

Re-InVEST.be

Investing in basic rights, capabilities and anti-poverty policies in Belgium

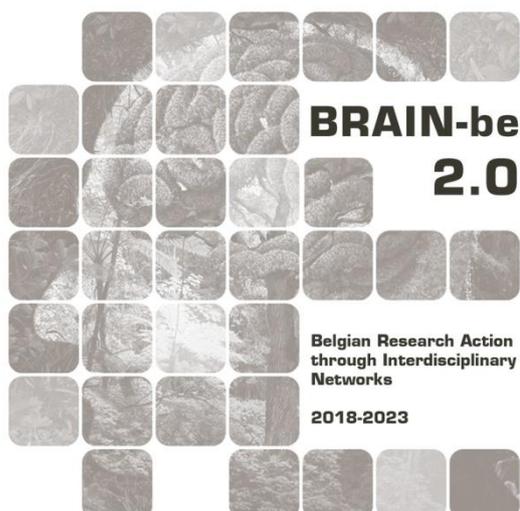
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Pillar 3: Federal societal challenges





NETWORK PROJECT

Re-InVEST.be

Investing in basic rights, capabilities and anti-poverty policies in Belgium

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FINAL REPORT

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ABSTRACT

Context

In the past 25 years, the level of poverty in Belgium has remained relatively stable, except for a partial shift from older to younger generations, and an increasing concentration among low-educated, unemployed, immigrant and single-parent households. This means that efforts to combat poverty have failed to prevent its reproduction.

Objectives

1. The scientific purpose of Re-InVEST.be is to re-frame the main federal policies and instruments from a remedial into a proactive mode – from a ‘survival’ to a ‘social investment’ perspective, and to uncover open and hidden discrimination processes that risk ‘locking in’ some population groups into persistent poverty. Our main focus is on the role of social protection, but from an innovative, multidimensional social investment perspective. The interactions between social protection, housing and health are analysed in detail both quantitatively and qualitatively to illustrate the social investment dynamics.

2. Beyond the scientific objectives, there is a clear societal objective. Our participatory approach (merging of knowledge) aims to build capacity, particularly among representative associations of people experiencing poverty, while at the same time guaranteeing a maximum validity of our research. We also aim to build support in the public opinion for a more ambitious and effective national strategy to combat poverty.

3. The third objective is policy-oriented. The social investment approach – if adopted - should result in a genuine break in the trend of poverty reproduction in Belgium. Concrete and implementable policy recommendations are drawn from the research findings.

Conclusions

Conclusions relating to **social protection**:

1. The ideal social protection is universal protection: avoid any form of selectivity as much as possible. Excluding categories on the basis of criteria such as age, qualifications or (involuntary) duration of unemployment is not only a form of discrimination that is difficult to justify; it also increases the complexity of the legislation and thus raises the barriers for those entitled to protection. It creates “sub-categories” that end up in more precarious forms of social protection or even completely unprotected on the margins of society. The fact that, despite the rising numbers of users, the non-coverage by the RMI as a last resort safety net still amounts to approximately 46% after half a century speaks volumes: it testifies to a serious mismatch between the regulations and the needs of the target group.
2. It is logical that citizenship entails not only basic rights but also obligations. The observation that pressure on the long-term unemployed, the long-term sick and those on social security benefits has systematically increased over the past 20 years raises not only the question of the proportionality between rights and obligations, but also that of the principle of equality: would one want to impose the same requirements on, for example, the short-term unemployed? Sen's capability theory teaches us that imposing duties and conditions in itself constitutes a restriction on the well-being of citizens. If this is done primarily to the more vulnerable groups, it raises questions about the balance between justice and efficiency in social protection.
3. As far as the level of benefits is concerned, our research argues for an increase, without being able to determine an optimal level. Only pensions “in general” (i.e. with the exception of the lower ones) could be said to provide sufficient protection against debt and deprivation for the

households concerned. Higher benefits in other sectors (disability, unemployment, handicap, minimum income) obviously entail additional budgetary costs, but from a social investment perspective they also generate a payback effect, as they make households more resilient and enable them to provide more for themselves (through accelerated return to work or reduced risk of dropout).

4. The government should not only concern itself with rights “per se”, but also with their translation to users. This communication takes place through intermediaries who can be both facilitators and obstacles. Supporting the development of accessible, competent legal mediation services that work directly with the people concerned is therefore highly recommended in order to improve access to justice. Without these intermediaries, users may develop an attitude that places them “outside the law”.

Conclusions relating to **housing**:

1. In general, the Matthew effect in housing subsidies must be further eliminated. This means that the bulk of public support, which used to be spent on encouraging private home ownership by the middle class, should be shifted to lower-income groups with a greater need for support for their housing security. This shift is already partly ongoing and should be continued.
2. The fight against homelessness is an absolute priority. In Flanders, this is in principle the responsibility of social housing companies through quotas for accelerated allocation; in the other regions, social rental agencies remain the main gateway to regular housing. The Housing First policy should be urgently structurally embedded in all regions. In the long term, the introduction of an enforceable right to housing could even be considered, following the example of France and Scotland (Steunpunt tot bestrijding van armoede 2011). In the meantime, improving the reference address system for accessing other basic social rights remains an important focus. Ideally, the link to a (reference) address should be replaced, where possible, by a link to the registration number in the National Register. In the short term, effective access to the reference address system needs to be expanded. Other existing instruments, such as the right of municipalities to reclaim vacant properties for the rehousing of homeless people, must also be used effectively.
3. Further increase investment in social housing in order to effectively eliminate waiting lists. We have seen that, despite their weaker socio-economic profile, social tenants are slightly less vulnerable to financial shocks than private tenants, which is of course due to the income-based rents in this sector. These lower rents also offer some financial leeway for investment in other areas.

Local authorities that do not meet their minimum quota of social housing can be urged to fulfil their obligations through financial penalties.

The increased conditionality of access to social housing and the pressure on outflow in the Flemish Region seem rational at first glance, but these are interventions on the demand side of the social housing market. As long as the supply of social housing remains inadequate, this is more likely to lead to a loss of housing security and higher housing costs for this vulnerable target group.

4. Decades of underprovision of social housing have led to de facto structural discrimination between households that have and have not gained access to social housing. The compensatory rent allowance schemes that currently exist for applicants on the waiting lists are wholly inadequate. They should be expanded to ensure that social and private tenants are treated more or less equally.

At the same time, stakeholders are calling for joint consultation systems to keep rents within

reasonable limits, following the example of the Brussels Region, or even legal restrictions on rent increases for poorly insulated homes, as was the case during the energy crisis.

5. Low-income households sometimes recur to forms of cohousing as a means of reducing their expenses. When they live on social benefits, this paradoxically leads to a reduced benefit scale because they are classified as “cohabiting”, even though they only share the housing cost. It would be more logical not to apply this rule, particularly for benefits below the EU poverty line, so that cohousing really becomes a means of escaping poverty.

Conclusions relating to **health(care)**

1. Both our statistical analyses and our dialogue sessions with stakeholders in the field reveal a clear structural *link between the socio-economic living conditions of families and their health*. This influence is cumulative throughout the life cycle and the link becomes increasingly clear with age. This implies the following:
 - a. Poverty (and social inequality in general) undeniably involves a high public health cost, which can be avoided by investing preventively in adequate social protection, education, sustainable employment and affordable, quality housing.
 - b. The cumulative impact of deprivation on health throughout the life cycle is an argument for adequate minimum levels of social protection. Currently, social protection is too exclusively based on a “moral hazard” logic: tightly degressive benefits and duration limits aim to incentivise the return to work. However, without adequate minimum protection, people end up in a negative spiral of disinvestment, which further undermines their health and increases costs for the individuals concerned and for the community. It is not without reason that anti-poverty associations are calling for all minimum benefits to be raised to the poverty risk threshold (AROP).
2. A set of findings concern the *link between housing policy and health*:
 - a. Our research suggests that housing security and affordability are more important than ownership status per se. Indeed, payment problems weigh more heavily on the mental health of owners than on that of tenants, perhaps because the latter can more easily escape them by moving house. This may (in addition to the Matthew effect) be an additional argument for governments to give less priority to home ownership in their subsidy policy.
 - b. The importance of housing security for mental health is an argument for measures to protect tenants, e.g. against eviction during the winter months, but also to be cautious about pressuring social tenants to move to the regular rental market.
 - c. Equally important for health is quality of housing. This is not only about physical characteristics of housing such as insulation and hygiene, but also about neighbourhood characteristics such as pollution and safety. Governments must take into account the social benefits of investing in the upgrading of housing and neighbourhoods.
3. Specifically with regard to *mental health (care)*, the following recommendations emerged from the dialogue sessions with stakeholders and associations (Demonty et al. 2025a):
 - a. People (living in poverty) must be empowered to gain a sense of control over their lives, in health as well as in other areas, and in exercising their rights in relation to public services. This requires time, trust and transparency, and a framework that gives the care recipient an active role in their pathway.
 - b. In addition, investment should also be made in associations where people living in poverty feel recognised, as these organisations are essential for promoting their well-being and preventing mental health problems.

4. De Munck et al. (2025c) propose four ways to improve access to rights in the field of mental health:
 - a. They call for a shift from an emergency-based approach to more prevention and support outside of critical situations.
 - b. In the same vein, it is recommended that care networks be strengthened, in particular by reinforcing mobile teams and considering the status of informal carers.
 - c. Thirdly, mediation services must be strengthened in order to offer alternative – and non-judicial – ways of resolving conflicts and facilitating access to rights.
 - d. Finally, the authors emphasise the need to thoroughly reflect on the concept of “legal person” so that the vulnerability of those involved can be better taken into account.

