



Eurofound



European

Quality of Life

Survey 2016

European

Quality of Life

Survey 2016

**Quality of life, quality of public services,
and quality of society**

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Country codes

AT	Austria	FI	Finland	NL	Netherlands
BE	Belgium	FR	France	PL	Poland
BG	Bulgaria	HR	Croatia	PT	Portugal
CY	Cyprus	HU	Hungary	RO	Romania
CZ	Czech Republic	IE	Ireland	SE	Sweden
DE	Germany	IT	Italy	SI	Slovenia
DK	Denmark	LU	Luxembourg	SK	Slovakia
EE	Estonia	LT	Lithuania	UK	United Kingdom
EL	Greece	LV	Latvia		
ES	Spain	MT	Malta		

Abbreviations used in the report

AROPE	at risk of poverty or social exclusion
ATM	automated teller machine [formal name for a 'cash point']
DEGURBA	degree of urbanisation of geographical areas [Eurostat classification]
EEA	European Environment Agency
EQLS	European Quality of Life Survey
ESS	European Social Survey
EU-SILC	European Union Statistics on Income and Living Conditions
EWCS	European Working Conditions Survey
GDP	gross domestic product
GP	general practitioner
ISCED	International Standard Classification of Education
LAU	Local Administrative Units [Level 2 municipalities in the DEGURBA classification]
OECD	Organisation for Economic Co-operation and Development
SDGs	Sustainable Development Goals
WHO	World Health Organization
WHO-5	World Health Organization's Mental Well-being Index

Note on numerical data

Numerical data in the report are rounded to whole numbers; therefore, small differences in the percentages cited may not show and may not add up to 100%.

Executive summary

Introduction

The European Quality of Life Survey (EQLS) is an established tool for monitoring and analysing quality of life in the EU. Carried out in 2003, 2007, 2011 and 2016, the EQLS documents the living conditions and social situation of European citizens. It includes subjective and objective measures: reported attitudes and preferences, as well as resources and experiences. Eurofound's approach recognises that 'quality of life' is a broad concept and encompasses individual well-being as well as the quality of public services and quality of society. The current report provides an overview of multiple dimensions: it examines subjective well-being, standard of living and aspects of deprivation, care responsibilities and work-life balance; healthcare, long-term care, childcare and other public services; and social insecurity, social exclusion and societal tensions, trust, and participation and community engagement.

This report covers the 28 EU Member States. It uses 2016 EQLS data and information from previous survey rounds as well as other research to assess trends in European societies. Ten years after the global economic crisis, it reviews social progress and aims to identify remaining or emerging challenges.

Policy context

The policy agenda at EU level increasingly emphasises the importance of the social dimension of Europe in cohesion and convergence. The EQLS provides a means to measure outcomes of progress, such as well-being and social inclusion. A range of data can serve to complement the social indicators used to monitor policy outcomes, particularly regarding implementation of the European Pillar of Social Rights. Many aspects of quality of life are determined at national and local levels, and the survey evidence regarding country differences can be an impetus for further analysis by Member States and, also, for mutual learning. The survey's comprehensive coverage of the EU informs reflection on convergence and divergence across the Union.

Key findings

- Overall, there has been progress in quality of life in the EU from 2011 to 2016, with some dimensions having recovered to the pre-crisis levels of 2007. A decrease in material hardship and increase in satisfaction with standard of living occurred across all income quartiles in comparison to 2011. However, the level of difficulties in making ends meet is still higher in seven countries than it was before the crisis in 2007. In 11 countries, more than half of the population report difficulties in making ends meet.
- Country differences in terms of quality of life remain extensive, but these are nuanced and cannot simply be captured in homogeneous country clusters. Nonetheless, multiple disadvantages are still more pronounced in some societies than in others.
- Life satisfaction in the EU over the last decade has remained at a relatively high level: 7.1 on average on a 1–10 point scale in 2016. It increased between 2011 and 2016 in some Member States, especially in Hungary, Estonia and the UK, while satisfaction with standard of living increased most in Hungary, Bulgaria, Estonia and Poland. In Greece, Italy and Spain, life satisfaction declined during this period, which continues a downward trend evident from before the economic crisis.
- Ratings for the quality of public services have increased overall; in particular, satisfaction with healthcare and childcare improved in several countries where ratings were previously low. The perceived quality of public services still varies markedly across Member States, and people in lower income groups report less improvement in the quality of services.
- In urban neighbourhoods, more people have become concerned about air quality. With regard to neighbourhood services, inadequate access to recycling facilities is among the issues highlighted, while access to banking in rural areas is a problem in some countries. Compared to the previous survey, a lower proportion of people in the 2016 EQLS feel close to others in their local area; this is especially the case in rural areas, where this dimension is important for social inclusion.

- There is a general improvement in quality of society indicators, including a decline in feelings of social exclusion, an increase in participation in clubs, societies or associations, and increased trust in national institutions. In particular, young people (18–24 years) registered the highest increase in trust in other people, possibly indicative of a new cohort less scarred by the crisis.
- Perceptions of tension between poor and rich people, management and workers, and old and young have decreased; on the other hand, rising tensions between different religious and ethnic groups are reported and – although to a lesser extent – tensions between people of different sexual orientation.
- There are persistent inequalities on some indicators and it is clear that the rising tide of the post-crisis recovery has not lifted all citizens equally. For low-income groups, improvements on several dimensions were more limited in terms of overall quality of public services, perception of social exclusion and risk to mental health (women in the lowest income quartile being consistently at higher risk over the last decade). However, the self-reported health of the population, which had deteriorated in the aftermath of the crisis, is now better than it was in 2007, including in the lowest income quartile.
- There are a range of insecurities and uncertainties expressed. These include a decrease in certainty about being able to retain one's own accommodation, substantial concerns about having insufficient income in one's old age in two-thirds of Member States – with 13% of people in the EU extremely worried about this – and, in a number of countries, less optimism about the future of one's children in comparison to one's own future.

Policy pointers

- The greatest improvements in quality of life have been registered among the second highest income quartile – a positive development for some of the middle class in the EU – which also invites reflection on how this progress could be extended to other groups, in terms of both individual quality of life and effectiveness of public services.
- The situation of the long-term unemployed has worsened; policies should take into account that risks for mental health have increased in this group, and their feeling of social exclusion is particularly high. When designing measures, it would be appropriate to further examine the composition and changing characteristics of those in long-term unemployment.
- To address the problem of indebtedness and arrears, actions could be targeted better if, in addition to the more commonly considered consumer and mortgage debts, they take into account rent, utilities, phone and informal debts. The latter types of debt are more common among low-income groups and they may be symptomatic of a risk of over-indebtedness.
- Measures to promote resilience should include improving people's access to sources of support – both social networks and institutions – as people who feel they can rely on support feel more resilient.
- To respond to a deterioration in work–life balance, policies should target workers with fixed-term contracts and those in blue-collar jobs, as well as people with care responsibilities, in particular, younger and middle-aged women.
- To address the growing need for long-term care, as well as to help sustain and increase overall employment, policies should include measures for informal carers who are in employment – and also for those who are not in employment. Addressing the situation of the latter group merits greater attention, as they are subject to a range of disadvantages, and may encounter difficulties finding other roles once their care duties cease.
- The planning of services for ageing societies should include developing quality measures to address the low ratings of long-term care by both users and non-users of such services.
- Older people report lower life satisfaction and greater difficulties in making ends meet in a number of countries, especially in eastern Europe; this has been identified in both the latest and previous surveys and suggests that the effectiveness of social security provision needs to be addressed.





Introduction



Introduction

The European Quality of Life Survey (EQLS) is a monitoring tool that covers all EU Member States and sets out to capture quality of life in multiple dimensions. The survey was initiated in 2003 and reiterated in 2007, 2011 and 2016. This report focuses on the 28 EU Member States and builds on the data from the latest wave in 2016. It uses information from previous rounds of the EQLS, as well as other research, to assess the evidence regarding trends in quality of life – against a background of the changing social and economic landscape of European societies. From the perspective of 10 years after the global economic crisis, it is interesting to consider in which areas of life well-being has returned to pre-crisis levels and where there are remaining or emerging challenges.

The report provides an overview of multiple dimensions: it examines subjective well-being, optimism, health, standard of living and aspects of deprivation, work–life balance; healthcare, long-term care, childcare and other public services; social insecurity, perceptions of social exclusion and societal tensions, trust in people and institutions, participation and community engagement, and involvement in training or lifelong learning.

Social developments in the EU in the wake of the crisis

The financial crisis began in late 2007 and a large-scale economic crisis erupted in 2008 with economic slowdown and rising unemployment in many EU Member States. Foremost among the structural and long-lasting developments were issues in dealing with public debt in the euro zone and the emergence of austerity policies that became commonplace in many countries, regardless of how hard they were hit by the crisis.

While the economic hardships of the past decade are often referred to in the singular as a global crisis, the ‘crash’ or ‘Great Recession’, it becomes clearer with the perspective of time that different dimensions of societal life were affected at varying speeds. Rapid financial disruption, protracted growth in long-term unemployment and poverty, and slowly accumulating social impacts can have their own dynamics. There may also be delayed effects of the crisis that become visible in the longer term, such as the deterioration of self-reported health depicted by the EQLS in 2011 in comparison with 2007 (Eurofound, 2012b). The consequences of the crisis were more devastating for disadvantaged social groups, and hit some Member States – especially in the south of Europe – harder than

others. How equitable or uneven post-crisis developments prove to be remains to be seen.

The extent of recovery among Member States varies and persistent problems can influence the long-term sustainability of the recovery. Some of the pressing concerns include weak investment growth, stagnation in wage development and labour productivity growth and fewer hours worked (European Commission, 2017a, p. 21). However, the overall developments of the economy and labour market in the EU have both been positive. In 2016, the highest ever proportion was reached of people in the labour market in the EU (71.1%). Net job creation has enabled more people to find work and contributed to falling unemployment rates.

At the same time, there has been an increase in labour activity rates among older workers and women that looks promising – attributed, in part at least, to successful pension reforms and increased flexibility in combining work and family life. However, the labour participation rates of young people and migrants remain below the 2008 rates, providing evidence that the post-crisis recovery has not been inclusive for all demographic groups (European Commission, 2017a). There are also workers who are working fewer hours than they wish: this so-called labour market slack increased from 11.8% in 2008 to 14.9% in 2015, and involved around 50 million people in the EU (Eurofound, 2017a).

In 2010, the EU set a target to lift 20 million people out of poverty by 2020. However, the overall improvement in the number of people at risk of poverty or social exclusion (AROPE) has been slow, and the target has become increasingly challenging. The number of people at risk of poverty or social exclusion totalled 117.7 million in 2010 and reached a peak of 123.6 million in 2012, before declining in the following years though still amounting to 119.1 million in 2015, and almost 118 million in 2016 (Eurostat, 2017a). The AROPE rate, which the European Commission monitors constantly as part of its Europe 2020 strategy, is a composite measure that takes into account monetary poverty, material deprivation and the low work intensity of households. The decrease in the AROPE rate after the 2012 peak was mainly driven by a fall in unemployment rates and the decline in severe material deprivation in several Member States (European Commission, 2017a). However, differences between Member States persist and the main challenges include severe or persistent poverty and income inequality (European Commission, 2016a). It has been observed that, regardless of macroeconomic growth and the growth in employment

rates, an increase in real wages has not necessarily followed (EPRS, 2015; Financial Times, 2017) and there are concerns about the low quality of some of the new jobs.

Almost a half (46%) of EU unemployment in 2016 was long term (defined as searching for a job for more than 12 months) (European Commission, 2017a) and this rate was 34% among young people aged 15–29 years (Eurostat, 2017b, 2017c). Furthermore, young people face a higher risk of poverty and social exclusion compared with the overall population of Europe. Against this background, Member States have made particular efforts to (re)integrate young people into the labour market, as well as introducing more initiatives designed to involve them in education and training. Research by Eurofound indicates that to ease entry into the labour market, an integrated policy approach needs to be further developed to promote social inclusion and the engagement of youth more broadly (Eurofound, 2015a, 2017d).

The EQLS can help to reveal if the scars left by the crisis manifest themselves in the quality of life profile of Europeans, including the younger generation. The EQLS is also important in detecting new or emerging risks that can inform the social policies of the future.

The new or intensifying social risks of the 21st century arise from rapid developments in post-industrial societies. According to Taylor-Gooby (2004), these include:

- difficulties in balancing work and family life (related to the increasing share of women in employment);
- the rising demand for health and care services (due to ageing populations);
- the increasing importance of education in the labour market performance of individuals;
- the increasing privatisation of social services.

There are also concerns about how automation and digitalisation are affecting work, communications, the security of information and the social protection of citizens (European Commission, 2017b), as well as issues and perceptions around public security and social and cultural tensions.

The European Commission has addressed some of the emerging problems in its recent policies, for example, by encouraging Member States to increase statutory retirement ages and expand the labour market participation of older people, as well as by promoting measures for better work–life balance (European Commission, 2017a). It is also bringing the social dimension to the fore in proposals such as on the European Pillar of Social Rights (European Commission, 2017d). As societies continue to change, the emerging social risks need to be identified and addressed in order to move to a more sustainable and inclusive post-crisis era.

Recent developments in measuring quality of life

While quality of life has been the subject of research in both social science and applied fields of policy, planning and development for several decades, it received unprecedented international attention through initiatives such as the Stiglitz report (Stiglitz et al, 2009) and the European Commission’s Beyond GDP initiative (European Commission, 2009), as well as through the development of social targets and indicators for the Europe 2020 strategy, the Organisation for Economic Co-operation and Development’s (OECD) How’s Life initiative and Better Life Index, the United Nations’ (UN) World Happiness reports and others. These initiatives affirmed and consolidated an interest in well-being and its measurement in the political and policy agenda. It represented the recognition of citizens’ views and experiences as a crucial element in shaping and assessing policies.

The combination of objective indicators with subjective measures (perceptions and evaluations expressed by people themselves) has become common practice in international social investigations. Key examples are the European Social Survey (ESS), involving academics from a range of EU Member States, and the recommendations contained in the OECD guidelines for the measurement of subjective well-being (OECD, 2013a) and trust (OECD, 2017).

In recent years, information on well-being and quality of life has also found its way into official statistics. The statistical offices of several EU Member States have developed and tested measures and gradually organised the collection of information on a number of indicators of well-being (for example, in Austria, Germany, Italy and the United Kingdom). Eurostat also established a set of quality of life statistics and implemented a dedicated EU Statistics on Income and Living Conditions (EU-SILC) module in 2013 that contained 18 indicators on subjective well-being. This module is expected to be repeated every six years.

The need for information on well-being and quality of life is growing with the development of policies that explicitly aim to improve well-being. Quality of life indices and measures are increasingly used by cities in a bid to attract talent or investment. Quality of life research is relevant for the EU-driven City Statistics (formerly known as Urban Audit) and the Urban Agenda for the EU.

At EU level, in parallel with the approach of the World Health Organization (WHO), there has been a sustained and profound change in understanding health and health policies: these explicitly refer to overall well-being (for example, the Health 2020 health policy framework) rather than the absence of sickness. At various levels, initiatives have been developed in Europe – such as those aimed at promoting well-being

at workplaces, designing ways to secure well-being in schools and improving community life – that involve a range of players, such as policymakers at national and local level, social partners and non-governmental organisations.

The concern about well-being, and the quality of the natural and man-made environment, is also reflected at the global level – in the Sustainable Development Goals (SDGs) advanced by the UN and endorsed by the EU.

For some of the developments mentioned above, the EQLS served as a source from which to borrow or design indicators, examine correlations and provide other information. For example, life satisfaction rates from the EQLS 2011 were used as a place holder by Eurostat until information was collected for the first time in all Member States through the 2013 EU-SILC module. The EQLS continues to serve both as an exceptionally broad source of data on quality of life and as a platform providing a unique base from which to develop indicators.

The EQLS data are also a part of the following international monitoring initiatives:

- Active Ageing Index – European Commission and UN Economic Commission for Europe;
- Social Cohesion Radar (2013 and 2014) – Bertelsmann Foundation;
- Gender Equality Index 2017 – European Institute for Gender Equality.

Eurofound’s approach to measuring quality of life and the EQLS

The conceptual background for the EQLS (Eurofound, 2003) is based on:

- a multidimensional approach;
- incorporating individual and societal perspectives;
- combining objective and subjective indicators.

Eurofound’s approach recognises that ‘quality of life’ is a broader concept than ‘living conditions’, and refers to the overall well-being of individuals in a society. Quality of life is a concept that identifies a number of dimensions of human existence as essential for a well-rounded human life; this is inevitably culturally relative or normative, but reflects in this case the broad values and policy goals of the EU.

While living conditions are important, a central element in improving quality of life is enabling people to achieve their desired goals. The opportunities open to people – as well as the choices they make – are critical to this: these are played out in specific policy and institutional settings, and in the context of an economy, community

and society. Given that the lives of individuals are intertwined with others, it follows that relationships with people in a person’s household, local community and beyond, as well as with institutions and services, have a fundamental impact on their quality of life. The significance of the social and institutional environment is one reason for the emphasis in the EQLS on the quality of society – mapping access to collective as well as individual resources.

In terms of contents, the survey covers life domains that correspond to a wide range of policy areas and programmes carried out by European institutions. Many of those policies address key quality of life issues (employment and skills, work–life balance, social exclusion, equal opportunities, quality of public services). This approach has remained robust through the four survey rounds, even if the topics and indicators have expanded over time to reflect emerging policy themes.

The EQLS is a representative, questionnaire-based interview survey that covers the adult population (18+ years). Its distinctive contribution is coverage of all EU Member States, gathering of multifaceted information in one dataset, and coverage of both the working and non-working population.

The 2016 survey contains 262 items that encompass information about socioeconomic background, resources, living conditions, unpaid work, social ties and use of services, including a uniquely large set of 26 indicators on subjective well-being. Many of the questions in the EQLS that explore preferences and perceptions from the perspective of the individual contribute to a better understanding of the relevance of existing policies, available sources of help, and the adequacy of public services (including the quality and assessment of fairness of access). The survey also examines social insecurity in terms of the perceived risk, for instance, of losing one’s accommodation or job, or of not having enough income in old age.

The EQLS data and reports identify factors that may be amenable to policy measures. They have been used in research and by EU bodies to analyse the social impacts of the economic crisis, social services and health inequalities, as well as for specific issues such as informal debts or the work preferences of older people.

Survey methodology and reporting principles

Methodological and technical reports, as well as the survey questionnaire and main results, are available on the Eurofound website.¹ The key parameters are detailed in Annex 1 of this report.

¹ <https://www.eurofound.europa.eu/surveys/european-quality-of-life-surveys>

The fourth EQLS was carried out from September 2016 to March 2017 in all EU Member States and the five candidate countries (Albania, the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Turkey). It was coordinated by Kantar Public, with local partners interviewing a total of nearly 37,000 people in the 33 different countries, with sample sizes ranging from 1,000 to 2,000 per country. High standards of quality assurance were applied to all stages of the survey's implementation, and include an external quality assessment.

The questionnaire for the fourth wave placed considerable emphasis on public services (healthcare, long-term care, childcare and schools), measuring different aspects of quality such as fair access and the facilities, staff and information available. When presenting survey results and figures in this report, differences between social groups and countries are documented with the aim of identifying particularly vulnerable groups. Change over time is assessed where relevant to reveal trends in inequalities, and to provide understanding of where the damage caused by the recession left scars, had delayed effects or has been overcome.

In this overview, the analysis is mainly descriptive and covers the main age, sex and income groups. However, interrelations between the various dimensions of the quality of life and determinants affecting quality of life outcomes are also addressed on certain topics. Attention is drawn in the text only to differences or findings that are statistically significant (at 0.05 level), without always presenting the details of a statistical nature. As a general guideline, please note that there is much higher precision for figures and breakdowns at EU level, but that the margin of error may reach a few percentage points if relatively small within-country groups of population are assessed.

Aim and contents of report

This report presents the results for the EU28 Member States (information on the five candidate countries surveyed will be made available elsewhere). The report also aims to draw attention to the broad social and economic context that shapes the quality of life of individuals and the societies they live in. In this respect, it is an attempt to widen the debate on well-being away from overly focusing on psychological functioning at an individual level, and also to make it more related to issues that public policies address.

The report has three major thematic parts:

- Quality of life – mainly covering subjective well-being, health and aspects of an individual's situation, such as living conditions, housing and material deprivation, but also work–life balance and care responsibilities;

- Quality of public services – including healthcare, long-term care, childcare and schools, as well as neighbourhood services (public transport, shops, banks, recreational areas, cultural centres and recycling facilities);
- Quality of society – including social insecurity, perceptions of social tensions, social exclusion, trust in people and institutions, participation and community engagement.

Each topic is introduced by providing basic information on how it is reflected in the EU policy agenda. The aim is not only to assist policymakers in seeing links to their areas of work, but also to inform general readers about the EU's efforts to address the improvement of living conditions and well-being in Europe. A range of information can serve to complement the Social Scoreboard that is intended to assist the monitoring of the implementation of the European Pillar of Social Rights (European Commission, 2017d). This is the case, for example, for EQLS data on the following: economising (a new topic in the 2016 survey round); material deprivation; self-assessed health for various population groups; unmet need and issues around health and care services; and access to and the quality of childcare or adult participation in training.

The European perspective is provided to match the scope of EU-wide policies and interests, although many aspects of quality of life discussed are a competence of Member States and subject to measures that are designed and/or implemented at national and local levels. By drawing attention to country differences, the results can serve as an input for further analysis by Member States, as well as an impetus for cross-country learning.

By drawing comparisons over time, the report aims to:

- document the condition of European societies in the decade after the crisis that affected the entire Union;
- identify the impact of the crisis on different groups in society, indicating where difficulties appear to have been resolved, and those where recovery may not yet have been achieved.

Given the importance of mobility, migration and social integration for individual Member States and Europe in general, this aspect is partially addressed by examining trends in societal tensions. However, further analysis can be carried out in the future to investigate quality of life for people with a foreign or migrant background (not covered in this report). This is the first of a series of reports from the EQLS 2016, and will be followed next year by more detailed studies on public services, social cohesion, and trust in institutions.



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The EQLS has a uniquely large set of indicators of subjective well-being. This report presents an overview of general trends for the main indicators and highlights particular results for aspects that have not been widely discussed in previous EQLS reports or that were new in the 2016 wave (for example, resilience).

There is relative stability in the EU as a whole with regard to average levels of life satisfaction – one of the key outcome measures of quality of life. In addition to monitoring at EU level, there is a range of particular findings for specific countries and social groups that help to understand the picture beyond the averages. It should be noted that the pace and extent in restoring living conditions to pre-crisis levels, as well as perceptions of recovery, are not the same across Europe.

To understand the aspects of quality of life where there are issues as well as potential strengths, this chapter traces features of individual life that range from various aspects of subjective well-being, to living standards and housing conditions, and to responsibilities affecting work–life balance.

1 | Quality of life



1 | Quality of life

Subjective well-being

EU policy context

Subjective well-being has been an important field of research for at least 50 years, becoming more prominent in the European policy agenda in the last decade. The Commission on the Measurement of Economic Performance and Social Progress (Stiglitz et al, 2009) concluded that measuring progress using the gross domestic product (GDP) and other financial measures is not enough to capture the complexities of modern societies. This contributed to the European Commission's GDP and Beyond initiative, and eventually to the development by Eurostat of quality of life indicators. In addition, a Joint Action on Mental Health and Well-being, funded by the European Commission (Executive Agency for Consumers, Health, Agriculture and Food) was launched in 2013 to promote mental health and well-being across different fields. In a more global context, the OECD has issued guidelines on how to measure subjective well-being (OECD, 2013a) and the UN began publishing its World Happiness reports in 2012.

Measuring subjective well-being in the EQLS

The conceptual framework used in this report is generally in line with the OECD guidelines. It addresses subjective well-being by means of three groups of indicators:

- evaluative well-being (life satisfaction and satisfaction with domains of life);
- positive and negative affect (for example, happiness, vitality, feeling calm, feeling cheerful, feeling depressed);
- eudaimonic well-being (optimism, autonomy, sense of purpose, having time to enjoy life and resilience).

In the EQLS question on happiness, respondents were asked to rate their personal happiness on a scale of 1 to 10. This question came immediately after the one on life satisfaction, and was intended to capture emotional/affective aspects rather than be a cognitive evaluation of life as in the case of the life satisfaction question. It was expected that happiness in this context would differ from life satisfaction, but there may be differences in how it is viewed in different cultures. Data on eudaimonic well-being shed further light on perceptions of life in the EU.

Previous research has found that life satisfaction and happiness are largely stable for a population over the short term (with happiness ratings higher than those of life satisfaction in nearly all countries) (Eurofound,

2012b, 2013a). However, huge economic pressure has been shown to have an impact on a country's average subjective well-being (for example, Greece after the crisis as seen further in the 2016 data).

At country level within the EU, life satisfaction correlates with GDP per capita and this correlation is more or less linear. However, for the highest income countries, life satisfaction no longer grows with increasing GDP (this has been labelled the Easterlin paradox). The relationship between life satisfaction and income inequality as measured by the Gini coefficient is more ambiguous, with no clear consensus in previous findings.

In EQLS data, increasing inequality is associated with a decrease in life satisfaction. However, some eastern European countries are outliers, having consistently low income inequality but also low absolute income throughout society for historical reasons (Czech Republic, Slovakia, Slovenia). Other countries where income inequality has risen in recent years (Bulgaria, Hungary, Lithuania) fit the general trend.

Considerable relevant evidence around key factors affecting life satisfaction was provided by the data from the EU-SILC 2013 well-being module, which was carried out in all Member States. For the EU on average, the findings showed, for example, that:

- women are more satisfied with life than men (when the effects of other variables are controlled for);
- non-EU citizenship is associated with lower life satisfaction (also after controlling for other factors);
- good self-reported health is very important for higher life satisfaction (Statistik Austria, 2013).

Evidence from other research shows the negative impact that unemployment has on life satisfaction, even after controlling for income, trust and mental well-being (see, for example, Eurostat, 2016). This indicates that further non-observed factors are at play.

Finally, some recent well-being research – such as the *World happiness report 2017* (Helliwell et al, 2017) – has placed emphasis on the importance of mental health as a key factor in shaping life satisfaction. Most previous studies avoided examining the relationship between mental well-being and subjective well-being due to the presumed similarity of questions measuring both concepts. The *World happiness report* sought to avoid this issue by specifically analysing data on diagnosed mental illness rather than mental well-being issues that may have been caused by contextual factors. It claimed that addressing mental illness in the population is more critical for increasing general well-being than targeting factors related to income, employment or physical

illness. This report avoids using questions on affect as predictors, due to those being part of a set of subjective well-being measures, although it does acknowledge the importance of health and mental health for quality of life.

Life satisfaction and happiness

The EQLS measures both life satisfaction and happiness on a scale from 1 to 10. Both measures have remained generally stable over time in the EU overall, with life satisfaction averaging around 7.0–7.1 and happiness around 7.4–7.5. In nearly all countries, people report a different and usually higher value for happiness than life satisfaction, confirming that the two concepts mean something different; however, in some countries with the highest subjective well-being (Austria, Denmark, Finland, Netherlands, Sweden), the two measures are more similar.

While life satisfaction and happiness have remained constant in the EU as a whole, statistically significant changes at country level have been observed in the past. Between 2003 and 2007, both life satisfaction and happiness increased in many eastern European countries. Between 2007 and 2011, however, in line with the economic crisis in Europe, a decrease was reported in the countries that had been most affected by the recession and austerity measures (Eurofound, 2012b). Figure 1 illustrates the evolution between 2011 and 2016.

There was a relatively large decrease in both life satisfaction and happiness in Croatia, Cyprus, Greece, Italy and Spain, and a decrease in happiness only in the Czech Republic. An increase in both measures was seen in Austria, Estonia, Malta and the United Kingdom, with an increase in life satisfaction only in Hungary and Ireland, and happiness only in Latvia, Poland, Portugal and Slovakia.

Viewed in an even longer perspective from 2007, one might expect a ‘crisis and recovery’ trend, with subjective well-being decreasing after the recession and recovering somewhat since. This pattern is indeed seen in some countries, such as Estonia, Malta, Slovakia and the United Kingdom. A similar decline post-crisis, but with stagnating well-being levels between 2011 and 2016 is seen in Belgium, Finland, France, Lithuania, the

Netherlands, Slovenia and Sweden. Of most concern are those countries where a further deterioration was experienced between 2011 and 2016 following an earlier decrease in subjective well-being: this happened especially in Greece, but also to some extent in Italy and Spain.

In some countries, subjective well-being has remained relatively stable over the years. Examples include Denmark, Germany and Luxembourg. A positive, more or less continuously improving trend is evident in Austria, Bulgaria, Ireland, Latvia, Portugal and Romania.

Apart from satisfaction with life overall, respondents were asked to evaluate their satisfaction with various domains of life. Of these, life satisfaction correlates most strongly with satisfaction with standard of living. Between 2011 and 2016, large increases in satisfaction with standard of living can be seen in Bulgaria, Estonia, Hungary and Poland (all more than five points). For these four countries, and for some other eastern European countries including Latvia, Lithuania and Slovakia, as well as Portugal, an improvement was seen in average satisfaction levels across all or most life domains. Of these countries, Estonia and Hungary also experienced an improvement in overall life satisfaction.

