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Inclusion as a Dimension of Social Security of Foreigners: Health and Housing in the European Union

Inkluzja jako wymiar bezpieczeństwa społecznego cudzoziemców: zdrowie i mieszkalnictwo w Unii Europejskiej

Abstract: The integration of migrants in the EU covers key areas of socio-economic life, including housing and access to healthcare, which are the foundation of social cohesion and effective integration. Eurostat and OECD data as well as research reports indicate that foreigners – especially from outside the EU – are more likely to experience high rental costs and housing instability, which negatively affects their physical and mental health. At the same time, migrants face institutional and economic barriers in accessing medical services, leading to unmet health needs and exacerbating the risk of marginalisation. This situation has consequences for the quality of functioning of entire societies and social security. The EU points to the need to mainstream migrants in housing and health policies, to tackle discrimination and to develop integrated strategies. Ensuring equal rights for foreigners in these areas is not only the fulfilment of legal obligations, but also an investment in the cohesion and stability of the European community.

Keywords: inclusion, mixing, health care, foreigner, migrant.

Abstrakt: Integracja migrantów w UE obejmuje kluczowe obszary życia społeczno-ekonomicznego, w tym warunki mieszkaniowe i dostęp do opieki zdrowotnej, które stanowią fundament spójności społecznej oraz skutecznej integracji. Dane Eurostatu, OECD i raporty badawcze wskazują, że cudzoziemcy – zwłaszcza spoza UE – częściej doświadczają wysokich kosztów najmu oraz niestabilności mieszkaniowej, co negatywnie wpływa na ich zdrowie fizyczne i psychiczne. Jednocześnie migranci napotykają bariery instytucjonalne i ekonomiczne w dostępie do usług medycznych, co prowadzi do niezaspokojonych potrzeb zdrowotnych i pogłębia ryzyko marginalizacji. Sytuacja ta ma konsekwencje dla jakości funkcjonowania całych społeczeństw i bezpieczeństwa socjalnego. UE wskazuje na konieczność włączenia migrantów do głównego nurtu polityk mieszkaniowych i zdrowotnych, przeciwdziałania dyskryminacji i tworzenia zintegrowanych strategii. Zapewnienie cudzoziemcom równych praw w tych sferach jest nie tylko realizacją zobowiązań prawnych, lecz także inwestycją w spójność i stabilność wspólnoty europejskiej.

Słowa kluczowe: inkluzja, mieszkanie, opieka zdrowotna, cudzoziemiec, migrant.

Introduction

The integration of migrants in European Union member states encompasses several socio-economic dimensions, among which housing conditions and access to health care are of particular importance. Both sectors are basic social rights, and in the documents of the European Commission they¹ are indicated as the foundation of social cohesion and a condition for effective integration. Statistical data² and research reports³ confirm that foreigners, especially third-country nationals, face structural barriers in both housing and health services, which increases the risk of marginalisation.

The aim of this study is to assess the situation of foreigners in terms of access to health care and housing in the Member States of the European Union. The basis for the deliberations are: analysis of EU normative acts regulating the rights of foreigners to health care and housing, statistical data from Eurostat and national sources, as well as research reports. The adopted methodology allows to compare the formal and legal framework with quantitative data, and then to reconstruct the real barriers to migrants' access to housing and healthcare.

Considerations about the right of foreigners to housing and health care are of particular significance for several fundamental reasons. Firstly, both spheres – housing and health care – belong to the catalogue of fundamental social rights⁴, the provision of which is the foundation of social stability and a condition for the effective integration of migrants in the Member States of the European Union.

The housing situation of foreigners has a multifaceted dimension – it determines not only the physical and mental health of individuals, but also shapes children's educational perspectives, professional mobility and the process of rooting in local communities. Eurostat and OECD data clearly indicate that foreigners, especially from outside the EU, are more likely to experience overcrowding, excessive burden of housing costs and rental instability compared to citizens of host countries.

Access to health care – as an element of social security – translates not only into the well-being of migrants, but also into the stability of health systems and broader social security. Foreigners face institutional and economic barriers that limit the ability to use medical services. This has implications both for individual migration biographies and for the quality of functioning of entire societies, especially in the context of growing demographic and health challenges in Europe.