Keywords

Social inclusion – anti-poverty policy – social investment – capabilities – social protection – housing – health – mental health – human rights

1. INTRODUCTION

Despite a lack of common understanding on the dimensions that constitute poverty and disadvantage and, on their operationalisations, much of the current empirical research on social exclusion has found that poverty involves many dimensions other than lack of financial or material resources and it is undoubted that they can be described as a lack of capabilities. Moreover, these dimensions are strongly interrelated. For example, there is great evidence that being poor can worsen housing conditions, while poor housing quality can affect poverty (Tunstall *et al.*, 2013). Similarly, it has been recognised that individuals with poor health face higher risks of poverty and vice versa, living with insufficient income can increase the risk of worsening the health status, both mentally and physically (Dreger *et al.*, 2014; Laderchi, 1997; Lundberg *et al.*, 2016).

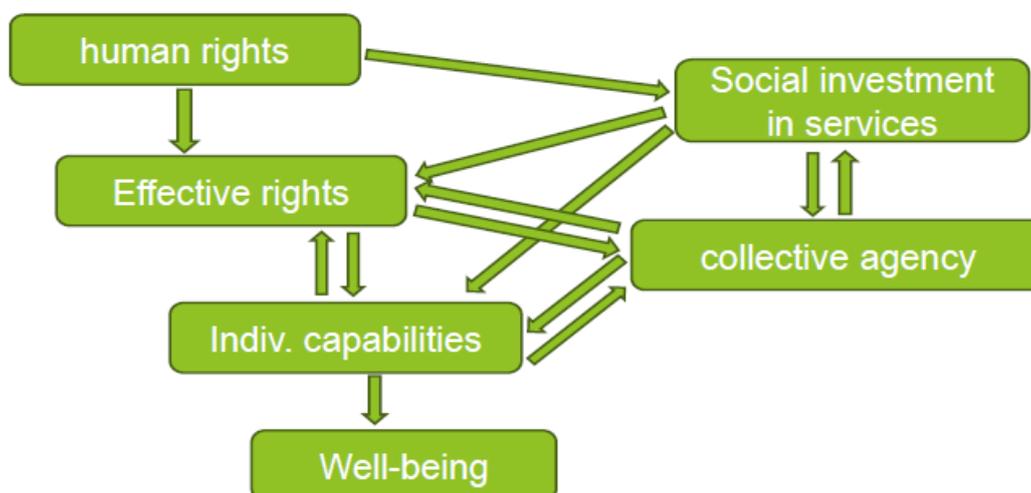
These mechanisms of accumulation of disadvantage can reinforce each other not only in the present, but also in the future, in a **dynamic manner**. This idea that poverty in one dimension could trigger or reinforce poverty in other dimensions or in the future has been used in different theories of poverty dynamics (Biolcati Rinaldi, 2007). The scientific purpose of Re-InVEST.be is to re-frame the main federal policies and instruments from a remedial into a proactive mode – from a ‘survival’ to a ‘social investment’ perspective, and to uncover open and hidden discrimination processes that risk ‘locking in’ some population groups into persistent poverty. Our main focus is on the role of social protection, but from an innovative, multidimensional social investment perspective. The interactions between social protection, housing and health will be analysed in detail both quantitatively and qualitatively to illustrate the social investment dynamics: to what extent can social protection act as a ‘trampoline’ that allows households to continue investing in themselves when a primary income source falls short? To what extent can it prevent households from falling into poverty? Do we observe positive effects of social protection on housing conditions and health?

2. STATE OF THE ART AND OBJECTIVES

The social investment (SI) approach constitutes a relatively recent perspective in the literature on welfare state and social protection. Most generally, the SI approach was defined by its main proponents as a group of welfare policies that are needed “to prepare individuals, families and societies to respond to the new risks of a competitive knowledge economy, by investing in human capital and capabilities from early childhood through old age, rather than in policies that simply ‘repair’ damages after moments of economic or personal crisis.” (Hemerijck, 2013, p. 242). Theoretical literature on the social investment perspective has burgeoned in recent years, resulting in the development of a dynamic research agenda. Beyond the theoretical developments, the introduction of the Social Investment Package in 2013 (European Commission, 2013) has furthered the discourse on the SI approach in the social policy area.

In contrast to a narrow understanding of social investment perspective, Re-InVEST.be adopts an innovative and broader definition of social investment. Namely, social investment refers to *the investment of resources into people, more precisely, into the sustainable enhancement of individual and collective capabilities*. The overall theoretical framework of Re-InVEST.be builds on capabilities (Sen, 2005) and human rights as building blocks for the social inclusion and wellbeing of individuals, as reflected in Nicaise et al. (2017).

Figure 1 From human rights and capabilities to individual well-being



The economic, social, and cultural rights aim to protect vulnerable groups against extreme risks that jeopardise their human dignity (De Munck & Lits, 2017). Nevertheless, considering that the formal human rights do not automatically result in improved wellbeing, it is necessary to understand the shifting borders between shared values, social norms, and legal obligations in diverse contexts. Hence, although some legal measures may establish *effective rights* (e.g. a guaranteed access to basic services), most policies necessitate additional '*social investment*' in individual and collective capabilities through public or subsidised service provision (e.g. education, health care) and the transfer of power and resources – either directly to individuals / households (e.g. social housing), or to companies and civil society organisations (e.g. subsidies to housing companies, water distribution, education providers).

In this context, the term “social investment” does not only refer to investment in public infrastructure (e.g. social housing estates, health infrastructure), or in individual’s human capital (e.g. improving people’s health), although such material and human capital investments may be part of the picture, but to a broader concept of investments that support the dynamic development of capabilities. This notion of *capabilities* (Sen, 2005) reflects the set of opportunities at individuals’ disposal to transform resources into a bundle of beings and doings that they have reason to value. Hence, in this approach, “capabilities depend on (a) the amount of (material, financial, human, social, cultural) resources at one’s disposal, (b) the ‘conversion factors’ that determine the potential outcomes of the transformation process with given sets of resources, and (c) the freedom one has to choose” (Nicaise, 2017, p. 17). In this context, *social investments* can enrich individuals with tangible and intangible assets (e.g. financial resources, social housing, healthcare), as well as reinforcement of rights, and in turn, expand one’s capabilities set (Nicaise, 2017). Enhancing the individual’s capabilities leads to a virtuous cycle of further investments in multidimensional assets, and better and better capabilities and *wellbeing*. Vice versa, a lack of assets (e.g. income, healthcare, education) translates into under-investment, which in turn results in a weakening of capabilities and leads to a vicious cycle of depreciation and disinvestment.

Finally, another dimension of our theoretical framework relates to the extension of *collective* resources and capabilities. As local authorities, non-profit companies and civil society organisations are strengthened (e.g. regional / municipal water companies, mutual health insurance associations, parents' associations) they may in turn improve the well-being of households.

To sum up, the social investment perspective on social protection adopted in RE-InVEST.be is by nature *multidimensional*: namely, social benefits should allow people to invest in their capabilities, in the broadest sense (health, housing, education & training, mobility, connectivity, social participation, and other areas) (Murphy, Nicaise et al. 2017).

Given the multidimensionality of social investment approach, Re-InVEST.be, in its work packages, considers three different areas of investment, which are deeply interconnected: social protection (with a focus on labour market integration), housing, and healthcare. These interconnections are recognised by a growing body of literature. For example, recent research into housing or housing insecurity demonstrates that poor housing situation contributes to deteriorating mental health of the individuals (Gili, Roca et al., 2012; Keene, Cowan et al., 2015; Meltzer, Bebbington et al., 2013; Nettleton & Burrows, 1998). The relationship between unemployment and increased risk of mortality, morbidity, long-term health problems, and mental health is also well-established (European Commission, 2013; Bartley & Plewis, 2002, Montgomery, Cook, Bartley & Wadsworth., 1999, Vaalavuo, 2016). Similarly, living in a situation of poverty and vulnerability appears to have a negative impact both on physical and mental health (OECD, WHO, 2003; CPS, 2019). Therefore, social investment into areas of health and housing via housing allowance or health-related benefits can be expected to have positive effects on other areas of individual well-being and capabilities. In Re-InVEST.be such effects will be examined using both cross-sectional and longitudinal analyses.

3. METHODOLOGY

As explained in the introduction, our research aims to provide the scientific underpinning for a paradigm shift, from a remedial to a social investment perspective. Our theoretical model has been developed in the European 'Re-InVEST' project (2015-2019). Given its innovative conceptual nature we aim to apply it to Belgium. Furthermore, in the field of social protection, nearly all research is framed in static, short-term models. Our model is explicitly dynamic and looks at differences between short- and long-term poverty, as well as short- versus longer-term effects (3-5 years) of anti-poverty measures. For this purpose, we make use of novel possibilities to link different datasets (SILC-IPCAL-DEMOBEL) for longitudinal research (see below). The integration of different data sources is an additional innovative feature of our project, particularly with a view to distinguishing between short-term and more persistent poverty – as well as between short-term and long-term effects on households' (dis)investment in (material and human) assets (housing, financial debt or assets, health, etc.).

Through collaboration with the Combat Poverty Service (CPS), the project aims to merge academic research methods with the knowledge of practitioners, NGOs and people experiencing poverty. While the 'merging of knowledge' approach has been widely applied in 'policy dialogues', it has seldom been used in scientific projects because it is very demanding in terms of time and trust-building. In Re-InVEST.be we have successfully undertaken this endeavour. At various stages of the

research, from the start until the finish, the concepts, findings and policy implications of all parts of the research were discussed with a broad network of stakeholders, including associations where people with a lived experience of poverty take the floor. This led to amendments of the theoretical framework and research questions, and above all, to a more elaborate interpretation of the findings and more accurate formulation of the policy implications. A list of the stakeholders who participated in the periodic ‘merging of knowledge sessions’ can be found in the Annex.