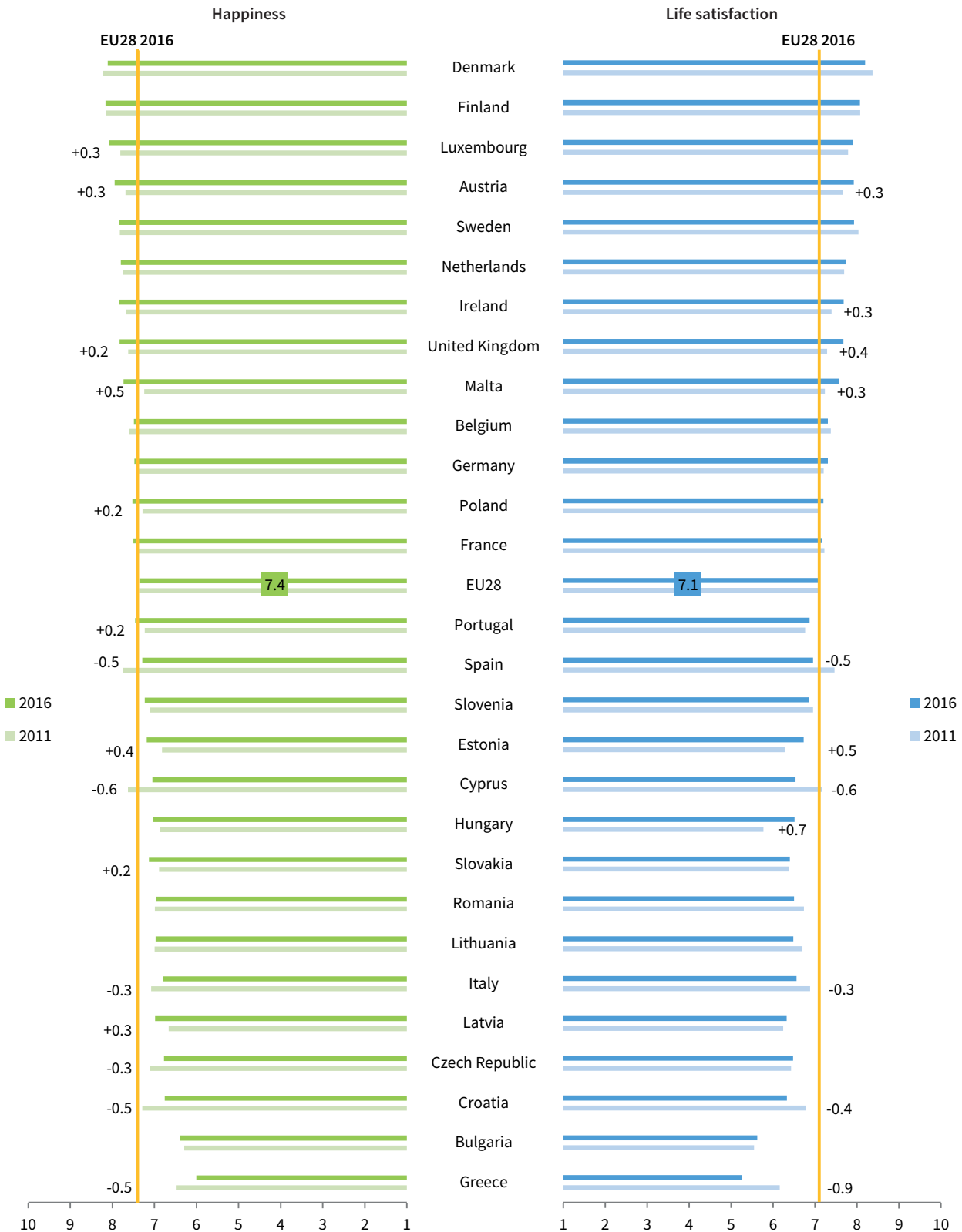
However, satisfaction with the standard of living decreased in Belgium, Cyprus and Greece; in the case of Greece, this followed a previous decrease between 2007 and 2011. In these countries, as well as in Croatia and Romania, deterioration in satisfaction can be seen across many life domains, and is a likely contributory factor to the decrease in overall life satisfaction observed in Croatia, Cyprus and Greece.

Inequalities in life satisfaction and happiness

Subjective well-being has been shown to have a strong correlation with income, age, employment status and health status.

The overall age pattern of life satisfaction and happiness in the EU is that both measures more or less decrease with age, from 7.6 (life satisfaction) and 7.8 (happiness) for the youngest group (18–24 years) to 7.0 (life satisfaction) and 7.1 (happiness) for people aged over 65. However, this general trend hides interesting differences in country patterns.

Figure 1: Trends in happiness and life satisfaction levels, by country, 2011–2016



Notes: Numbers at the end of the bars indicate statistically significant changes in scores since 2011. T-tests were used to measure significance using the Bonferroni correction. Life satisfaction and happiness are measured on a scale of 1 to 10 with the following questions: Q4 'All things considered, how satisfied would you say you are with your life these days? Please tell me on a scale of 1 to 10, where 1 means very dissatisfied and 10 means very satisfied'; Q5 'Taking all things together on a scale of 1 to 10, how happy would you say you are? Here 1 means you are very unhappy and 10 means you are very happy'. EU28 data.

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Previous research (for example, Steptoe et al, 2015; Eurostat, 2016) found a U-shaped relationship between evaluative well-being (such as life satisfaction) and age in high income, English-speaking countries and a progressive reduction in well-being with age in eastern Europe. In the EQLS, a more diverse picture is seen (Figure 2).

What seems to be the most common trend (in 10 countries) is that life satisfaction decreases for the middle age group (35–64 years) and then does not change significantly for those aged over 65 (Figure 2A).

For another seven countries, life satisfaction seems to gradually decrease with age (Figure 2B). There is a similar pattern in the Czech Republic (data not shown), where there is no difference between young and middle age, then a decrease in older age.

In six countries, life satisfaction remains mostly constant throughout the life course (Figure 2C).

After testing for significance, the U-shaped relationship was only confirmed for one country in the EU – the United Kingdom. Another country that seems to have an exceptional pattern is Sweden, where life satisfaction increases gradually for each age group (this can also be observed in the EU-SILC 2013 well-being module). Some increase with age is observed for Finland and Luxembourg, though it is not as pronounced.

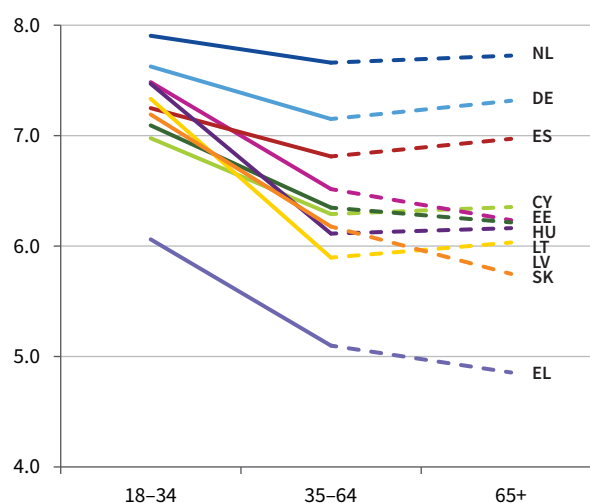
Overall there is no difference between men and women in terms of either life satisfaction or happiness (though a difference is seen when controlling for other variables – see the next section, ‘Living standards and deprivation’). When looking at gender by age, young women (18–24 years) have slightly lower life satisfaction than young men (-0.2 points), but this reverses for those aged 25–34 and those aged 35–49, with women having higher life satisfaction than men, though the difference is small (+0.2 and +0.1 points, respectively). For the 50+ age group, no significant difference was found between men and women.

Figure 3 shows some other important differences between social groups in terms of employment status, education, income and household type.

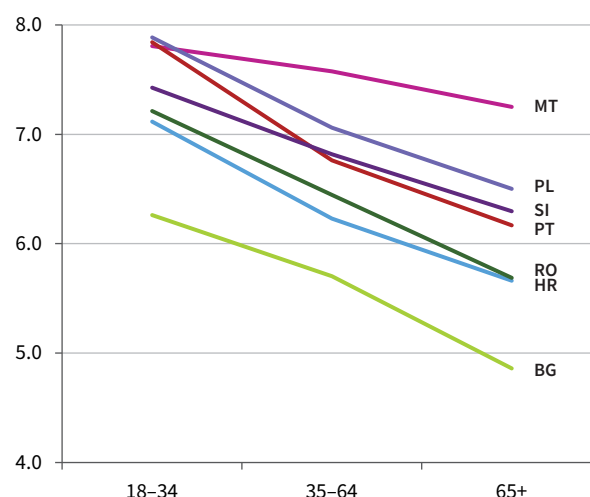
People in long-term unemployment have the lowest level of life satisfaction, a score which also decreased between 2011 and 2016. They are followed by those unable to work due to long-term illness or disability. Interestingly, those who are retired but continue to work have higher levels of life satisfaction (7.2) than those who are retired in general – the life satisfaction level of the latter group fell in the past five years by 0.3 points. Among those employed, people currently on childcare leave have the highest level of life satisfaction (7.9, data not shown). However, homemakers in general report lower than average well-being, with a decrease in life satisfaction in recent years. These categories correlate with age, health and family variables, so it is

Figure 2: Life satisfaction scores, by age category and country

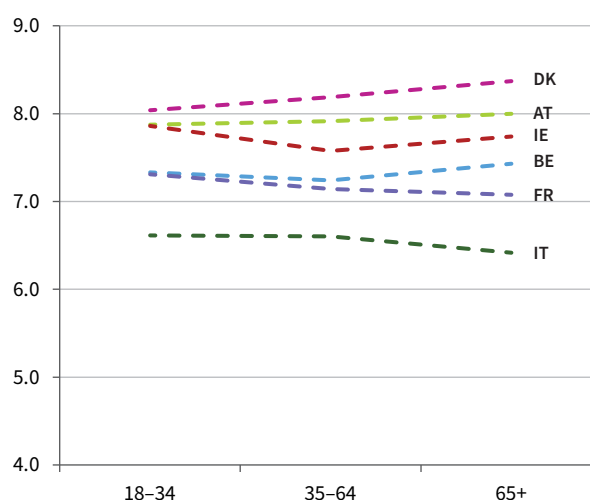
A: Life satisfaction decreases in middle age, then remains constant



B: Life satisfaction decreases with age



C: Life satisfaction stays the same with age



Notes: Scores are on a scale of 1 to 10. T-tests were used to measure statistical significance using the Bonferroni correction. Dashed lines indicate that difference is not statistically significant, such as between the age groups in chart C, and the difference between the middle and the oldest age group is not significant in chart A. Results for the Czech Republic, Finland, Luxembourg, Sweden and the United Kingdom are not displayed since they have patterns that do not fit those shown. Please see note to Figure 1 for details of Q4. EU28 data.

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important to examine them further as in the regression model shown below.

Both life satisfaction and happiness are shown to increase with relative income (scores for happiness are not shown). Neither of these subjective well-being measures has changed considerably over time for different income groups. Both life satisfaction and happiness also increased according to the level of education completed: for those with basic education they decreased and for those with tertiary education they increased, though only slightly.

Among different household types, single parents have the lowest life satisfaction (but not happiness) – this has improved by 0.5 points since 2011 (Figure 3). When not controlled for other variables, people living with a partner report higher well-being than those living alone, especially if they also have children. This is a counter-example to the ‘parenthood paradox’, according to which the relationship between happiness and having children is negative, and may be more in line with the ‘selection into parenthood’ theory, where happy individuals are more likely to have children in affluent countries (Cetre et al, 2015). Other households consist of people living with an extended family or with non-relatives: people living in these households report somewhat lower levels of well-being.

Subjective well-being also decreases with lower subjectively reported health status – people with the poorest health have the lowest life satisfaction of all the categories examined – and this has worsened by 0.4 points since 2011.

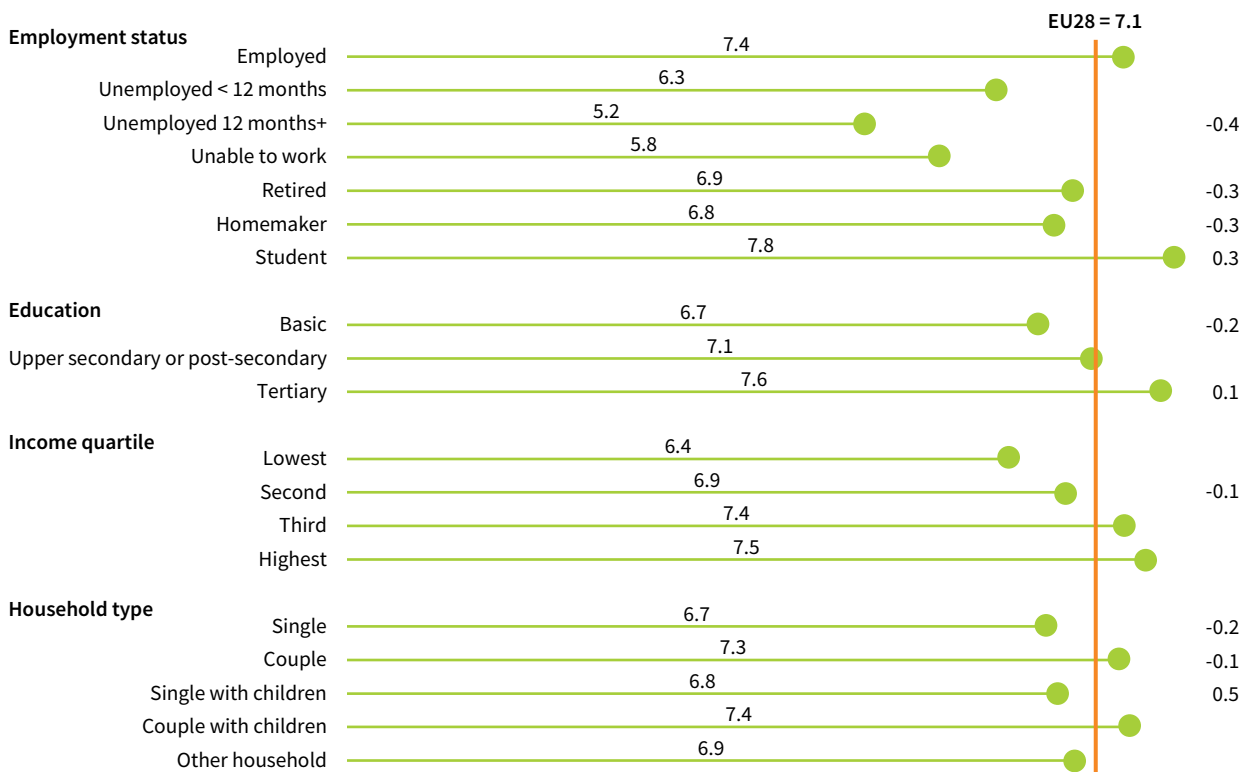
Predictors of life satisfaction and happiness

Table 1 shows the extent to which various indicators explain differences in life satisfaction when controlling for other variables.

Socioeconomic variables and health, when controlled for country effects, together explain around 21% of the differences in life satisfaction. Of these, having bad health has the strongest effect, reducing life satisfaction by 1.4 points on a scale of 1–10. Being unemployed (compared with those employed), being in the lowest income quartile within a country, and being unable to work due to illness or disability are next in line, each reducing life satisfaction by 0.4–1.1 points.

Apart from being employed and in good health, having completed higher education has the most positive effect on life satisfaction, even when controlled for age and income.

Figure 3: Life satisfaction ratings among different social groups



Notes: Scores on a scale of 1 to 10. Numbers within the bars show the scores for 2016. Numbers at the end of bars show statistically significant changes in scores since 2011. Please see note to Figure 1 for details of Q4. EU28 data.

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Table 1: Predictors of life satisfaction

		Socioeconomic background and health	Family	Time use
Sex	Female (ref: male)	0.11	0.13	0.11
Age	Age	-0.04	-0.07	-0.06
	Age squared	0.00	0.00	0.00
Income <i>Reference: highest quartile</i>	Lowest income quartile	-0.71	-0.68	-0.62
	2nd income quartile	-0.48	-0.47	-0.43
	3rd income quartile	-0.14	-0.14	-0.12
	Missing information on income	-0.16	-0.14	-0.12
Employment status <i>Reference: employed</i>	Unemployed	-1.06	-1.00	-1.02
	Unable to work due to illness or disability	-0.37	-0.31	-0.31
	Retired	0.16	0.16	0.11
	Homemaker	0.02	-0.09	-0.09
	Student	0.10	0.28	0.18
	Other	-0.22	-0.15	-0.23
Education <i>Reference: secondary education</i>	Basic education	-0.21	-0.21	-0.13
	Higher education	0.24	0.24	0.19
Health	Self-reported health: bad or very bad	-1.41	-1.39	-1.32
	Chronic physical or mental health problem or disability	-0.27	-0.26	-0.28
Country of origin <i>Reference: survey country</i>	Born abroad, in EU	-0.15	-0.17	-0.14
	Born abroad, outside the EU	-0.05	-0.07	-0.03
Family	Lives with partner		0.43	0.43
	Has child(ren)		0.15	0.13
Time use	Sport: at least weekly			0.30
	Internet use for leisure: at least daily			0.25
	Face-to-face contact with family or friends every day			0.17
	Phone/internet contact every day			0.16
	Housework: more than 2 hours a day			0.01
	Commute: 45 minutes or longer			-0.06
R²		0.21	0.22	0.23

Notes: Linear regression model includes a first control for country ($R^2 = 0.08$ for country only). The first control is country effects, which explain around 8% of life satisfaction. The data are weighted by selection probability weights. All coefficients shown are significant. Significance of colours: green = high positive coefficient, red = high negative coefficient. Please see note to Figure 1 for details of Q4. EU28 data.

When controlled for socioeconomic background, women have a higher life satisfaction than men, although the difference is relatively small. In addition, when controlling for all these factors, being born in another country only has a small negative effect – but this is stronger for people from another EU country.

When controlling for all socioeconomic variables, having a family is shown to increase life satisfaction: living with a partner adds around 0.4 points and having a child a further 0.2 points. This runs counter to studies that identified the parenthood paradox.

A group of new predictors relating to daily activities/time use were included in this analysis:

- participating in sports or exercise at least weekly;
- using the internet for leisure daily;
- having face-to-face contact with friends or family outside the household every day;
- having telephone or internet contact with friends or family outside the household every day;
- doing more than two hours of housework and/or cooking every day;
- commuting for at least 45 minutes daily to work or school.

When controlling for other variables, participating in sports or exercise increases life satisfaction, as does daily recreational internet use (both +0.3 points). Both daily face-to-face and telephone/internet contact with family or friends outside the household also adds to life satisfaction. A long commute to work or school results in a slight but statistically significant decrease in life satisfaction. However, doing housework or cooking for over two hours a day on average – carried out by 29% of the population – does not decrease life satisfaction.

A similar regression analysis for happiness (data not shown) further confirms that the two concepts are different, as the predictors of happiness show a different picture. A key finding is that income, employment status and education are less important for happiness than for life satisfaction, although they remain significant. Being from a different country also has a much lower effect on happiness when controlling for other socioeconomic variables.

However, living with a partner has a higher positive effect on happiness (+0.7 points), as does having children, when controlled for time use.

Carrying out housework or cooking for over two hours every day decreases happiness by -0.1 points, whereas it does not affect life satisfaction in this way.

Health, including mental health

Health is a key determinant of well-being. Differences or inequalities in health are an area in which there is increasing policy focus. EQLS data shed light on changes across the EU population as a whole and in relation to groups of particular concern.

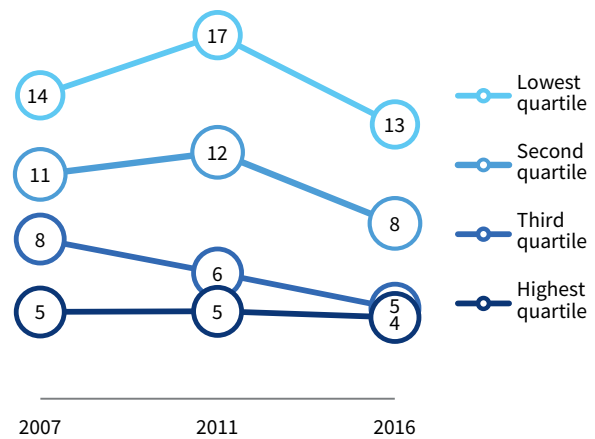
In 2016, 7% of people in the EU reported having ‘bad’ or ‘very bad’ health (hereafter ‘bad health’, unless specified), an improvement on the figure for 2011 (9%) – and also an improvement on the pre-crisis figure in 2007 (8%). These changes may seem slight, but the implication is that from 2007 to 2011 people were 9% more likely to report bad health, and from 2011 to 2016 they were 22% less likely to do so (15% when comparing 2016 with 2007).

There are stark differences in terms of self-reported health between population groups classified in different income quartiles (Figure 4).

Overall, little has changed for the top (fourth) income quartile, with about 1 in 20 people reporting bad health. In the third income quartile, self-reported health has continued to improve over the past decade, including during the crisis.

For the bottom income quartile in particular, developments have been more volatile. The proportion of people reporting bad health increased in 2011, but levels dropped in 2016 to reach levels that are lower than in 2007. However, a more positive development can be seen in the second-lowest income quartile, where the proportion of people reporting bad health declined from 11% in 2007 to 8% in 2016.

Figure 4: Proportion of people reporting bad health, by income quartile (%)



Notes: Q48: ‘In general, how is your health? 1. Very good; 2. Good; 3. Fair; 4. Bad; 5. Very bad’. Based on the responses ‘bad’ and ‘very bad’ health. EU28 data.

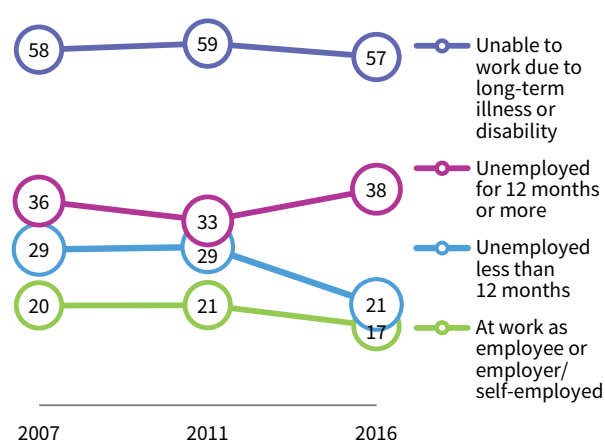
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With regard to mental health and well-being, the EQLS asks several questions that can be used to construct an indicator of mental health, based on the WHO Mental Well-being Index (WHO-5). On a scale from 0 to 100, people with a WHO-5 score of 50 or lower are considered at risk of depression (Topp et al, 2015). While the WHO-5 assesses whether someone is at risk of depression rather than diagnosing actual depression, it is useful for comparing population groups.

Overall in 2016, 22% of people in the EU were at risk of depression according to this measure, down from 25% in 2011. The proportion of people at risk of depression is lower than in 2007 (24%), but it still affects over one in five of the population all the same.

As in the case of self-reported health, income levels are important. The proportion of people found to be at risk of depression in 2016 in the top income quartile is half of that in the bottom income quartile: 16% compared to 32%. There is an improvement across all income

Figure 5: Proportion of people at risk of depression among the employed, unemployed and those unable to work due to illness or disability (%)



Notes: The WHO-5 index is calculated from responses to five items such as 'My daily life has been filled with things that interest me' on a six-point scale (0–5) ranging from 'all of the time' to 'at no time'. The scores to these five questions can amount to a maximum raw score of 25, which is then multiplied by 4 to get a maximum of 100. Q51: 'Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. a. I have felt cheerful and in good spirits. b. I have felt calm and relaxed. c. I have felt active and vigorous. d. I woke up feeling fresh and rested. e. My daily life has been filled with things that interest me'. Answer categories are: All of the time, Most of the time, More than half of the time, Less than half of the time, Some of the time, At no time, (Don't know), (Refusal). EU28 data.

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quartiles in 2016 compared with 2011, but this is especially the case with the second income quartile, where the proportion of those at risk fell from 28% to 24%.

Women seem to be at risk of depression more often than men (26% compared with 18%). However, it has been argued that men systematically tend to under-report symptoms of depression more than women (Hunt et al, 2010). While the impact of the crisis and recovery can be seen in the varying rates among men and women overall, there is one exception: the proportion of women in the lowest income quartile at risk of depression is constant at 36% in 2007, 2011 and 2016, being consistently the highest among all groups by income quartile and sex.

With regard to employment status, diverging shifts have occurred among the long-term and short-term unemployed (Figure 5). While the risk of depression has decreased in many groups, the change for the long-term unemployed was in the opposite direction – a cause for concern.

Positive functioning

The EQLS measures a wide range of aspects of well-being. Those that are related to good psychological functioning (see, for example, Huppert et al, 2009) and are also seen to reflect purpose and meaning in life (also termed 'eudaimonic' well-being; OECD, 2013a) are reviewed below.

The strongest determinants of higher life satisfaction and happiness are having a sense of purpose, followed by optimism about one's future and autonomy (Table 2).

A sense of purpose in life is the most important of these measures for well-being. The majority of Europeans (78%) 'agree' or 'strongly agree' that what they do in life is worthwhile (the same as in 2011). This ranges from 53% of people in Greece to 90% in Ireland and the

Table 2: Positive functioning measures – life satisfaction and happiness

		Life satisfaction	Happiness
		Mean	Mean
Optimism for self: I am optimistic about my future	Agree	7.7	7.9
	Unsure	6.6	6.8
	Disagree	5.4	5.9
Optimism for children: I am optimistic about my children's or grandchildren's future	Agree	7.4	7.7
	Unsure	6.9	7.2
	Disagree	6.3	6.7
Sense of purpose: I generally feel that what I do in life is worthwhile	Agree	7.4	7.7
	Unsure	6.2	6.5
	Disagree	5.2	5.5
Autonomy: I feel I am free to decide how to live my life	Agree	7.4	7.7
	Unsure	6.5	6.8
	Disagree	5.5	6
Time: In my daily life, I seldom have time to do the things I really enjoy	Agree	7	7.3
	Unsure	6.8	7.1
	Disagree	7.3	7.5
Resilience: I find it difficult to deal with important problems that come up in my life	Agree	6.2	6.6
	Unsure	6.8	7
	Disagree	7.5	7.8
Resilience: When things go wrong in my life, it generally takes me a long time to get back to normal	Agree	6.3	6.6
	Unsure	6.8	7
	Disagree	7.5	7.8

Notes: Personal functioning measures are based on Q7a–g with answers to the statements listed in the left column of the table given on a scale of 1–5 ('strongly agree' to 'strongly disagree'). People are categorised into three groups for each statement: 'Agree' = agrees or strongly agrees with the statement, 'Unsure' = neither agrees nor disagrees, 'Disagree' = disagrees or strongly disagrees. The table shows the life satisfaction and happiness scores for these categories. Significance of colours: green = high life satisfaction or happiness, red = low life satisfaction or happiness. EU28 data.

Netherlands. There is little difference between men and women in this regard, and the correlation with life satisfaction and happiness remains even after controlling for age and employment status. However, both age and being in employment matter. Feeling a sense of purpose is relatively similar across age groups until approximately the age of 50, after which it drops, and it is lowest for those aged over 65 (72%). This age difference is likely to be correlated with employment status: 83% of employed people feel what they do is worthwhile, compared to 72% of retired people, while those working beyond the age of 65 are more likely to feel this (82%). However, being in good health and having care responsibilities adds to a person's sense of purpose for both young and old.

Approximately three-quarters of Europeans (76%) assert that they have autonomy over their life (similar to 2011, 75%). Having a higher income and being in employment add considerably to the sense of autonomy. Countries where people report the lowest sense of autonomy are Greece (43%), Hungary (61%) and Bulgaria (67%), while the highest is found in Sweden (91%), Ireland (88%) and the United Kingdom

(86%). Overall, there is little difference between men and women in terms of autonomy, though large differences were found in Lithuania, where 82% of men and only 72% of women reported that they felt free to decide how to live their life, and Portugal, where 82% of men and 75% of women did so.

Over one-third (36%) of people in the EU feel that they seldom have time to do things they enjoy (the same as in 2011). The question does not explicitly refer to work pressures, but as expected, those in employment are more likely to feel they lack time than those not currently working (43% compared with 29%).

Optimism about the future

In the 2016 EQLS, the question on optimism was divided into two parts. While in previous rounds of the survey, people were asked about optimism about the future in general, in the current survey people were asked about their own future in the first place and if they are optimistic about their children's or grandchildren's future in the second. A comparison of the findings in different survey rounds reveals interesting differences between how people answered these questions (Table 3).

Table 3: Trends in optimism, 2007–2016 (%)

	2007 (future)	2011 (future)	2016 (own future)	2016 (children's/ grandchildren's future)
Sweden	84	85	85	83
Denmark	85	84	84	80
Ireland	79	68	81	79
Finland	76	74	81	86
Luxembourg	57	59	77	61
Netherlands	72	67	74	63
United Kingdom	57	54	74	64
Austria	59	61	73	61
Estonia	68	63	73	77
Malta	63	58	72	77
Poland	64	62	71	77
Latvia	57	54	69	77
Germany	59	65	68	58
Slovenia	63	48	66	56
Spain	68	57	66	57
EU28	55	52	64	57
Lithuania	57	60	63	69
Romania	54	53	63	63
Belgium	51	48	62	48
Czech Republic	48	47	60	52
Hungary	33	43	59	58
France	43	41	59	42
Bulgaria	43	52	58	66
Cyprus	51	46	55	55
Croatia	56	56	55	58
Portugal	36	29	54	54
Slovakia	42	25	52	56
Italy	37	33	47	41
Greece	53	20	31	25

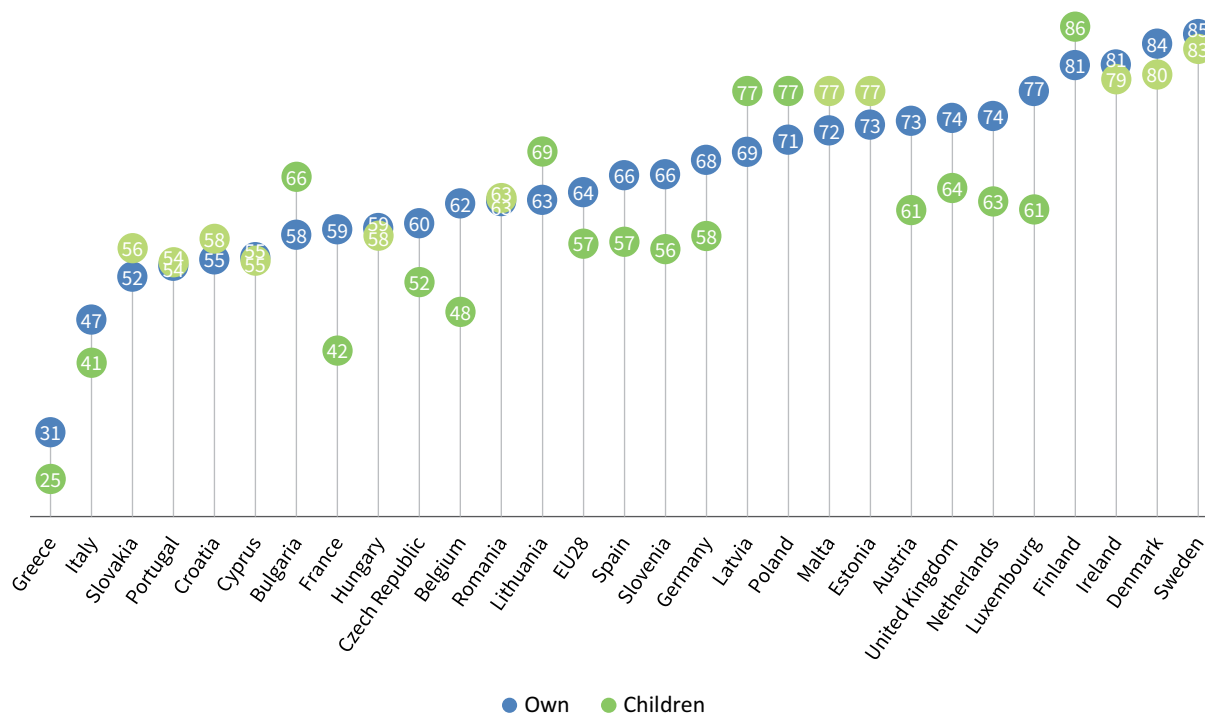
Notes: Country order is based on a value scale from highest to lowest for 2016 (own future). Q7a–b): ‘To what extent do you agree or disagree with the following statements? a. I am optimistic about my future; b. I am optimistic about my children’s or grandchildren’s future’. EU28 data.