¹ *Action Plan on Inclusion and Inclusion 2021-2027*, Communication from the European Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, COM/2020/758, pp. 15-18; Pillars 16 and 19 of the European Pillar of Social Rights, <https://eur-lex.europa.eu/PL/legal-content/glossary/european-pillar-of-social-rights.html>, [accessed: 20.09.2025]; Green Paper on Migration and Mobility, OJ C of 28 May 2009; Communication from the Commission to the European Parliament, of the Council, the European Economic and Social Committee and the Committee of the Regions, A European agenda for the integration of third-country nationals, COM/2011/0455.

² Eurostat – Migrant integration statistics; European Union Statistics on Income and Living Conditions; OECD.

³ European Union Agency for Fundamental Rights (FRA), *Fundamental Rights Report 2025*, https://fra.europa.eu/sites/default/files/fra_uploads/fra-2025-fundamental-rights-report-2025_en.pdf; FEANTSA & Fondation Abbé Pierre, *Overview of Housing Exclusion in Europe*, https://www.feantsa.org/public/user/Activities/events/2024/9th_overview/Rapport_-_EN.pdf, [accessed: 20.09.2025]

⁴ European Pillar of Social Rights..., op. cit. cit.

The importance of this issue should also be analysed in the perspective of the EU policy. The European Commission points out that providing foreigners with access to housing and health care is not only an expression of the realisation of fundamental rights, but also an investment in the future social cohesion and security of the Community. For this reason, research in this area allows not only to diagnose existing barriers, but also to formulate recommendations for public policies that can reduce the risk of social exclusion of migrants and promote their effective integration.

1. Inclusion, exclusion, social exclusion – definitional considerations

The experience of migration is often associated with the experience of exclusion. The mechanisms related to the lack of social inclusion of foreigners are identical to the mechanisms of marginalisation, the cause of which is poverty, disability, unemployment⁵, as well as ethnic or national differences. Taking into account the changes taking place in Europe, where the influx of foreigners has not been so dynamic so far, it is important to pay attention to the issue of social inclusion of foreigners.

The issues of inclusion and exclusion are opposing and at the same time closely related. According to M. Lesińska⁶, exclusion is a common phenomenon, an immanent feature of every society, although its scope, intensity, forms and subjects to it are prone to change. "Exclusion is perceived as a negative phenomenon, closely related to social differentiation, social divisions and inequalities, selection and segregation. Inclusion, on the other hand, appears as a positive project, intended to effectively limit, counteract and prevent exclusion, and thus as a right, appropriate, i.e. socially useful process."⁷

The terms "inclusion" and "exclusion" are related to many other terms with similar meanings. "In terms of content, expressions such as participation, integration and belonging are close to inclusion. On the other hand, the following terms are used to describe exclusion: marginality, marginalization, isolation, exclusion."⁸

"To exclude" means to "take out" someone, something from a group, to become the cause of removing someone from somewhere⁹. The term "social exclusion" was first used in the 1970s in France to describe a new kind of poverty. It was a term associated with conducting a conventional social policy, the aim of which was "the fight against social exclusion and its elimination."¹⁰ The term became widespread in 1989, with the adoption of a resolution by the European Commission aimed at counteracting social exclusion¹¹.

⁵ See U. Majcher-Legawiec, *Education in the face of migration. Towards an inclusive school model*, МІЖНАРОДНІ ЧЕЛПАНІВСЬКІ ПСИХОЛОГО-ПЕДАГОГІЧНІ ЧИТАНН 2016, no. 25, p. 56.

⁶ See M. Lesińska, *Political Inclusion of Immigrants in Contemporary Europe*, Warsaw 2013, pp. 13-14.

⁷ M. Lesińska, *Political Inclusion...*, op. cit., pp. 13-14.

⁸ Ibid., p. 14.; See. P. Ledwójcik, *Social exclusion as a barrier to individual development*, <https://core.ac.uk/download/pdf/187758455.pdf>, p. 242, [accessed: 20.09.2025].

⁹ See. *The Great Dictionary of the Polish Language of the Polish Academy of Sciences*, <https://wsjp.pl/>, [accessed: 29.08.2025].

¹⁰ A. Wilczyńska, *Determinants of youth coping in situations of social exclusion threat*, Katowice 2014, p. 13.