Moreover, our research is both interdisciplinary and multidimensional / intersectoral. Specifically, we examine the dynamic effects of social protection on the housing condition of households, and similarly, at the effects of housing on health, as well as feedback effects on poverty that can lead to upward (investment) or downward (disinvestment) spirals. Our model takes on board the ‘household’ dimension (cross-effects between individuals and families/households). Considering that a fully holistic approach integrating all dimensions of wellbeing would be unrealistic, we decided to concentrate on the interlinkages between three key areas that clearly reflect the social investment perspective, with a close link to the federal policy level: social protection, housing and health. Within the health domain, we will devote specific attention to mental health. Although the impact of poverty on mental health is now widely recognized, it has barely been examined scientifically, especially not in Belgium – and yet, there is an urgent need for scientifically underpinned policy recommendations in this field.

The socio-legal approach makes up a bridge with another federal policy area (access to justice). The Re-InVEST model builds on human rights and analyses their implementation using a sociology of legal communication.

Exploring the conditions of legal communication in these two fields called for empirical investigations, which were informed by a dual methodology: semi-structured qualitative interviews and document analysis.

The CriDIS team focused their approach on legal intermediaries for two reasons. The first reason relates to the role of the CriDIS in the project's division of labour. The KU Leuven team focused on the socio-economic analysis approach, while the Combat Poverty Service focused on interaction with vulnerable populations. Therefore, the CriDIS focused on the exploration of the professionals involved in the legal construction of the issue. The second, more fundamental reason stemmed from the growing importance of legal intermediaries in our understanding of the legal dimension of social protection. This was not clear at the beginning of the project, but it gradually became apparent as it unfolded. From the moment the conceptualisation shifted towards legal communication, the central role of intermediaries became clear to us.

These investigations into legal intermediaries were conducted in the Brussels-Capital Region and the Walloon Region. Public action in Belgium regarding these matters is characterized by a very high degree of segmentation. The territorial limitation of our investigation was justified by the political and administrative organisation of the two areas we examined. Indeed, they fall primarily under Regional and Community jurisdiction.

Data

Data relating to the socio-economic approach

The social investment framework implicitly refers to intertemporal statistical modelling. Indeed, for the purpose of this research, we employ a unique combination of data sources that combine both survey and administrative data. Survey data provide specific information on a selected sample of individual respondents while administrative data are usually collected for the purposes of record keeping and registration by government and administrative agencies. In collaboration with the Belgian Statistical Office (Statbel), the data sources presented in the table below were linked with each other, cross-sectionally and, where possible, longitudinally. Table 1 provides a brief description of each data source; for further details on the content and limitations of the merged datasets, we refer to Ansaloni et al. (2020).

Table 1. Overview of the data sources and the time period covered

Dataset	Timeframe covered
EU-SILC	2003 to 2017 (EU-SILC 2004 – 2018)
IPCAL	2003 – 2017 (IPCAL 2005 – 2019)
Belgian Census 2001	January 2001
Belgian Census 2011	January 2011
Demobel/National population register	For EU-SILC respondents: 2001 - 2018
	For respondents' parents: 2001

Data relating to the socio-legal approach

In the first phase of the investigation, five focus groups were conducted (see Table 2 below). Four brought together stakeholders in housing and mental health services in Brussels, and one gathered stakeholders in Couvin. Forty-one semi-structured qualitative interviews were conducted in the second phase (see Table 3 below).

The investigation began during the Covid-19 pandemic, forcing a suspension of fieldwork for over a year and a half. However, the collection of documents, particularly legal documents, allowed the work to continue and informed the more theoretical and analytical aspects of the investigation. The theoretical section of our report benefited greatly from the "lockdown" caused by the pandemic. This explains the prominence of theoretical reflection in our report. The empirical work started later, after the Covid-19 pandemic.

Table 2. Focus groups

Contact	Role	Location	Date	Professionals
AP	Psychologist and Administrative Director at Couvin Mental Health Service	Couvin Mental Health Service	24 May 2023	7
LA	Doctor	Sanatia Clinic in St Josse	8 March 2023	5
IR	Staff member	Street Nurses in Brussels	8 March 2023	5
IR	Staff member	Street Nurses in Brussels	19 April 2023	3
LA	Doctor	Sanatia Clinic in St-Josse	21 April 2023	4

Table 3. Qualitative interviews on socio-legal issues

Name	Position	Institution	Date	Meeting place
LA	Doctor	Psychiatric clinic in Brussels	8 February 2023	Psychiatric clinic in Brussels
YC	Mental health platform coordinator	Mental health care network	26 January 2023	Zoom
CV	Precariousness/Housing Coordinator	Mental Health Platform	24 January 2023	Mental Health Platform
DV and BBM	Social workers	Tenants' Association in two Brussels municipalities	27 February 2023	Tenants' Association of
ID	Housing Unit Coordinator	CPAS in the Brussels Region	10 March 2023	Teams
AP	Psychologist and Administrative Director	Mental Health Service in Wallonia	30 March 2023	Teams
MA	SMES Coordinator	SMES	3 July 2023	Teams
SC	Psychologist	PMS Couvin	21 June 2023	Teams
SL	Staff	Directorate-General for Children's Rights	24 August 2023	Teams
YA	Coordinator and delegate for day-to-day management	Sheltered Housing in Brussels	19 January 2024	Sheltered Housing in Brussels
FR & AV	Deputy Coordinator, Housing Unit & A Debt Mediation Coordinator	CPAS in Brussels	6 February 2024	CPAS in Brussels
L D	Project manager and psychologist	Association of Caregivers in Brussels	8 February 2024	Family Carers Brussels
VG	Justice of the peace	Justice of the Peace in Brussels	5 February 2024	Justice of the Peace in Brussels
JA	Housing Advisor	CPAS in Brussels	9 February 2024	CPAS in Brussels
VE	Legal	Office of Minister Nawal Ben Hamou	19 February 2024	Office of Minister Nawal Ben Hamou
DS	Lawyer	Law firm	16 February 2024	Law firm
SB	Project Manager	Wallonia Caregivers Association	26 February 2024	Teams
QR	Lawyer	Brussels law firm	22 February 2024	Brussels Law Firm
SV	Solicitor	Law firm in Brussels	11 March 2024	Brussels Office
EP	Psychiatrist	Brussels Office	25 March 2024	Brussels Office

AC	Coordinator	Mobile Mental Health Intervention Centre	22 April 2024	Brussels
EV	Justice of the Peace	Justice of the Peace in Brussels	25 April 2024	Magistrate
JG	Manager	Tenants' Union	11 April 2024	Tenants' Union
CR & JP	Housing Unit Coordinator and Deputy Coordinator	CPAS in Brussels	3 May 2024	CPAS Brussels
MB	Director	AIS in Brussels	7 May 2024	Teams
TM	Director	Non-profit organisation helping tenants	22 May 2024	Non-profit organisation
AD	Staff	Debt Support and Mediation Centre	19 June 2024	Teams
MM	Justice of the Peace	Justice of the Peace in Brussels	19 June 2024	Teams
CJ	Staff	Credit and Debt Observatory	2 July 2024	Teams
AL	Individual Support Service	Unia	2 July 2024	Teams
LG	Chief Executive	Social housing company in Brussels	6 September 2024	Teams
VD	Managing Director	AIS in Brussels	6 September 2024	Teams
BH	Senior Manager	Landlords' union	20 September 2024	Liège
KL	Strategic Policy Expert Mental Health	Mutual Insurance	6 June 2025	Christian Mutual Insurance Offices
SE & I	Director, Local Development Officer & Member of the CPL and Technical Advisor	Association for Assistance to Tenants in Brussels	11 June 2025	ASBL premises
SR	Former President of CPAS in Brussels	CPAS in Brussels	4 July 2025	At his home
OC	Notary, Owners' Association	Owners' Association	15 July 2025	at his office
PD	Expert, former president of CPAS	CPAS Wallonia	22 July 2025	Ottignies
AB	Mental health mediator	Brussels	September 2025	Physical
ML	Mental health mediator	Wallonia	October 2025	Physics
NO	Mental Health Mediator	Wallonia Hospital	October 2025	Physics
MG	Director	IHP Wallonia	17 October 2025	Teams

4. SCIENTIFIC RESULTS AND RECOMMENDATIONS

4.1 Social protection as an investment in sustainable poverty reduction

Social protection is not examined here from a purely insurance or redistribution perspective, but as a (potential) investment in sustainable poverty reduction. Indeed, families continuously invest in themselves: in healthy food, education, mobility, connectivity, training, housing, health, social participation, employability, and so on. Social benefits must therefore help families to continue to make such expenditures in periods of decline or loss of their primary income. In other words, a decent level of social protection is necessary to maintain the economic resilience of families.

On the other hand, we believe that the concept of social investment itself should also be broadened: from employability and earned income to the realisation of future well-being in its full multidimensional sense, as best captured by Amartya Sen's capability theory. According to this theory, well-being can be defined as *'the set of feasible levels of functioning (e.g. in terms of physical and mental health, housing, literacy, employment, cultural experience, social relations, active citizenship, etc.) that a person has reason to value'*. To this end, the person (or rather, the household) disposes of financial, material and immaterial resources (income, assets, human capital) that can be partly consumed and partly invested. The 'conversion' (in Sen's terminology) of resources into levels of functioning is determined in part by environmental factors such as public services, collective action and, importantly, a legal framework that grants rights and freedoms to citizens. This concerns not only formal rights but also effective channels for communication and the realisation of those rights. Freedom and participation occupy an important place in capability theory, because they help determine the scope of choice within which people can optimise their well-being.