In almost all countries, people were more optimistic about their own future in 2016 than they had been about the future in general in 2011. One reason for this is likely to be that Europe in 2011 was feeling the deep effects of the economic crisis, and this is reflected in the general decline in optimism about the future between 2007 and 2011. A second reason may be the change in the phrasing of the question to emphasise ‘own future’; this may have prompted people to concentrate on their

own lives instead of considering long-term trends such as the environment or political unrest. In most countries, however, optimism about the future of future generations is also higher than the general optimism levels reported in 2011, underlining that the crisis was probably the main reason behind low optimism in 2011.

Comparing people’s optimism about their own future and that for their children and grandchildren reveals interesting differences between countries (Figure 6).

Figure 6: Optimism about own future and children’s/grandchildren’s future, 2016 (%)



Notes: Please see note to Table 3 for details of Q7 a–b. Significance of colours: lighter shade of green = The confidence intervals of children’s/grandchildren’s future and own future overlap in a given country. EU28 data.

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In 11 countries, the difference between optimism about respondents’ own future and their children’s or grandchildren’s future is not significant. Among these are the countries with the highest optimism overall (Denmark, Ireland, Sweden) – but also countries with low overall optimism (Cyprus and Portugal).

In five countries, but especially in Bulgaria, Latvia and Lithuania, people are more optimistic about the future of the next generations than about their own future. This may be explained by the fact that people in these countries have experienced considerable improvements in their overall quality of life in the past decades, providing hope for further improvements in the future.

However, in 12 other countries (led by France, Luxembourg and Belgium), people are more pessimistic about their children’s future than about their own. Most of the countries in this group are developed countries in western Europe. One hypothesis for this finding is that, in these countries, a generation has grown up that has experienced a decline in living standards following the recession², whereas in lower income countries the overall trend of improving living standards for the current generation has been foremost. Other factors, such as worries about the environment or terrorism,

may also play a part in these differences, but more research is needed to examine this.

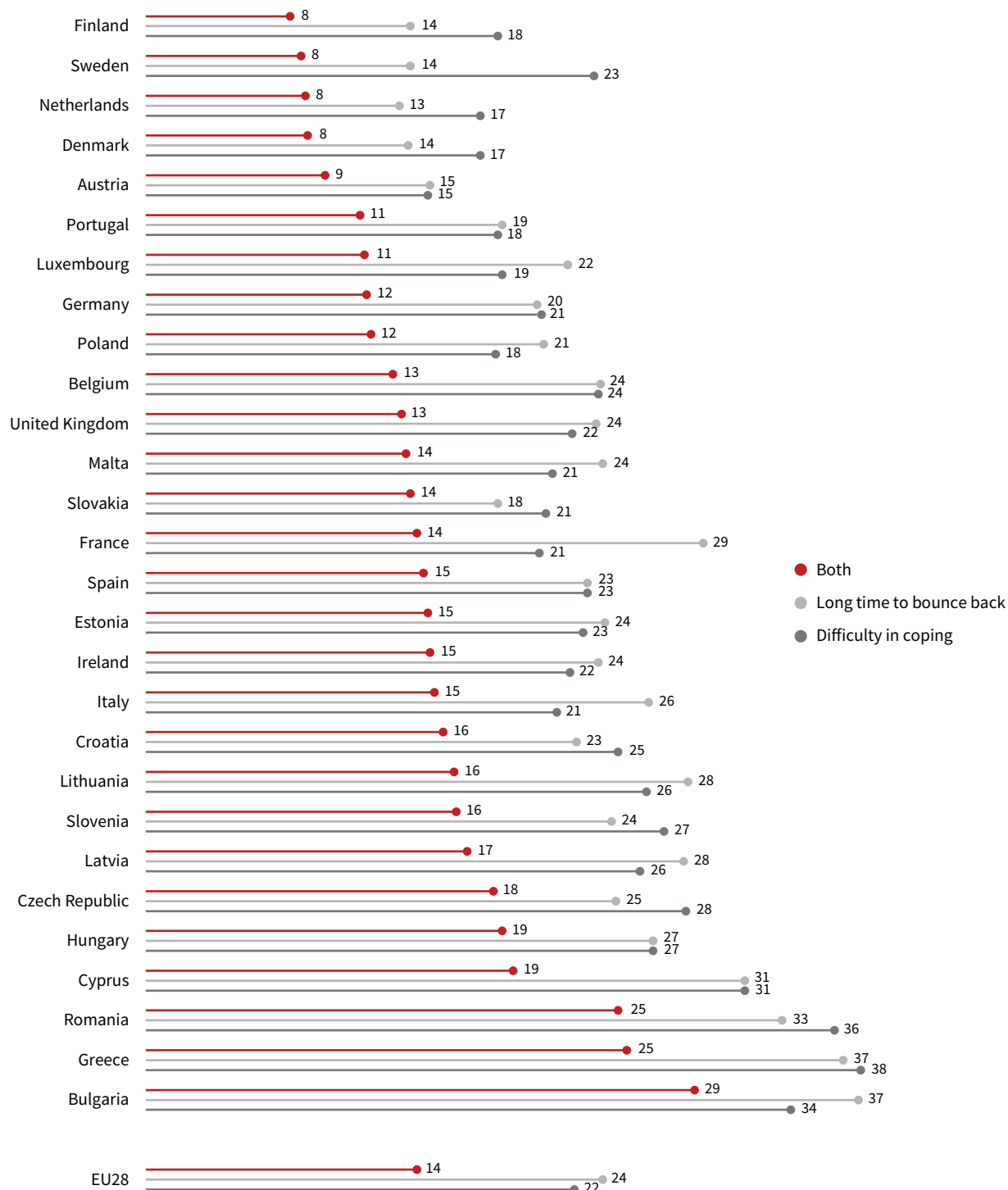
Perceived resilience

Two new questions were asked for the first time in the 2016 EQLS: ‘I find it difficult to deal with important problems that come up in my life’ and ‘When things go wrong in my life, it generally takes me a long time to get back to normal’. These questions are intended to measure how people perceive their own resilience. However, people’s answers to them are likely to depend on whether they have ever been in a situation when they had to deal with problems and on the seriousness of those problems. If they had such experiences, they would be giving their opinion based on facts; otherwise they would be making a hypothetical evaluation.

While the two questions measure two different aspects of resilience, one in terms of the capacity to deal with problems, and the other the time it takes to bounce back, they have a strong correlation at both country level ($R^2 = 0.7$) and individual level ($R^2 = 0.4$). Overall, fewer than a quarter of people agree with either of the statements (22% and 24%, respectively), signifying low resilience, and only 14% agree with both statements, signifying very low resilience (Figure 7).

2 This argument was put forward in a US context, where optimism in children’s future has been declining (Washington Post, 2014).

Figure 7: Proportion of people reporting low resilience, by country (%)



Notes: Resilience was measured on a five-point scale with the following questions: Q7 f–g: ‘To what extent do you agree or disagree with the following statements? f. I find it difficult to deal with important problems that come up in my life; g. When things go wrong in my life, it generally takes me a long time to get back to normal (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree)’. The chart shows the proportion of people answering ‘agree’ or ‘strongly agree’. EU28 data.

eurofound.link/0007

There are large differences in the proportion of people with low resilience by country (Figure 7). Bulgaria, Greece and Romania have the highest proportions of people with very low resilience, while Finland, the Netherlands and Sweden have the lowest. These country differences suggest that, rather than reflecting

individual differences regarding intrinsic resilience, these answers signal that in certain countries people may be more likely to have had to deal with problems in general and/or that the problems they have had to deal with are more serious.

This is mirrored in findings when looking at perceived resilience for people in the most difficult situations. When looking at employment status, it seems that the group reporting the lowest resilience are those unable to work (43% on each measure, 30% reporting both) and those who have been unemployed for more than 12 months (42% on each measure, 27% reporting both), while persons in employment report feeling the most resilient. The feeling of resilience also increases with relative income: around one-third of people report low resilience in the lowest income quartile, falling to 15%–18% in the highest income quartile.

People born in countries other than the survey country also feel less resilient than the native population; approximately 30% of migrants from outside the EU find it difficult to deal with problems and 29% need a long time to bounce back. These values are 24% and 28%, respectively, for migrants from another EU country and 22% and 23%, respectively, for nationals. This is also likely to be related to previous experiences in facing difficulties.

Overall, men feel somewhat more resilient on both measures than women: 21% and 24%, respectively agreeing about difficulty in dealing with problems, and 22% and 26% regarding the time needed to bounce back. This difference is highest in Bulgaria, Greece and Portugal where there is a difference of over 7 percentage points in agreeing with both statements.

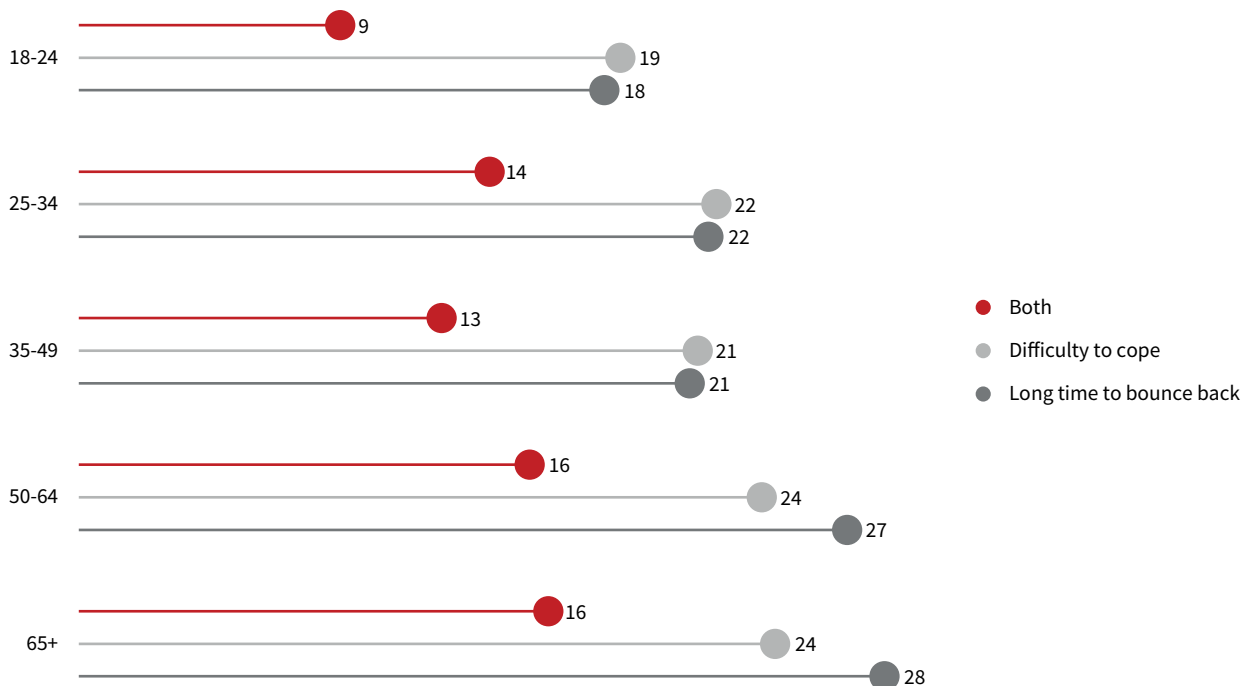
However, in a few countries, the opposite is seen, with women feeling somewhat more resilient than men: this is especially the case in the Netherlands and the United Kingdom.

Perceived resilience decreases with age, especially after age 50, and the decrease is larger regarding the time needed to bounce back (Figure 8).

Perceived resilience correlates positively with mental well-being variables. The correlation is strongest between both resilience statements and the statement ‘I have felt cheerful and in good spirits’. People who report higher mental well-being ‘all or most of the time’ over the past two weeks are less likely to report low resilience. The correlation is even stronger with the negative statements, especially with the statement ‘I have felt downhearted and depressed’.

In addition, perceived resilience seems to have a strong relationship with whether people have anybody to turn to for support (Table 4). People who say they have nobody to turn to in various difficult situations report lower resilience, providing further support for the argument that resilience is not an intrinsic quality, but depends on circumstances. As Table 4 shows, over 30% of people report low resilience if they have nobody to ask for help around the house when they are ill, when needing money for an emergency, when needing help with childcare, or when needing someone to talk to or advice on a serious problem.

Figure 8: Proportion of people reporting low resilience, by age group (%)



Note: Please see note to Figure 7 for details of Q7 f–g. EU28 data.

eurofound.link/0008

Table 4: Perceived resilience and sources of support, 2016

Who would you ask for help?		% perceiving low resilience in terms of...		
		Difficulty in coping	Long time to bounce back	Both
If needed help around the house when ill	Family	22	23	14
	Friend or neighbour	23	26	15
	Service provider	26	26	17
	Nobody	31	38	20
If needed advice about a serious problem	Family	22	24	14
	Friend or neighbour	22	22	13
	Service provider	29	32	20
	Nobody	28	30	21
If needed help when looking for a job	Family	23	24	15
	Friend or neighbour	20	20	11
	Service provider	21	24	13
	Nobody	24	26	17
If feeling a bit depressed and wanted someone to talk to	Family	22	24	14
	Friend or neighbour	21	22	12
	Service provider	33	35	23
	Nobody	30	30	20
If needed to urgently raise money for an emergency	Family	21	23	13
	Friend or neighbour	24	26	16
	Service provider	22	22	12
	Nobody	30	31	20
If needed help in childcare	Family	20	20	12
	Friend or neighbour	23	23	14
	Service provider	31	32	15
	Nobody	33	36	24

Notes: Significance of colours: green = higher resilience, red = lower resilience. Resilience was measured on a five-point scale with Q7 and Q40. Q7: 'To what extent do you agree or disagree with the following statements? f. I find it difficult to deal with important problems that come up in my life. g. When things go wrong in my life, it generally takes me a long time to get back to normal (strongly agree; agree; neither agree nor disagree; disagree; strongly disagree)'. The chart shows the proportion of people answering 'agree' or 'strongly agree'. Sources of support was measured with the following question: Q40: 'From whom would you get support in each of the following situations? For each situation, choose the most important source of support'. EU28 data.

Key points

- Life satisfaction increased between 2011 and 2016 in some EU countries, but especially in Estonia, Hungary and the United Kingdom, along with increased satisfaction with standard of living in Bulgaria, Estonia, Hungary and Poland. In Greece, Italy and Spain, however, life satisfaction worsened during this period – a source of concern as it continues the downward trend from before the economic crisis.
- An often reported U-shaped relationship between age and life satisfaction was confirmed only in the United Kingdom. More commonly, life satisfaction decreases in middle age and remains stable afterwards. In much of western Europe, it remains stable with age, but in some countries, especially in eastern Europe, life satisfaction gradually – and in some cases drastically – decreases with age. It is important to look for reasons behind this and to identify specific groups of older people in these countries who may have particular problems.

- The most important predictor of life satisfaction is self-perceived poor health, followed by unemployment, low relative income and low education. Groups having the lowest life satisfaction already also had the largest decreases in subjective well-being between 2011 and 2016, especially the long-term unemployed and those reporting very bad health.
- Self-reported health is consistently worse for lower income groups than for others. The greatest improvements occurred in the middle two income quartiles, with the second highest income quartile showing an improvement from both the 2007–2011 and 2011–2016 waves, while the second lowest income quartile has more than bounced back in comparison to 2007, even though it had worsened in 2011.
- Similar differences in relation to income and change over time can be found for mental health. However, particular disadvantage with little change over 2007, 2011 and 2016 is noted for women in the lowest income quartile, where consistently over one-third is at risk of depression.
- When controlling for socioeconomic variables, women have a slightly higher level of life satisfaction than men, while being from another country has a small negative effect, which is especially pronounced for within-EU migrants.
- After controlling for socioeconomic status and time use, a ‘parenting paradox’ was not found, as having children was associated with greater happiness and life satisfaction. Having a partner is also significant for life satisfaction and happiness: single parents are one of the groups most subject to low subjective well-being, although this has recently improved.
- The positive effect of higher education on life satisfaction when controlling for income highlights its intrinsic value that goes beyond getting a good job and having a high salary.
- Both regular exercise and use of the internet (other than for work) have been shown to be associated with a higher subjective well-being.
- Optimism in one’s own future has increased since 2011 (when compared with optimism in general). In many eastern European countries, people are more optimistic about their children’s future, having experienced improvements in quality of life, while in some other countries, mostly in western Europe, people are less optimistic about the prospects for future generations than for their own, possibly due to having experienced a decrease in living standards in this generation.
- Having a sense of purpose in life decreases after the age of 50, but improves for those who continue to work after retirement and for those involved in childcare or long-term care. This shows the importance of social and public recognition of care responsibilities and of providing support for older people who care for others, especially in the context of an ageing population.
- Perceived resilience is lowest for people in the most difficult situations, such as long-term unemployment, having a low income or having moved from another country. It also decreases with age and correlates with mental well-being. However, perceived resilience is higher if help is available from family or friends in difficult situations, or if people with serious problems can turn to service providers. All this suggests that resilience is not an intrinsic quality, but depends strongly on circumstances.
- All countries score high on at least one well-being measure within the EU, and with a few exceptions, all are near the bottom in at least one measure, highlighting economic but also possibly cultural differences. Overall, the level of well-being is of most concern in Greece, which is near the bottom in almost all measures of well-being. In addition, many of these measures have continued to deteriorate in the past five years after already worsening in the post-crisis period.

Living standards and deprivation

When the EQLS was established in 2003, one of the central notions was that enabling people, as far as possible, to achieve their ambitions and choose their desired lifestyle was a central element in improving quality of life (Eurofound, 2003). The 2008 economic and financial crisis had a huge impact on the opportunities and choices of many Europeans, even though some countries managed to avoid severe hits.

While there are signs that many Europeans are beginning to feel an improvement after years of financial hardship and growing deprivation, the EQLS provides an opportunity to examine growing concerns that not all subgroups in the population are equally benefiting from the recovery. In understanding material hardship in particular, it is important to acknowledge that a person's living standard, opportunities and choices are related not only to income but also to housing situation and costs, wealth, benefits and services received, as well as their needs and those of their households. The EQLS proposes several indicators that help to provide broader estimations of people's living conditions than is indicated, for example, by statistics regarding monetary poverty only.

EU policy context

Since the onset of the crisis, income inequality in the EU has increased because the process of income convergence has stalled and income inequalities within countries have expanded (Eurofound, 2017c).

Despite the favourable evolution in the labour market, the EU is still far off track from achieving the Europe 2020 target of lifting at least 20 million people from poverty or social exclusion by 2020 (European Commission, 2016a). It may well be that it is too early for official statistics to capture any improvements, but the early signs (reductions in the housing cost overburden rate and in the severe material deprivation rate) suggest that poverty rates will also go down. Nonetheless, almost 118 million Europeans in 2016 were at risk of poverty and social exclusion, and large differences between groups remain (European Commission, 2017a).

These inequalities between groups represent an area of strong policy interest. Pension systems can play an important role in addressing poverty among the elderly. It is now increasingly recognised that getting people into work is not always sufficient to lift them out of poverty. Increases in self-employment and other forms of non-standard employment have led to the recommendation in the European Pillar of Social Rights to ensure that all workers, regardless of their contract, have the right to social protection (European Commission, 2017a).

Satisfaction with standard of living

While it may be early days for positive macroeconomic developments to result in falling poverty levels, Europeans are now less gloomy about their financial situation than they were in 2011. The 2016 EQLS data show that 65% of Europeans feel that the financial situation of their household has remained the same compared with 12 months ago, with 14% saying it has got better and 21% saying it has got worse. In 2011, 35% felt that their financial situation had deteriorated over the previous 12 months. With the exception of Greece, the majority view in 2016 was that the financial situation had not changed, whereas in the 2011 wave there were several countries where the answer most frequently given was that the financial situation of the household had become worse compared with the 12 months previously.

Although large differences remain, a return to more convergence in terms of satisfaction with living standards can be observed from the results of the 2016 wave, following a period of more diverging patterns during the crisis years. In 15 Member States, satisfaction with the standard of living has improved significantly since 2011 (Table 5). Nine of these countries are in eastern Europe and two in southern Europe (Malta and Portugal). Furthermore, as Figure 9 shows, in 2016 the difference in satisfaction levels between those in the lowest and the highest income quartiles was smaller than it was during the height of the crisis (2011) and prior to its onset in 2007 (Table 6).

Table 5: Trends in living standard satisfaction levels, by country

	2003	2007	2011	2016	Trend
Denmark	8.4	8.5	8.3	8.3	
Sweden	7.7	8.2	7.9	8.2	
Austria	8	7	8	8.1	
Luxembourg	7.9	8.1	7.8	7.8	
Ireland	7.6	7.2	7.3	7.8	
United Kingdom	7.4	7.5	7.3	7.7	
Netherlands	7.5	7.8	7.7	7.7	
Finland*	7.6	7.8	7.6	7.6	
Germany	7.5	7.1	7.2	7.4	
Malta	7.5	7.5	7	7.3	
Belgium	7.6	7.4	7.4	7.1	
France	6.9	7.2	6.9	6.9	
Portugal	6	6.1	6.5	6.8	
Spain*	7	6.9	6.9	6.8	
Poland	5.5	6.3	6.2	6.7	
Slovakia	5.1	6.7	6.3	6.7	
Estonia	5.7	6.6	6.2	6.7	
Romania	6.1	6.4	6.4	6.7	
Hungary	5.8	5.3	5.8	6.6	
Italy	7.1	6.7	6.8	6.6	
Cyprus	6.9	7	7.5	6.6	
Czech Republic	6.2	6.5	6.3	6.6	
Slovenia	6.6	6.6	6.3	6.4	
Lithuania	5.1	6.1	6.1	6.4	
Latvia	5.8	5.6	5.9	6.2	
Croatia	N/A	5.7	5.9	6	
Bulgaria	4	4.5	4.7	5.6	
Greece	6.6	6.5	5.9	5.5	
EU28	6.9	6.9	6.9	7.0	

Notes: Country order is based on value scale from highest to lowest for 2016.

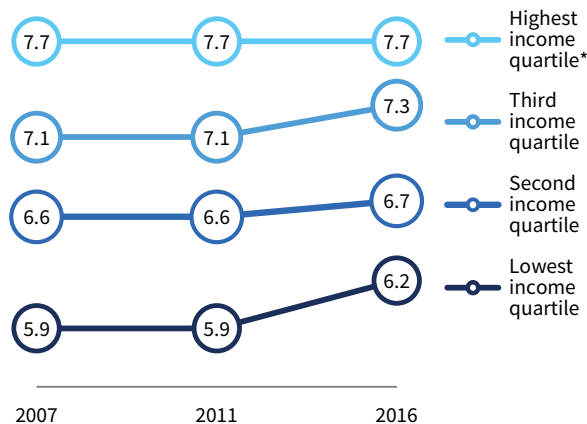
* No statistically significant change was recorded between any wave of the EQLS. Significance of colours: green = statistically significant improvement between 2011 and 2016, red = significant deterioration in the same period. Q6: 'Could you please tell me on a scale of 1 to 10 how satisfied you are with each of the following items, where 1 means you are very dissatisfied and 10 means you are very satisfied? c. Your present standard of living'. EU28 data.

Self-reported difficulties in making ends meet

Asking about difficulties in making ends meet is a useful way of capturing changing levels of financial hardship, as many factors that affect a person's situation may not be reflected in the usual statistics on income or relative measures of poverty. Together with information on absolute poverty levels or on specific deprivation items, information on difficulties in making ends meet is helpful to complement the AROPE measure which is linked to median incomes.

Relying only on measures linked to median income could hide the emerging and actual trends in hardship. For example, when the median income fell in Cyprus and Greece – and to a lesser extent in Ireland and the United Kingdom – after the crisis, the poverty threshold was lowered accordingly. In this way, the numbers of people being counted as poor also decreased in statistics, while the trends regarding the numbers of people reporting hardship or particular difficulties were different.

Figure 9: Trends in living standard satisfaction levels, by income quartile



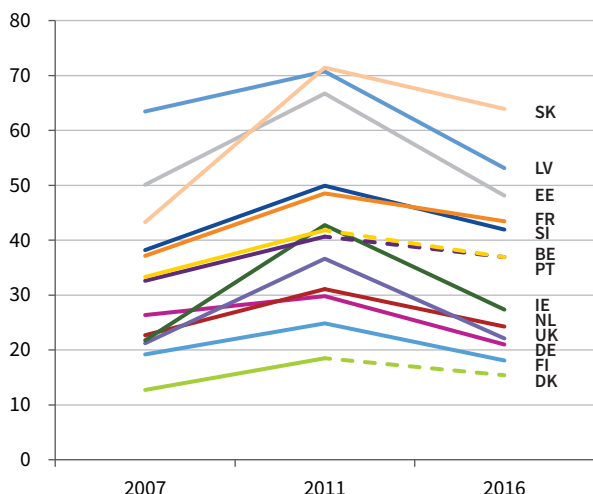
Notes: *In the highest income quartile, no statistically significant change was recorded between any wave of the EQLS. Significant improvement between 2011 and 2016 was observed in the other income quartiles. Please see Table 5 for details of Q6.

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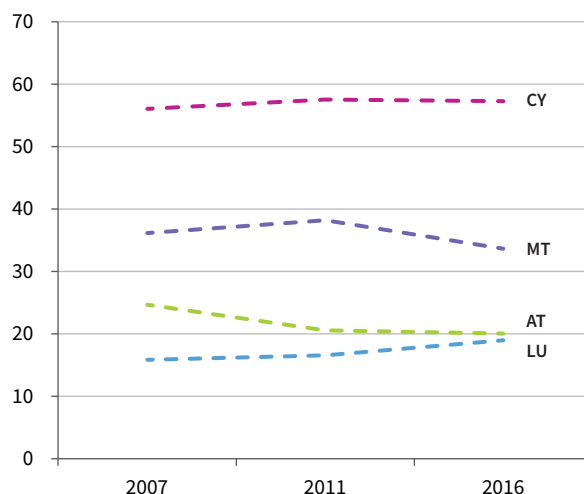
At the time of the previous EQLS in 2011, this measure of financial hardship was one of the indicators (along with trust in institutions) for which the largest increases were recorded compared with the 2007 wave. Bulgaria is the only country where the share of people reporting difficulties ('some' to 'great') has consistently declined since the first EQLS, going down from 90% in 2003 to 63% in 2016. In most countries, the proportion of people reporting difficulties in making ends meet is now lower in 2016 than in 2011 (Figure 10 A,C). However, there are a few exceptions (Figure 10 D): in Italy (+9 percentage points) and Croatia (+8 points) in particular, the proportion reporting difficulties was higher in 2016 than in 2011. Nevertheless, the level of self-reported difficulty in seven countries (Croatia, France, Greece, Ireland, Italy, Slovakia, Spain) remains higher than before the onset of the crisis in 2007.

