Quality of life in Europe: Social inequalities

Executive summary

Introduction

This report uses data from the European Quality of Life Survey (EQLS) to examine social inequalities in quality of life in the European Union. Four critical domains of life are examined: health, standard of living, productive and valued activities, and individual, family and social life. Variation in these four domains is measured by gender, age, disability status, employment status and citizenship status. The role of other important drivers of social inequalities such as educational status, occupational group, urbanisation, gross domestic product (GDP) per capita, income, welfare regime and healthcare system is also discussed. The results of the third EQLS (2011) are compared with those of the second EQLS (2007) to assess the impact of the economic crisis on social inequalities and on the disadvantages experienced by population subgroups in Europe.

Policy context

The objectives of social cohesion and inclusive growth are central to the Europe 2020 agenda. The European Commission in its Beyond GDP initiative has called for the development of new indicators that reflect the multidimensional aspects of well-being and for more accurate reporting on inequalities. Concern with social inequalities is reflected in a range of European policies such as the Strategy for Equality between Men and Women 2010–2015, the European Disability Strategy 2010–2020 and the European Parliament’s 2011 resolution on health inequalities.

Key findings

Health

- Women, older people and unemployed people were found to be disadvantaged across a range of health indicators. People who report a limiting long-standing physical or mental health problem, illness or disability (referred to henceforth as a ‘limiting disability or health condition’) were more likely to experience difficulties accessing healthcare.

- Having a limiting disability or health condition, being older and being unemployed had a negative impact on self-reported general health. Material deprivation, low income, low educational attainment, poor-quality housing and difficulties accessing healthcare were other important factors.

- The proportion of the EU27 population reporting bad self-rated general health increased between 2007 and 2011. The increase in the proportion of young people whose mental health is at risk suggests the scarring effects of the crisis may be affecting their health and well-being.

Standard of living

- People with a limiting disability or health condition, older people, unemployed people and non-EU citizens were more likely to report material deprivation.

- Low income, being in a non-professional or non-managerial occupational group, and low educational attainment were associated with increased material deprivation, as were widowhood and lack of social support. National GDP and type of welfare regime were also important.

- The proportion of the EU population who experienced material deprivation increased between 2007 and 2011, with above-average increases among people with a limiting disability or health condition, the long-term unemployed and people aged 50–64.

- High proportions of users of long-term care experienced difficulties with the services they received.
Health
Multidimensional strategies that address the social determinants of poor health, including poor-quality housing, poverty and low educational attainment, should be adopted. With unemployment high in some Member States, policies focusing on the poor mental health of unemployed people are needed. Specific action is required to address the gaps in the health status of people with a limiting disability or health condition, older people and unemployed people, and to tackle difficulties with health costs among those with a limiting disability or health condition.

Standard of living
Efforts to mainstream equality concerns into policy frameworks for reducing poverty by 2020 should be intensified. In addition to gender and disability mainstreaming, there is a need to address the needs of the long-term unemployed. Policies should recognise that the duration of unemployment is itself a key barrier to work. The availability of high-quality, accessible childcare to disadvantaged groups would help to remove impediments to labour market participation. Low-quality ratings for long-term care point towards policy failure; social insurance provides one possible model for the fair provision of care.

Productive and valued activities
Public policy frameworks that value, recognise and support the contribution of unpaid carers, including women, those with a limiting disability or health condition, and older people, are required. The unmet needs of informal carers should be formally evaluated, while the substantive options available to women in reconciling care and employment should be expanded.

Individual, family and social life
Public policy frameworks that address social inequalities in relation to lack of social support in times of personal crisis are required. These must encompass the needs and situations of older people, especially those aged 81 or over; informal carers of the elderly; widows and widowers; the unemployed; and non-EU citizens.

Policy pointers
Concern over the multidimensional aspects of well-being needs to be coupled with effective public action to address social inequalities. Public action should not be restricted to specific measures at the margins, but rather integrated into general policies at the European and Member State levels. With budgets under pressure in many Member States, equality impact assessments can help to ensure that the burden of adjustment does not fall disproportionately on those already most disadvantaged.

Further information
The report Quality of life in Europe: Social inequalities is available at http://www.eurofound.europa.eu/publications/htmlfiles/ef1362.htm. For more information, contact Hans Dubois, research officer, at Hans.Dubois@eurofound.europa.eu.