This leads to three sets of research questions regarding the role of social protection as an investment in sustainable poverty reduction:

- How well is access to social protection enshrined in law? Where are the gaps and how can rights be strengthened?
- What can be said about the level of various social benefits: to what extent do they contribute to sustainable poverty reduction?
- How do intermediary services (public social welfare centres, mutual health insurance funds, payment institutions, etc.) function in the implementation of social protection?

Main findings

Preventing and breaking the cycle of long-term poverty in Belgium

In this study, a representative panel was compiled by linking administrative and survey data on the socio-economic situation of more than 71,000 individuals in Belgium in the period 2008-2017 (Mergoni & Nicaise 2024). This shows, for example, that people living below the poverty line at the start of the observation period had an average of five more years of poverty ahead of them; however, for a person with a higher education degree, this was only three years on average, and for someone with incomplete primary education, it was ten years on average. Non-poor persons had a 15-16% risk of becoming poor within the next 10 years; but that risk was at most 10% for native Belgians, compared to 50% for persons of Central African origin. The region where people live also plays an important role: in Flanders, the risk of falling into poverty – ceteris paribus – is one third lower than in Brussels, and the chance of escaping poverty is 50% higher. In themselves, these insights into the dynamics of poverty already offer numerous strategic insights for preventive

and sustainable poverty reduction. However, our research focuses specifically on the role of social protection (as well as housing and health) policies as forms of social investment.

Realising fundamental social rights and freedoms in social security

Article 22 of the Universal Declaration of Human Rights (UDHR) states: "*Every member of society has the right to social security (...) in accordance with the organisation and resources of the State concerned (...)*". Even within this restrictive provision, this human right is not immediately enforceable. However, it does imply a moral commitment on the part of the signatory Member States to increasingly realise these kinds of fundamental rights ('moral rights'). In 1994 – the same year in which the General Report on Poverty was published – these fundamental rights were enshrined in the Belgian Constitution. Such a fundamental right obliges the State to protect that right against third parties and prevents the government from revoking or reducing previously granted legal basic rights in this area without strong justification ('standstill obligation'). Recently, it has become apparent that citizens' associations are gradually beginning to organise themselves to file collective complaints when necessary if the government fails to act or threatens to dismantle social rights (De Munck & Pardoën, 2023). There are several examples of this in social security policy.

Nevertheless, we cannot simply speak of a systematic strengthening of the legal position of vulnerable households. With the shift to a more activating strategy, there has also been a trend towards more conditional granting of rights (Demonty et al., 2020; De Munck & Pardoën, 2023): think of the tightening of access conditions, the provisions regarding the acceptance of a suitable job offer and activation conditions in unemployment regulations, the increase in the number of sanctions, the individualised social integration project linked to the minimum income, and all kinds of conditions linked to other social rights.

From 2008 onwards, *access* to unemployment benefits was restricted by various measures, especially for school leavers and the long-term unemployed, which led to an increase in the proportion of unemployed people not entitled to benefits. From 2015 onwards, the early retirement schemes were gradually phased out, although this was partly accompanied by a shift to *sickness and disability* insurance. Starting 2026, the duration of benefit entitlements is being drastically reduced. Due to the high numbers of long-term sick people, measures are now also being taken to cut benefits in this sector.

The increasing selectivity in access to traditional social insurance systems explains, at least in part, the increased inflow into social assistance (living wage and equivalent living wage). According to statistics from the Federal Public Service Social Integration, the number of people entitled to the 'Right to Social Integration' (RMI) in 2024 was 14.9 per 1,000 inhabitants, compared to 8.5 per 1,000 in 2007 (Coene, 2025). Nevertheless, according to estimates by Ansaloni et al. (2024), the 'non-coverage rate' by the RMI for the period 2018-2021 remained at 46.6%.

The mainstream literature on the 'non-take-up' of social rights mainly attributes this paradoxical phenomenon to the complexity of the regulations and ignorance or shame on the part of those entitled to benefits. Demonty et al. (2020) see indications that there is more to it than that: for example, it is not obvious for suspended unemployed people or young people who do not have access to unemployment benefits to *believe* that they are entitled to social assistance. They do not feel that they are subjects of law. Many people living in poverty or insecure circumstances are '*those who are absent and resigned, who have given up*', for whom the law no longer has any meaning, sense or use. They are effectively 'outside or beside the law' (Demonty et al. 2025a). There are even known cases of public social welfare centres wrongfully refusing them social assistance for this reason. Other barriers may be related to the way in which social investigations or activation conditions are applied, or any additional measures imposed on applicants. The cognitive dissonance between objective law and sense of justice is described by De Munck et al.

(2020) as an attitude of being 'outside the law', a type that has remained underexposed in the 'legal consciousness' literature.

The conditions attached to social rights can also constitute obstacles to escaping poverty. They can further burden the daily lives of vulnerable people with a series of stressful situations that prevent them from planning their lives in the longer term. The social investment perspective, on the other hand, should encourage forward-looking measures. This presupposes financial planning and a certain stability over time. Today, we are witnessing an increase in emergency situations, for example in the housing sector, where the number of homeless people is rising, or in healthcare, where emergency services are constantly overburdened. This prevalence of emergency situations is highly problematic not only for the present, but especially for the future. It is therefore important to keep social rights out of the sphere of emergency aid.

De Munck et al. (2025a) also point to the important role of intermediaries in the practical implementation of social protection. Rights are 'filtered' through communication in practical situations. There is a constant need to interpret their meaning. Who is entitled to which goods and services, and under what conditions? This constant reinterpretation of rights takes place in courts, public social welfare centres, associations and social services. The role of intermediaries (lawyers, civil servants, social workers, physicians, etc.) in access to justice is crucial in this regard. These activities entail considerable transaction costs. Financial support for access to courts and tribunals is only one aspect of the problem of access to rights. Mediation services, support in negotiations and support in administrative procedures are also essential for vulnerable groups.

In short, the legislation relating to social protection can have ambiguous effects on the capabilities of people living in poverty: in principle, it increases their access to financial resources, but on the other hand, it can also restrict their freedom by imposing conditions, and even have negative side effects on other basic social rights.

In the 'triangulation process' with various stakeholders, including associations where people experiencing poverty have a voice, organised by the Interfederal Service for the Fight against Poverty, the advantages of ex-ante poverty impact tests were also highlighted. In this process, proposals for laws and measures are first confronted with the field knowledge of those who have to apply them and with the experiential knowledge of people in poverty who are supposed to benefit from them, in terms of the effectiveness of rights. The poverty impact test provides a tool that can be applied much more widely and systematically at different policy levels (Demonty et al. 2025a).

Social protection: hammock, springboard or pitfall?

Using the above-mentioned panel, Mergoni et al. (2024) used multivariate Cox regressions to examine the influence of various types and levels of social benefits on poverty indicators. We summarise the main findings below:

1. There is a clear difference between pensions and other benefits. Pensions are stable and predictable (even if they are not always sufficient), while other benefits (sickness, unemployment) are subject to shocks, degressive benefit scales and the risk of sanctions. As a result, the risks of debt and material deprivation are significantly higher in the latter sectors.
2. The chance of escaping material deprivation is significantly lower for persons with disabilities and those receiving social assistance, which points to a 'trap effect' specific to these means-tested benefit systems.
3. When analysing the effect of the level of benefits (for social benefit recipients) in 2008 on their situation in subsequent years, we find the following:

- a. Poor households in 2008 found it easier to escape poverty in subsequent years when the benefit received by an individual in the household was at a 'normal' level than when it was 'low'¹.
- b. Similarly, non-poor households whose members fell back on normal benefit levels in 2008 were also less at risk of falling into poverty in subsequent years than those with low benefits.

Taken together, these findings allow us to conclude that higher benefits accelerate rather than delay the chance of escaping poverty, refuting the 'hammock' hypothesis. The idea that benefits should be kept low in order to get people into work more quickly (the 'work must pay' theory) is contradicted by our analysis.

Policy implications and recommendations

In terms of policy agenda, the following strategic choices can be derived from this research:

- 1) The ideal social protection is universal protection: avoid any form of selectivity as much as possible. Excluding categories based on criteria such as age, qualifications or (involuntary) duration of unemployment is not only a form of discrimination that is hard to justify; it also increases the complexity of the legislation and thus raises the barriers for those entitled to benefits. It creates 'sub-categories' that end up in more precarious forms of social protection or even completely unprotected on the margins of society. The fact that, despite the rising numbers of users, the RMI's non-coverage as a last resort safety net still amounts to approximately 46% after half a century speaks volumes: it testifies to a serious mismatch between the regulations and the needs of the target group.
- 2) It is logical that citizenship entails obligations along with basic rights. The observation that pressure on the long-term unemployed, the long-term sick and those on social security benefits has systematically increased over the past 20 years raises not only the question of the proportionality between rights and obligations, but also that of the principle of equality: would one want to impose the same requirements on, for example, the short-term sick or unemployed? Sen's capability theory teaches us that imposing duties and conditions in itself restricts the well-being of citizens. If this happens mainly to the more vulnerable groups, it raises questions about the balance between equity and efficiency in social protection. Are we not simultaneously combating and reinforcing poverty?
- 3) As far as the level of benefits is concerned, our research argues for an increase, without being able to determine an optimal level. Only pensions 'in general' (i.e. with reservations for the lower ones) could be said to provide sufficient protection against debt and deprivation for the households concerned.
Higher benefits in other sectors (disability, unemployment, handicap, guaranteed minimum income) would obviously imply additional budgetary costs, but from a social investment perspective they would also generate a recovery effect, because they would make households more resilient and enable them to provide for themselves (through accelerated return to work or reduced risk of dropout).
- 4) As concerns the time path of benefits, social protection should be based on a preventive (investment) approach rather than a curative (compensation) approach in emergency situations. Public policy can stimulate investment and precautionary measures when it provides resources for stability and medium- and long-term investment (basic education, childcare, vocational training, stable housing, stable benefits, etc.).

