

CONCLUSIONS AND SUMMARY

The trend for the population of Brussels to become younger and more multinational continues to increase. Over the past two years an increase of 5.8% in the population of young infants (0-3 years) has been recorded.

Social indicators show a subtle growth in the level of poverty in the Brussels-Capital region. This means that there has been a slight fall in the number of young people on income substitution benefit, while the number of recipients of social integration benefit has remained stable. Other indicators are developing in a less favourable manner, such as the number of new-born babies living in homes without paid employment, the rise in the number of people who depend on disabled benefits in all age groups and the increase in benefit recipients who receive additional health-care benefit among the under sixty-fives.

Approximately one quarter of the population of Brussels lives below the poverty-risk threshold (60% of the average income). At the end of 2006 the value of nearly all minimum social security payments was below the poverty-risk threshold (€777 per month for a person living alone).

At the end of 2005 there were 25,997 individuals in receipt of social integration benefit or equivalent, that is, 2.5% of the population. This is 2.5 times the rate of the country as a whole. Among these beneficiaries, more than a quarter are responsible for a family. 14.4% of the Brussels population receives additional health-care benefit. Between the age of 18 and 64, 1 person in 6 is living on income substitution benefit, without counting dependents.

The unemployment rate remains high (22.1%) and the number of unemployed jobseekers is still rising (+4.2%). This rise relates mainly to jobseekers not in receipt of compensation. The rate of short-term unemployment is falling (-8.1%), but the rate of very long term unemployment is rising (+14.7%).

In terms of unemployment and jobs, the inequalities between men and women and between Belgians and non-Belgian non-Europeans are less significant in the Brussels region than in the rest of the country, but exclusion from the labour market in Brussels is more pronounced for the less qualified and the handicapped.

The number of households on the waiting list for public authority housing has risen by 6.5%. The number of public authority rentals has fallen. The housing problem in Brussels remains particularly crucial for people on low incomes.

Health inequalities by social class are very marked. The risk of dying in the post-neonatal period (between 1 month and 1 year) is 3 times greater for children born in a household with no job income and the risk of Sudden Infant Death Syndrome is 5 times greater than for babies born to double-income households. Among adults, too, large inequalities are noticeable: by comparison with graduates, persons with a low level of education are 3.5 times more likely to suffer from obesity, 3 times more likely to be heavy smokers, 3 times more likely to suffer from depression and have 3 times less chance of being screened for uterine cancer.

Poverty is also correlated with a lower level of participation in social life: 70% of the less educated population of Brussels are not members of any kind of association or club whatsoever.

The young population is particularly at-risk:

- 29% of newborn children in Brussels live in a household with no income from work,
- More than 10% in a single-parent household with no income from work,
- 31% of young people in Brussels(0-17) live in a household without paid employment,
- More than one person in five aged between 18 and 24 leaves school with at the most a lower secondary education certificate,
- Over one third of the young labour force is unemployed,
- The number of young people on filler courses rose by 11.4% between 2004 and 2005
- 8% of 18-19 year olds live on CPAS benefits (Social Public Action Centre - for those with no right to social security).

While the overall situation in the region may be improving, as is suggested by the evolution of average and mean incomes according to tax declarations or community tax yields, some indicators suggest that the gaps, however, are growing, between Brussels municipalities and between categories of residents. For instance, the differences in mean income between the poorest districts and the richest are growing. The fact that the number of CPAS beneficiaries has stabilised hides very divergent developments between communities. The gap between the lowest income deciles and the highest has rise and health inequalities tending to increase because of risk factors such as obesity and the lack of preventative monitoring.