¹¹ 89/457/EEC: Council Decision of 18 July 1989 establishing a medium-term Community action programme concerning the economic and social integration of the economically and socially less privileged groups in society (Official Journal L224, 02/08/1989, p.001)

Synonyms for "social inclusion" given in the literature on the subject are such formulations as integration and social reintegration¹². Barbara Szatur-Jaworska characterizes the concept of social inclusion as: "the inclusion of people at risk of social exclusion into the society, by creating chances and opportunities for them to obtain the resources needed to function in social life."¹³ Władysław Dykcik emphasizes that social warfare is an active participation of an individual in social life, "it means equal opportunities, access to social and cultural life, participation in decision-making that concern a given person, making independent choices, contacts and relationships with other people, the possibility of paid work, asserting one's rights."¹⁴

"The European way of life is inclusive. Integration and inclusion are crucial for people arriving in Europe, for local communities, as well as for the long-term well-being of our societies and the stability of our economies (...). Ensuring the effective integration and social inclusion of migrants in the EU is a social and economic investment that makes European societies more cohesive, resilient and prosperous. Integration and inclusion can and should be a win-win process for the benefit of the society as a whole. However, for integration and inclusion to be effective, it must also be a two-way process, where migrants and EU citizens with a migrant background are offered integration assistance and actively seek to integrate¹⁵.

2. Access to housing as an immigrant inclusion factor

The right to housing is one of the basic human rights. The guarantee of this right determines the protection against exclusion for economic reasons. Access to housing determines health, the ability to take up education and work – i.e. those aspects of life that are important for social inclusion. "However, in practice, implementing this right can be challenging. Difficult access to social housing and lack of housing are becoming common challenges in Europe, both for nationals and for foreigners who have been granted international protection."¹⁶

In the EU legal order, the right to housing is enshrined in Article 34(3) of the CFREU: "In order to combat social exclusion and poverty, the Union shall recognise and respect the right to social and housing assistance in order to ensure, in accordance with the principles laid down in Union law and national laws and practices, a dignified existence and for all persons deprived of sufficient resources."

The right to housing is expressed as the realization of the right to dignity and formulated in Article 1 of the CFREU ("*Human dignity is inviolable. It must be respected and protected*"), taking into account Article 34 of the CFREU, i.e. the right to social assistance in relation to

¹² J. Kołodziejczyk, *Ways of counteracting social exclusion – social inclusion in the organization*, "Nowoczesne Management" 2018, no. 13 (2), p. 20.

¹³ B. Szatur-Jaworska, *Services of exclusion and inclusion on the example of social policy towards the elderly*, [in:] *Exclusion and social inclusion. Diagnosis – Conditions – Directions of Action*, eds. J. Grotowska-Leder, K. Faliszek, Toruń 2005, p. 65.

¹⁴ M. Bilewicz, *Perception of social inclusion by people with visual disabilities*, "Disability. Discourse of Special Pedagogy" 2022, No. 45-45, p. 141.

¹⁵ *Action Plan on Integration and Inclusion 2021-2027*, Communication from the European Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, COM/2020/758.

¹⁶ *The right of foreigners under international protection to housing*, Helsinki Foundation for Human Rights, Warsaw 2017, p. 2.

housing. Among the acts of secondary law, attention should be paid to the following documents:

- Council Directive 2003/86/EC on the right to family reunification¹⁷,
- Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down the standards for the reception of applicants for international protection¹⁸;
- Directive 2011/95/EU of the European Parliament and of the Council of 13 December 2011 on the standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and the scope of the protection to be granted¹⁹,
- Council Directive 2003/109/EC of 25 November 2003 concerning the status of third-country nationals who are long-term residents²⁰.

In the context of the European Union law and the prohibition of discrimination on the grounds of race, ethnic origin or nationality, the provisions of the Council Directive 2000/43/EC deserve attention. The Directive applies to all persons with regard to access to goods and services and the provision of goods and services that are available to the public, including accommodation. The Directive does not clarify the term "accommodation" used, leaving a number of doubts as to its interpretation. According to N. Boccadoro, the area of 'accommodation' includes the sale or rental of real estate, rental, housing loans²¹ or the application of higher interest rates²², access to communal, social and sheltered housing, accommodation in shelters, single mothers' homes, crisis intervention centres. This concept should also include the rental of rooms in facilities such as hotels, motels, hostels, guesthouses.