¹ The level of a benefit is considered 'normal' when it amounts to at least 60% of the poverty line *at the individual level*, and 'low' when it is below that level. Note that the effect on the poverty situation (in subsequent years) is calculated *at the household level*. There is therefore no tautology, because the effect of individual benefits in 2008 on the poverty situation at the household level in subsequent years is estimated.

- 5) The government should not only be concerned with rights 'per se', but also with their translation to users. This communication takes place through intermediaries who can be both facilitators and obstacles. Supporting the development of accessible, competent legal mediation services that work directly with the people concerned is therefore highly recommended in order to improve access to justice. Without these intermediaries, users may develop an attitude that places them 'outside the law'.

4.2 Housing policy and poverty reduction: a social investment perspective

This section focuses on the interplay between housing, financial security and social protection. Housing is a very important part of social policy. On the one hand, the right to housing is an intrinsic goal of government policy, because in a free and equal society it is a prerequisite for personal development. On the other hand, it is also an instrument for the development of other rights, such as health, citizenship or education. Housing is a prerequisite for the development of every person's identity and the intimacy of their personality. It also offers the possibility of settling and 'being rooted' somewhere and forms a hub of connections in space, not only to workplaces, but also to green spaces and mobility. Above all, it enables the development of harmonious relationships with others, distinguishing between the familiar and the unfamiliar or the neighbour. The right to housing goes beyond the right to shelter because it encompasses these different dimensions (Demonty et al. 2021; 2025).

The importance of housing issues in the context of poverty reduction is illustrated, among other things, by the following facts: according to conservative estimates, there are at least 50,000 homeless people in Belgium (Vandewiele and Halflants 2025). In the Brussels Region, the number of homeless people has increased more than fivefold between the first census in 2008 and 2024 (Bruss'help 2024). In Flanders, the number of families on waiting lists for social housing rose to more than 200,000 in 2025, which is many times more than the number of new social housing units currently planned for the coming years. Housing costs in Belgium have risen by 175% since 2000, which is 2.33 times faster than inflation and 60% faster than average income (Eurostat & DG ECFIN 2025). In March 2025, our country (and the Flemish government in particular) was reprimanded by the European Committee of Social Rights for violating the right to housing in four areas: insufficient efforts in social housing, insufficient support in the private rental sector, insufficient efforts to solve homelessness, and a lack of sufficient data for monitoring housing policy².

Our theoretical framework remains the same as in the previous section, more precisely, a social investment model combined with a capability approach of wellbeing. Note that in this context the goal of social investment must also be broadened from physical housing to the realisation of future capabilities in their full multidimensional meaning, including the various functionings related to housing. In other words, tenants can invest in their future housing-related functionings just like home-owners.

This leads to three sets of research questions at the intersection of social protection and housing policy as investments in sustainable poverty reduction:

- What can be said about the interaction between social protection and housing policy: to what extent do they contribute to sustainable poverty reduction?
- How do intermediary services (social housing companies, social renting agencies, tenants' associations, etc.) function in the implementation of housing policy?

² <https://www.woonzaak.be/>

- How effectively is the right to housing enshrined in law? Where are the gaps and how can rights be strengthened?

Main findings

Access to social housing for homeless people

Access to stable housing is a critical lever for the sustainable (re)integration of *homeless people* into society. Goubin & Heylen (2023) investigated whether the *social rental sector* can play a role as a social investment for the reintegration of this highly vulnerable social group. The study was conducted using a mixed-method design, starting with a literature review. By linking data on homeless people entering the social rental sector (in Flanders) in the period 2016-2020 with Census data from 2011, the housing and life trajectories of this group were reconstructed. Furthermore, semi-structured interviews were conducted with stakeholders from homeless organisations and the social rental sector in the three Belgian regions. This provided a deeper insight into the issues and the various policy options.

Quantitative analyses of inflow in Flanders show that homeless people mainly gain access through social rental agencies (*sociale verhuurkantoren* - SVK): approximately 70% of new SVK allocations in the period 2016-2020 concerned people with acute housing needs. In contrast, inflow into social housing companies (*sociale huisvestingsmaatschappijen* - SHM) remains extremely limited, mainly due to a different allocation system in which the focus is not on housing need, but on the chronology of registration and ties with the municipality. In addition, there are also long waiting lists and limited use of accelerated allocations (in which homeless people theoretically enjoy priority). Among the group of homeless people entering social housing, there is a disproportionate presence of young people, non-EU citizens, single persons and single-parent families, both at the SHM and SVK. In 2011, these households were almost exclusively in the lower income categories, were generally tenants and relatively often had a history of precarious or temporary housing situations.

In the Brussels Region, the exceptionally long waiting times and limited use of emergency allocations are confirmed, which means that homeless people have little access to regular social housing. SVKs do function as an access channel, but their operation remains heterogeneous and only partially embedded in collaborations with homeless organisations. In Wallonia, the points system of the Sociétés de Logement de Service Public (SLSP) formally gives priority to people in acute housing need, but the mismatch between supply and demand, in particular the shortage of smaller dwellings, limits the inflow.

In general, homeless people are only one of many target groups for social housing in an oversubscribed market, and are therefore given limited priority. This is despite the fact that Belgian homeless counts indicate an increase in the number of homeless people, with more than 10,000 people without a permanent place of residence in the Brussels Region alone.

Actors from the three Regions emphasise that the traditional step-by-step model for tackling homelessness, which involves first providing (emergency) shelter and social support and only then offering secure housing, is not an effective approach to homelessness. The shelter and care networks are overcrowded, while guidance, budget management and care have little effect as long as people remain in temporary or emergency solutions. As a result, the existing systems do not offer a structural solution to the problem.

In Flanders, the new social housing companies show potential to tackle housing needs more systematically, as they can use 20% of the units for acute housing needs and up to 30% for local target group policies. In all Regions, the stakeholders interviewed also indicate that a more

effective approach is within reach, starting with housing security, namely '*Housing First*'. *Housing First* operationalises this logic by taking housing as the starting point and only then organising social support. Belgian evaluations show that this leads to significantly higher housing stability than traditional transition systems (approximately 90% housing retention after two years). The approach is present in all regions, but remains project-based and insufficiently embedded in regular social housing policy, limiting its structural impact.

In order to make social housing an effective springboard out of homelessness, the following steps are therefore necessary: (1) a structural approach via *Housing First*, (2) stable frameworks for cooperation between housing actors and welfare organisations, (3) an expansion of the range of housing types that match the profiles of homeless newcomers, and (4) a uniform definition of homelessness among the relevant housing actors, so that there can be no unequal treatment.

The issue of homelessness was also discussed at length in the dialogue process with associations for poverty reduction organised by the Interfederal Service for the Fight against Poverty (Demonty et al. 2025). For example, having an address as an administrative requirement is often an obstacle to accessing various other basic rights. It is therefore important to apply the system of reference addresses for homeless people more effectively and to improve it further.

Poverty, affordability and housing conditions

Ansaloni and Heylen (2023) investigated the complex relationship between *poverty on the one hand and housing affordability and housing conditions* in Belgium over a period of three years. The analysis of pooled EU-SILC data, including logistic regression models, shows a strong link between income poverty and both the quality and affordability of housing over time. The effect of poverty manifests itself over different time periods on affordability and housing quality, pointing to different mechanisms. While poverty immediately reduces the affordability of housing, its negative impact on housing quality is more gradual and cumulative. From a social investment perspective, the impact of (the generosity of) social protection on the housing situation was also investigated. The Cox regression models show that access to social protection and sufficiently high benefit amounts play a favourable role in preventing poor housing quality.

In addition, the analysis shows that social tenants in Belgium have a significantly lower risk of deterioration in terms of affordability and housing quality than private tenants. This latter result means that income-related rents and housing quality policies in social housing, such as highly regulated quality standards for new construction and extensive renovation programmes, are effective.

In the dialogue process with associations for poverty reduction (Demonty et al. 2025), a link was also established between affordable, high-quality housing and the financial margin for other necessary expenses. The relatively low rent of social housing, for example, allows households to invest more in the realisation of other rights, such as healthy food, healthcare, education and training, social and cultural life, leisure, and so on.

Access to rights in the housing sphere

In addition to various forms of financial transfers, the legal system has a protective function and aims to ensure more equal access to housing. De Munck & Pardoën (2024) investigated how disadvantaged citizens are supported in practice to realise their rights in relation to housing. They did this on the basis of a literature study and in-depth interviews and focus groups with professionals from various public and private non-profit services. The experiences of those seeking justice vary greatly, depending on the legal system within which they operate.

The *formal legal system* gives citizens more opportunities by treating them as legal subjects who are assumed to be astute and responsible and to respect contracts and the rights of partners.

However, the way in which courts and tribunals communicate tends to deter the most vulnerable individuals. This is particularly evident in the frequent failure of tenants to attend magistrates' court hearings.

To remedy this problem, other legal systems are available. The *bureaucratic system* empowers citizens by granting them rights and goods on the basis of general criteria (e.g. income) that are applied objectively. It can help to reduce the threat posed by the formal legal system, for example through a winter moratorium on evictions. It can also allocate social housing on the basis of waiting lists combined with a points system. Although all this provides access to important resources, it remains insufficient because citizens in these regimes are primarily passive subjects, subject to the law.