Figure 10: Trends in proportion of Europeans reporting difficulties making ends meet, by country (%)

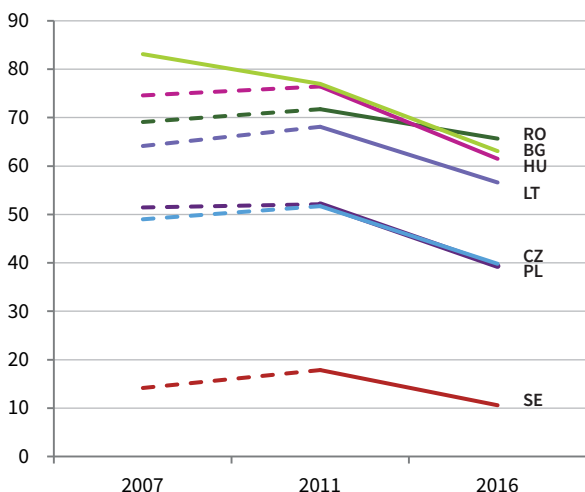
A. Increase but return towards similar level of difficulties as in 2007



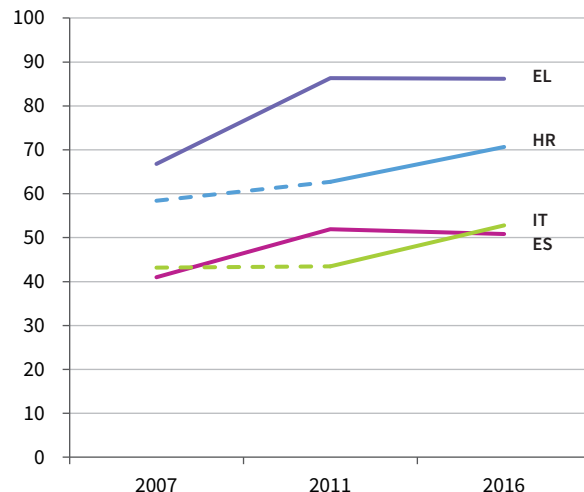
B. Stability across 2007, 2011 and 2016



C. Improvement: less difficulties since 2007



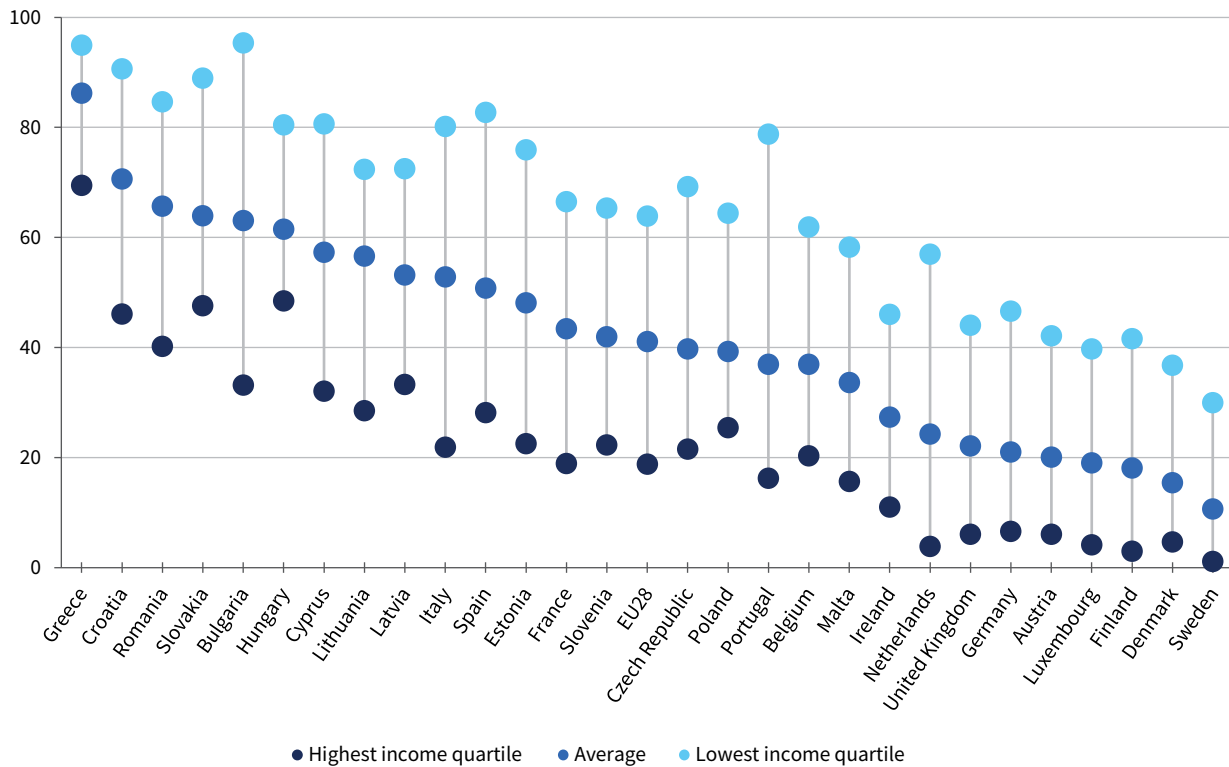
D. No improvement/deterioration: more difficulties since 2007



Notes: Q88: 'A household may have different sources of income and more than one household member may contribute to it. Thinking of your household's total monthly income: is your household able to make ends meet...?' Answer categories are: 1. Very easily; 2. Easily; 3. Fairly easily; 4. With some difficulty; 5. With difficulty; 6. With great difficulty. Based on the responses 'some' to 'great' difficulty making ends meet. Z-tests were used to assess statistical significance using Bonferroni correction: the dashed line indicates that the change between two points in time was not significant. EU28 data.

eurofound.link/0010

Figure 11: Reporting difficulties making ends meet, by income quartile (%)



Note: Please see note to Figure 10 for details of Q88. EU28 data.

eurofound.link/0011

Many European households continue to find it difficult to make ends meet. When asked about their household’s total monthly income, 6% of respondents in the 2016 EQLS report great difficulty in making ends meet, whereas 10% say it is very easy for their household. Overall, 41% report ‘some’ to ‘great’ difficulty, but there are large differences between Member States (Figure 11). Even in the most affluent countries, over 10% report difficulties in making ends meet.

The length of the line in Figure 11 shows the difference between the lowest and the highest income quartiles in each country. The difference between those in the lowest income quartile and those in the highest is particularly large in Bulgaria, Italy and Portugal, though there are also large differences in countries such as France and the Netherlands. Even in the most affluent Member States, at least 30% of people in the lowest income quartile experience difficulties in getting by.

Figure 11 also highlights the disparity between Member States. In Sweden, for instance, the proportion of those in the lowest income quartile reporting difficulties making ends meet is less than the proportions noted for the highest income quartiles in Croatia, Greece, Hungary, Romania and Slovakia.

The positive trend noted since 2011 applies to all income quartiles, and to both urban and rural areas (Table 6). For Europeans in the third income quartile, however, the proportion reporting difficulties in making ends meet is below the level recorded in 2007 and this is

the case for both rural and urban areas. The only other group where the level in 2016 is below that recorded in 2007 is people in the lowest income quartile living in rural areas.

Table 6: Reporting difficulties in making ends meet, by income quartile (%)

		EU28	Rural area	Urban area
Lowest quartile	2007	65%	68%	62%
	2011	71%	72%	70%
	2016	64%	65%	62%
Second quartile	2007	49%	48%	51%
	2011	55%	56%	54%
	2016	51%	52%	50%
Third quartile	2007	35%	34%	37%
	2011	38%	36%	40%
	2016	30%	29%	32%
Highest quartile	2007	17%	17%	17%
	2011	21%	20%	22%
	2016	19%	19%	19%
Total	2007	38%	38%	38%
	2011	45%	46%	44%
	2016	39%	39%	38%

Notes: Significance of colours: green = lower proportion of people having difficulties making ends meet, red = higher proportion. Based on responses ‘some’ and ‘great’ difficulty making ends meet. Please see note to Figure 10 for details of Q88. EU28 data.

Overall, people living in rural and urban areas give similar assessments of their financial hardship, even if there are small differences between those in the lowest income quartile – 65% of rural residents have difficulties making ends meet compared with 62% in urban areas. Factors such as age, education, socioeconomic status and household composition also matter.

These patterns differ not only within countries but also between countries, as Figure 12 illustrates. In many continental and northern European countries, where pension systems are well developed, people aged 65 and over are significantly less likely to report financial hardship than younger people in their country; the opposite is the case in many eastern and southern European countries, where a considerably greater proportion of older people report difficulties in making ends meet than younger people. On average in the EU, two people in five (39%) report difficulties in making ends meet. An examination of where these Europeans with financial difficulties live shows that financial hardship is present in countries that often escape attention when the focus is on country comparisons: out of the total number of those who report difficulties making ends meet, 17% live in Italy, 14% in France, 12% in Spain and 9% in Germany.

Three-quarters of long-term unemployed Europeans report difficulties in making ends meet. For those who have been unemployed for less than 12 months and people who are unable to work due to long-term illness or disability, the figures are slightly lower (65% and 63%, respectively). For all three groups, the situation has improved in the period since 2011. While the situation of unemployed people remains worse than before the onset of the crisis, the proportion of people with an illness or disability reporting difficulties in making ends meet has returned to similar levels as in 2007.

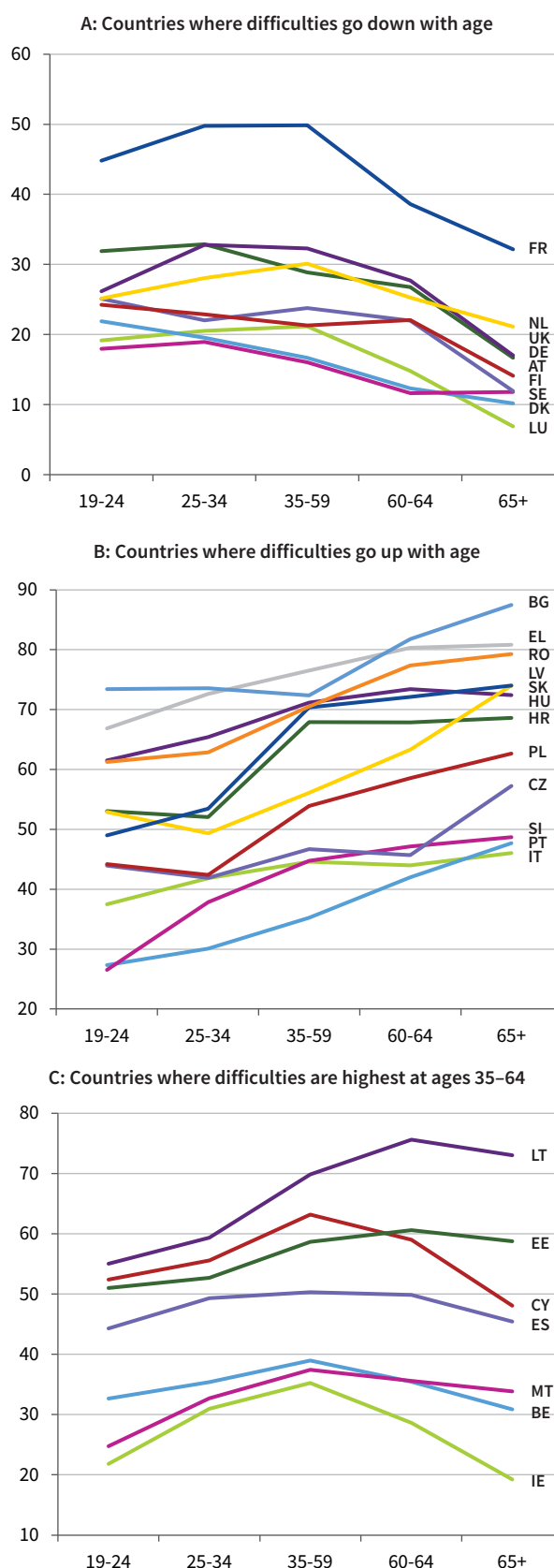
Areas of material disadvantage

The EQLS covers a broad range of questions that measure material disadvantage. While they complement official statistics on material deprivation, these questions go further to look at economising, arrears and debts, and energy poverty.

In line with official statistics, the latest EQLS shows that material deprivation in the EU is now less widespread than it was in 2011. Improvements have been recorded at EU level with regard to the affordability of six basic items:

1. keeping your home adequately warm;
2. paying for a week's annual holiday away from home (not staying with relatives);
3. replacing worn-out furniture;
4. having a meal with meat, chicken or fish every second day if desired;
5. buying new, rather than second-hand, clothes;
6. having friends or family for a drink or meal at least once a month.

Figure 12: Reporting difficulties making ends meet, by age group and country (%)



Note: Please see note to Figure 10 for details of Q88. EU28 data.

eurofound.link/0012

On average, a third of Europeans (33%) reports that their household cannot afford to pay for a week’s annual holiday – down from 37% in 2011. Some 30% cannot afford to replace worn-out furniture – down 5 percentage points since 2011. Three out of five Europeans (61%) say that their household is able to afford all six items, up from 55% in 2011.

At country level, the most positive development is recorded in Estonia, where the mean number of items a household cannot afford dropped from 2.6 in 2011 to 1.3 in 2016. Positive developments are noted in many other countries, too. Only in five countries – Austria, Croatia, Greece, Italy and Luxembourg – is the development negative, and no change is recorded in six countries. Despite minor differences, the country developments in the EU-SILC show a similar pattern. The EU-SILC, for instance, shows that the proportion of severely materially deprived people in Estonia fell from 9% in 2011 to 5% in 2015 (source: Eurostat data explorer; 2016 data are not yet available).

Economising

The EQLS 2016 includes a set of new questions designed to capture the adjustments people make in order to save on essentials or on housing costs. There is a close link between economising and material deprivation: people who do not experience material deprivation rarely economise and vice versa.

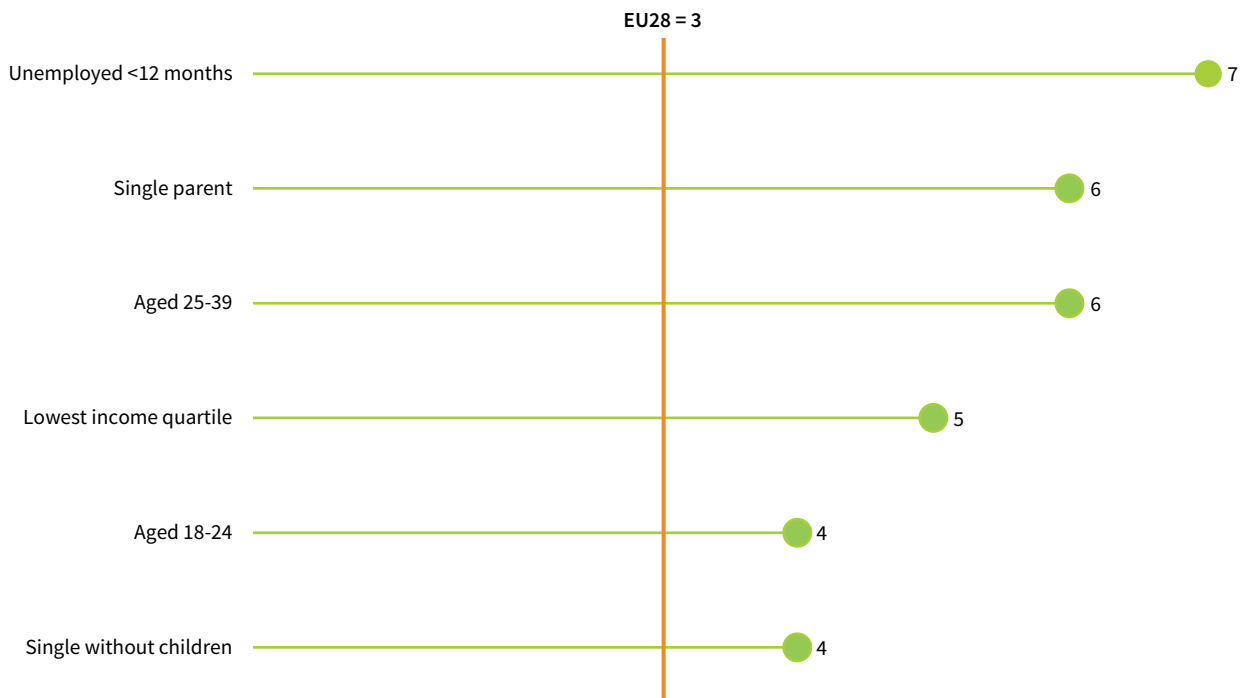
Although the proportion of people that report economising on housing costs is low – overall 3% of Europeans have moved to a cheaper home, taken in other people into their home or moved into someone else’s house over the last 12 months – the figures are higher for some of the more vulnerable groups (Figure 13).

The EQLS 2016 introduced four new items intended to measure whether people economise because money is needed for other essentials:

- going without fresh fruit and vegetables over the previous two weeks;
- buying cheaper cuts of meat or less meat than wanted over the same period;
- not going or delaying visits to the doctor;
- not going or delaying visits to the dentist.

In Romania (63%), Bulgaria (56%), Greece (54%) and Latvia (50%), half of the population or more had economised on at least one of the four items; in Croatia and Romania, 12% had economised on all four items. Even in Sweden (16%) and the Netherlands (15%), where economising is least prevalent, one-eighth of the population had taken at least one of these measures.

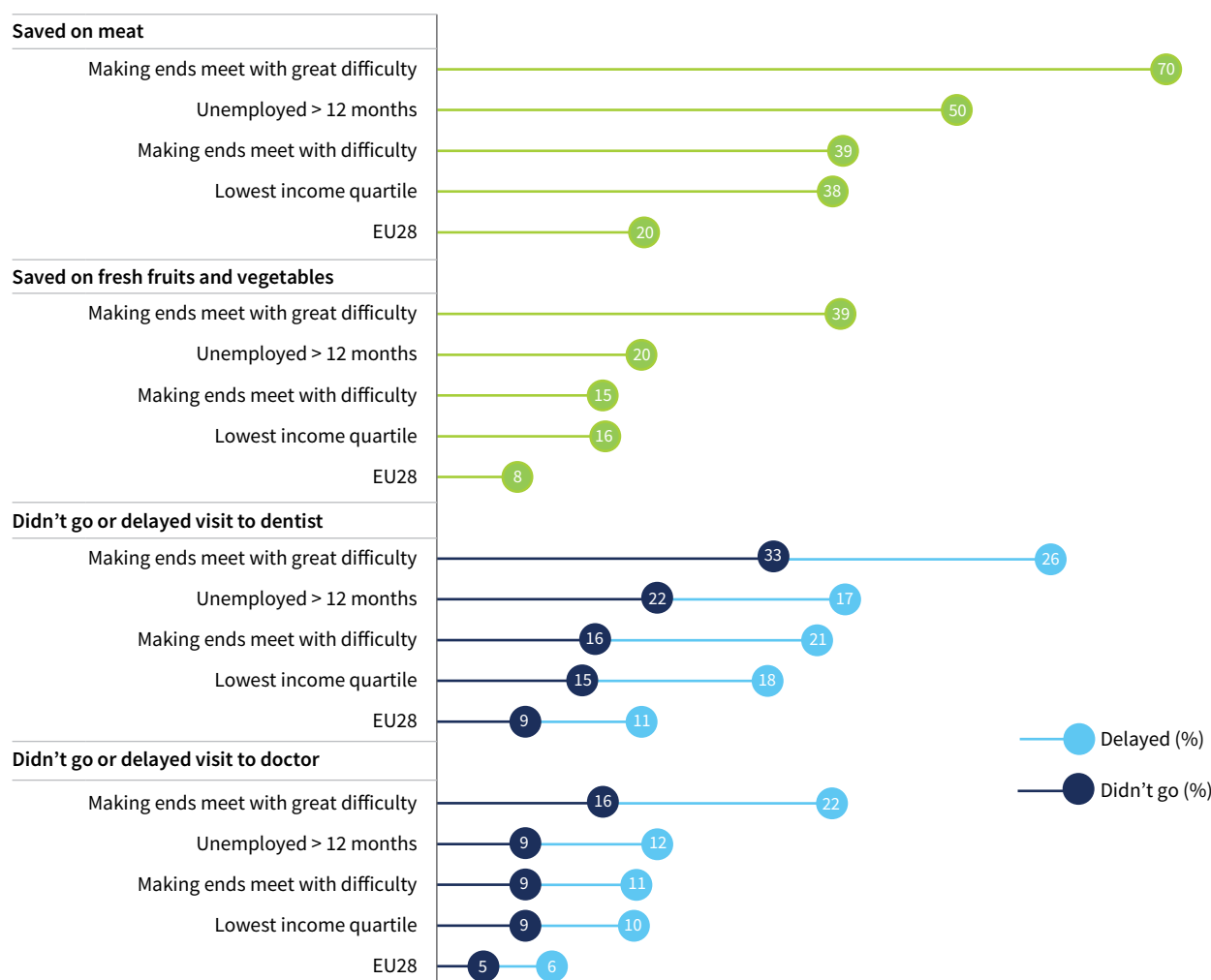
Figure 13: Reporting a change in housing arrangements to save on housing costs, by group (%)



Notes: Based on percentage answering ‘yes’ to Q92: ‘Over the last 12 months have you moved to a cheaper home, taken other people into your home or moved into someone else’s home to save on housing costs?’. EU28 data.

eurofound.link/0013

Figure 14: Economising on essentials



Notes: Based on percentage answering 'yes' to Q90 and Q91. Q90: 'Firstly thinking about food, over the last two weeks did you or someone else in your household change your diet because money was needed for other essentials? a. Gone without fresh fruit and vegetables b. Bought cheaper cuts of meat or bought less than wanted'. Q91: 'And now thinking about visits to the doctor or the dentist, over the last 12 months did you or someone else in your household not go at all or delay a visit because money was needed for other essentials? a. Doctor b. Dentist'. The breakdowns in the figure for 'Didn't go at all' and 'Delayed' are related to Q91. The category 'Making ends meet with difficulty' includes responses 'some difficulty', 'difficulty' and 'great difficulty'. EU28 data.

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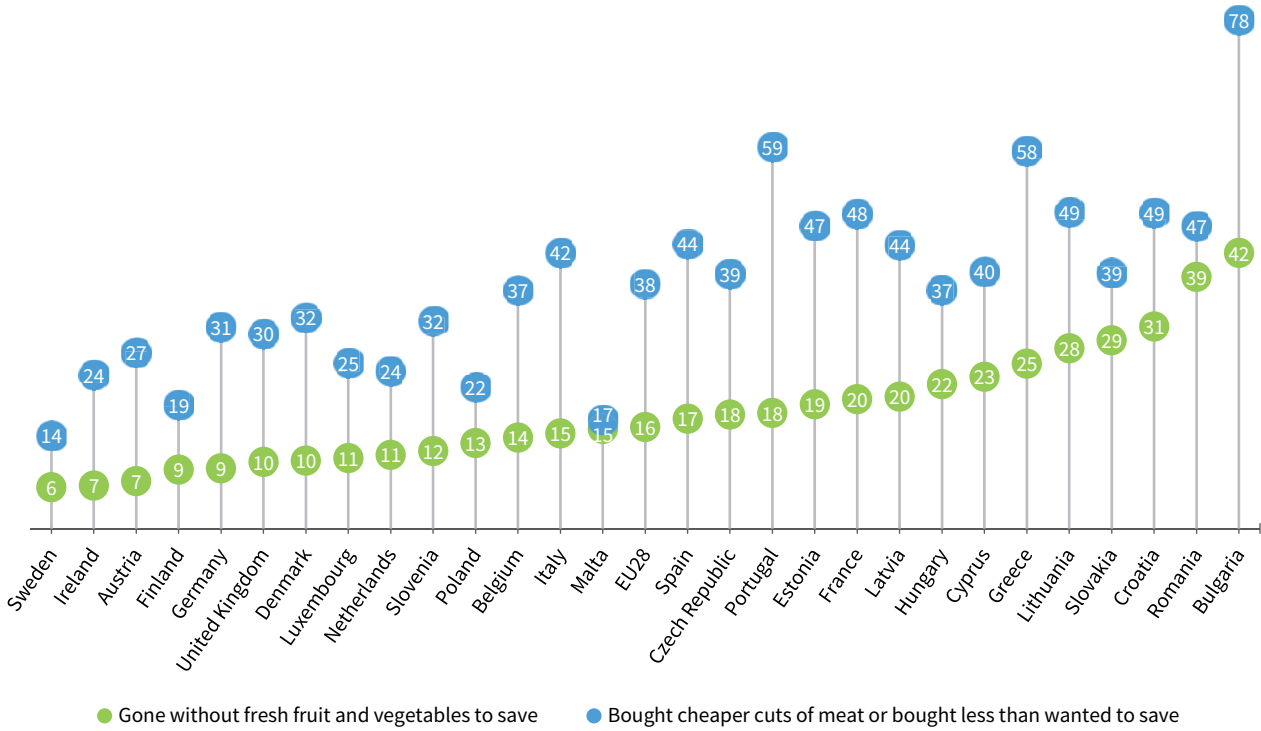
Overall, 20% of Europeans reported having bought cheaper or less meat and 8% had gone without fresh fruit and vegetables because they needed to keep their money for other essentials. When it comes to economising on medical services, people are more likely to forego or delay visits to the dentist than to the doctor (Figure 14).

Europeans who have great difficulties in making ends meet are particularly likely to economise on essentials: 7 in 10 people in this category saved on meat and 6 in 10

(59%) delayed or did not go to the dentist. Being in the lowest income quartile is another good predictor of economising, even if the percentages do not differ from the European average as much as when using the making ends meet indicator (Figure 14).

Economising on essentials is a common response, even in the more affluent EU Member States, among people in the lowest income quartile (Figures 15 and 16).

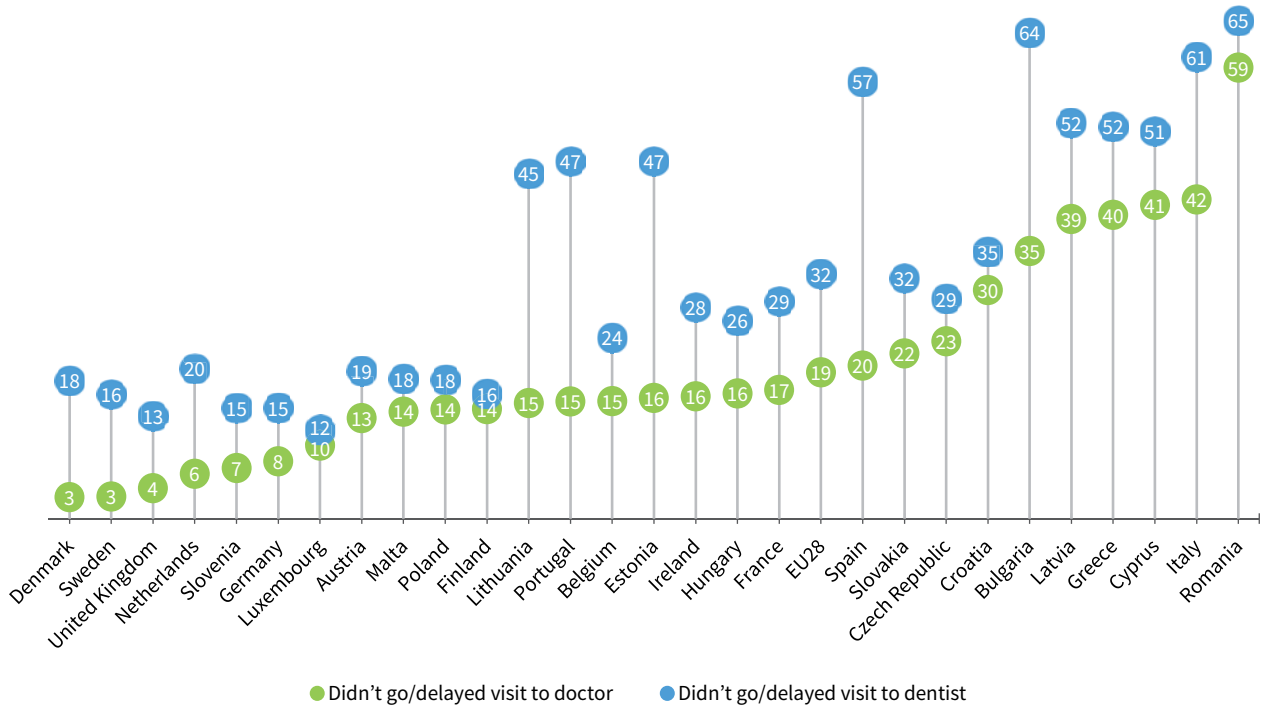
Figure 15: Economising on food in lowest income quartile, by country (%)



Notes: Please see note to Figure 14 for details of Q90. Based on percentage answering 'yes' to Q90. EU28 data.

eurofound.link/0015

Figure 16: Economising on medical visits in lowest income quartile, by country (%)



Note: Please see note to Figure 14 for details of Q91. EU28 data.

eurofound.link/0016

There are surprising differences between countries in the economising patterns of the lowest income quartile, particularly when it comes to medical visits (Figure 16). There are extremely large differences between medical and dental visits in Estonia, Lithuania, Portugal and Spain where one-fifth or fewer of people in the lowest income quartile economised on visits to the doctor whereas around half did so with regard to visits to the dentist.

Arrears in bill and debt repayment

Another sign that the effects of the crisis have eased can be observed from responses to the EQLS questions about arrears. The proportion of people who were unable to make scheduled rent or mortgage payments at any time over the previous 12 months had more than halved – from 11% in 2011 to 5% in 2016, below the pre-crisis level (8% in 2007). A similar trend can be observed for arrears in utility bills (electricity, water, gas), although the proportions in arrears were consistently higher and showed a smaller decrease from 2011 (15%) to 2016 (10%), also below the pre-crisis level (13% in 2007).

Since 2011, EQLS has collected data about arrears in payments related to informal loans (debts owed to friends or family) and in payments related to consumer loans. Again, both percentages associated with these types of arrears decreased in the period from 2011 to 2016. However, the decrease was stronger for consumer (from 10% in 2011 to 5% in 2016) than for informal loan arrears (from 8% to 5%).

Overall, arrears in rent or mortgage payments and in consumer loans dropped more than arrears in payments related to utility bills and informal loans, both in absolute and relative terms. This is an important observation, particularly because the latter two types of arrears are relatively common among people in households with lower incomes.

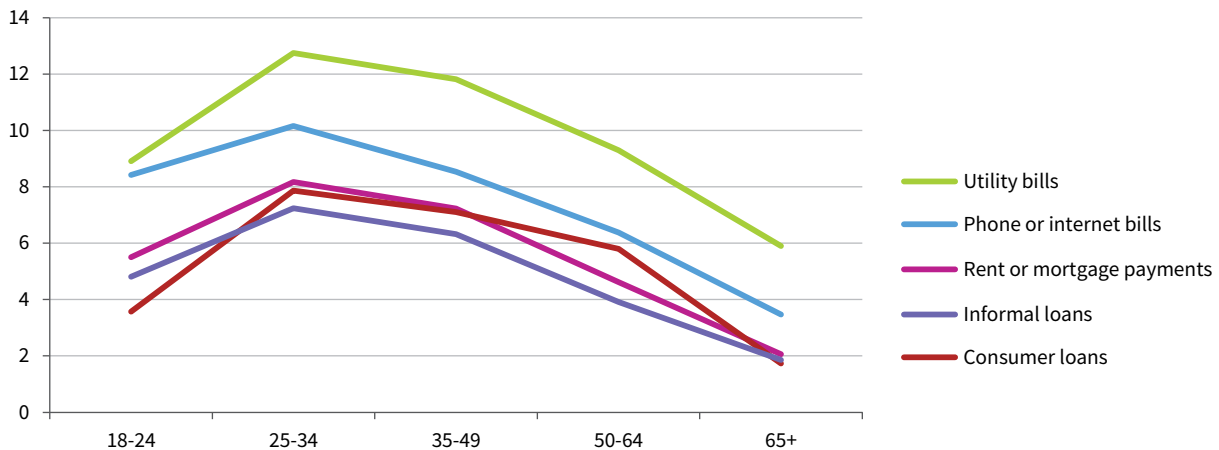
The proportions of respondents reporting being in arrears fell in most Member States for the four types of arrears (rent or mortgage payments, utility bills, consumer loans, informal loans) between 2011 and 2016. Only a few countries run counter to this trend: increases in Greece and Croatia mainly in informal loans and utility arrears (+8 and +4 percentage points, respectively), in Finland and Luxembourg mostly in

utility arrears (+4 and +3 percentage points, respectively) and in Bulgaria mostly in consumer loans (+6 percentage points).