Apart from normative solutions, it is necessary to refer to the initiatives of the European Parliament, including URBAN – Logement (a parliamentary group of the European Parliament), the concept of which resulted in the preparation and submission to the Conference of Presidents of the European Parliament, the European Charter for Housing, which "defines housing as a basic necessity, a social right underlying the European social model and an element of human dignity. According to the authors of the Charter, housing is a key factor for social inclusion and maintaining the social cohesion of the European Union."²³

The European Parliament's position on the housing issue of the European Union is expressed in the EP resolution on housing and regional policy, adopted on 10 May 2007. It is the first document of such rank entirely devoted to the issue of the right to housing. In it, the European Parliament states, *inter alia*, that:

¹⁷ Journal of Laws L 251/12.

¹⁸ Journal of Laws L 180/96.

¹⁹ Journal of Laws L 337/9.

²⁰ Journal of Laws L 016/44

²¹ N. Boccadoro, *Housing rights and Racial Discrimination*, "European Anti-Discrimination Law Review" 2009, No. 9, p. 25. Cf. also A. Szczerba-Zawada, *Equality as the foundation of the European Union. A Study of Equal Treatment Criteria in the Construction of the Internal Market*, Warsaw 2019, p. 77.

²² Ibid., p. 26.

²³ M. T. Wilczek, *The Right to Housing in State and International Regulations*, https://swiatnieruchomosci.krakow.pl/components/com_jshopping/files/demo_products/66_04.pdf, [accessed: 20.09.2025]; Working document on housing and regional policy. Committee on Regional Development of the European Parliament 380.837v01-00 of 8.11.2006.

- the right to housing of an adequate, good standard at a reasonable price is an important fundamental right, recognized in many international charters and national constitutions;
- Member States will adopt the necessary statutory provisions to guarantee the effective right to housing of an adequate, good standard at an affordable price;
- it is necessary to determine a number of quality indicators at European level to define the concept of 'housing of an appropriate standard';
- There is a need to develop housing policies within the framework of spatial planning policies that promote social balance and social diversification²⁴.

Although the issue of the right to housing is raised both in EU normative acts, strategic documents and discourse, the state of implementation of the formulated postulates is insufficient. Eurostat statistics (EU-SILC 2023) unequivocally confirm the worse housing situation of migrants compared to national citizens. The percentage of homeowners among third-country nationals is only 23.4%, while among national citizens it reaches 74%. At the same time, as many as 34.2% of foreigners from outside the EU live in overcrowded conditions, compared to 13.7% of the native population²⁵. A particularly high proportion of migrant households living in overcrowded housing was recorded in Poland, Italy and Sweden. These results reflect structural constraints in the accumulation of economic capital, as well as mechanisms of discrimination in the rental market.

The burden of costs is also a problem – more than 21% of immigrant households allocate more than 40% of their income to housing, which is significantly higher than the level among national citizens (8.3%).²⁶ These data prove the existence of a permanent "housing gap" between population groups. In a qualitative study, the results of which were presented in the publication "Breaking barriers. Understanding and combating intersectional discrimination in housing for people with a migratory background. Turin Case Study", one respondent stated: "Rents have increased, there are fewer and fewer available properties, and prices are very high (...) By the way, now the deposits are getting higher, they no longer ask for 2 months, but for 6 to 12 months. Or they ask you to open a guarantee account. It doesn't just happen to foreigners, my neighbor does it non-stop. After a bad experience with tenants, he demands a 6-month deposit in advance."²⁷

The qualitative research²⁸ also indicates the presence of not only economic, but also institutional barriers, such as the requirement of long-term residence or documented income in social housing systems, which in practice limit the access of foreigners to the public segment. "The results concerning the specific types of economic barriers faced by [foreigners—author's note] varied depending on the region of origin of the respondents.

²⁴ M. T. Wilczek, *The Right to Housing in Regulations...*, op. cit.

²⁵ See. Ibid.; *34% of non-EU citizens live in overcrowded households*, https://ec.europa.eu/eurostat/web/products-eurostat-news/w/ddn-20241016-1?utm_source=chatgpt.com.

²⁶ Migrant integration statistics – housing. Statistics Explained, https://ec.europa.eu/eurostat/statistics-explained/SEPDF/cache/40034.pdf?utm_source=chatgpt.com, p. 1, [accessed: 20.09.2025].