Negotiated legal systems can partially compensate for these shortcomings. The system of *individual mediation* in particular appears to be important in the field of housing. Mediation procedures have developed significantly over the past thirty years. They make it possible to address important factors of poverty. One example is debt, one of the main causes of poverty. Such a situation calls for individual, preventive or curative negotiations. Budget guidance, debt mediation or, in the formal legal system, collective debt settlement are procedures that give access to rights and protection of the individual. The right not to be discriminated against, particularly on the basis of wealth, social situation or origin, is guaranteed by mediation mechanisms such as those established by Unia. The right to healthy housing is better guaranteed when a mediator between the tenant and the landlord can intervene in the transaction. This mediator can bring the technical skills, legal knowledge and authority of a third party to a tenancy relationship that is otherwise often perceived as a pure power relationship.

These legal intermediaries cannot be separated from agencies whose purpose is to assist tenants. The irreplaceable contribution of these legal intermediaries, who are not necessarily lawyers themselves, to access to rights must be emphasised. Mediation functions should be further encouraged in social housing agencies, public social welfare centres and associations. For many vulnerable people, they are the face of a benevolent legal system. At the same time, the dialogue process at the Service for the Fight against Poverty raised the explicit question of investing sufficiently in the public services responsible for managing and allocating social housing, so that they can carry out their tasks adequately. In fact, responsibility for realising the right to housing must not be transferred to civil society actors, who are in fact powerless in a context where there are insufficient sustainable housing solutions for everyone (Demonty et al. 2025).

Finally, the administration of justice through *joint negotiation* between owners and tenants is virtually absent in the field of housing. There is a lack of collective bargaining in this sector. This can be explained by the difficulties of collective action, both on the part of tenants and on the part of owners. However, trends in this direction can be observed. One recent example was the creation of the joint rent commission in the Brussels Region, which is responsible for advising on the 'reasonableness' of a rent in cases where it deviates substantially from the legal norm. The introduction of such creative socio-legal instruments should be encouraged. However, an evaluation will be necessary in a few years' time (De Munck et al. 2025; Demonty et al. 2025).

Policy implications and recommendations

Our research shows the strong link between housing insecurity and poor housing quality on the one hand, and financial poverty on the other. The third part of the research will examine the cumulative impact of these two dimensions on physical and mental health (see Policy Brief No. 3). In the social sector, there is talk of a real housing crisis in Belgium. Responsibility for housing policy lies mainly with the regions, which are making great efforts, but these remain inadequate in relation to needs. Based on our own findings – supplemented with the comments of stakeholders,

including associations where people experiencing poverty have a voice – the following recommendations can be formulated (Demonty et al. 2021; Demonty et al. 2025):

1. In general, the Matthew effect in housing subsidies must be further eliminated. This means that the bulk of public support, which used to be spent on encouraging private home ownership by the middle class, should be shifted to lower-income groups with a greater need for support for their housing security. This shift is already partly ongoing and should be continued.
2. The fight against homelessness is an absolute priority. The counts organised by Bruss'help in the Brussels Region suggest that the problem has increased fivefold since 2008. In 2021, our country signed the Lisbon Declaration, committing to ending homelessness by 2030. In Flanders, this is in principle the responsibility of social housing companies through quotas for accelerated allocation; in the other regions, social rental agencies remain the main gateway to regular housing. The Housing First policy should be urgently structurally embedded in all regions. In the long term, the introduction of an enforceable right to housing could even be considered, following the example of France and Scotland (Steunpunt tot bestrijding van armoede 2011).
In the meantime, improving the reference address system for accessing other basic social rights remains an important focus. Ideally, the link to a (reference) address should be replaced, where possible, by a link to the registration number in the National Register. In the short term, effective access to the reference address system needs to be expanded. Other existing instruments, such as the right of municipalities to reclaim vacant properties for the rehousing of homeless people, must also be used effectively.
3. Further increase investment in social housing in order to effectively eliminate waiting lists. We have seen that, despite their weaker socio-economic profile, social tenants are slightly less vulnerable to financial shocks than private tenants, which is of course due to the income-based rents in this sector. These lower rents also offer some financial leeway for investment in other areas.
Local authorities that do not meet their minimum quota of social housing can be urged to fulfil their obligations through financial penalties.
The increased conditionality of access to social housing and the pressure on outflow in the Flemish Region seem rational at first glance, but these are interventions on the demand side of the social housing market. As long as the supply of social housing remains inadequate, this is more likely to lead to a loss of housing security and higher housing costs for this vulnerable target group.
4. Decades of underprovision of social housing have led to de facto structural discrimination between households that have and have not gained access to social housing. The compensatory rent allowance schemes that currently exist for applicants on the waiting lists are wholly inadequate. They should be expanded to ensure that social and private tenants are treated more or less equally.
At the same time, stakeholders are calling for joint consultation systems to keep rents within reasonable limits, following the example of the Brussels Region, or even legal restrictions on rent increases for poorly insulated homes, as was the case during the energy crisis (De Munck et al. 2025; Demonty et al. 2025).
5. A final avenue concerns the alternative forms of *cohousing* that low-income households use to reduce costs. When they live on social benefits, this paradoxically leads to a reduction in their income because they end up in the 'cohabiting' status, even though they only share the dwelling. At least for benefits below the EU poverty line, it would be more

logical not to apply this rule, so that cohousing really becomes a means of escaping poverty (Demonty et al. 2021).

4.3 Health policy and poverty reduction: a social investment perspective

The focus of this section is on the relation between health (policy) and poverty, and more precisely the interplay between health, housing, financial security and social protection. In terms of the health gap between rich and poor, Belgium not only scores relatively poorly in a European context, but has also deteriorated over the past ten years (EuroHealthNet, 2025). The differences in life expectancy by socio-economic status (SES – defined multidimensionally) speak for themselves: men in the highest SES quartile live 9.3 years longer than those in the lowest SES quartile; for women, the difference is 6.3 years. The differences in “healthy life expectancy” for both sexes exceed 10 years and have increased over the past 20 years (Bourguignon et al. 2021). They are often related to differences in chronic conditions such as lung, cardiovascular and diabetes diseases, which in turn are related to differences in dietary and lifestyle habits as well as living conditions. It is noteworthy that inequalities in mental health are much greater than those in physical health (Renard et al. 2022).

We examine again three sets of research questions at the intersection of social protection, housing and health policy as investments in sustainable poverty reduction:

- What can be said about the impact of socio-economic inequality on the health gap between rich and poor? What are the mitigating effects of social protection and housing policy: to what extent do they contribute to closing that gap?
- How effectively is the right to health (care) enshrined in law? Where are the gaps and how can rights be strengthened? We focus specifically on mental health (care) because this has remained an under-researched topic in the literature to date.
- How do public and intermediary services (RIZIV, mutual health insurance funds, community health centres, etc.) function in the implementation of the right to healthcare?

Main findings

Several studies have already been conducted in Belgium on social inequalities in health and in the use of healthcare. For an overview, we refer to Demonty et al. (2023) and Coene et al. (2025). Our contribution begins with an analysis of the interrelationship between various socio-economic conditions and health. Two data sources (both limited to Belgium) were used for this purpose: the European Quality of Life Survey (EQLS) and the Survey on Income and Living Conditions (EU-SILC).

Housing and health

Using an extensive analysis of data from the 2016 EQLS survey, Heylen (2025) shows that various aspects of the housing situation, including affordability, housing quality and neighbourhood environment, are strongly correlated with both self-reported general health and mental well-being. The results are in line with previous international research on this correlation.

Using logistic regression analyses, Heylen examined, among other things, the interaction between *housing status* and affordability problems. He found that owner-occupiers are generally in better health than tenants. However, when owners are faced with payment arrears, they have a significantly higher risk of poor health than tenants with similar financial problems. This points to the particular psychological strain that mortgage arrears and the risk of losing one's home can entail.

For *social* tenants, the risk of poor health does not increase when there are *payment arrears*, unlike for private tenants and owners. This result may be related to the protective role of the social rental sector, where there is greater housing security and support is more structurally organised than in the private rental market.

Furthermore, this study emphasises the importance of *housing quality* for health, and more specifically the presence of a good heating and cooling system. Neighbourhood characteristics also play a clear role. For example, people who feel unsafe in their neighbourhood in the evening are more likely to have poor health. Finally, it was shown that people who feel socially excluded have a significantly higher risk of both poor general and mental health.

The findings of this study emphasise the need for a multidimensional policy approach in the area of housing and well-being that goes beyond physical housing quality alone. Initiatives in the areas of affordability, neighbourhood safety and social inclusion are also important in reducing health inequalities and improving quality of life in Belgium.

Material and human capital, social protection and health

Mergoni & Nicaise (2025) used EU-SILC data to investigate the influence of socio-economic resources in the broad sense (income, debt and savings, education, housing comfort and social protection) on individuals' subjective perception of health. As a dependent variable for the multivariate logistic regressions, they used the dichotomised answers to the question of how well respondents rate their own health (1 = good or very good; rest = 0). Naturally, (subjective) health declines with age. Figure 2 illustrates the health gap between income quintiles across the life cycle.

