.6	17.6
9. Lack of indoor toilet	9.4	1.9	3.7	3.6	5.8	5.5	2.4	2.9	5.9	2.4	2.7	4.4	3.2	2.0
10. Lack of bathroom or shower	8.6	1.6	3.4	3.5	5.4	5.1	2.4	2.6	5.2	2.4	2.6	4.0	3.8	2.5
11. Lack of place to sit outside	18.4	11.1	16.4	11.5	10.5	8.4	17.6	12.3	20.8	19.5	16.9	9.3	21.2	23.1
12. Lack of public transport	16.4	10.5	12.7	12.6	16.1	20.6	5.1	12.3	12.8	7.5	8.5	14.3	9.0	10.9
13. Many complaints about Neighbourhood noise	5.9	3.5	4.2	4.5	4.5	3.2	5.7	3.9	5.0	3.2	3.1	4.0	6.0	5.1
14. Distance to doctor making visit very difficult	6.4	2.6	3.0	4.2	8.2	5.8	3.4	3.0	3.7	3.2	3.2	5.0	3.9	3.7
15. Many complaints about air pollution	5.7	3.7	3.9	4.8	4.1	3.0	6.1	4.1	4.9	4.6	4.1	4.2	4.5	5.2
16. Many complaints about quality of tap water	5.5	3.7	5.2	4.8	2.7	4.5	4.4	4.6	5.3	3.3	3.5	4.3	4.9	4.5
17. Many complaints about crime, violence and vandalism in area	4.5	2.4	3.8	3.4	2.8	1.9	5.1	3.0	5.5	4.1	4.1	2.8	5.7	4.7
18. Many complaints about litter or rubbish in the street	6.6	4.2	5.1	5.1	3.8	3.2	6.7	4.7	6.8	5.1	5.2	4.4	7.1	5.9

Source: *EQLS 2007*

Table A7: Housing deprivation (%)

	Gender		Age			Income quartiles			
	Male	Female	18–34	35–64	65+	Q1	Q2	Q3	Q4
Items of housing deprivation (Yes/No)									
Shortage of space in dwelling	0.681*** (0.536-0.867)	1.070 (0870-1.315)	1.359 (0.912-2.026)	0.772*** (0.635-0.938)	0.981 (0.686-1.401)	1.087 (0.855-1.382)	0.912 (0.673-1.234)	0.577*** (0.392-0.848)	0.729 (0.453-1.172)
Rot in windows, doors, floors	1.885*** (1.424-2.495)	1.337** (1.043-1714)	1.882** (1.075-3.294)	1.407*** (1.104-1.795)	1.841*** (1.296-2.615)	1.111 (0.831-1.485)	1.874*** (1.308-2.686)	1.401 (0.902-2.175)	3.150*** (1.946-5.101)
Damp or leaks in walls or roof	1.378** (1.056-1.797)	1.417*** (1.124-1.788)	0.832 (0.481-1.441)	1.539*** (1.232-1.923)	1.393* (0.995-1.952)	1.683*** (1.290-2.96)	1.442** (1.022-2.036)	1.205 (0.78-1.846)	0.964 (0.578-1.609)
Lack of indoor flushing toilet	1.418 (0.839-2.398)	1.285 (0.795-2.078)	0.403* (0.141-1.147)	1.781** (1.072-2.959)	1.299 (0.741-2.278)	1.287 (0.786-2.108)	1.455 (0.753-2.811)	1.400 (0.578-3.390)	1.204 (0.204-7.091)
Lack of bath or shower	1.248 (0.721-2.160)	1.534* (0.944-2.491)	2.933** (1.155-7.444)	0.973 (0.568-1.667)	1.935** (1.080-3.466)	1.392 (0.830-2.333)	1.493 (0.776-2.872)	2.088 (0.845-5.157)	0.677 (0.107-4.302)
Lack of place to sit outside	1.468*** (1.167-1.846)	1.231* (0.989-1.531)	1.602** (1.063-2.413)	1.300** (1.052-1.607)	1.214 (0.902-1.635)	1.745*** (1.372-2.219)	0.927 (0.663-1.297)	1.142 (0.783-1.653)	1.080 (0.670-1.741)
Keeping the home adequately warm	2.320*** (1.827-2.945)	2.271*** (1.852-2.785)	1.985*** (1.240-3.177)	2.243*** (1.813-2.774)	2.507*** (1.924-3.266)	2.199*** (1.757-2.752)	2.365*** (1.753-3.190)	2.427*** (1.651-3.569)	2.452*** (1.458-4.122)
Gender (base male) female			0.737 (0.509-1.069)	0.983 (0.847-1.140)	0.706*** (0.582-0.856)	0.804** (0.661-0.977)	0.846 (0.684-1.048)	0.929 (0.739-1.167)	0.822 (0.619-1.091)
Age (base 18–34) 35–64	17.087*** (12.348-23.644)	17.994*** (13.747-23.554)				18.030*** (13.043-24.923)	20.101*** (12.883-31.363)	22.349*** (13.671-36.534)	10.261*** (6.198-16.987)
65+	2.737*** (2.276-3.292)	3.865*** (3.281-4.552)				3.112*** (2.513-3.854)	3.061*** (2.443-3.836)	3.910*** (3.067-4.984)	3.219*** (2.290-4.526)
Income (base Q1) Second quartile	0.340*** (0.265-0.436)	0.357*** (0.279-0.458)	0.516*** (0.314-0.848)	0.378*** (0.270-0.529)	0.378*** (0.270-0.529)				
Third quartile	0.433*** (0.344-0.571)	0.489*** (0.380-0.630)	0.836 (0.473-1.480)	0.409*** (0.325-0.515)	0.479*** (0.343-0.668)				
Highest quartile	0.533*** (0.415-0.684)	0.638*** (0.490-0.830)	1.046 (0.571-1.915)	0.592*** (0.468-0.747)	0.487*** (0.345-0.686)				

Note: 95% Confidence interval between parentheses
*p ≤ 0 .10; **p ≤ 0 .05; ***p ≤ 0 .01
Source: *EQLS 2007 (Q17–Q19)*