²⁷ Breaking barriers. Understanding and combating intersectional discrimination in housing for people with a

migratory background. Turin Case Study.MMC Research Report, September 2024, p. 34.

²⁸ Breaking barriers. Understanding and combatting intersectional discrimination in housing for people with a

migratory background. Turin Case Study.MMC Research Report, September 2024, pp. 35-36.

Respondents of Asian descent reported more often that the deposit required to rent an apartment was too high for them (77%, n=70), whereas respondents of African descent were more likely to claim that the prices of a suitable apartment exceeded their household income (64%, n=64). On the other hand, the most frequently reported type of economic barrier by the respondents of European origin was the lack of an employment contract for an indefinite period (53%, n=51)."²⁹

The issue of foreigners' access to housing is multidimensional. Migrants often have lower and less stable incomes, which limits their creditworthiness and ability to enter the property market. As a result, they remain dependent on the rental segment, including often apartments of a lower standard.

On an institutional level, in many countries, access to social housing is conditional on long-term residence, citizenship or the presentation of certain financial documentation. In practice, these criteria exclude newly arrived foreigners. "Even with the right to reside, non-citizens face barriers in some countries where they are denied access to social housing, housing subsidies or loans."³⁰

"Persons with irregular status are often deprived of formal rights to social housing and, in some cases, protection against eviction. People with temporary, precarious or irregular residence status face various legal and administrative obstacles in accessing housing, including private rental housing, social housing and public shelters. Landlords typically require documents that they are unable to provide, such as proof of income, credit score, and ID. In many EU countries, undocumented migrants are excluded from public or social housing schemes. Access to public shelters or housing assistance may also be hampered by the requirement to present a residence permit or other documentation that irregular migrants cannot present, such as a social security number."³¹

Exclusion from state-subsidized housing or any other state support means that the only option is the private housing market, where undocumented people face a number of further obstacles. As a result, they are often pushed to the margins of the private housing sector.

Garyfallia Mylon, Laetitia Van der Vennet, Michele Levoy, in the publication "What can be done to solve the problem of housing and homelessness among illegal immigrants?", also draw attention to the issue of discrimination as a reason for the exclusion of undocumented migrants from the formal rental market. Landlords, as the authors point out, often use discriminatory practices, rejecting potential tenants based on their residence status, nationality or ethnicity. "Even in countries where there are no legal barriers to renting apartments to undocumented people, landlords may still refuse to rent due to prejudice or (justified or unfounded) fears of legal repercussions. Discrimination can manifest itself in unjustified, difficult to meet requirements, such as demanding excessive documentation and guarantees, including exorbitant deposits, unfair clauses and inflated prices."³²

²⁹ Ibid., p. 35.

³⁰ Policy measures to ensure access to decent housing for migrants and ethnic minorities, https://ec.europa.eu/employment_social/social_inclusion/docs/decenthousing_en.pdf?utm_source=chatgpt.com, p. 36, [accessed: 20.09.2025].

³¹ G. Mylona, L. Van der Vennet, M. Levoy, *What Can Be Done to Address Housing and Homelessness of Undocumented Migrants?*, https://www.feantsa.org/public/user/Magazine/Summer_2025/Article_4_Magazine_Summer_2025-2-3.pdf?utm_source=chatgpt.com, p. 16, [accessed: 10.08.2025].

³² Ibid., pp. 16-17.

An analysis of the situation of foreigners on the housing market of the European Union shows a clear and persistent housing gap between migrants and citizens of the Member States. The quantitative data show that migrants are more likely than national citizens to spend a significant part of their income on housing and are thus at increased risk of housing exclusion. This phenomenon particularly affects people with unregulated residence status. Reports by international organizations such as FEANTSA and the Fondation Abbé Pierre also confirm the overrepresentation of migrants in the homeless population, which is a consequence of employment instability, lack of access to protection mechanisms and barriers in housing systems.

The issue of foreigners' access to housing in the EU is multidimensional, combining economic, legal and social aspects. This requires a systemic approach in which housing policy should be closely linked to migration and integration policies, as well as actions aimed at eliminating discrimination and strengthening the protection of the most vulnerable groups of migrants.