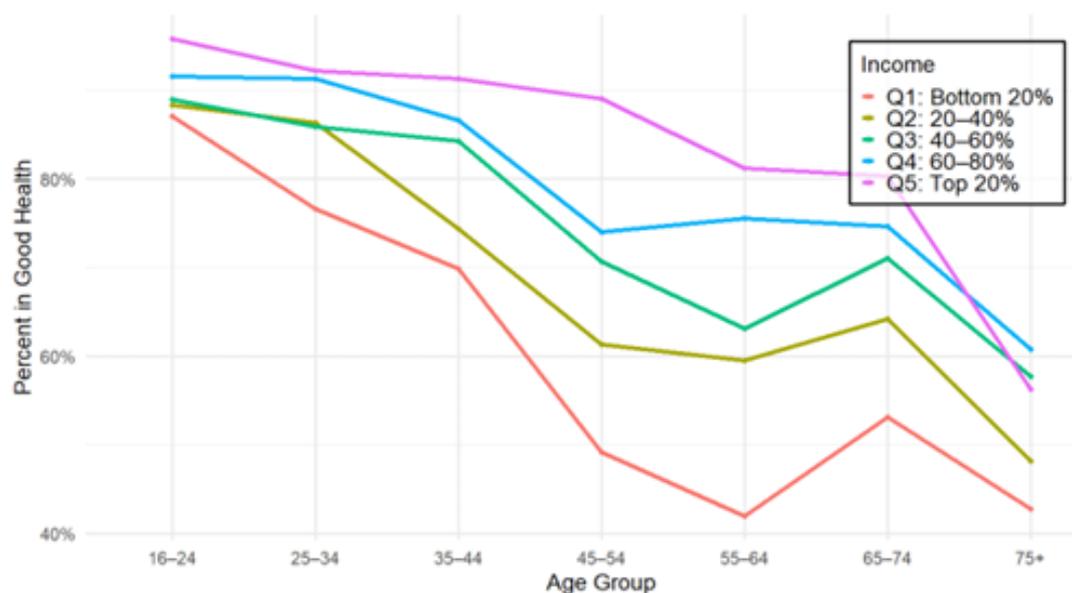


Figure 2. Health gap between income quintiles by age interval

Regardless of which socio-economic determinant is used as a criterion, the gap between the 'advantaged' and 'disadvantaged' appears to widen throughout the life cycle, reaching its maximum depth around retirement age. In order of impact on the cumulative gap, the determinants are: (log) equivalent income, level of education, age, gender, volume of savings buffer, home ownership, dwelling comfort (presence or absence of certain defects), ability to save or not versus debts, family composition, labour market status (employed/unemployed, etc.), level of social benefits, and arrears in utility payments. From this analysis, we can conclude that not only income, but also other financial and material buffers such as home ownership determine people's (physical and/or mental) health. The same applies to education, which influences health in various

ways (health skills, cautious behaviour, the ability to understand complex relationships, safer workplaces, earning capacity = capacity to spend on health, etc.). All of this has important implications for health policy.

The role of social protection in this context is difficult to test empirically because there is a two-way causality: the poorer the health, the greater the need for social protection; and the greater the protection, the better the health. An alternative estimate of the impact of social protection can be made by simulating the effect of an income supplement: e.g. by raising the income of the lowest income decile to the level of the highest income decile. The simulation points to a substantial potential increase in the proportion of respondents in good health (by 13% in the youngest group, up to 30% in the oldest group).

Mental health and poverty

The Interfederal Service for the Fight against Poverty organised the ‘merging of knowledge’ between the academic research and the experiential knowledge of anti-poverty associations (Demonty et al. 2023 and 2025c) with a particular focus on mental health. Reference is often made to the importance of stability and balance. Among people living in poverty and associations, there is a strong fear of the psychiatrisation of the social; this makes the debate about the relationship between poverty and mental health very sensitive.

The vicious circle in which poverty causes (mental) illness and (mental) illness causes poverty is recognised by the participants in the interviews, although they mainly refer to poverty as the cause of a lack of mental well-being and an increased risk of developing psychiatric disorders. People in poverty almost always experience an accumulation of difficulties (difficulties making ends meet, debts, the risk of children being taken into care, etc.) that put their mental well-being under severe pressure. In addition, the long-term – and sometimes intergenerational – nature of poverty is emphasised, as is the persistent nature of the stress that comes with living with financial problems.

A crucial mitigating factor is autonomy and the ability to make one's own choices and pursue one's own goals. Another key finding is the important role played by associations where poor people have a voice, as well as similar low-threshold grassroots initiatives, in promoting the mental well-being of the people who attend them.

The right to mental health

De Munck & Pardoën (2024b) and De Munck et al. (2025c) analyse the meaning of the right to mental health on the basis of in-depth interviews with a diverse set of service providers. They teach us to distinguish between three areas of meaning. The right to *cure* refers to the treatment of an acute illness by professionals in appropriate healthcare facilities, with a view to providing relief as quickly as possible. The right to *care* refers to curative or preventive care provided by professionals and non-professionals with a view to building a life with - or despite the symptoms. Finally, the right to *mental health* becomes a right to personal development when the psychological consequences of experiences in the various domains of social life are taken into account: family, school, work, neighbourhood, etc. Non-discrimination, destigmatisation, poor housing or difficult working conditions then become part of this right, which is understood in a comprehensive manner.

The development of a right to mental health as described above was accompanied by significant legal changes. Until the 1990s, the *public system* regarded health as a commodity that was managed, sometimes coercively, by the government on the advice of medical scientists. The human rights movement has radically changed this situation.

On the one hand, the *formalistic regime* has limited the role of the public administration in the administration of justice by establishing a human rights framework that protects against abuse of power by psychiatrists. However, this barrier is fragile and the coordination between the two

regimes remains difficult. On the other hand, legal regulation in this area is increasingly emphasising the role of mediation.

This is evidenced by important reforms, such as the evolution of the protection of adults of full age or the introduction of mediation in psychiatric institutions. In the procedures of the sheltered housing initiatives (IHP), which emerged at the end of the 1980s, we also see a new relationship between administration and respect for the individual.

In contrast to the housing policy area, *negotiations between the social partners* are very active in health and disability insurance (RIZIV). They contribute significantly to the development of meso and macro structures for outpatient care, which support the continuity of care and enable the mutualisation of health costs. However, there are major differences between regions: mental health care is better equipped in urban areas than in rural areas, which poses a problem for equal access to care. The introduction of the new mental health care domain entails three issues: the tyranny of urgency, which reflects the failure of prevention; leaving patients to their families or to isolation; and the underfunding and lack of support for care networks. The government must recognise these issues as risks that exacerbate social inequality and the suffering of vulnerable population groups.

The figure of the legal person emerging from these changes has not yet been clearly defined. This is not an 'autonomous and responsible' subject, nor a passive object in need of specialised care, nor a member of an interest group that can organise itself as a trade union. S/he is a subject determined by and dependent on relationships with others. This decentralised subjectivity is inherent in the concept of 'care' that defines the field of mental health care. We assume this as soon as we talk about the relationship between the care provider and the care recipient: the status of the care recipient depends on the status of the care provider. We find this reflected in mediation processes, where the role of the 'care provider' is ultimately just as important as that of the 'care recipient'. The construction of this new, 'relational' subject of law is the ultimate goal of mental health care policy in the contemporary context.

Policy implications and recommendations

Based on input from various stakeholders, Demonty et al. (2023) derive several basic principles for effective social health policy: 1) it is integrated into all policy areas ('health-in-all-policies', including housing and social protection); 2) it is emancipatory and not coercive or patronising; 3) it covers the entire life course; 4) it follows a logic of proportional universalism; and 5) it is participatory.

1. Both our statistical analyses and our dialogue sessions with stakeholders in the field reveal a clear structural *link between the socio-economic living conditions of families and their health*. This influence is cumulative throughout the life cycle and the link becomes increasingly clear with age. This implies the following:
 - a. Poverty (and social inequality in general) undeniably involves a high public health cost, which can be avoided by investing preventively in adequate social protection, education, sustainable employment and affordable, quality housing.
 - b. The cumulative impact of deprivation on health throughout the life cycle is an argument for adequate minimum levels of social protection. Currently, social protection is too exclusively based on a "moral hazard" logic: tightly degressive benefits and duration limits aim to incentivise the return to work. However, without adequate minimum protection, people end up in a negative spiral of disinvestment, which further undermines their health and increases costs for the individuals concerned and for the community. It is not without reason that anti-poverty associations are calling for all minimum benefits to be raised to the poverty risk threshold (AROP).

2. A set of findings concern the *link between housing policy and health*:
 - a. Our research suggests that housing security and affordability are more important than ownership status per se. Indeed, payment problems weigh more heavily on the mental health of owners than on that of tenants, perhaps because the latter can more easily escape them by moving house. This may (in addition to the Matthew effect) be an additional argument for governments to prioritise housing security over home ownership in their subsidy policy.
 - b. The importance of housing security for mental health is an argument for measures to protect tenants, e.g. against eviction during the winter months, but also to be cautious about pressuring social tenants to move to the regular rental market.
 - c. Equally important for health is quality of housing. This is not only about physical characteristics of housing such as insulation and hygiene, but also about neighbourhood characteristics such as pollution and safety. Governments must take into account the social benefits of investing in the upgrading of housing and neighbourhoods.
3. Specifically with regard to *mental health (care)*, the following recommendations emerged from the dialogue sessions with stakeholders and associations (Demonty et al. 2025c):
 - a. People (living in poverty) must be empowered to gain a sense of control over their lives, in health as well as in other areas, and in exercising their rights in relation to public services. This requires time, trust and transparency, and a framework that gives the care recipient an active role in their pathway.
 - b. In addition, investment should also be made in associations where people living in poverty feel recognised, as these organisations are essential for promoting their well-being and preventing mental health problems.
4. De Munck et al. (2025c) propose four ways to improve *access to mental health rights*:
 - a. They call for a shift from an emergency-based approach to more prevention and support outside of critical situations. This is not to minimise the importance of urgent psychiatric care, but to bear in mind that crisis situations are often the result of a lack of available support capacity in earlier stages.
 - b. In the same vein, it is recommended that care networks be strengthened, in particular by reinforcing mobile teams and considering the status of informal carers. Both their funding and legal statutes must be geared towards sustainability so that social investment can bear fruit. The experience with sheltered housing initiatives offers advantages that can inspire policies to strengthen networks: cooperation between public administration and local associations, flexible management, and solving the housing problem.
 - c. Thirdly, mediation services must be strengthened in order to offer alternative – including non-judicial – ways of resolving conflicts and facilitating access to rights.
 - d. Finally, the authors emphasise the need to thoroughly reconsider the concept of 'legal person' in order to better take into account the vulnerability of those concerned. In the field of mental health, the legal person is not an autonomous and responsible being who enters into voluntary and explicit agreements. S/he is a relational being, who is dependent but nevertheless a dialogue partner who deserves respect. In addition, the care provider must also be taken into account, as their rights are just as important as those of the care recipient.