Reductions between 2011 and 2016 in the proportions of those with arrears in informal loans were largest in Italy (though still among the highest at 7%), Germany, the Netherlands and Poland (all -7 percentage points), while the reductions for those in arrears in repaying consumer loans were largest in Cyprus (-11 percentage points) and in Germany, Italy and Poland (all -8 percentage points). Reductions in rent and utility arrears were largest in Poland (by -13 and -14 percentage points, respectively) and in Cyprus (by -9 and -16 percentage points, respectively). Part of the explanation for these decreases may be that people with rent or mortgage arrears in 2007 could have been evicted or moved to cheaper accommodation, and access to credit and benefits may have tightened for some groups. Housing insecurity is relatively common among people with arrears (see section on ‘Social insecurities’ in Chapter 3).

The EQLS 2016 also provides new insight into the proportion of people who were unable to make payments related to telephone, mobile or internet connection bills. After arrears in utility bills, this type of arrears is the most common of the five types of arrears covered by this wave of the EQLS, with 7% reporting an inability to make payments related to such bills.

Overall, rent or mortgage arrears are most common in Greece (19%), Cyprus (17%) and Italy (9%), while utility arrears are most common in Greece (48%), Croatia (31%) and Bulgaria (24%). Consumer loan arrears are highest in Greece (19%), Bulgaria (14%) and Cyprus (13%), while informal loan arrears are highest in Greece (15%), Bulgaria (11%) and Romania (9%). Finally, arrears related to the telephone or internet bill are most prevalent in Greece (38%), Croatia (26%) and Bulgaria (19%). All five types of arrears are most common among people aged 25–34 (Figure 17). While arrears are less frequently found among people aged 65 and over, those in that age group who have arrears may be in particularly vulnerable situations. For instance, while 74% of people aged 25–34 with utility arrears report ‘some’ to ‘great’ difficulties in making ends meet, this is true for 87% of people aged 65 and over with such arrears.

Figure 17: Proportion of people with arrears, by age group and type of arrear, 2016 (%)

Notes: Q93: 'Has your household been in arrears at any time during the past 12 months, that is, unable to pay as scheduled any of the following? a. Rent or mortgage payments for accommodation; b. Utility bills, such as electricity, water, gas; c. Payments related to consumer loans, including credit card overdrafts (to buy electrical appliances, a car, furniture, etc.); d. Telephone, mobile or internet connection bills; e. Payments related to informal loans from friends or relatives not living in your household'. Answer categories are: Yes, No, (Don't know), (Refusal). EU28 data.

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For all types of arrears examined in the EQLS, the lower the income quartile, the higher the proportion of people with arrears. However, the difference is particularly notable between the second bottom and bottom income quartiles for all types of arrears, and especially so for utility (11% compared with 19%) and informal loan (5% compared with 9%) arrears. Arrears in rent payments are higher among people living in social housing (13%) than among privately rented accommodation (9%). However, this difference can partly be explained by the fact that people in privately rented accommodation tend to be in higher income quartiles. If the bottom income quartile of those in privately rented accommodation is considered, there are 16% of people with arrears; in the bottom income quartile of those in social housing, there are 15% with arrears. One in 20 (5%) of people who own their home with a mortgage reported arrears in 2016. All types of arrears are most common for the long-term unemployed, with a particularly high proportion having utility arrears (31%). This finding has been associated not only with low incomes, but also with other aspects such as spending more time at home (and hence using more utilities) (Eurofound, 2012a).

In an effort to refine the measurement of deprivation, recent research has focused on identifying key indicators that capture material disadvantage (Atkinson et al, 2017). In relation to debt, falling into arrears in rent or mortgage payments, utility bills or consumer loans is usually seen as part of being in a deprived situation. However, the relatively prevalent rates of informal and telephone or internet arrears (Figure 17) point to the value of examining also these aspects closely. One quarter (25%) of people with

informal arrears, and 16% of people with telephone/internet arrears have no arrears in rent or mortgage payments, utility bills and consumer loans. Some 80% of those with informal loan and telephone/internet arrears have difficulties in making ends meet; this figure is 75% for people with telephone/internet arrears but none of the other types of arrears. While informal loan arrears have become less common in the aftermath of the crisis, it is difficult to identify people with such debts when they do not occur in combination with other types of arrears (such as arrears in mortgage payments) – the latter being easily detected by service providers and authorities.

Energy poverty

Energy poverty affects millions of European households. It is often defined as a situation where people are not able to adequately provide the required energy services in their home at an affordable cost. According to Pye et al (2015), energy poverty is not only limited to heating, but should include cooling as well. The authors note that the outcome of energy poverty is that households will desist from using energy, have arrears in energy accounts, and forgo consumption in other areas, all of which has a chain reaction of consequences (Pye et al, 2015, p. 2).

The risk of energy poverty is on the rise, not only because of crisis-induced economic hardship but also because of rising energy prices. Less than one-third of EU countries officially recognise energy poverty and only a few currently identify or quantify vulnerable consumers, and therefore most cannot adequately target energy poverty measures (European Commission, 2015a). This makes monitoring energy poverty through

EU-wide instruments highly relevant. The EQLS includes the following items that can be used as proxies to measure energy poverty:

- share of population with arrears in utility bills, such as electricity, water, gas;
- share of population that cannot afford to keep their home adequately warm;
- share of population lacking facilities (heating or cooling) to keep a comfortable temperature at home;
- share of population living in housing with damp and leaks in walls or roof (this provides some indication of building quality and is only an indirect indicator of energy efficiency).

These four items are part of different questions used to measure housing inadequacies, arrears and material deprivation and are extracted here for the purpose of examining energy poverty.

The 2016 EQLS identifies 10% of Europeans as being in arrears with utility bills. However, some of the country results highlight a strong geographical divide in the EU, with 3% or less of people in Denmark, the Netherlands and Sweden reporting that their household was in arrears with utility bills at any time during the 12 months preceding the survey, compared with close to half of Greek households and almost a third of Croatian households. In the latter two countries, very marked increases in these proportions were recorded during the crisis period. In Greece, utility arrears increased from 15% in 2007 to 40% in 2011 – and to 48% in 2016. In Croatia, the increases were less extreme but a rise is noted from 24% in 2007 to 27% in 2011 – and to 31% in 2016. In Finland, an increase between 2011 and 2016 means that the level of arrears is now the same as in 2007 (9%). In Luxembourg (7% in 2016), there was a 3 percentage point increase between 2011 and 2016. Meanwhile, the most significant improvements between 2011 and 2016 are recorded in Cyprus (-16 percentage points), Poland (-14 percentage points) and Hungary (-12 percentage points).

Keeping up with utility bills is a particular challenge for the long-term unemployed in Europe, to a much greater extent than for those who have been unemployed for less than 12 months (31% compared with 19%). Single parents with children are another significant risk group (22%).

The proportion of Europeans who cannot afford to keep their home adequately warm in 2016 ranges from 1% in Finland to 33% in Greece, where it had increased from 18% in 2007 and 28% in 2011. Positive developments are noted in the majority of countries, including the improved situation of older people (65 and over) in eastern Member States (apart from Croatia).

The long-term unemployed again stand out, with 27% not being able to afford to keep their home adequately warm, compared with those in the lowest income quartile and those reporting difficulties making ends meet (both 20%), those who had been unemployed for less than 12 months (17%) and single parents (14%).

On average, 5% of Europeans report lacking adequate heating or cooling facilities to keep a comfortable temperature at home. There are very large country differences in this respect, ranging from 1% or less in Austria, the Czech Republic, Germany and Slovakia to 22% in Romania. These differences need to be evaluated in conjunction with many factors that relate not only to poverty. In the context of this report, it is therefore more relevant to identify the groups that are vulnerable. The problem affects 14% of the long-term unemployed, 12% of people in the lowest income quartile and 10% of people who have difficulties in making ends meet. In terms of the type of accommodation, lacking adequate heating or cooling facilities is most prevalent when it is privately rented (8%).

The countries most affected by damp and leaks in walls or roofs are Latvia and Cyprus (28% and 26%, respectively), followed by Croatia (22%) and Greece (21%). However, in Latvia the situation appears to have improved considerably in recent years, as the proportion was 34% in 2011.

Key points

- Europeans are now less gloomy about their financial situation than they were in 2011.
- In 2016, a return towards more convergence between countries in satisfaction with living standards is observed, after divergence that grew during the crisis years.
- Some 39% of Europeans report difficulties in making ends meet. In nearly all countries, this proportion is lower in 2016 than it was in 2011. Nevertheless, in seven Member States, the level of self-reported difficulty remains higher than in 2007 before the onset of the crisis, and in 11 countries more than half of the population reports difficulties making ends meet.
- For all income quartiles there are now fewer people reporting difficulties in making ends meet than was the case in 2011. The situation of people in the third income quartile is now better than it was in 2007.
- There are large differences between countries, but even in more affluent Member States at least 30% of those in the lowest income quartile experience difficulties in getting by.
- In several of the continental and northern European countries, with their well-developed pension systems, people aged 65 and over are significantly less likely to report financial hardship than younger people in their country, whereas in a number of eastern and southern European countries the reverse is true.
- Compared with 2011, lower proportions of the long-term unemployed and people with an illness or disability report difficulties in making ends meet and, for the latter group, proportions have returned to similar levels as in 2007.
- In line with EU-SILC findings, the latest EQLS shows that material deprivation in the EU is now less widespread than it was in 2011.
- Economising on essentials such as buying cheaper cuts of meat or delaying visits to the dentist are common responses, and are particularly widespread among the most vulnerable groups of citizens.
- Even in Sweden (16%) and the Netherlands (15%) where economising is least prevalent, one-eighth of the population has saved on essentials.
- The EQLS 2016 found that 10% of Europeans are in arrears with utility bills, although some of the country results point to a strong geographical divide in the EU. Keeping up with utility bills is a particular challenge for long-term unemployed Europeans, much more so than for those who have been unemployed for less than 12 months.
- All types of arrears investigated in the EQLS are most common for 25–34 year-olds. They are least common for people aged 65 and over. However, people aged 65 and over who have arrears are more likely to have difficulties in making ends meet than 25–34 year-olds with arrears.
- Much of the attention of policymakers to address indebtedness is aimed at consumer and mortgage debts. However, utility, telephone, rent and informal arrears may need to move higher up the agenda. Such arrears are frequent, particularly among low income groups for which these relatively small debts are often problematic in themselves, but may also be early symptoms of larger debt problems.
- The EQLS confirmed the relevance of measuring informal loan arrears, in particular for low income groups, as almost 1 in 10 people in the bottom income quartile report them. In 2008, the European Commission pursued a common operational definition of over-indebtedness, but excluded ‘informal commitments entered within families, for instance ... as no data exist on them’ (European Commission, 2008a, p. 37). The EQLS has now provided homogeneously collected data on informal arrears in two consecutive waves.
- Energy poverty is a serious problem among vulnerable groups: over a quarter of the long-term unemployed cannot afford to keep their home adequately warm.

Work–life balance and care responsibilities

EU policy context

Work–life balance relates to several aspects of a person’s social life. The set of relevant policy fields is exceptionally broad, ranging from working time flexibility to support instruments, including fiscal regimes, infrastructure and services such as childcare and long-term care.

Labour market participation across Europe increased slightly in the past decade, in particular for women. As women have traditionally taken on care duties in families, this change has had an impact on the organisation of care duties and on work–life balance for both men and women. Labour market pressures, new forms of work organisation, and technological progress that sometimes contribute to the blurring of boundaries between private and working lives are among the factors that affect the balancing of work and life (Eurofound, 2017b). The challenges for work–life balance also come from developments beyond the world of work, such as changes in family arrangements and the ageing of the population, associated with increasing needs and responsibilities around care for the elderly.

Reconciliation between work and life is a long-standing concern of the EU, its Member States and social partners. All the European institutions have addressed the issue of work–life balance with policy proposals over time, and it remains high on the agenda in the most recent policy initiatives. The European Pillar of Social Rights sets out to tackle the gendered division of unpaid work – particularly responsibilities for the care of children and the elderly (European Commission, 2017c). This is also complemented by policy suggestions for modernising the EU legal framework for family-related and care-related leave (European Commission, 2017g).

The research literature on work–life balance indicates that the terminology of ‘balance’ somewhat masks the difficulties and conflicts that are inherent to reconciliation (see, for example, Guest, 2002). Balance can be seen as ‘satisfaction and good functioning at work and at home with a minimum of role conflict’ (Clark, 2000, p. 751). To achieve balance, it is important to have resources – and in this context, time is a critical resource – as well as having the means to address conflicting demands and the related stress. However, it has also been shown that having multiple roles in a desired balance is beneficial. So, for example, having work and dealing with care responsibilities can be more beneficial for general well-being than being

pre-occupied with care duties only (see, for example, Linville, 1987; Wiese and Freund, 2000).

The types of information that can help to assess work–life balance relate to time spent on various life domains as well as to preferences, but also on existing responsibilities and related stress that may affect both work and life beyond work. The EQLS has a range of relevant data, some of which are highlighted below.

Work–life balance issues and groups affected

The EQLS measures problems related to work–life balance on three distinct dimensions by asking respondents whether they:

- are too tired from work to do household jobs;
- experience difficulties fulfilling family responsibilities because of time spent at work;
- have difficulties concentrating at work because of family responsibilities.

The EQLS 2016 measures intensity of work–life balance issues in more detail than the previous rounds. This is done by asking for occurrences of work–life imbalances that occur ‘every day’ or ‘several times a week’, while previously they were covered under one option for the most frequent occurrence ‘several times a week’.

Overall, over half of all respondents have issues at least several times a month with at least one of the three dimensions measured, with almost 5% reporting having issues every day and 20% several times a week. The proportion of respondents claiming that they experience work–life balance issues at least several times a month increased substantially between 2007 and 2016, but especially so between 2011 and 2016 across all the dimensions measured (Table 7).

Women experience tiredness due to work more than men, and particularly young women under the age of 34. As Table 7 shows, two-thirds of women under 34 claim to be too tired from work to do household jobs at least several times a month (up 15 percentage points compared with 51% in 2007). With regard to difficulties in fulfilling family responsibilities because of time spent at work, 41% of women under 34 claim this in 2016 (up 11 percentage points compared with 30% in 2007).

For men, the 35–49 age group experience the greatest difficulties with work–life balance: 61% report being too tired to carry out household duties after work while 42% have difficulties in fulfilling family responsibilities because of time spent at work. Time spent at work impacting negatively on family duties is lowest among older respondents – 34% for 50–64 year-olds – and there is no significant difference regarding this feature between men and women.

Table 7: Proportion of respondents in employment claiming that work–life balance issues occur at least several times a month (%)

	Men			Women			EU28
	18–34	35–49	50–64	18–34	35–49	50–64	Total (18–64)
Too tired from work to do household jobs							
2007	50	50	44	51	48	48	49
2011	51	53	46	57	58	55	53
2016	57	61	53	66	62	59	60
Difficulty in fulfilling family responsibilities because of time spent at work							
2007	33	31	27	30	29	25	30
2011	28	33	25	29	33	27	30
2016	37	42	34	41	39	35	38
Difficulty concentrating at work because of family responsibilities							
2007	12	12	8	13	14	11	12
2011	13	14	11	15	18	13	14
2016	20	20	16	23	21	17	19

Notes: Q20 (Q12 in previous rounds) ‘How often has each of the following happened to you during the last 12 months? a. I have come home from work too tired to do some of the household jobs which need to be done b. It has been difficult for me to fulfil my family responsibilities because of the amount of time I spend on the job c. I have found it difficult to concentrate at work because of my family responsibilities’. Answer categories are: Every day, Several times a week, Several times a month, Several times a year, Less often/ rarely, Never. The category ‘every day’ was added for the 2016 wave. The table shows the percentage of respondents in employment claiming to have a work–life balance problem ‘every day’, ‘several times a week’ or ‘several times a month’. EU28 data.

The third dimension shown in Table 7 measures whether respondents have difficulties in concentrating at work because of family responsibilities, something which occurs less often than problems for home and family tasks. Nevertheless, the incidence of it occurring at least several times a month almost doubled for all age groups considered between 2007 and 2016. Younger and middle age groups experienced it most (20% for men under 50, 23% for women aged 18–34 and 21% for women aged 35–49). However, it also doubled for men aged 50–64 (from 8% in 2007 to 16% in 2016).

The countries where this imbalance has increased most substantially since 2007 for both men and women are Croatia, the Czech Republic and Romania. In these countries, very few women work part time (5% or less of the EQLS respondents), the average working hours for women are relatively high (average working hours per week in all jobs are 43, 43 and 46 hours, respectively, for the three countries) and in all three countries a substantial share of women (16%, 21% and 28%, respectively, as measured by the EQLS) work over 48 hours per week.

Work–life balance issues are examined here and in Table 8 by focusing on:

- work–life balance problems experienced at least several times a month;
- the social and occupational groups affected and patterns in country clusters.

The countries where respondents most often claim to be too tired from work to do household jobs are in the Balkans (67% of respondents) and the Western islands (66%). The lowest proportion of respondents reporting difficulty at least several times a month in doing household duties after work is found in the Nordic and the Continental country clusters (53% and 55%, respectively).

The impact of working time on family responsibilities is reported most often by respondents in the Balkans (51%) and eastern Europe (50% at least several times per month). In relation to difficulties concentrating at work, the Balkans (31%) and the eastern Europe (28%) clusters again have the highest proportion.

Country differences regarding work–life balance reflect the disparate welfare arrangements in European countries (see Esping-Andersen, 1999; Arts and Gelissen, 2010; Ferragina and Seeleib-Kaiser, 2011). In terms of the labour market participation of spouses from the same household, a particular difference between the Nordic or Continental and Eastern Europe clusters seems to be related to the fact that flexibility and part-time work arrangements are less frequent in the latter (relatively few women work part time, and many women work unusually long hours).

Differences across occupational classes are also substantial. Blue-collar workers have the greatest difficulties doing household chores after work, with 64%

Table 8: Work–life balance related problems occurring at least several times a month (% of respondents in employment)

		Too tired from work to do household jobs	Difficulty fulfilling family responsibilities because of time spent at work	Difficulty concentrating at work because of family responsibilities
Country cluster*	Nordic (Denmark, Finland, Sweden)	53	26	13
	Continental (Austria, Belgium, France, Germany, Luxembourg, Netherlands)	55	33	15
	Western islands (Ireland, United Kingdom)	66	37	17
	Mediterranean (Cyprus, Greece, Italy, Malta, Portugal, Spain)	60	39	21
	Eastern Europe (Czech Republic, Croatia, Hungary, Poland, Slovakia, Slovenia)	63	50	28
	Baltic (Estonia, Latvia, Lithuania)	60	43	23
	Balkan (Bulgaria, Romania)	67	51	31
Occupational class**	Managers/Professionals	59	38	15
	White-collar	57	35	19
	Blue-collar	64	45	23
Type of contract	Permanent contract	59	36	18
	Fixed-term contract	62	45	22
	No contract	63	39	21
Number of children under 18	None	58	35	18
	1	62	43	22
	2	58	41	21
	3+	67	45	25
Hours worked per week	1–29	49	23	15
	30–39	56	31	18
	40–49	60	40	19
	50+	73	59	26
Total	EU28	60	38	19

Notes: * The country clusters were chosen on the basis of previous research to develop a country typology for the analysis of quality of life in Europe (Eurofound, 2014d). ** Occupational class is based on current occupation (see 2016 EQLS Q11 for classification). Managers and professionals are self-explanatory. The white-collar class are low-level professionals, technicians, clerical support workers, service workers and sales. The blue-collar class are skilled agricultural and forestry workers, craft and trade workers, plant and machine operators, assemblers and elementary occupations, and the armed forces. Please see note to Table 7 for details of Q20. EU28 data.

experiencing this several times a month. The rate among managers/professionals and white-collar workers is 5–7 percentage points less. This may be related to the type of work, as well as to the greater opportunities that managers and professionals are likely to have to avail of household services. Blue-collar workers also suffer difficulties at a higher rate on the other two stress indicators: blue-collar jobs usually require the presence of workers on-site and their working times are the least flexible.

Respondents on fixed-term contracts had more difficulty fulfilling family responsibilities at least several times a month (45%) because of time spent at work than those on other types of contract – fixed-term

contracts tend to be where most entry-level or insecure jobs are found and workers may not be keen on reducing their work commitments. Contract types are also closely associated with occupational class: managers and professionals tend to have permanent contracts (service relationship), while blue-collar workers more often have fixed-term or no contracts (labour contract). Fixed-term contracts are also usually more precarious, with work matters tending to take priority over family life (Lazear, 1995, 1997; Erikson and Goldthorpe, 2002; Goldthorpe and McKnight, 2006).

Finally, it is clear that work–life balance is affected by the number of children a person has and their working hours.

Among those with one child or no children, around 60% claim to be too tired for household duties after work at least several times a month. Difficulties in fulfilling family responsibilities because of time spent at work are more common for respondents with one child (43%) than for those without children (35%). However, the biggest challenges in finding time to do household jobs and fulfil family responsibilities are faced by those having three or more children (67% and 45%, respectively). The only indicator that increases almost linearly with the number of children is the impact of family responsibilities on work, increasing from 18% for respondents with no children to 22% for those with one child, 21% for those with two children to 25% for those with three or more children.

With regard to factors affecting all three indicators of work–life balance, the most evident link is found with the number of hours worked. The strongest association is between working time and family responsibilities, with 23% of respondents working less than 30 hours per week claiming to have this difficulty at least several times a month, 31% of those working 30–39 hours experiencing this difficulty, 40% of those working 40–49 hours, and 59% for those working in excess of 50 hours per week. Being too tired to do household jobs is the biggest impact for respondents working 50 or more hours per week (73% experience this at least several times a month). Issues with concentration at work appear less important here and only 26% of those with excessive working hours claim to have concentration issues because of family responsibilities.

To sum up the results in order to make comparisons over time and across countries, a summary work–life balance indicator based on the three stress measures presented above can be calculated. It is possible to add up the results for each of the three dimensions. For example, if a respondent claims to suffer from work–life balance issues ‘several times a week’, a score of $1 + 1 + 1 = 3$ is obtained and if someone ‘never’ has any issues, a score of $5 + 5 + 5 = 15$ is obtained. To simplify matters, this score was transformed into a scale of 1–10, where 1 is the worst and 10 is the highest level of work–life balance (that is, with no occurrence of issues on any of the three dimensions). This summary indicator of work–life balance for the EU as a whole decreased over time, most notably from 6.2 in 2011 to 5.8 in 2016.

The summary indicator reveals that, overall, Croatia (mean = 3.7) had the lowest level of work–life balance in 2016 and the Netherlands had the highest (mean = 6.6) (Table 9). In the long run (across all the EQLS waves available), Croatia experienced the greatest decline in work–life balance (from 5.1 to 3.7) between 2007 and 2016 (the survey was not performed in Croatia in 2003). In many continental EU countries, however, the overall level of work–life balance has decreased slightly since 2003 – less in the Nordic countries, the Baltic states, Ireland and the United Kingdom, and more so in central

and southern Europe. In a few Member States (Latvia, Portugal, Slovakia), there was a very slight increase in the level of work–life balance by less than one unit on the scale between 2003 and 2016. There is a tendency that countries with a low level of work–life balance in 2016 are also the ones having declined the most since 2003, and vice versa (Table 9).

Although the data show no significant improvement over time, there appears to be a polarisation rather than a convergence in terms of trends between particular countries. The summary scale at country level may also hide improvements for some groups of the population and deterioration for others. However, by and large, there has been a moderate decrease in the level of work–life balance over time among younger adults and,

Table 9: Summary indicator of work–life balance

	2003	2007	2011	2016
Austria	6.9	6.2	6.6	6.2
Belgium	6.7	6.9	6.6	5.9
Bulgaria	5.8	5.6	5.9	5.5
Croatia	-	5.1	5.2	3.7
Cyprus	6.5	5.7	5.0	5.3
Czech Republic	6.3	5.9	5.7	5.0
Denmark	7.2	6.9	7.3	6.5
Estonia	5.9	6.1	6.3	5.9
Finland	6.7	6.7	6.8	6.2
France	6.7	6.9	6.6	5.7
Germany	6.9	7.0	6.7	6.3
Greece	6.0	5.3	5.3	4.9
Hungary	6.0	5.7	5.7	5.2
Ireland	6.6	6.7	6.5	6.4
Italy	6.2	6.2	6.7	5.7
Latvia	4.6	5.7	5.2	5.2
Lithuania	6.4	6.2	6.7	5.9
Luxembourg	7.3	6.9	6.7	6.2
Malta	6.4	6.4	5.7	5.8
Netherlands	7.2	6.9	7.2	6.6
Poland	5.9	5.8	5.5	5.3
Portugal	5.7	6.1	6.4	5.9
Romania	6.0	5.6	6.0	5.0
Slovakia	5.7	6.2	6.1	5.9
Slovenia	6.3	6.1	6.1	6.3
Spain	6.2	5.8	5.6	5.3
Sweden	6.6	6.9	6.6	6.2
United Kingdom	6.0	6.5	6.3	5.8
EU28	6.3	6.3	6.2	5.8

Notes: EU28 estimate for 2003 does not include Croatia. Please see note to Table 7 for details of Q20. The indicator represents a simple summary indicator normalised with a lowest value of 1 and a highest value of 10, with 1 indicating work–life balance issues on all three dimensions at least several times a week. The table records the average (mean) value for each country. EU28 data.

in particular young women, while it has stayed at similar levels across the survey rounds for older citizens.

Care responsibilities and situation of carers

To improve the monitoring of the situation of carers, the EQLS questionnaire was revised for the 2016 wave. The 2016 question replaced two 2011 questions about children and grandchildren on the one hand and persons with disability on the other hand with four separate questions regarding the care of:

- children;
- grandchildren;
- people with disabilities under 75 years;
- people with disabilities aged 75 or older.

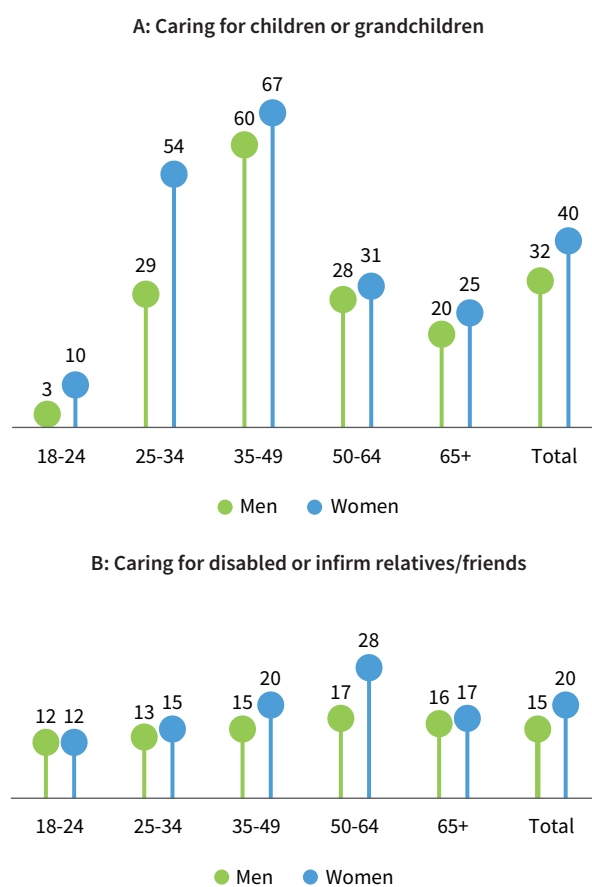
The extension of the question also changed from ‘elderly or disabled relatives’ in 2011 to ‘disabled or infirm family members, neighbours or friends’ in order to reflect the range of relationships with people receiving care.

Not surprisingly, most people with children under 18 (77%) are caring for and/or educating their children every day. This represents 88% of mothers and 64% of fathers and, among those caring for children, men estimate they are involved, on average, 21 hours a week compared with 39 hours for women. There is also a significant contribution to childcare from grandparents. Among people with grandchildren, 29% of men and 35% of women report providing care and/or education to grandchildren at least once or twice a week; the rates are highest in Cyprus (56%), Luxembourg (51%), Malta (51%), Spain (42%), Latvia (41%) and Romania (40%).

As the new road map for work–life balance underlined (European Commission, 2015b), provision of care is a challenge faced by people over the whole of their working life and indeed in older age. Altogether 12% of EQLS respondents said they provided care at least once or twice a week to someone aged under 75 (11% of men and 13% of women), and 12% said that they were involved in caring at least weekly for someone aged 75 or over (10% of men and 14% of women). The main gender difference was in providing care every day, which involved twice as many women as men. The average number of hours spent providing care increased with age: for care to disabled persons under 75 years from 10 hours among people aged 18–24 to 16 hours among those aged 65 or over; and for care to disabled persons aged 75 and over from 6 hours among carers aged 18–24 to 13 hours among those aged 65 or more. The care involvement increases with age and, in particular for women, when the recipient is an older adult relative, neighbour or friend.

The responses to questions regarding the care of children/grandchildren and the care of disabled or infirm people are combined in Figure 18 to show how caring is related to age and sex.

Figure 18: Involvement in care by general population, by gender and age group (%)



Notes: Proportion of men and women in different age groups providing care (at least once a week). Q42 'In general, how often are you involved in any of the following activities outside of paid work? a. Caring for and/or educating your children; b. Caring for and/or educating your grandchildren; c. Cooking and / or housework; d. Caring for disabled or infirm family members, neighbours or friends under 75 years; e. Caring for disabled or infirm family members, neighbours or friends aged 75 or over'. Answer categories are: Every day, Several days a week, Once or twice a week, Less often, Never. EU28 data.