3. Access to health services as a factor in the inclusion of the migrant

Similar problems occur in the health sphere. EU legislation does not fully harmonise health systems, but there are standards of non-discrimination and equal treatment. In practice, the scope of benefits available to foreigners depends on the residence status and national regulations. EU citizens benefit from the principle of social security coordination, while non-EU nationals often have limited access to basic care, especially in the first years of residence or in a situation of unregulated status.

The right to health is deeply rooted in EU primary law, first of all in the founding treaties, although the starting point for analysing this right as a human right remains the EU Charter of Fundamental Rights.

Until the entry into force of the Maastricht Treaty, the European Community did not have competences in the field of health protection. "A holistic approach to health as a personal good, which is to be taken care of by both the individual and the state, was created by the norms of *the Treaty of Amsterdam* (...)." ³³ This is the first act of the primary law to establish the Union's direct competence to act exclusively in the field of public health ³⁴. "Community action (...) is aimed at improving public health, preventing human diseases and ailments, and eliminating sources of threats to human health (...)." ³⁵

A clear division of competences between the EU and the Member States in the field of maintaining the health of individuals was introduced by *the Treaty of Lisbon* ³⁶. Article 6 of the TFEU is of particular importance in this regard. It formulates the EU's competence to carry out activities aimed at supporting, coordinating or supplementing the actions of the Member States in such areas as: protection and improvement of human health, industry, culture (...).

³³ R. Tomaszewski, *The Right to Health in European Systems of Human Rights Protection*, Lublin 2016, p. 146.

³⁴ D. Bach-Golecka, *The Mobile Patient. The use of cross-border healthcare in European Union law*, Warsaw 2015, p. 20; See. *Social Law...*, op. cit., p. 126.

³⁵ Article 152(1) TEC.

³⁶ Treaty of Lisbon amending the *Treaty on European Union and the Treaty establishing the European Community*, signed in Lisbon on 12 December 2007, OJ L 12, 2007, p. EU of 17 December 2007 No. C 306 EN.

The issue of health protection is addressed in Article 168 TFEU, which states that "the EU shall ensure a high level of protection of human health in all its policies and activities and complement the efforts of the Member States."

The regulation of Article 168(2) TFEU introduced a precise delimitation of obligations in the field of health protection between the Member States and the EU. Member States are responsible for the health of their citizens and of all persons on their territory.

The Charter of Fundamental Rights is an important act for the issue of health protection. According to Article 35 of the CFREU: "Everyone has the right of access to preventive health care and the right to receive treatment under the conditions laid down in national laws and practices. A high level of protection of human health shall be ensured in the definition and implementation of all Union policies and activities"³⁷.

The right to health protection resulting from the CFREU has been granted to every person, which can be deduced both from the term "everyone" and from Article 1 of the CFREU, which is the basis for the normative anchoring of human health in inherent dignity³⁸.

The Charter of Fundamental Rights, as a key document proclaiming the right to health in the EU, also indicates the specific entities to which this right is entitled, i.e.:

- children (Article 24 of the CFREU),
- adults – women and men (Article 23 of the CFREU),
- the elderly (Article 25 of the CFREU),
- excluded social groups, including people with disabilities (Article 26 of the CFREU),
- migrants, stateless persons or refugees (Article 18 of the CFREU).

In addition to the primary law, reference to the right to health or health protection is included in a number of EU secondary legislation:

- Directive 2013/33/EU of the European Parliament and of the Council on the reception conditions for applicants for international protection, which in Article 19 guarantees that "Member States shall provide applicants with the necessary health care, which shall include at least emergency medical care and basic treatment of mental illnesses and serious disorders",
- Directive 2008/115/EC of the European Parliament and of the Council on the common standards and procedures in the Member States for returning illegally staying third-country nationals³⁹, which states that "emergency health care and treatment of essential diseases shall be provided to persons whose expulsion has been suspended or who have been granted a period of time for voluntary departure",
- Directive 2011/95/EU, pursuant to Article 30, according to which "Member States shall ensure that beneficiaries of international protection have access to health care according to the same eligibility criteria as nationals of the Member State which has granted such protection."⁴⁰

³⁷ Article 35 of the CFREU.

³⁸ See R. Tobaszewski, *The Right to Health...*, op. cit., p. 151.