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5. DISSEMINATION AND VALORISATION

Overall, the consortium produced

- 23 research reports that are available online on a dedicated webpage of the Re-InVEST.be project (<https://hiva.kuleuven.be/sites/reinvestbe/publications/publications>).
- 10 international peer reviewed scientific articles, 1 'external report' and 1 book chapter which are either published or under revision for publication. Three of these articles are synthesis articles (each covering one of the work packages of the project) submitted for publication in three languages (NL/FR/EN) in the Belgian Review of Social Security.
- 3 policy briefs that were published in three languages (NL/FR/EN) and disseminated both by BELSPO and by the research teams themselves.
- An international methodological seminar on participatory research was held in collaboration with ATD-Fourth World and the University of Oxford on 3-5/2/2021. Three participants from the Re-InVEST.be team gave presentations and/or comments. There were 24 participants from Belgium, France, the UK, Italy, Switzerland, Romania, Portugal, Poland.
- A public webinar was organised on 3rd December 2021 on the capability approach and sociology of poverty. This seminar served as an introduction to the use of the capability approach and to its different applications and limitation in a sociology of poverty and human rights:
 - Introduction: basic capabilities and where to find them (Matthias Rosenzweig)
 - Jean-Michel Bonvin (Cigev, Geneva University): capabilities and the welfare state
 - Ides Nicaise: capabilities and social investment
 - Jean De Munck : capabilities and social rights
- A final conference was held in Brussels on 11th February 2026 in Brussels (Résidence Palace): see <https://hiva.kuleuven.be/sites/reinvestbe/events/final-conference-11th-february-2026-social-investment-as-a-lever-against-poverty>.

In addition, presentations were held at conferences, seminars, policy fora, international research centres as well as local events of grassroots organisations (listed below in inverse chronological order):

Nicaise I., *National anti-poverty strategies: from political ambition to impact*. Brussels: Eur. Commission, Peer Review on National Anti-Poverty Strategies, 7/10/2025

De Munck J., *key-note de la journée d'études de la Société Royale de Médecine Mentale de Belgique à propos des « Mesures d'observation protectrice: après 9 mois d'application, de quoi accouche la nouvelle loi de protection du 16 mai 2024 ? »*, Liège, 13/9/2025

Mergoni A., *Long-Term Persistence of Income Poverty: Evidence from Belgium*. Milan: ESPANET conference 25/08/2025

Nicaise I., *Sociale uitkeringen: hangmat, springplank of valkuil?* Antwerpen: SWAN (Sociaal Werk Actie Netwerk), 21/8/2025

De Munck J., *The Rights to Housing*, Research Committee on Sociology of Law , International Sociological Association, World Congress, Rabat (Maroc), 07/07/2025

Nicaise I., *Social investment as an overarching framework for the EU's Anti-Poverty Strategy*, Brussels: European Parliament – Hearing at the Committee on Social Affairs, 25/6/2025

- Printz A., « La part des autres. Enquête sociologique sur les régulations familiales et juridiques des troubles psychiques », PhD defence, UCLouvain, Jean De Munck et Mathieu Berger co-promoteurs, 10/06/25
- Nicaise I., *Armoede en gezondheid*. Turnhout: vzw Lichtpuntje, 24/5/2025
- De Munck J., *Sociologie du droit et sociologie/économie des conventions*, 2ème séminaire d' « Actualités en droit et société », Université Louvain-Saint-Louis, 15/5/2025
- De Munck J., *Le droit dans l'Etat social*, intervention à la Journée du Centre de droit public et social de l'ULB « Les inégalités face à la justice », 12/05/25
- Mergoni A., *Long-Term Persistence of Income Poverty: Evidence from Belgium*. Leuven: ESPANET seminar 04/04/2025
- Mergoni A., *Investing in basic rights, capabilities and anti-poverty policies in Belgium*. Leuven: seminar for Irish visiting students, Irish College 13/03/2025
- De Munck J., *Sociologie du droit et théorie des conventions*, Midi du CriDIS, Louvain-La-Neuve, 6/03/2025
- Nicaise I., *Social protection revisited from a social investment perspective: the Belgian case*. Firenze, Eur. Univ. Inst, Social Investment Working Group, 3/3/2025
- De Munck J., *Le sujet de droit dans le champ de la santé mentale : vers de nouvelles coordonnées ?*, colloque « Du médico-légal au carcéro-hôpital », Campus Santé Mentale Saint-Bernard (Dr. Jean-Louis Feys), 5/12/24
- Nicaise I., *Uitkeringen als valkuil, hangmat of springplank?* Inspiratiedag 'Armoede Anders', Budget in Zicht, Gent: Bijloke, 19/11/2024
- Nicaise I., Raitano M., *Estimating undercoverage and non-takeup of minimum income schemes: methodological issues and two national case studies*, Berlin: EU Minimum Income Network, 10-11/10/2024
- Mergoni A., *Understanding Long-Term Poverty Trends in Belgium Through Integrated Data Analysis*. Barcelona: ESCR conference 14/09/2024
- Nicaise I., *Hogere sociale minima nemen de werkprikkel niet weg*, Leuven: HIVA, Colloquium 50 jaar HIVA, 4/6/2024
- Nicaise I. (i.s.m. Lynn De Smedt, Massimo Aprea, Giovanni Gallo en, Michele Raitano), *Schatting van de niet-effectieve dekking door gewaarborgde minimuminkomens in België en Italië*, Brussel: STATBEL, Colloquium 20 jaar EU-SILC, 14/3/2024
- Nicaise I., *Social investment and social cohesion – concluding comments*. Brussels: DG EMPL Social Situation Monitor Research Seminar, 25/1/2024
- De Munck J., *capabilities and social rights*, Re-InVEST.be public webinar, 3/12/2021
- Nicaise I., *Social investment and capabilities*, Re-InVEST.be public webinar, 3/12/2021
- Rosenzweig M., *Basic capabilities and where to find them*, Re-InVEST.be public webinar, 3/12/2021
- In 2026, the following dissemination activities are already planned (end of January).**
- De Munck J., *Teaching on capabilities and social policies*, Departamento de políticas públicas, Flacso, Quito (Ecuador), 19-22/01/2026

De Munck, J., *Pluralismo jurídico en el Estado de Bienestar. El caso de la salud mental*, Research Committee on the Sociology of Law Santiago de Chile), Conferencia “The Democratic Rule of Law in the World Society”, Santiago de Chile, 31/08- 3/09/2026

6. PUBLICATIONS

6.1 Re-InVEST.be reports

WP 1.1 Social protection – socio-economic analysis

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ANNEX: LIST OF STAKEHOLDERS PARTICIPATING IN MERGING OF KNOWLEDGE SESSIONS

- Algemeen Belgisch Vakverbond (ABVV) - Fédération Générale du Travail de Belgique (FGTB)
- Algemeen Christelijk Vakbond (ACV), Studiedienst
- ATD Quart Monde Belgique asbl – ATD Vierde Wereld België vzw
- Brussels Platform Armoede
- Centre d'Études en Habitat Durable de Wallonie
- Christelijke Mutualiteiten (CM) - Mutualités Chrétiennes (MC)
- Cultures & Santé asbl
- De Fakkel vzw
- Eenoudergezinnen thuis / Maison des parents solo
- Espace fraternel asbl
- Federale Overheidsdienst Sociale Zekerheid – Service public fédéral Sécurité Sociale
- Fédération Bruxelloise Unie pour le Logement (Fébul)
- Fédération des CPAS
- Fédération des maisons d'accueil et des services d'aide aux sans-abri (AMA) - projets wallons
- Fédération des Services Sociaux (FdSS)
- Filet Divers vzw
- Front commun des SDF asbl – Gemeenschappelijk Daklozenfront vzw
- Gezondheidsmakers (oude naam : Vlaamse LOkaal GezondheidsOverleg / LOGO)
- Housing First Lab
- Infirmiers de rue asbl/Straatverplegers vzw
- Initia Vlaanderen
- KU Leuven, HIVA
- Ligue Bruxelloise pour la Santé Mentale (LBSM)
- Luttes Solidarités Travail asbl
- Netwerk tegen Armoede
- Observatoire de la Santé et du Social de Bruxelles-Capitale / Observatorium voor Gezondheid en Welzijn van Brussel-Hoofdstad (Vivalis)
- Pigment vzw
- Rassemblement Wallon pour le Droit à l'Habitat (RWDH)
- Relais social Urbain de Mons-Borinage
- Recht-Op vzw
- Réseaux Solidaires asbl
- Rom en Rom asbl
- SAAMO
- Solidarités Nouvelles asbl
- UCLouvain, CRIDIS
- UilenSpiegel vzw
- Union des Villes et Communes de Wallonie (UVWC)
- Union Nationale des Mutualités Socialistes (UNMS) – Solidaris
- Université Libre de Bruxelles
- Université Libre de Bruxelles, École de santé publique

- Vereniging van Vlaamse Steden en Gemeenten (VVSG)
- Vlaams Huurdersplatform
- Vlaams Instituut Gezond Leven
- Vlaamse Overheid, Agentschap Wonen in Vlaanderen
- Vlaamse Overheid, Departement Zorg
- Vrienden van het Huizeke vzw
- Welzijnszorg vzw
- Woonpunt Zennevallei