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Although these questions were more specific in 2016, some comparison can be made with the results from 2011 when 35% of men and 45% of women said they were involved in the care of children or grandchildren at least once or twice a week, and 12% of men but 16% of women reported caring for elderly or disabled relatives at least once or twice a week. In both 2011 and 2016, it is evident that involvement in unpaid care is extensive but more common and intense (Eurofound, 2012b, 2015b) among women. The change of questions is likely to be a factor in the increased proportions reporting that they provided care to disabled or infirm family and friends in 2016.

It is striking how frequent the involvement in care is among people of working age. Altogether, among people of working age (aged 18–64), 84% of men involved in the care of children or grandchildren are in employment compared with 66% of women, and 73% of men caring for someone who is disabled or infirm are in

paid jobs compared with 58% of women; these last two proportions are lower among people aged 50–64 at 69% and 53%, respectively. Among these carers in employment, 39% are working 35 hours or less in their main job: this proportion comprises 53% of female carers compared with 22% of men caring at least weekly for a disabled or infirm person. The working age carers of children also often work part time, although to a lesser extent (46% of women and 13% of men).

The involvement of workers in care can also be expressed in terms of the proportion of workers who are providing care at least once a week (Figure 19). There are high proportions of workers aged 35–49 who are also involved in care, especially female workers. Among workers aged 50–64, whose employment rates have been increasing over the past 15 years, more than one-quarter of female workers (27%) and a smaller proportion of male workers (17%) are caring for someone with a disability or illness.

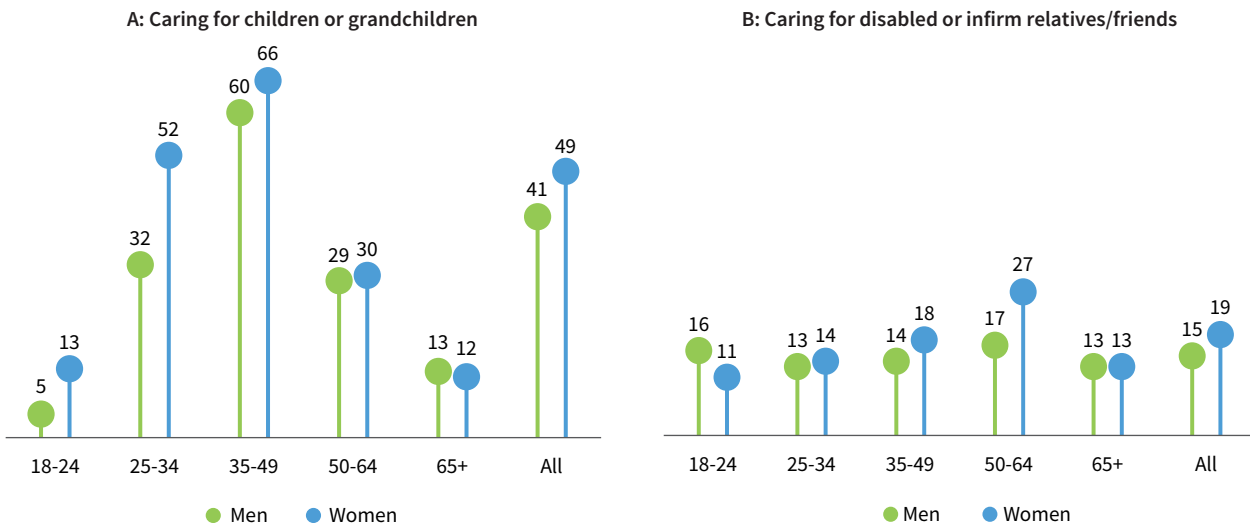
Both the likelihood of providing care to a disabled or infirm person and the probability of being a carer and in employment varies from one Member State to another. This is most evident if people providing ‘regular care’ (several days a week or every day) are considered. Altogether 12% of people of working age (18–64 years) are involved in providing regular care for a disabled or

infirm person – 9% of men and 15% of women. The employment rate of male regular carers is 73% (72% for men of working age who were not regular carers); among women of working age, 54% of regular carers but 63% of others are in employment.

The proportion of people providing regular care varies widely between Member States, ranging from a (surprisingly) high 26% in France and 22% in Latvia to only 6% in Germany and 5% in Austria (Table 10). In general, the proportions of regular carers would be expected to relate to the availability of formal long-term care services and this appears relatively consistent with the figures from the Nordic countries, Baltic states, Ireland and the United Kingdom, but less clearly for the other country clusters. The proportions of regular carers who are in employment (working carers in relation to other carers) are lowest in the Balkan and Mediterranean countries.

The accessibility of formal care and affordable or subsidised care support services plays a major role in determining how many people have to provide care while at the same time continue to work. By default, families will organise care themselves, often by choosing or delegating care to the members with the least opportunity costs. With the increasing participation in employment of men and women at older ages, carers are more likely to be in paid work.

Figure 19: Involvement in care by people in employment, by gender and age group (%)



Notes: Proportion of workers providing care at least once a week. Please see note to Figure 18 for details of Q42. EU28 data.

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Table 10: Regular carers of people with a disability or infirmity, among people of working age (18–64 years), by country (%)

	Non-carers	Working carers	Carers not in employment
Austria	95	3	2
Belgium	81	11	8
Bulgaria	92	3	5
Croatia	87	7	6
Cyprus	89	5	6
Czech Republic	91	4	5
Denmark	93	5	2
Estonia	88	7	5
Finland	90	7	3
France	74	18	8
Germany	94	4	2
Greece	90	3	6
Hungary	92	4	3
Ireland	86	6	7
Italy	90	6	5
Latvia	78	15	7
Lithuania	86	10	5
Luxembourg	85	11	3
Malta	86	5	9
Netherlands	91	6	3
Poland	89	5	6
Portugal	93	4	3
Romania	84	10	6
Slovakia	91	5	3
Slovenia	87	8	5
Spain	88	7	6
Sweden	96	4	1
United Kingdom	86	9	5
EU28	88	7	5

Notes: Percentages may add up to more or less than 100% due to rounding. 'Regular carers' refers to those providing care several days a week or every day. Please see note to Figure 18 for details of Q42. EU28 data.

The social and economic situation of carers is, at least, a reflection of the selection factors to becoming a carer as well as the consequences of taking on carer responsibilities - for employment, social participation and family relationships. On the whole, carers are somewhat disadvantaged compared with non-carers (Table 11), but this is essentially because of the relatively poor situation of carers who are not in employment. The difficulties of reconciling work with care are not generally associated with outcomes as negative as those for non-working carers: that is, poorer health, less income and more difficulty making ends meet, greater feelings of social exclusion and lower life satisfaction. The differences were similar in 2011 (Anderson, 2013).

The earlier part of this section looked at work-life balance in terms of how well working hours fitted family or social commitments outside work. A further survey question asked more specifically how easy or difficult it was to combine paid work with care responsibilities. It is perhaps somewhat surprising that a majority of carers of both children and disabled people reported it was 'very easy' (15%) or 'rather easy' (48%); only 31% replied 'rather difficult' and 6% 'very difficult'. In part, this reflects accommodations achieved by reductions in working hours. Altogether, there was no difference in reported difficulty between carers of children and carers of people with disabilities or infirmities. Among workers providing care 'every day', however, 36% of carers of children reported that combining paid work with care was 'rather' or 'very' difficult compared with 42% of workers involved in the care of disabled or infirm people.

In general, women were more likely than men to report difficulties in combining work with care; 40% found this 'rather' or 'very' difficult compared with 33% of men. One significant difference was among those working full time (35 hours or more): in this group, 49% of women found it 'rather' or 'very' difficult compared with 35% of men. Reconciliation of work and care is also related to income, being more difficult for workers in the bottom quartile of household income, among whom 40% found combining work and care to be 'rather' or 'very' difficult compared with 35% of other workers.

Table 11: Social and economic situation of regular carers of working age (18–64)

	Non-carers	Working carers	Other carers
In fair or bad health	22	27	41
Having difficulties making ends meet	38	44	54
In lowest income quartile	25	26	45
Feel lonely more than half of the time (in previous two weeks)	10	14	17
Feel the value of what they do is not recognised by others	19	26	28
Social Exclusion Index	2.1	2.2	2.4
Life satisfaction	7.2	7.1	6.5

Notes: 'Regular carers' refers to those providing care to someone with a disability or infirmity several days a week or every day. Please see note to Figure 18 for details of Q42. Q48: 'In general, how is your health? (1. Very good; 2. Good; 3. Fair; 4. Bad; 5. Very bad)'. Q88: 'A household may have different sources of income and more than one household member may contribute to it. Thinking of your household's total monthly income: is your household able to make ends meet?' (1. Very easily; 2. Easily; 3. Fairly easily; 4. With some difficulty; 5. With difficulty; 6. With great difficulty). Q52: 'Please indicate for each of the statements which is closest to how you have been feeling over the last two weeks. b. I have felt lonely'. Q36: 'To what extent do you agree or disagree with the following statements? c. I feel that the value of what I do is not recognised by others'. EU28 data.

It is evident that many factors influence the ease with which care and paid work can be combined, including the number of working hours and intensity of care work, as well as availability of flexible working arrangements or formal care services. Not surprisingly, there are large differences between Member States in the proportion of workers finding it more or less easy to combine paid work with care. The proportions of workers finding this reconciliation to be 'very difficult' were highest in Greece (22%), Cyprus (18%), Romania (13%) and the Czech Republic (13%), while the proportions reporting that combining work and care was 'very easy' were highest in Austria (27%), Ireland (26%), Netherlands (26%) and in the United Kingdom (25%).

Key points

- Comparison of work–life balance stress indicators between 2007 and 2016 shows that work–life balance has deteriorated for all age groups and in particular for young women and women in the mid-age category (35–49). The deterioration mostly took place after 2011. At the same time great numbers of older women workers are carers.
- The categories of workers most likely to have a poor work–life balance are blue-collar workers, those on fixed-term contracts and those working long hours.
- The number of children is a key factor leading to issues in work–life balance. While the finding may not be surprising, it does reinforce the urgency of developing childcare services, especially if societies wish to counterbalance the impact of demographic ageing and encourage higher birth rates.
- While work–life balance is less problematic in continental and Nordic countries, it seems more difficult to achieve in eastern and southern Europe. The differential development of welfare state arrangements and working time flexibility probably explain these discrepancies.
- When looking more closely at the frequency of stress experiences, there is polarisation across Member States. Although the findings show that more people experience problems more frequently, the summary indicator reveals little change over time. This stems from identifying more people who have fewer issues with work–life balance on the one hand but also more individuals with substantial issues on the other.
- For many societies in Europe, there is a growing gap between the need for long-term care and the availability of formal care provision, underlining the need to support informal carers. The profile of carers and the priority given to work–care reconciliation are not generally high, and there is a lack of reference to informal carers in many existing policy documents.
- Women still provide most of the care, whether for their own children, grandchildren or for relatives, friends and neighbours with a disability or infirmity. When it comes to providing care on a daily basis, twice as many women as men do so.

- Altogether 12% of people of working age are involved in the regular care of a disabled or infirm person. However, the proportion of people providing regular care varies considerably across countries. While this depends on ability to access and afford formal care, it may also be related to the societal expectations of families to provide care for their own relatives. Family care provision is, for example, high in France and Latvia but it is low in Austria and Sweden. In the two latter countries, formal care is relatively developed and well regulated.
- The intensity of care provision increases with age, with older people spending almost double the number of hours as younger people. However, most carers are also working: 73% of men and 58% of women caring for a disabled person are in employment. Being a carer and working at the same time does not automatically mean being at a disadvantage in terms of quality of life. The findings show that the social and economic situation of carers who combine work and care is better than that of carers not in employment. Carers who are not in employment have higher rates of poor health, have more difficulties in making ends meet, live in households with lower income, and tend to feel somewhat more often lonely and not valued by others for their efforts.





Since the establishment of the EQLS, the quality of and access to public services has been a key topic on which the survey has collected information. This topic was expanded in the 2016 wave, which asked respondents to evaluate a range of public services in their country: health services, education system, public transport, childcare services, long-term care services, social housing and the state pension system. All these services are understood as being services for the public, regardless of whether they are provided by the public, private or non-profit sector. Indeed, today there is a great variety of public-private provision arrangements across Member States, varying in extent and dimensions (such as by funding source or actual delivery). The EQLS seeks to study aspects of service delivery from the point of view of actual or potential recipients.

For selected services – long-term care, healthcare, schools and childcare – the EQLS 2016 asked respondents more detailed questions about the specific type of services they used, their quality and about problems in accessing them. Also included in this chapter of the report is information on perceived corruption and fairness in how people are treated, specifically in the areas of primary care, hospital care, childcare and long-term care.

In addition, the EQLS sought to elicit views on the quality of the neighbourhoods where people live and the services they might need, as well as information on problems such as noise, air quality, litter on the street and heavy traffic. Included in this assessment is local access to services such as banking, public transport, grocery shops, recreational areas, cultural facilities and recycling services.

2 | Quality of public services



2 | Quality of public services

Quality ratings for public services

Country patterns

Figure 20 aggregates the quality ratings for the seven public services which EQLS 2016 asked respondents to rate for their country on a scale from 1 to 10; everyone is asked for an opinion, regardless of whether they use a particular service or not. Even the country with the highest average rating (Luxembourg at 7.7) scores well below the possible maximum. Figure 20 also illustrates the differences between countries, with at one extreme Greece (4.7), scoring 3 points lower than the country at the other extreme, Luxembourg. Many southern European countries, newer Member States and western islands (Ireland and the United Kingdom) have a number of ratings for services that are relatively low. However, one should be careful not to generalise as Spain (6.5 on average), Estonia and the Czech Republic (both 6.2 on average), Ireland (6.1) and the UK (6.4) all score close to the EU average (6.3).

Evidently, differences between Member States vary for the different services. For example, while Greece scores worst on several of the public services it does not on public transport, with several countries having lower ratings, in particular Cyprus, Ireland and Italy. The United Kingdom scores better than or around the EU average on several services, but has a lower score for childcare. People in Hungary give relatively high average ratings for childcare and public transport, but not for health services and education. For Belgium, the reverse is true. For some countries (for example, Croatia and Greece), even the best rated services score well below the EU average. For others (Austria and Luxembourg), even the worst scoring services lie well above the EU average.

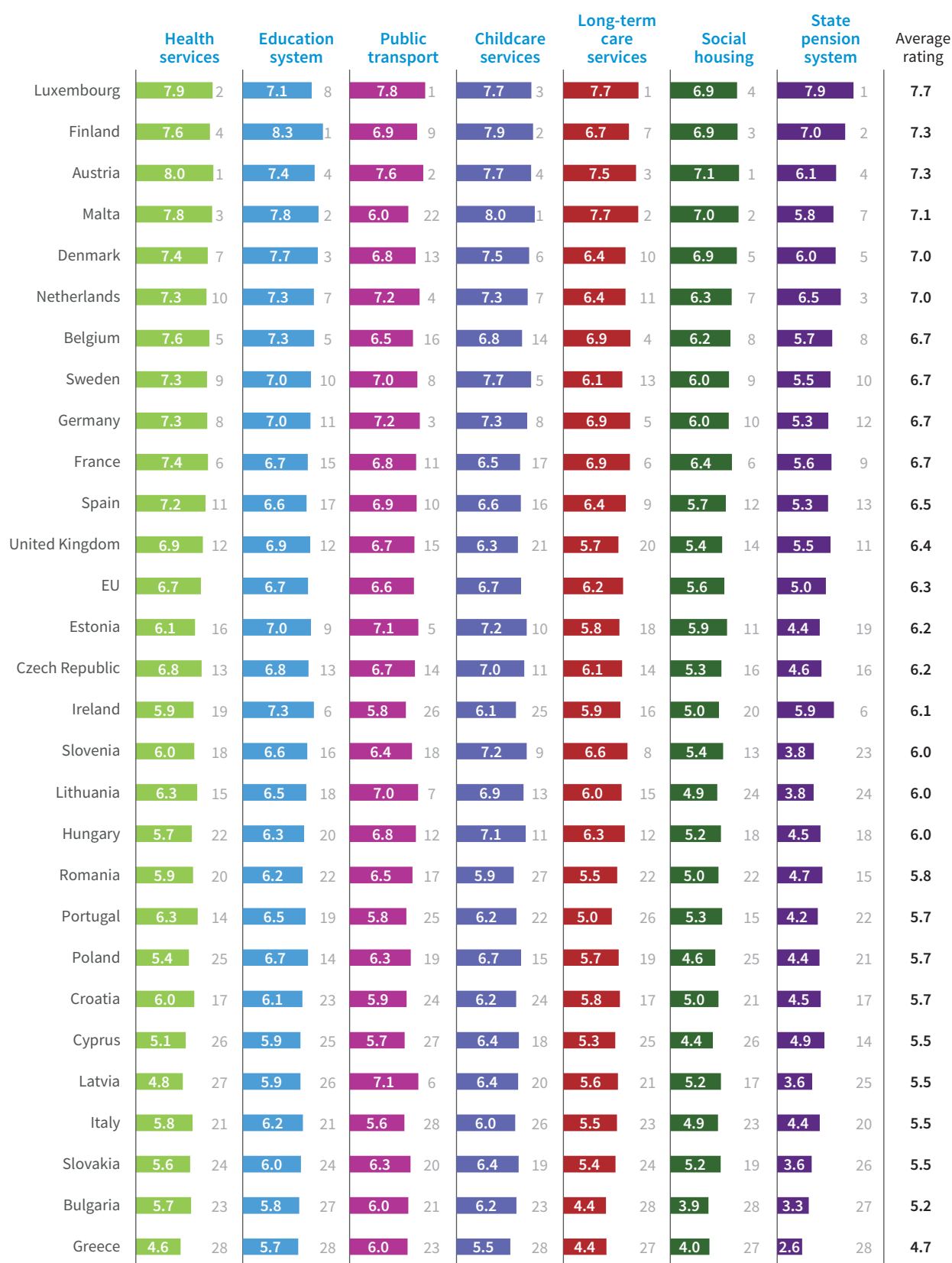
Quality ratings differ between services: for example, social housing is often rated lowest. However, such comparisons need to be made cautiously. One reason for a low rating is that some services are used by fewer people than others, and people generally give higher

ratings to services they use (Eurofound, 2012b). To illustrate this point, people who live in social housing give social housing on average a score of 6.2, well above the score of 5.6 for the EU as a whole. There are 14 countries where in 2016 at least 5% of people lived in social housing, according to the EQLS. In these countries, quality ratings are highest in Finland (7.4), Austria (7.3) and Denmark (7.3), and lowest in Italy (4.7), Ireland (5.1) and Poland (5.1). Country differences in quality ratings can partly be explained by the fact that social housing in some countries focuses on particularly low-income groups.

When adding up the scores for the five services for which the question in the EQLS has not changed since 2007 (health services, childcare services, education system, public transport and state pension system), improvements since 2007 have been greatest in Germany (from 29 to 34, out of a maximum of 50) and Bulgaria (from 22 to 27). Almost all other countries also show an improvement, or a stable aggregated rating when 2016 and 2007 are compared, except for Slovakia (from 30 to 28), Belgium and Sweden (both from 35 to 34).

The national averages mask differences between population groups within countries. While quality ratings differ little between people who live in rural or urban areas for six of the services, people in urban areas give higher ratings on average to public transport than those living in rural areas (6.9 compared with 6.4). However, when looking at differences between income quartiles, the difference in quality rating between the top and bottom quartile is larger in rural areas for the education system (6.5 in the bottom income quartile compared with 6.7 in the top income quartile in rural areas, and 6.7 in both these quartiles in urban areas) and health services (6.4 compared with 6.9 in rural areas, and 6.5 compared with 6.8 in urban areas). Based on quality ratings of health services and especially the education system, there is, on average, higher inequality in the quality of services between income groups in rural areas than in urban areas.

Figure 20: Quality ratings for seven public services



Notes: Q58: (Q53 in earlier waves) 'In general, how would you rate the quality of each of the following public services in [COUNTRY]? Please tell me on a scale of 1 to 10, where 1 means very poor quality and 10 means very high quality. a. Health services; b. Education system; c. Public transport; d. Childcare services; e. Long-term care services; f. Social/municipal housing; g. State pension system'. Next to the rating given by respondents in each country (on the bar), a number is shown (in grey) that indicates the rank of a specific country rating among the 28 Member States. The average rating has been calculated at the individual level. EU28 data.

Healthcare, long-term care and services for children

The EQLS was designed from its inception to monitor the quality of society as well as individual quality of life (Eurofound, 2003). This stems from the need to map the resources and opportunities influencing the quality of life – in this, collective resources such as education, health and social care services are fundamental. This is reflected in the priority accorded in EU policy documents to the availability of good quality public services to Europe’s citizens. These services contribute not only to meeting needs for health and welfare, but also to provide essential support to enable people to participate effectively in employment and society. The Europe 2020 strategy underlines the role of these services in delivering employment, inclusive growth and social cohesion by:

- strengthening education and training policies;
- reducing health inequalities and ensuring better access to healthcare systems;
- improving access to childcare facilities and care for other dependents;
- promoting a healthy and active ageing population. (European Commission, 2010)

EU policy context

The attention and momentum for improving access to and quality of social public services has been reinforced in the development of the Social Investment Package (European Commission, 2013b) and the recent Recommendation on the European Pillar of Social Rights (European Commission, 2017c). Both of these policy actions incorporate a range of elements directed at public services, acknowledged as primarily the responsibility of Member States – and thus are continuously on the agenda of bodies such as the Social Protection Committee (European Commission, 2016a).

The Social Investment Package was designed to support the objectives of the Europe 2020 strategy and included a recommendation against child poverty, a review of policy options for long-term care, and strategies to improve the efficiency and effectiveness of health systems. As also in the Pillar of Social Rights (European Commission, 2017c), there was particular concern to follow up on the recommendation regarding the active inclusion of people excluded from the labour market

(European Commission, 2008b), which emphasises the importance of supportive care, health and social services to enable take-up of a job. The documents on the Pillar of Social Rights consistently highlight inequalities in access to welfare services, health and education. The major issue, in many cases, is not the recognition of rights – to adequate activation support, care services, quality education – but ensuring actual take-up of efficient, affordable, sustainable and quality services.

Eurofound has examined access to specific public services in a number of reports – on early childhood care (Eurofound, 2015c), social benefits (Eurofound, 2015d) and healthcare (Eurofound, 2014a). More generally, views on access to and quality of services have been recorded in all four waves of the EQLS. This section provides an overview of the main results; the trends and patterns of access and quality will be analysed more extensively in a specific report to be published in 2018. For the present, change over time will be limited to consideration of developments since 2011 (Eurofound, 2012b, 2013d).

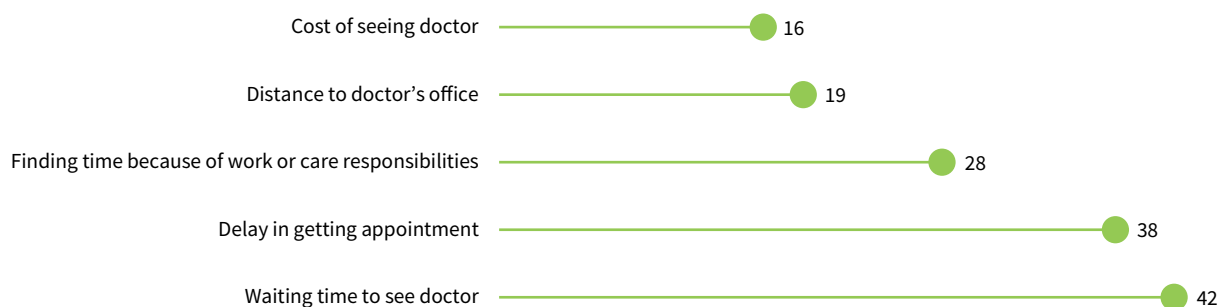
Healthcare

Access to quality health services is a key consideration in the policy and public debate at both EU level and in Member States. In previous rounds of the EQLS, questions were asked about health services in general and access to a doctor or medical specialist; in 2016, the questions were designed to distinguish between the experiences of primary care and hospital services.

Altogether, 67% of respondents in 2016 reported using their GP, family doctor or health centre services in the previous 12 months (ranging from 75% or more in Austria, Denmark, Germany, Lithuania and the United Kingdom to only 41% in Greece); this compares with 31% who had attended hospital or medical specialist services, and 11% who had used emergency healthcare. So when health services were assessed in 2011, it is highly likely that most people were referring to general practitioner (GP) or family doctor services.

Figure 21 presents the experiences of respondents in 2016 based on the last time they needed to see a doctor. These proportions were remarkably similar in 2011 and 2016, except that difficulties caused by the ‘cost of seeing the doctor’ were almost half as common in 2016.³

³ The question in 2011 asked about access to a ‘doctor or medical specialist’, while the question in 2016 explicitly restricts this to primary care services. This may explain the reduction in cost as a barrier to seeing a doctor, as the costs of primary care services may be lower than for other types of care by a doctor or medical specialist.

Figure 21: Difficulties accessing GP, family doctor or health centre (%)

Notes: Q61: 'Thinking about the last time you needed to see or be treated by a GP, family doctor or health centre, to what extent did any of the following make it difficult or not for you to do so?' Proportion of respondents answering 'very difficult' or 'a little difficult' in relation to the five options. EU28 data.

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The most frequent difficulty in seeing the GP was the waiting time to see the doctor on the day of the appointment, reported by 42% (and reported by 9% in 2016 as being 'very difficult'). This problem was most frequently reported in Malta (68%), Greece (64%), Romania (57%), and Austria and Portugal (both 54%).

A delay in getting an appointment was reported as being 'very difficult' for 10% of respondents in 2016, and was particularly an issue in Greece (24%), the United Kingdom (24%), Portugal (18%) and Estonia (17%).

For the EU as a whole, the proportion of people reporting that 'cost' caused difficulty was 16% in 2016. It remained a 'very difficult' issue for 10% or more of service users in Cyprus, Greece, Ireland, Malta and Romania – these were also the countries in which cost was most often experienced as being 'a little difficult'.

There are some differences between age groups in reporting difficulties in the use of GP services. People aged 65 and over tend to report fewer difficulties, except regarding distance to 'GP/doctor's office/health centre', for which 24% report some difficulty compared with 18% of younger patients (this is the case in both rural and urban areas). People who are in employment are more likely to have difficulty to find time because of work or care responsibilities (39% compared with 14% of those who are not employed), but they less often report the distance to the doctor's office or health centre as a difficulty.

Income status is related to problems in using the GP service: people in the lowest income quartile are more likely to experience difficulties with the distance issue (24%), delay in getting an appointment (42%), waiting times on the day (47%) and in the cost of seeing the doctor (21%), particularly when compared with people in the highest income quartile for which the corresponding proportions are 16%, 38%, 40% and 15%.

In general, country differences (with the notable exception of Malta), and also the differences between population groups in access to GP services, are mirrored

in the assessments of the quality of health services; the country figures in Table 12 are based on all respondents interviewed in the EQLS.

On average, people in the EU give a higher rating to primary care (GP, family doctor or health centre services) than to hospital and specialist services (7.4 compared with 6.9). Both rank higher than satisfaction with health services generally (6.7), which in itself already lies above satisfaction with several other services. Thus, healthcare services enjoy relatively high satisfaction overall. These patterns are relatively consistent across Member States, though there are exceptions. In particular, people in Finland and Sweden are more satisfied overall with hospital or specialist care than with primary care. These observations tally with the rationale behind recent initiatives (Eurofound, 2014a); in Sweden, for example, primary care centres are being located within hospitals to attract patients who particularly trust hospital services.

Users of healthcare services are generally more satisfied than non-users (Eurofound, 2012b). The higher ratings for primary care could therefore simply be due to the fact that more people use primary care and to users of GP services having a relatively close bond with their GP. People who report having used primary care services in the past 12 months indeed rated primary care services higher (7.4) than those who did not use them (7.2). The same holds true for people who used hospital or specialist services (7.1) compared with those who did not (6.8). However, users of primary care services still rate these services higher (7.4) than users of hospital or specialist services rate those services (7.1). Interpretation of these results is challenging and may, for example, be related to users of secondary and tertiary healthcare services having more severe illnesses as well as higher expectations. However, primary healthcare services seem to generate particularly high satisfaction levels and may be used as a model for the delivery of other types of services as well.

Table 12: Perceived quality of health services

	Health services			Hospital and specialist services	GP, family doctor or health centre services
	2007	2011	2016	2016	2016
Austria	7.8	8.0	8.0	7.9	8.4
Luxembourg	7.4	7.5	7.9	7.7	8.4
Malta	7.0	7.2	7.8	8.0	8.1
Finland	7.6	7.1	7.6	8.1	7.5
Belgium	7.7	7.7	7.6	7.4	7.7
France	7.1	6.9	7.4	7.2	7.8
Denmark	7.0	7.4	7.4	7.8	7.9
Germany	6.0	6.6	7.3	7.7	8.0
Sweden	7.6	7.3	7.3	7.8	6.9
Netherlands	7.2	7.2	7.3	7.6	7.7
Spain	6.8	7.0	7.2	7.1	7.5
United Kingdom	6.5	7.0	6.9	7.1	7.1
Czech Republic	6.4	6.5	6.8	7.0	7.2
EU28	6.1	6.3	6.7	6.9	7.4
Portugal	4.9	5.5	6.3	6.4	6.8
Lithuania	5.2	5.2	6.3	7.1	7.5
Estonia	6.0	5.7	6.1	6.5	7.0
Croatia	5.0	5.4	6.0	6.4	7.0
Slovenia	5.8	6.4	6.0	6.9	7.4
Ireland	4.9	4.9	5.9	6.6	7.9
Romania	5.5	4.7	5.9	6.2	7.1
Italy	5.3	5.5	5.8	6.2	7.0
Hungary	5.1	5.1	5.7	5.8	7.1
Bulgaria	4.7	4.5	5.7	6.1	6.9
Slovakia	5.8	4.9	5.6	6.4	6.8
Poland	5.0	4.7	5.4	5.8	6.5
Cyprus	5.9	5.4	5.1	6.0	6.9
Latvia	5.0	5.2	4.8	6.2	6.6
Greece	4.9	4.8	4.6	5.1	6.0

Notes: Rating on a scale 1–10, where 1 means very poor quality and 10 means very high quality. Country order is based on value scale from highest to lowest for health services in 2016. Q59: 'In general, how do you rate the quality of the following two healthcare services in [COUNTRY]? Again, please tell me on a scale of 1 to 10, where 1 means very poor quality and 10 means very high quality'. EU28 data.