³⁹ Directive 2008/115/EC of the European Parliament and of the Council of 16 December 2008 on common standards and procedures applied by Member States with regard to the return of illegally staying third-country nationals, OJ L 101, p. L 348/98.

⁴⁰ Article 30, Directive 2011/95/EU of the European Parliament and of the Council..., op. cit. cit.

In the context of the above-mentioned EU obligations in the field of public health, it is worth mentioning Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on *the application of patients' rights in cross-border health care* (the so-called Cross-Border Directive).⁴¹ The purpose of this act is to guarantee access to health services in a Member State other than the Member State of affiliation.

EU citizens benefit from the principle of coordination of social security systems, which ensures that they have access to healthcare in other Member States. On the other hand, the situation of third-country nationals is more complex. Legal long-term residents often have similar rights to nationals, but newcomers or residents with unregulated status may be limited to emergency care only. In practice, this leads to segmentation in access – from full entitlement to public systems to exclusion from regular care.

Access to health care for refugees, asylum seekers and migrants varies from one European country to another in terms of law and regulations⁴². Even with legal accessibility, disparities and inequalities in access to health care persist⁴³. "In studies carried out in Italy and Greece, organisational and administrative issues were barriers to migrants' access to health care."⁴⁴

Access to health care for illegal migrants is particularly problematic. They do not make sufficient use of health care services because they are usually not aware of their rights and, once they do receive care, it is usually inadequate. "Marques reviewed countries in terms of access to health care for undocumented migrants and refugees, showing a multifaceted picture. Although access to health care can be guaranteed legally, as in France, other barriers such as lack of knowledge, administrative requirements, language difficulties and fear of reporting, as well as discriminatory practices and denial of care, are cited as barriers to access to care."⁴⁵

Studies and reports based on them indicate that migrants from outside the EU are more likely to face barriers in accessing a general practitioner, specialists and preventive services. „(...) In six of the 10 countries surveyed, migrants (...) with irregular residence status do not have free access to public health services beyond emergency care. In some countries, irregular migrants are only entitled to emergency health care or certain services, such as laboratory tests, for a fee. This means that they will be charged for the costs and that health care providers may require a solvency check before starting treatment."⁴⁶

⁴¹ Journal of Laws OJ L 88/45.

⁴² H. Bradby, R. Humphris, D. Newall, J. Phillimore, *Aspects of Migrant Public Health: A Review of the Evidence on the Health Status of Refugees and Asylum Seekers in the European Region*, http://www.euro.who.int/__data/assets/pdf_file/0004/289246/WHO-HEN-Report-A5-2-Refugees_FINAL.pdf?ua=1, [accessed: 10.08.2025].

⁴³ See M. Tognetti, *Health inequalities*, <https://doi.org/10.4236/jss.2015.34002>, [accessed: 10.08.2025].; A. Suess, I. Ruiz Perez, A. Ruiz Azarola, J.C. March Cerda, *The right of access to healthcare for undocumented migrants: a revision of the benchmarking analysis in the European context*, 'Eur J Pub Health' 2014, No 24(5).

⁴⁴ A. Lebano, S. Hamed, H. Bradby, A. Gil-Salmeron, E. Dura-Ferrandis, J. Garces-Ferrer, F. Azzedine, E. Riza, P. Karnaki, D. Zora, A. Linos, *The state of health and health care of migrants and refugees in Europe: a literature review*, "BMC Public Health" 2020, no. 20, p. 6.

⁴⁵ Ibid.

⁴⁶ Irregular migrants: access to healthcare in 10 Member States of the European Union, EUROPEAN UNION AGENCY FOR FUNDAMENTAL RIGHTS, p. 9, https://fra.europa.eu/sites/default/files/fra_uploads/1771-FRA-2011-fundamental-rights-for-irregular-migrants-healthcare_EN.pdf?utm_source=chatgpt.com, [accessed: 10.09.2025].

Foreigners experience difficulties in using health services, with people with lower language skills and unstable legal status being the most affected. Differences in health insurance are also a problem – the lack of public insurance results in dependence on emergency assistance systems that do not guarantee comprehensive care. "Immigrants typically face more barriers to accessing health care in the form of language proficiency, health literacy, financial constraints, and potentially legal access. As such, with a rate of 36% compared to 30% across the EU, immigrants have more difficulty paying for health care services than native-born residents in all EU countries except Cyprus. In fact, immigrants across the EU are more likely than their native peers to report difficulties in paying for emergency health care (26% compared to 24%), mental health services (39% compared to 35%) and dental care (43% compared to 37%)."⁴⁷ The OECD (2023)⁴⁸ reports that in most European countries, immigrants are less likely to use preventive examinations and are more likely to report unmet medical needs.