Ratings for the quality of GP services tend to be higher among people aged 65 and over, with an average score of 7.7 compared with 7.3 among younger people. Generally, ratings increase with age both for users (from 7.2 for 25–34 year-olds to 7.7 for those aged 65 and over) and for non-users (from 7.0 for 25–34 year-olds to 7.4 for those aged 65 and over). People aged 65 and over are more likely to have used primary care (50%) than those aged 18–64 (29%).

Women rated primary care higher (7.4) than men (7.3), but among users (more women than men) both rate it at 7.4. Income appears to matter, with those in the highest

income quartile expressing greater appreciation of quality with an average rating of 7.4 compared with 7.2 for people from households in the lowest income quartile. These differences by age and income are also evident in views on the quality of hospital services (but not for sex, where both men and women rate them at 6.9). The corresponding figures are 7.2 for those aged 65 and over compared with 6.8 for 18–64 year-olds, and 7.0 for people from households in the lowest income quartile and 6.8 for those in the lowest quartile. The findings invite further reflection and analysis in national contexts on the extent to which higher income groups may be able to access services that are better equipped.

Assessments of health services in global terms show consistent differences between people aged 65 and over and those aged 18–64 (6.9 compared with 6.6) and between people in the highest income quartile (6.8) and those in the lowest income quartile (6.5).

The perceived quality of health services for the EU28 increased between 2011 and 2016 from an average rating of 6.3 to 6.7. Although this improvement does not apply in all Member States, it is particularly evident in countries where ratings were low in 2011 – Bulgaria and Romania in particular, but also Ireland and Lithuania. Unfortunately, the rating of health services in Cyprus and Greece remained relatively low in 2016, while in Latvia the low level observed in 2011 dropped further in 2016. As was the case in 2011, and for both GP and hospital services, people aged 65 and over gave higher overall ratings for health services in 2016 (6.9 compared with 6.6 for people aged 18–64), and people in the highest income quartile rated their services more highly (6.9) than people in the lowest income quartile (6.5).

A new set of questions were asked in 2016 to provide more detailed understanding of aspects of provision associated with the quality of public services. These covered:

- the quality of the facilities;
- the expertise and professionalism of staff;
- the personal attention given, including staff attitude and time devoted;
- being informed or consulted about their care.

The questions were only asked of those who had used the relevant service in the previous 12 months and referred to the last time they had used the service. Ratings of the different aspects of the service by users were generally at the higher end of satisfaction (Table 13).

Not surprisingly, there are large differences between Member States in the assessments made by service users. The countries listed in Table 13 had the three highest and lowest ratings. For both GP and hospital services, there is substantial continuity of ratings for different aspects of the service, although there are some differences between the high- and low-rated countries for the two services. In general, the Nordic countries have high ratings for both GP and hospital services, but Austria, Ireland, Luxembourg and Malta are recognised for particularly good aspects of GP services. Satisfaction with both hospital and GP services is low in Greece and

Table 13: User satisfaction with GP and hospital services, 2016

GP, family doctor or health centre services			Hospital or medical specialist services		
Highest	EU28	Lowest	Highest	EU28	Lowest
Quality of facilities					
Denmark Austria Luxembourg	7.9	Greece Italy Bulgaria	Denmark Finland Sweden	7.8	Greece Italy Cyprus
Professionalism of staff					
Austria Denmark Ireland	8.0	Portugal Italy Greece	Finland Sweden Denmark	7.9	Italy Greece Cyprus
Personal attention					
Austria Ireland Denmark	7.9	Portugal Italy Greece	Finland Sweden Denmark	7.6	Greece Italy Romania
Being informed and consulted about care					
Austria Luxembourg Ireland	7.8	Italy Portugal Greece	Finland Sweden Malta	7.6	Italy Greece Cyprus

Notes: Only among respondents who reported using the service themselves in the past 12 months (Q60, response 1). Q62: 'You mentioned that you used GP, family doctor or health centre services. On a scale of 1 to 10 where 1 means very dissatisfied and 10 means very satisfied, tell me how satisfied or dissatisfied you were with each of the following aspects the last time that you used the service'. Table lists countries with the three highest and three lowest ratings. EU28 data.

Italy across all elements, while services in Cyprus and Portugal also receive relatively low ratings.

In terms of satisfaction with these specific aspects of services, people of an older age category, particularly people aged 65 and over report higher levels of satisfaction with GP and hospital services. The association with income is less evident for GP services, though it is found for several aspects of hospital services. The professionalism of staff got a higher satisfaction rating among people in the highest income quartile (8.0) than among people in the lowest income quartile (7.7). This was also the case for satisfaction with personal attention given (7.7 compared with 7.4) and with being informed or consulted about care (7.7 compared with 7.4).

When seeking to explain the overall primary care quality rating with only these four elements of satisfaction using regression analysis, an interesting picture emerges. The simple model explains an important share of the variance (40%) but not all, meaning that other quality dimensions and personal characteristics also matter. However, the coefficient for 'expertise and professionalism of staff' is highest; after controlling for the other three aspects of quality, overall quality ratings increase by 0.27 for every point increase in satisfaction with professionalism. This compares with an increase of 0.17 for every point increase in the rating of personal attention given and being informed or consulted about care. For quality of the facility, the relation is weakest, with a 0.14 increase in overall quality for each point increase in this aspect.

With regard to cost as a barrier in accessing services, the EQLS 2016 asked how easy or difficult it would be for respondents to cover the expenses for several specific healthcare services if they needed them tomorrow. In the EU28 as a whole, people most often reported that it would be 'very difficult' or 'difficult' to cover expenses for dental care (36%) and for 'psychologist, psychiatrist or other mental health services' (34%). Primary care service expenses (GP, family doctor or health centre services) were seen as the least difficult to cover (17%). Emergency healthcare (23%) and 'other hospital or medical specialist services' (29%) lie in between.

Naturally, it is hard to know the types of medical needs respondents have, but the results give an indication about how well people feel covered against potential medical expenses. Even in the bottom income quartile, in most countries well over half indicated they could cover primary care costs, with an average of 58% for the EU. However, there are some countries where the proportion is particularly low: Croatia (14%), Greece and Cyprus (both 24%), Romania (31%), Bulgaria and Hungary (both 32%). In some cases, this may not only refer to formal coverage but also expected under-the-table payments. The considerable magnitude of the

proportions feeling uncovered are an important observation in the European context where almost all countries have so-called 'universal healthcare systems'.

In the EU as a whole, 18% of respondents had ordered prescriptions online or by telephone and 11% had had a medical consultation online or by telephone over the previous 12 months. There are large country differences, with online or telephone ordering of prescriptions being most common in Estonia (49%), Finland and Denmark (both 48%), Sweden (47%) and Netherlands (46%), while this practice barely exists in Cyprus, Greece, Lithuania and Malta (all 1%–2%). Online or telephone medical consultations are most common in Croatia (26%), Estonia (30%), Sweden (40%), Denmark (42%) and Finland (46%), but they are less common than ordering prescriptions in almost all Member States.

While telemedicine has the potential to improve access to healthcare, particularly in remote areas (European Commission, 2012a), online/telephone consultations are actually more common in urban (13%) than rural (10%) areas, and ordering prescriptions online or by telephone are only somewhat more common in rural (18%) than urban (17%) areas in the EU.

Interestingly, there are hardly any age differences for online/telephone consultations (varying between 10% and 12% across age groups). However, older people order prescriptions online or by telephone more often than young people (21% among persons aged 65 and over compared with 11% among 18–24 year-olds). The greater use of online or telephone order of prescriptions by older people partly reflects their greater need. Among people with self-reported 'bad' (or 'very bad') health, people under the age of 50 order prescriptions online or by telephone more often than people aged 50+ (38% compared with 22%); the same holds true for online or telephone consultations (26% compared with 16%). Computer literacy differences by age may partly explain this divergence. Other explanations could include older people having a preference for face-to-face contact and/or the type of health problems they experience being less suitable for online/telephone consultations or prescription ordering.

Long-term care

The provision of long-term care to people who are disabled or infirm is primarily carried out by family or friends. However, more formal care services have been developed to a greater or lesser extent in Member States. Although data on long-term care services are patchy and difficult to compare (European Commission, 2014), it is clear that there is great diversity in arrangements for long-term care across the EU in terms of the balance between formal and informal care, formal care providers, funding and delivery.

Table 14: Proportion of people using long-term care services during previous 12 months (%)

	Respondent using service	Someone close using service	No one
Nursing care at home	3	7	90
Home help or personal care services at home	3	5	92
Residential care or nursing home	1	5	95

Notes: Percentages may add to more or less than 100% as multiple answers are possible. Q68: 'Have you, or someone close to you, used the following services in the last 12 months? Here we are asking about formal services, not care provided by families'. EU28 data.

Care may be provided directly to the home of a dependent person, or in local community facilities, or in residential/care homes. A significant volume of long-term care may be provided in hospitals or other healthcare institutions, but the focus of questions in the EQLS is on care services in the person's home or in community-based residential/nursing care homes.

Table 14 shows the proportions of people who reported that they, or someone close to them, had used care services (not care provided by families) in the previous 12 months.

The EQLS population does not include people who are in a hospital or a care home at the time of the interview, and excludes an unknown proportion of more disabled or dependent persons who could not be interviewed. However, the proportion using long-term care services (and/or having someone close to them using them) still comprises 14% of respondents. Most of the reporting relates to the experience of someone close rather than to the respondent themselves (Table 14), and this is especially true of the use of residential care or nursing homes (the ratio of 5 to 1 for someone close versus the respondent is higher for this item than for the other two).

The great diversity in service use (and availability) in Member States can be illustrated by considering the proportions of respondents and someone close to them (together) who used the different services (Table 15). The proportion of people with experience of home nursing services is small (below 5%) in many countries, but is more than 15% in Sweden, the Netherlands, Belgium and France.

In general, there is a clear relationship between reported use and spending by countries on long-term care (European Commission, 2014).

Users aged 65 and over generally had more positive views on the quality of long-term care services in terms of satisfaction with the quality of facilities (score of 7.9 on a scale of 1–10, compared to 7.2 for 18–64 year-old users), professionalism of staff (8.0 compared with 7.2), personal attention given (7.9 compared with 7.2) and

Table 15: Proportion of people using long-term care services themselves or having someone close who had used the service, by country (%)

	Nursing care at home	Home help or personal care	Residential care home
Slovakia	2	2	1
Greece	3	4	1
Romania	3	3	3
Portugal	3	3	2
Estonia	4	3	5
Cyprus	4	11	3
Hungary	4	3	2
Malta	4	5	4
Lithuania	4	4	3
Poland	4	2	2
Spain	4	3	2
Bulgaria	4	2	0
Czech Republic	5	5	3
Latvia	5	5	3
Croatia	6	4	2
Slovenia	6	5	4
Italy	6	6	3
Ireland	7	7	5
Austria	7	7	8
Germany	8	8	5
Luxembourg	11	10	4
United Kingdom	11	11	7
Denmark	12	16	9
Finland	14	12	11
Sweden	15	16	18
Netherlands	15	20	10
Belgium	21	16	9
France	23	13	8

Notes: Country order is based on value scale from lowest to highest for nursing care at home. Please see note to Table 13 for details of Q62. EU28 data.

being informed or consulted about care (7.8 compared with 7.1). While people in the highest income quartile tended to be more satisfied with aspects of health services, they were less impressed with the specific aspects of long-term care. People in the top income quartile rate satisfaction with facilities on average at 7.2, the professionalism of staff at 7.2, personal attention received at 7.1 and being informed or consulted at 6.9 – all at lower levels than the three lower income quartiles (between 7.4 and 7.6, between 7.6 and 7.7, between 7.6 and 7.8, and between 7.5 and 7.7 respectively). These lower levels of perceived quality of long-term care among the top income quartile may be explained by higher expectations in this group.

Global ratings regarding the quality of long-term care showed no significant relationship to age, gender or income. There were, however, large differences between ratings for different Member States. The highest ratings were accorded to the same countries as in 2011: Austria, Luxembourg and Malta (all above 7.0) and Belgium, France and Germany (all at 6.9). Residents of Bulgaria, Greece and Portugal produced mean scores of 5.0 or less, followed by Cyprus and Slovakia – again all except Cyprus and Portugal were also at the bottom of the rankings in 2011, so relatively little change, even if the average score for the EU28 was higher at 6.2 in 2016 compared with 5.8 in 2011.

Services for children

The importance of access to good quality early childcare services has been high on the policy agenda over the past decade, both with regard to investing in children (European Commission, 2013b) and to combating child poverty, particularly through enabling parents, and specifically mothers, to be in employment. In 2011, the focus of childcare questions was on childcare services. In 2016, the EQLS looked at all types of care given to children aged under 12 years, both formal and informal, that was not provided by the child's parent or guardian; this therefore included care provided by other family and friends as well as other more formal and informal arrangements.

Altogether, 70% of people with one or more children aged under 12 in the household in 2016 used some informal or formal childcare (by anyone other than the parent or guardian) in the previous 12 months. This proportion ranged from 45% in Belgium, 52% in Malta, and 55% in the Netherlands and the United Kingdom to more than 80% in Austria, Denmark, Italy and Sweden.

The EQLS explored the specific childcare arrangements in place for the youngest child in the household. In more than one-third of cases (36%), the main source of childcare outside regular school hours was provided by one of the child's grandparents, and in 22% of households it was another household member, relative, friend or other informal arrangement without a contract. In 5% of cases, the main type of care involved

childminding with a formal agreement or contract; and only 29% of childcare to the youngest child was provided in a childcare facility (kindergarten, crèche, nursery, playgroup, day care centre) or through afterschool care; 7% of households reported some other main type of childcare.

The childcare arrangements differed markedly between countries: for example, in Denmark and Sweden, over 80% of the families with 'youngest child in the household' mainly received care in a formal childcare facility, and over 50% in Belgium, Estonia, Finland and Luxembourg. However, the proportion was below 20% in Croatia, Cyprus, Greece, Ireland, Italy, Malta, Romania and Spain. Clearly, family – and particularly grandparents – constitute a major part of childcare in southern and south-eastern Europe – providing the main type of childcare in between half and two-thirds of households in Bulgaria, Croatia, Cyprus, Greece, Italy, Malta and Romania – but also in the Czech Republic and Poland. Informal childminding arrangements with other family members, friends or neighbours were particularly prevalent in Spain (43%), Ireland (37%) and Austria (32%).

People with childcare arrangements other than with informal carers were asked to what extent cost made it difficult to use childcare services: 6% reported that cost made it 'very difficult' and 33% 'a little difficult', proportions which may appear relatively low. In 26% of cases, however, this childcare was provided free of charge and in 39% of cases care was 'partially funded'.

Parents whose main type of childcare was from grandparents or other family members and friends were not asked to evaluate aspects of childcare quality; those with more formal childcare arrangements were asked to rate their satisfaction with the services, using the same dimensions examined for health and long-term care services (quality, professionalism, and so on). In general, satisfaction with specific aspects of childcare was higher than for these other services, and also higher than satisfaction with schools, as expressed by people whose household included children attending school (Table 16).

The high ratings by users in Ireland of satisfaction with specific aspects of childcare and schools are not entirely reflected in the general or overall ratings of quality by all the respondents in that country. For childcare services, the global rating of quality is 6.1 in Ireland, some way below the average rating of 6.7 for the EU28; for the education system, the rating is 7.3, above the EU28 average of 6.7. Likewise, the global rating of the quality of childcare services in Lithuania is 6.9, but only 6.5 for the quality of the education system. Low ratings of satisfaction with aspects of the service and of overall quality appear somewhat more consistent, but Belgium is rated at the EU average for quality of childcare services with a score of 6.8 and, at 6.5, Portugal is approaching the EU28 average for rating of the quality

Table 16: User satisfaction with childcare services and schools

Childcare			Schools		
Highest	EU28	Lowest	Highest	EU28	Lowest
Quality of facilities (building, room, equipment)					
Ireland United Kingdom Austria	8.1	Italy Croatia Slovakia	Luxembourg Ireland Estonia	7.7	Greece Italy Portugal
Professionalism of staff/carers					
Ireland Lithuania Finland	8.2	Italy Belgium Latvia	Lithuania Ireland Bulgaria	7.7	Greece Italy Cyprus
Personal attention the child was given					
Ireland Lithuania Finland	8.2	Italy Latvia Belgium	Ireland Malta Lithuania	7.6	Italy Greece Portugal
Being informed and consulted					
Ireland Austria Lithuania	8.1	Italy Denmark Belgium	Lithuania Ireland Finland	7.6	Greece Italy Portugal
Curriculum and activities					
Ireland Lithuania United Kingdom	8.1	Italy Belgium Croatia	Ireland Malta Finland	7.5	Greece Italy France

Notes: Scale where 1 means very dissatisfied and 10 means very satisfied. Q81: 'You mentioned that the main form of childcare received by the youngest child is [SERVICE]. On a scale of 1 to 10 where 1 means very dissatisfied and 10 means very satisfied, please tell me how satisfied or dissatisfied you were with each of the following aspects'. Q85: 'You mentioned that your child or someone in your household attended school. On a scale of 1 to 10 where 1 means very dissatisfied and 10 means very satisfied, please tell me how satisfied or dissatisfied you were with each of the following aspects'. Table lists countries with the three highest and three lowest ratings. EU28 data.

of the education system. So even acknowledging that users tend to rate services higher than non-users, the detailed ratings should probably be interpreted with some caution, given the sometimes relatively low number of cases.

In 2016, across the 28 Member States, global quality of childcare is rated highest in Malta (8.0), Finland (7.9), Austria, Luxembourg and Sweden (all 7.7) – remarkably these are the same five highest countries as in 2011. Ratings are lowest in Greece (5.5), Romania (5.9), Italy (6.0), Ireland (6.1), Croatia, Bulgaria and Portugal (all 6.2). There was, in general, an increase (from 6.2 to 6.7) in the ratings of the quality of childcare between 2011 and 2016; this was particularly visible in Bulgaria, Hungary and Poland – perhaps reflecting real improvements in service quality or perhaps the greater availability of services due to a decline in birth rates and the emigration of people of child-rearing ages. As in 2011, there was no clear relationship between general ratings and age, gender or income.

The story regarding estimations of the general quality of the education system is similar to that of childcare. There is considerable stability in the set of countries

identified as having the highest quality – Finland (8.3), Malta (7.8), Denmark (7.7), Austria (7.4), Ireland, Netherlands and Belgium (all 7.3); and among the lowest-ranked countries – Greece (5.7), Bulgaria (5.8), Cyprus (5.9), Latvia (5.9) and Slovakia (6.0). Again there was an increase in ratings of the quality of the education system between 2011 (6.3) and 2016 (6.7), most evident in countries that had been lowest in 2011 – Greece (+1.1), Bulgaria (+0.9) and Romania (+0.9). There was no marked association between global ratings of quality and gender, age or income.

Fairness and corruption in public services

The EU's priorities – both general (European Commission, 2013b) and more specific (European Commission, 2017c) – underline the importance of ensuring equality of opportunity and fairness in outcomes. Improved equality of access to key public services is fundamental to achieving the EU's highest policy goals. However, there are widespread concerns as unequal practices and corruption have been documented in some EU Member States, as indicated by Transparency International's Corruption Perceptions Index 2016 (Transparency International, 2017).

Table 17: Perceptions of fairness and corruption in healthcare, long-term care and childcare/school services

Fairness (‘All people are treated equally in these services in my area’)			Corruption (‘Corruption is common in these services in my area’)		
Highest	EU28	Lowest	Highest	EU28	Lowest
GP services					
Denmark Austria Malta	7.6	Cyprus Greece Slovakia	Romania Cyprus Greece	2.9	Denmark Sweden Netherlands
Hospital services					
Denmark Sweden Malta	7.3	Cyprus Greece Croatia	Greece Cyprus Romania	3.2	Denmark Sweden Finland
Long-term care					
Denmark Malta Sweden	7.1	Cyprus Greece Croatia	Romania Lithuania Hungary	3.2	Denmark Sweden Finland
Childcare					
Denmark Sweden Malta	7.7	Croatia Greece Italy	Romania Croatia Hungary	2.8	Sweden Denmark Finland
Schools					
Denmark Bulgaria Malta	7.6	Cyprus Croatia Italy	Romania Croatia Hungary	2.7	Denmark Sweden Finland

Notes: ‘Q66, Q75, Q83, Q86: ‘To what extent do you agree or disagree with the following statements about hospital or medial specialist [Q66]/ long-term care [Q75]/ childcare [Q83]/ school [Q86] services in your area? Please tell me on a scale of 1 to 10, where 1 means completely disagree and 10 means completely agree’. Table lists countries with the three highest and three lowest ratings. EU28 data.

The EQLS 2016 contained two questions to elicit perceptions regarding fairness in treatment and corruption with regard to specific public services. The results demonstrate at least that the questions relate to opposing attitudes and that views are relatively consistent across the different services (Table 17).

On average, agreement that corruption is present in the respondents’ area is higher for hospital services (3.2) than for GP services (2.9). It is higher among people in urban than in rural areas for both hospital services (3.3 compared with 3.0) and GP services (3.0 compared with 2.7). This pattern is relatively consistent across countries, except for Ireland where it was higher in rural areas for hospital services (3.3 in rural and 2.9 in urban) and GP services (2.8 compared with 2.4).

Key points

- The extended module of questions on public services in the 2016 wave offers new information and insights, especially regarding the perceived quality of public services. The module provides updated information on health services, distinguishing primary healthcare from hospital care and underlining the high satisfaction of people with health services, particularly GP services.
- In general, people who use these services appear to rate their satisfaction with quality higher than non-users, and this applies to GP services, hospital services, long-term care services, childcare and social housing.
- On the whole, the results point to a high degree of continuity in the identification of countries where services are generally regarded as being of high or low quality – this is true of healthcare, long-term care, childcare and the education system.
- A high proportion of childcare and long-term care provision is undertaken by families, especially grandparents in the case of childcare and this is particularly evident in southern and eastern Europe. The provision of childcare in formal facilities is only above 5% in six Member States.
- The examination of quality ratings across the whole range of seven services underlines the relatively uniform ratings for the different services in individual Member States. This consistent pattern of differences between Member States for the different services is also reflected in perceptions of corruption and fairness.
- From a policy perspective, perhaps the most persistent finding is not of differences between Member States but of inequalities in access to and satisfaction with services within Member States. The most pressing inequalities are related to income and are underlined, for example, in the experience of greater problems in accessing primary healthcare for people in the lowest income quartile, as well as lower ratings of satisfaction with the quality of GP and hospital services.
- While people in the highest income quartile tend to rate health services more highly than people in other income groups – perhaps related to the real quality of services they can avail of – this is not the case for their assessments of quality in long-term care, for which people in the highest income quartile give a lower rating.
- The cost of using services is still a significant issue in several Member States, especially in south-east Europe, even for users of primary healthcare.
- Inequalities in access to and quality of care are specific issues highlighted not only in policy documents but also in the European Semester's Country Specific Recommendations to Member States. They are significant factors in enabling access to employment and participation in society, as well as promoting quality of life. Large differences between Member States and between socioeconomic groups in ratings of quality of services emphasise the importance of measures to address inequalities.
- There are indications of improvement in the quality of some of the public services studied (health, childcare) in some countries where quality ratings were previously low, but there is no good news for several Member States, including Cyprus and Greece.
- The huge differences across Member States in the numbers of people using formal services (such as childcare and long-term care) underline the large gaps in the availability of services in some Member States.
- The relatively low ranking of the quality of long-term care compared with childcare suggests the need for much greater attention to quality in this service, as well as the need to improve provision.
- The efforts in this EQLS to expand information on aspects of quality have identified a number of important gaps and omissions. However, the data also indicate the need for more initiatives to identify other important aspects of service quality, especially related to service delivery.

Neighbourhood quality and services

This section focuses on the local area where people live. Along with housing conditions, neighbourhood quality can affect people's quality of life in general (OECD, 2013b). There is a wide range of physical, social and service aspects of the local area that are interlinked and that contribute to quality of life in different ways, depending on people's preferences and needs (Eurofound, forthcoming).

In this section, people's overall satisfaction with their local area and the role of four specific neighbourhood problems (noise, litter, heavy traffic, poor air quality) are assessed. Attention is also given to the issue of commuting.

The section also investigates a social aspect: whether people feel close to others in the area where they live. This can give an impression of people's sense of 'belonging'. Next, the focus is on access to a range of neighbourhood services: banks, public transport, recreational or green areas, grocery shops, cultural centres and recycling facilities. Lastly, the section links outcomes (satisfaction, problems) and inputs (services, amenities), and discusses how good neighbourhood services and amenities can prevent potential social problems.

EU policy context

Urbanisation is identified as a driver of change in the European Commission's reflection paper on the social dimension of Europe (European Commission, 2017b). It identifies as a key challenge making the urban environment more inclusive and accessible, and one that fits the needs of a diverse population, including working parents, persons with disabilities and older people. The paper states that over 70% of Europeans already live in towns and cities, and that 80% are forecast to do so by 2050. At present, more than half of the EU population lives in small and medium-sized towns with a population of between 5,000 and 100,000.

The European Commission commits to mainstreaming the UN's Sustainable Development Goals in its policies and initiatives (European Commission, 2016b); these also infused the European Pillar of Social Rights (European Commission, 2017d). One of the goals is to make local areas inclusive, safe, resilient and sustainable. Targets include access to safe, affordable, accessible and sustainable transport systems for all, improving road safety and expanding public transport. Another target is to provide universal access to safe, inclusive and accessible, green and public spaces. Special attention is paid to the needs of people in vulnerable situations, including women, children, disabled and older people.

The EU's European Innovation Partnership on Active and Healthy Ageing includes an action group that focuses on 'age-friendly buildings, cities and environments', acknowledging their importance in supporting active and healthy ageing. The EU further subscribes to the WHO's Health 2020 strategy. Community resilience, supportive and enabling environments and sense of belonging are key to this strategy – according to the WHO, better monitoring and measurement of these are needed (WHO, 2015).

The Urban Agenda for the EU, adopted by the Member States in 2016, aims to promote cooperation between Member States, cities, the European Commission and other stakeholders, in order to stimulate growth, liveability and innovation in the cities of Europe. In addition, the EU's Structural and Rural Development Funds are important instruments contributing to the development of urban and rural areas throughout the EU.

There are also specific directives of relevance to certain problems in the local area, such as the Ambient Air Quality Directive (2008/50/EC) and the Environmental Noise Directive (2002/49/EC).

The European Commission's reflection paper on the social dimension of Europe mentions environment-related diseases as a 'new' social problem (European Commission, 2017b). With regard to air quality, the European Environment Agency (EEA) has estimated that 68,000 premature deaths in the EU in 2013 were due to nitrogen dioxide (particularly from diesel vehicles), and 436,000 premature deaths were due to particulate matter (emitted by vehicles, heating, industry, agriculture) alone (EEA, 2016, p. 9). This compares with 30,000 deaths and 120,000 permanently disabling injuries from traffic accidents in 2011 (European Commission, 2017e).

With regard to noise, EEA estimated that eight million people in the EU suffer sleep disturbances because of environmental noise, which further contributes to 10,000 premature deaths, 900,000 cases of hypertension and 43,000 hospitalisations each year (EEA, 2014). Its dominant source is road traffic.

The social cost of noise and air pollution in the EU has been estimated at nearly €1 trillion (European Commission, 2016c). Some population groups are more affected than others. Inequalities may arise from differences in exposure, sensitivity and access to mitigating resources – and the links are complex.

Rural–urban distinction

A key distinguishing factor between areas is whether they are urban or rural. The question, though, is how to measure the degree of urbanisation.

Eurostat uses a classification – termed DEGURBA – that indicates the degree of urbanisation of geographical areas in the EU. This distinguishes local administrative

units (LAU2s) into three categories: densely; intermediate; and thinly populated (Eurostat, 2015a). The size of LAUs varies within and between countries; for example, there are 291 LAUs in Sweden (population 12 million) and 8,118 in Greece (population 11 million).

The EQLS records the DEGURBA category of respondents' areas, but also collects self-reported indications by respondents as to whether they live in one of the following areas:

1. city or city suburb;
2. medium to large town;
3. village/small town;
4. open countryside.

When reporting at country level, these four categories are collapsed into urban (1 and 2) and rural (3 and 4) mainly due to the limited sample size. However, analysis is also performed for these four categories separately. This is important in the EU context where – compared with other parts of the world – relatively more people live in medium to small towns. Furthermore, differences in many aspects of the quality of life are larger within rural or urban areas than between them (Eurofound, 2014b).

Most of the time, the population density DEGURBA and self-reported EQLS measures appear to match. For example, 85% of people who report living in a city or city suburb in the EQLS live in a 'densely populated' DEGURBA area. However, sometimes people report that they live in the open countryside even if they live in a 'densely populated' DEGURBA area (9%). This may reflect the fact that DEGURBA is based purely on population density and does not take into account whether an area (where people may live more separately from each other), for example, has good access to shops, public transport and other services and amenities that respondents may see as more urban features. For instance, 90% of the respondents who say they live in a city or city suburb, but live in a sparsely populated DEGURBA area, say they have easy access to public transport. However, discrepancies are most likely to reflect the fact that DEGURBA is an overall measure for a wider area that may be predominantly densely (or sparsely) populated but still contain pockets of sparsely (or densely) populated areas.

As a factor of importance for the various dimensions of the quality of life, population density of the broader area appears less relevant than the perceived urban or rural characteristics of the more immediate area. Hence the focus in this section is on the EQLS's subjective measure.

Satisfaction with local area

Overall, most people in the EU are satisfied with their local area as a place to live, rating it at 7.8 on average on a scale from 1 to 10. There are 38% of the EU population who give a rating of 9 or 10; 6% indicated 4 or less.