Limited access to health care translates into a higher risk of untreated chronic diseases, delayed diagnosis and worse health outcomes among migrants. Housing overcrowding and economic instability further increase susceptibility to infectious diseases and mental health problems. Research indicates that migrant children are more likely to experience gaps in their vaccination schedules, and women are more likely to experience difficult access to prenatal care.

The EU promotes the principle of equal treatment in health care under the European Pillar of Social Rights⁴⁹. The recommendations include: ensuring universal access to primary health care, including for people with unregulated status; development of translation services and cultural mediation; elimination of administrative barriers to registration in insurance schemes; and training for medical staff to work in an ethnically diverse environment. "Data from different European countries show that, despite equal aspirations, inequalities between migrants and non-migrants in terms of health care and access to healthcare services persist. These inequalities stem from legal barriers to access to healthcare for undocumented refugees and migrants, as well as from the economic situation of migrants, who may not have the means to pay for health services and/or lack the linguistic and cultural competences necessary to navigate healthcare systems and/or may be exposed to discrimination. (...) There is a need to improve existing data on migrants' health status, their needs and access to healthcare in order to be able to provide optimal care tailored to their needs."⁵⁰

Conclusion

Housing and access to health are closely linked. Overcrowding and housing instability negatively affect physical and mental health, while limited access to medical care increases migrants' vulnerability to the effects of poverty and exclusion. Migrants are more likely to

⁴⁷ Indicators of Immigrant Integration 2023 SETTLING IN, OECD V European Union 2023, p. 122.

⁴⁸ Ibid.

⁴⁹ European Pillar of Social Rights, https://commission.europa.eu/document/download/e03c60e7-4139-430b-9216-3340f7c73c20_pl?filename=social-summit-european-pillar-social-rights-booklet_pl.pdf, [accessed: 10.09.2025].

⁵⁰ A. Lebano, S. Hamed, H. Bradby, A. Gil-Salmeron, E. Dura-Ferrandis, J. Garces-Ferrer, F. Azzedine, E. Riza, P. Karnaki, D. Zora, A. Linos, *Health and Care...*, op. cit., p. 9.

suffer from untreated chronic diseases, and the housing crisis is contributing to the deterioration of their health, especially among children and the elderly.

In response to these challenges, the EU recommends that Member States mainstream migrants in housing and health policies. In practice, this means: increasing the availability of moderate-rent housing, removing legal barriers to access to social housing, counteracting discrimination in the rental market, as well as ensuring equal access to basic health care, regardless of the status. The need for integrated interventions – combining housing, health and social policies – is also increasingly emphasised, which reduces the risk of marginalisation and fosters fuller participation of migrants in society.

"(...) The EU Strategy for Active Inclusion aims to ensure that every citizen, including the most disadvantaged, can participate fully in the society by providing adequate income support, inclusive labour markets and access to quality services, including health care. Since the signing of the Lisbon Treaty in 2007, the European institutions have been mandated to 'provide incentives and support for the actions of the Member States to promote the integration of third-country nationals'. In June 2016, the European Commission published an Action Plan on the Integration of Third-Country Nationals (COM(2016) 377 final), which sets out a number of objectives, providing a comprehensive framework to support EU Member States' efforts to develop and strengthen their integration policies, for example in the fields of education, employment and vocational training, access to basic services such as housing and health care, as well as active participation and inclusion⁵¹.

Empirical data prove that foreigners in the EU face significant barriers in both housing and health. These problems are structural and result from different legal statuses, limited economic resources and discrimination. The lack of stable housing and limited access to medical services not only exacerbate the risk of poverty and social exclusion, but also hinder integration processes. These challenges require a multidimensional institutional response that brings together housing and health policy instruments to ensure equal treatment and social cohesion in Europe's diverse societies.

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⁵¹ Statistics on the integration of migrants – health, p.10, <https://ec.europa.eu/eurostat/statistics-explained/SEPDF/cache/109872.pdf>, [accessed: 10.09.2025].

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