In all countries, a majority rate satisfaction with their local area at 7 or higher (79% in the EU as a whole).⁴ Proportions are lowest in Croatia (66%), Slovakia (67%), Italy (68%) and Bulgaria (75%). Proportions are highest in Finland (93%), Luxembourg (90%), Ireland and Sweden (both 88%).

Traffic, noise, rubbish and poor air quality

While over one in five respondents (21%) are very satisfied, scoring their local area at 10, the other 79% sees room for improvement. Furthermore, even people who are very satisfied with their local area as a place to live report problems in their neighbourhood.

Figure 22 presents an overview of the proportion of people who experience one of the four neighbourhood problems explored in the EQLS. It also presents differences between rural and urban areas.

Heavy traffic constitutes the most common neighbourhood problem of those explored in the EQLS. Over one-third (35%) of all respondents report 'major' or 'moderate' problems with heavy traffic in their immediate neighbourhood (Figure 22). Proportions are highest in Malta (61%), Belgium (52%) and Bulgaria (45%) and Italy (42%). They are lowest in Finland (17%), Portugal (20%), Denmark (23%) and Ireland (24%).

Previously, the EQLS asked about problems with 'traffic congestion' – the term was changed in 2016 into 'heavy traffic'. The idea was to take a wider perspective than that of commuters or car users – to include problems people may have with heavy traffic such as feeling safe from accidents.

Although commuting time is determined by the distance involved or the quality of public transport, heavy traffic can certainly play a role. The measure in the EQLS on commuting time does not capture whether people see their commuting as a problem. However, it seems reasonable to suggest that a long commute is a problem in most cases, and in any case reduces the time that could be used for other purposes. People in employment (excluding those on leave) commute, on average, 39 minutes per day and people in education 52 minutes. There are also differences here depending on the degree of urbanisation. Workers in cities spend more time commuting (45 minutes) than those in more

⁴ Elsewhere in this report, cut-off points of 6 are often used for the 1–10 point scale. Given the high proportion (88%) who give satisfaction with their local area a score of 6 or above, a cut-off point of 7 was used to reveal more differentiation; a score of 7–10 may also more convincingly be interpretable as 'being satisfied'.

Figure 22: People reporting neighbourhood problems (%)



Notes: Proportions of people reporting major or moderate problems. Q54: 'Please think about the area where you live now – I mean the immediate neighbourhood of your home. Do you have major, moderate or no problems with the following? a. Noise; b. Air quality; c. Litter or rubbish on the street; d. Heavy traffic in your immediate neighbourhood'. Answer categories are: Major problems, Moderate problems, No problems, (Don't know), (Refusal). EU28 data.

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rural settings (between 36 and 37 minutes in any of the three other categories). The pattern, however, for people in education is the opposite: people in education who are living in cities or city suburbs spend less time commuting (40 minutes) than those in more rural settings (ranging from 46 minutes in medium to large towns to 72 minutes in the open countryside). Overall, among people in employment, those in the higher income quartiles commute longer. However, this difference is least marked for people in cities and city suburbs: 42 minutes among the bottom income quartile compared with 46 minutes in the top income quartile.

After problems with heavy traffic, problems with **noise** are most prevalent, with almost one-third of respondents (32%) reporting problems with noise (Figure 22). Particularly high proportions can be found in cities or city suburbs (49%). Problems are most frequent in Bulgaria (41%), Belgium (44%), Czech Republic (47%) and Malta (51%). In Ireland (14%), Finland (15%), Hungary and Portugal (both 19%), it is least common for people to experience problems with noise.

There are scarcely any differences by income quartile after taking into account the level of urbanisation. Differences by tenure are more marked. Problems with noise are most common in rented accommodation, whether rented from a social (40% reporting problems) or private (38%) landlord. It is less common for people who own their accommodation to report problems with noise, whether mortgaged (29%) or not (28%). This is

partly related to the fact that rented accommodation is less common in rural areas (ranging from 19% rented in the open countryside to 42% in cities or city suburbs). People who report a shortage of space in their accommodation are considerably more likely to report problems with noise than those who do not (42% compared with 30%).

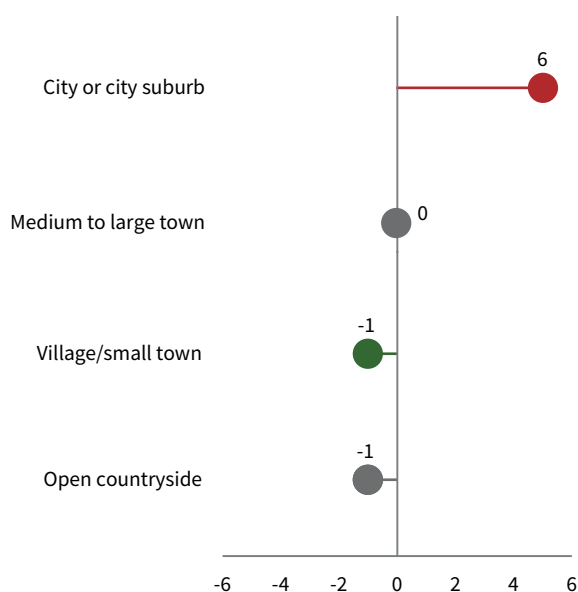
Problems with **litter or rubbish** on the street are experienced by 28% of people, for both men and women (Figure 22). This is particularly high in some countries: Bulgaria (46%), Malta and the United Kingdom (both 40%) and Belgium (39%). It is lowest in Finland and Slovenia (both 10%), Luxembourg (12%) and Denmark (14%). The proportion of people experiencing problems with litter goes up with level of urbanisation, from 12% among people in the open countryside to almost four times that proportion (47%) in a city or city suburb. The proportion of people experiencing problems with litter is higher among people in the bottom income quartile (31%) than among those in the top income quartile (26%). Reporting of problems with litter decreases with age, ranging from 33% among 18–24 year-olds to 25% among those aged 65 and over.

Problems with **air quality** vary less with income (from 25% in the bottom two income quartiles to 27% in the top two income quartiles), age (from 22% among those aged 65 and over to 29% among 25–34 year-olds) or gender (26% for both men and women) (Figure 22). However, they range from 10% in the open countryside

to 46% in cities or city suburbs. There is also large country variation, with highest proportions in Malta (50%), the Czech Republic (45%), Bulgaria (44%) and Italy (41%), and lowest in Finland (7%), Ireland (9%), Denmark (13%) and the Netherlands (14%).

Since the previous EQLS in 2011, there has been a surge in media attention about the harmful health impacts of emissions from, in particular, diesel vehicles – causing lung cancer, heart failure and a range of other conditions. Some cities in the EU have banned access by diesel cars to densely populated areas (Athens, Madrid and Paris by 2025) and some countries have announced a ban on the sale of both diesel and petrol cars (France and the United Kingdom by 2040). Has this attention increased awareness among people in the EU of problems with air quality? At first sight it has not. In both 2011 and 2016, 26% of people in the EU perceived problems with air quality overall. However, this picture changes when disaggregating the comparison by level of urbanisation. People living in more rural settings or smaller towns may feel comforted, seeing air quality as a city problem. In cities or city suburbs, however, there has been a 6 percentage point increase in the proportion of people reporting that they experience problems with air quality (Figure 23), up from 40% in 2011 to 46% in 2016.

Figure 23: Increase in perceived problems with air quality between 2011 and 2016, by type of area (percentage points)



Notes: Please see note to Figure 22 for details of Q54. Z-tests were used to assess statistical significance using Bonferroni correction: the grey line indicates that the change between two points in time was not significant (in case of medium to large towns and open countryside). EU28 data.

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The proportion of people who experience problems with air quality and who also experience problems with heavy traffic increases with urbanisation: 56% in the open countryside compared with 77% in medium to large towns. Among people in cities or city suburbs who experience problems with air quality, 81% also reported problems with heavy traffic. This suggests that much of the perceived air quality problem is linked to traffic. There also seems to have been an increase in the link between air quality and traffic, as a lower proportion of people who experienced air quality problems reported problems with traffic in 2011 (73%). However, as explained above, the question about traffic problems has changed somewhat from 2011 to 2016.

Connectedness to people in the area

Since 2011, the EQLS has asked whether respondents agree with the statement: 'I feel close to people in the area where I live'. This could be seen as a measure of belonging or neighbourhood cohesion. Overall, 63% in the EU in 2016 agree (that is, 'agree' or 'strongly agree') with the statement, and 15% disagree ('disagree' or 'strongly disagree'). About one-fifth (21%) neither agrees nor disagrees. Therefore, it can be concluded that the majority of people in the EU feel close to people in the area where they live.

There are country differences in this respect, but in all Member States over half of the population feels close to people in the area where they live. The lowest proportions are in Finland and Germany (both 54%), Lithuania (56%) and Croatia (58%). The highest proportions are in Bulgaria (65%), Greece (66%), Estonia (77%) and Latvia (83%). There are some differences, in particular with regard to the proportion of people who 'strongly agree' with the statement. Such a strong sense of belonging is lowest in the United Kingdom (12%), the Czech Republic (14%) and Belgium (15%).

Overall, the proportion of people in the EU who agree with the statement 'I feel close to people in the area where I live' fell from 67% in 2011 to 63% in 2016. The decrease ranges from a 1 percentage point decline in cities or city suburbs to an 8 percentage point decline in the open countryside. Relatively large decreases can be found in Croatia (-21 percentage points), Romania (-13 percentage points), and Hungary and Lithuania (both -10 percentage points). Many other countries show considerable drops, for example, by 8 percentage points in Denmark, France and the Netherlands. Some countries do not follow this trend: for example, there are notable increases in Greece and Slovakia (+7 and +5 percentage points, respectively). The decrease in the proportion of people in the EU who 'agree' with the statement stems mainly from a decrease in the

proportion of people who ‘strongly agree’ with the statement (from 24% to 20%) and an increase in the proportion of people who ‘neither agree nor disagree’ (from 18% to 21%). However, the proportion of people disagreeing (or strongly disagreeing) with this statement has remained stable at 15%.

Feeling close to people in the area goes hand in hand with frequent (‘every day or almost every day’) face-to-face contact with friends or neighbours, the subject of another question in the EQLS. Among people who agree with the statement ‘I feel close to people in the area where I live’, 51% report frequent contact, compared with 32% of people who disagree.

People who agree with the statement ‘I feel close to people in the area where I live’ less often have a high Social Exclusion Index (SEI) (above its mid-point of 2.5) than others (22 compared with 31%). This is true in all income quartiles, with 47% of people in the bottom income quartile who agree with the statement and 23% in the top income quartile having a high SEI, compared to 36% and 12% respectively among others. It is also true both in rural and urban areas (even after controlling for the income quartile). However, the difference is less pronounced in urban (24% compared with 30%) than rural (21% compared with 33%) areas.

Access to neighbourhood services and amenities

The EQLS asks people how difficult it is for them to access certain services in their neighbourhood in terms of physical access, distance, opening hours and so on. Six services are included:

- banking facilities – for example, bank branch or automated teller machine (ATM);
- public transport facilities – for example, bus, metro, tram or train;

- grocery shop or supermarket;
- recreational or green areas;
- cinema, theatre or cultural centre;
- recycling services, including collection of recyclables.

Of these services, accessing a cinema, theatre or cultural centre is most often seen as difficult by people in the EU, with over one-third (36%) finding it (‘very’ or ‘rather’) difficult to access them. Grocery stores are found to be the least often hard to access, with only 1 in 10 of people (10%) reporting difficulties. The other four services are situated between these extremes, with 22% reporting difficulties in accessing public transport, 18% in accessing recycling facilities, 17% in accessing banking facilities and 12% in accessing recreational or green areas.

Differences in terms of access to these services are particularly large between the open countryside and cities or city suburbs. This difference is most marked for access to public transport (55% versus 8%) and cultural facilities (58% versus 19%). The difference is also considerable for access to banking facilities (27% versus 15%) and grocery shops (21% versus 5%). For these services, access problems generally worsen gradually with rurality. However, access to banking facilities and shops is similar in medium to large towns and in cities or city suburbs, while access to public transport and cultural facilities is worse in towns than in cities.

In contrast to the other four services and amenities, access to recycling services and recreational or green areas is not generally more difficult in urban areas than in rural ones. Surprisingly, 12% of respondents living in the open countryside find it difficult to access recreational or green areas – this may be because respondents in rural areas may think of different types of recreational or green areas than respondents in

Table 18: Proportion of people reporting difficulties in accessing neighbourhood services in highest and lowest scoring Member States

	Cultural facilities	Public transport	Recycling facilities	Banking facilities	Recreational areas	Groceries
Highest proportion reporting difficulties	Romania (55%) Hungary (53%) Portugal (49%)	Finland (36%) France (35%) Portugal (31%)	Romania (41%) Bulgaria (34%) Croatia (30%)	Romania (38%) Hungary (27%) Croatia (24%)	Romania (29%) Portugal (21%) Malta (21%)	Portugal (15%) Czech Republic (15%) Slovenia (14%)
Lowest proportion reporting difficulties	Netherlands (20%) Cyprus (20%) Denmark (19%)	Netherlands (14%) Slovakia (13%) Luxembourg (11%)	Lithuania (8%) Sweden (7%) Malta (6%)	Cyprus (11%) Germany (10%) Luxembourg (9%)	Finland (4%) Sweden (3%) Denmark (3%)	Slovakia (4%) Bulgaria (4%) Denmark (2%)

Notes: Q56: ‘Thinking of physical access, distance, opening hours and the like, how easy or difficult is your access to the following services? a. Banking facilities (e.g. bank branch, ATM); b. Public transport facilities (bus, metro, tram, train, etc.); c. Cinema, theatre or cultural centre; d. Recreational or green areas; e. Grocery shop or supermarket; f. Recycling services including collection of recyclables’. Answer categories are: Very difficult, Rather difficult, Rather easy, Very easy, Not applicable (service not used), (Don’t know), (Refusal). EU28 data.

urban areas, or green areas may sometimes have poor accessibility because they are private property.

There are also country differences in terms of access to these services (Table 18). The picture is rather mixed, depending on the type of services. However, Romania and Portugal often appear among the three countries where the proportion of people reporting difficulties is high, and Denmark among those where it is rather low. Differences between the top and bottom three countries are particularly marked for recycling facilities. Here, national differences may be larger than differences between rural and urban areas, with national arrangements playing a relatively large role. This is a similar observation to that regarding access to clean water (question asked in 2011, not in 2016), where differences within countries were also relatively small (Eurofound, 2012b).

People reporting very poor access to public transport facilities in their area also give a lower quality rating to public transport in their country – on average a score of 4.9 compared with 7.4 for people with very good access to public transport. When rating the quality of public transport in their country in general, however, people may be more likely to think of connections between major cities than about access to public transport facilities (bus, metro, tram, train, etc.) in the area where they live. This may explain the relatively large proportions of people in Finland and France reporting difficulties in accessing public transport facilities (Table 18), which may also relate to different expectations across Member States.

In all Member States, the proportion of people in urban areas who report finding it ‘very difficult’ to access banking facilities is less than 5%. In rural areas, the proportions are higher, particularly in Latvia (11%), Sweden (13%), Estonia, Bulgaria and Greece (all 15%), Croatia (16%) and Romania (23%). In the bottom income quartile, 22% of people report finding it ‘very’ or ‘rather’ difficult to access banking facilities, while only 14% of those in the top income quartile do. This difference holds for all levels of urbanisation, but increases from 4 percentage points in cities or city suburbs (11% compared with 15%) to 12 percentage points in the open countryside (24% compared with 36%). Problems in accessing banking facilities among low-income groups are thus more frequent in rural than urban areas.

It is not only important to have services or amenities present in the neighbourhood, but also that they are accessible, of high quality and can be trusted. Thus, for example, objective measures of distance to the nearest green area or bank may be deceptive: the green area may not be accessible for recreation if people do not

feel safe there. The subjective measure of access to services also captures issues such as ‘trust’.

For example, people may report poor access even if many banking facilities are present in the area with convenient opening hours, because the specific bank they trust is further away (Maggino, 2006). People with difficulties accessing banking facilities trust banks less on average (a score of 4.5 compared with 4.9 on a scale from 1 to 10), in almost all Member States.

Neighbourhood quality and social problems

There are indications that a high quality local area can to some extent mitigate problems with a person’s dwelling. For example, the lack of space in someone’s accommodation may be compensated to some extent by having good access to green or recreational areas. Overall in the EU, among people reporting a lack of space in their accommodation, 69% are relatively satisfied with their accommodation (that is, rating satisfaction at 6 or higher on a scale from 1 to 10), compared with 91% of people without a lack of space. However, among people reporting a lack of space, those who report good access to green or recreational areas are more often satisfied (70%) than those reporting difficulties in accessing such areas (61%). Similarly, as shown in a previous analysis, good access to public transport comes with fewer distance-related problems in accessing healthcare services (Eurofound, 2013c).

Amenities and services can also compensate for other problems in the area. For example, it has been suggested that people who experience problems with noise in their neighbourhood are less affected by it if they have good access to green areas (Gidlöf-Gunnarsson and Öhrström, 2007).

Having access to amenities in the local area can also contribute to preventing health problems (see, for example, Marshall et al, 2009), although it is hard to derive causal links from the EQLS data in this respect. Nevertheless, people who are satisfied with their local area as a place to live report better health. This is true regardless of income, and within both urban and rural areas. Analysis of the 2011 EQLS data showed that health satisfaction is higher for people without neighbourhood problems, regardless of income (Eurofound, 2012b). In 2016, almost three-quarters (72%) of people who give a satisfaction rating of 7 or above with their local area report ‘good’ (or ‘very good’) health, compared to 60% of people with a satisfaction rating of 6 or below. EQLS data further show that people with ‘very easy’ access to recreational or green areas engage at least once a week in physical exercise (49%) almost twice as often as those who report ‘very difficult’ access to such areas (26%).

Key points

- Eight out of every 10 people in the EU rate their satisfaction with their local area as a place to live at 7 or higher on a scale from 1 to 10. The EQLS included this question for the first time in 2016.
- However, many people report local problems, particularly with heavy traffic and noise. Problems with noise, litter, poor air quality and heavy traffic are more common for people living in urban areas than in rural ones. Otherwise, these problems vary with rather different factors. For instance, problems with litter and rubbish in the streets varies with income quartile more so than the other problems assessed, with low income groups experiencing more problems. Problems with noise seem mostly to vary with age and the type of housing. People who live in accommodation that is rented or lacks space are particularly at risk. Most neighbourhood problems are further likely to be concentrated around certain times and days.
- Concern about air quality has increased in cities and city suburbs – and this seems to be related to traffic. Improving the accessibility of the urban environment by foot and bicycle as well as public transport, while at the same time discouraging access by vehicles, can offer a solution and is a direction in which some large cities in the EU are going.
- In all Member States, well over half of respondents to the EQLS feel close to people in the area where they live. However, the proportion of people in the EU who agree strongly with the statement ‘I feel close to people in the area where I live’ decreased from 24% in 2011 to 20% in 2016. The decrease between 2011 and 2016 in feeling close to people in the area was largest in rural areas, where belonging may matter more for social inclusion, as well as for resilience and the support needed in coping with life difficulties.
- Access to public transport and cultural facilities is problematic for many people in all areas apart from cities and city suburbs. Access to banking facilities and groceries is similar in medium to large towns and in cities or city suburbs, but worse in more rural settings. Problems in accessing banking facilities by low income groups are more frequent in rural settings. Access to recycling services and recreational or green areas is generally no more difficult in urban areas than in rural areas.
- It is not easy to identify country clusters that consistently score worse in terms of neighbourhood quality and services. Generalisations about clusters such as southern Europe or new Member States seem inappropriate. This confirms the observation in the previous EQLS overview report (Eurofound, 2012b) that generalisations for new Member States seem meaningless along these dimensions due to the wide variation between countries within that group, and depending on the problem.





The conceptual framework on which the EQLS is built is explicit about the importance of societal context for quality of life. Therefore, indicators have been added and developed in the survey to reflect this aspect and to provide a basis for relating the outcomes of individual well-being with the conditions and climate in society at large. The previous research in this strand has led to the construction of a robust index of perceived social exclusion that usefully complements information from official statistics, which focus on material aspects and poverty as indicators of exclusion. The EQLS data have also been used to examine how social cohesion relates to well-being.

During the recent economic and financial crisis, there were concerns about the potential erosion of social cohesion, in light of findings that reflected rising inequalities and falling trust in institutions. In the recent context of better macroeconomic and employment rates, however, the quality of society indicators in the 2016 wave show a general improvement in terms of trust and decreasing perceptions of social exclusion. There are divergent trends with regard to perceptions of societal tensions along different dimensions. Participation and involvement in society, which can help to shape cohesion, remains a feature of many European societies, although there are some divergences between social groups.

This chapter attempts to explore measures that aim to capture new aspects of uncertainty or insecurity by reviewing people's concerns around their living conditions and future prospects.

3 Quality of society



3 | Quality of society

Social insecurities

This section deals with perceptions of insecurity around different societal concerns. It looks at four types of insecurity:

- personal insecurity – fears around safety or of becoming a victim of crime;
- housing insecurity – fear of losing one’s home;
- employment insecurity (for those in employment) – fear of losing one’s employment;
- income insecurity – having insufficient income in old age.

The risks of losing one’s home, of employment loss and of having insufficient income in old age are largely of an economic nature. However, such risks have social consequences beyond the loss of income alone. Furthermore, all the insecurities discussed in this chapter have some element of service or public coverage. For example, feelings of insecurity when walking alone after dark can be expected to relate, for example, to the effectiveness of the police and street lighting. Feelings of housing insecurity are related to legal frameworks designed to protect people from eviction; awareness of entitlement to housing and other social benefits inform housing insecurity (Eurofound, 2015d). Feelings of insecurity of income in old age can be expected to relate to the perceived quality of, and trust in, pension institutions and of social security arrangements. It is also related to income needs to cover long-term care.

This section of the report is not comprehensive, but instead focuses on some of the questions in the EQLS with the aim of contributing to the understanding that the feeling of social insecurity is multidimensional. The four types of insecurities are discussed before making some comparisons and identifying broader patterns. The specific EU policy context is presented in the respective parts dealing with these types of insecurities.

For all dimensions of perceived social insecurity, the difference in trust in government between people experiencing the respective insecurity and those who do not is examined. The reason for this is twofold. First, people may distrust the government for not being able to provide a secure environment. Second, in the previous EQLS wave, trust in government was one of the indicators that deteriorated relatively consistently across countries. This was true for people who were affected directly by the crisis in terms of difficulty in making ends meet, but also by those who experienced greater housing or job insecurity without necessarily losing their homes, jobs or income.

In addition, the proportion of people at risk of depression is assessed for all dimensions of social insecurity. This is because various types of insecurities have been associated with poor health – in particular mental health (Hummelsheim et al, 2011; De Witte et al 2015; Vásquez-Vera et al, 2017) and coping with insecurities can be a challenge for people who lack the resources to cushion adverse events.

Personal insecurity

The European Commission’s reflection paper on the ‘social dimension of Europe’ highlights the continued prevalence of traditional social problems such as crime and personal insecurity (European Commission, 2017b). In its discussion of health inequalities, the European Commission highlights the importance of safe environments, reducing the risk of accidents and injuries, and promoting the need for physical activity. In an evaluation of its Strategy on Nutrition, Overweight and Obesity-related health issues, there is a focus on increasing traffic safety for pedestrians and cyclists (European Commission, 2013a). However, it is also a barrier to physical activity if people do not feel safe from crime when walking alone after dark in their area.

The SDGs (see section on ‘Neighbourhood quality and services’ in Chapter 2) set as a key indicator ‘the proportion of people that feel safe walking alone around the area where they live’. Safety also comes to the fore in the SDG 11 to make cities and human settlements inclusive, safe, resilient and sustainable (for example, with its emphasis on safe public spaces).

For the first time in 2016, the EQLS asked respondents two questions related to safety: if they feel safe when walking alone in their area after dark, and if they feel safe when home alone at night. The questions do not explicitly refer to crime. People may well feel unsafe when walking alone after dark not only from crime but, for example, from traffic or the risk of falling due to uneven pavements. The proportion of people feeling unsafe when home alone at night (7%) is half that of the proportion feeling unsafe when walking alone in their area after dark (14%). The smallest proportions of people who feel unsafe when walking alone after dark are in Spain (5%), Finland (6%), Denmark (7%) and Poland (8%), while it is most common to feel unsafe when walking alone in Latvia (26%), Bulgaria (25%), Greece (24%) and Lithuania (22%). People feel least often unsafe when home alone at night in Finland (2%), the Netherlands and Sweden (both 3%) and Luxembourg (4%), and most often in Greece (17%), Bulgaria and Italy (both 12%) and Romania (11%).

As these different country patterns already suggest, the two types of personal insecurity do not necessarily go hand in hand: 72% of people feeling unsafe when home alone also feel unsafe when walking alone after dark, and 35% of those feeling unsafe outside also feel unsafe when home alone. However, most people who feel safe outside also feel safe when home alone (98%) and those who feel safe home alone also feel safe when walking alone after dark (90%). Overall, 1 in 20 people (5%) feel unsafe both when walking alone outside and when home alone. Country rankings also differ for the two types of unsafety. For example, feelings of insecurity when walking alone after dark are among the most common in the Czech Republic (19%), the United Kingdom (17%) and Ireland (16%), but feelings of unsafety inside are among the least common in these countries (5%, 4% and 5%, respectively).

People in urban areas report feeling unsafe when walking alone after dark considerably more often than those in rural areas. In contrast, feelings of personal insecurity when home alone hardly differ by level of urbanisation (Figure 24).

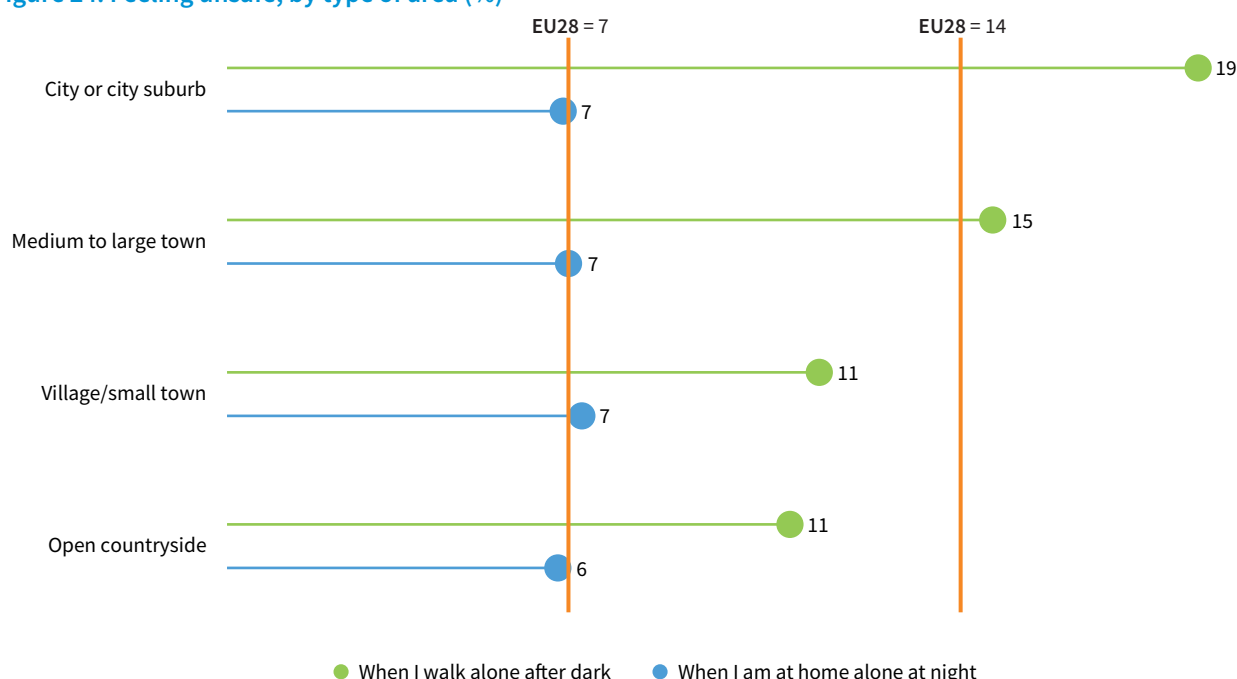
According to Stiglitz et al, 'older and richer people feel more unsafe than younger and poorer people, despite being less likely to be a victim of crime' (2009, p. 53). Evidence from the EQLS confirms that feelings of safety vary with age and income, but reveals some different patterns. Furthermore, differences by gender appear to be particularly marked, with women reporting feeling

unsafe more often than men, whether alone at home (9% compared with 4%) or outside (20% compared with 9%).

Older people are more likely to feel unsafe when alone at home at night or walking alone after dark. However, this is only clearly so for those aged 65 and over; 9% feel unsafe when home alone compared with 6% for all other age groups, and 18% feel unsafe when walking outside compared with 11%–14% for the other age groups. Reporting feelings of insecurity for people aged 65 and over masks the differences within that group. The proportion of 65–74 year-olds that feels unsafe lies closer to that of the younger groups, while those aged 75 and over feel particularly often unsafe both when walking outside (15% for 65–74 year-olds, compared with 23% for persons aged over 75) and when alone at home (8% compared with 11%). These patterns hold for both men and women: 4% of men and 11% of women aged 65–74 feel unsafe when home alone at night, and 8% of men and 22% of women when walking alone after dark. Among people aged 75 and over, a particularly high proportion of men and women again feel unsafe when home alone (8% and 13%) or walking outside (14% and 28%).

People living in higher income households are less likely to feel unsafe. People in the bottom income quartile are almost twice as likely to feel unsafe at night when outside (19%) or when home alone (9%) than those in the top income quartile (10% and 5%, respectively). This

Figure 24: Feeling unsafe, by type of area (%)



Notes: Q55: 'To what extent do you agree or disagree with the following statements? a. I feel safe when I walk alone in this area after dark; b. I feel safe when I am at home alone at night'. Answer categories are: Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree, (Don't know), (Refusal). Level of urbanisation is self-reported. In the figure and the text of this chapter, a person is considered to feel unsafe when the response is either 'disagree' or 'strongly disagree'. It is possible that people who responded 'Don't know' or refused to answer did so because they never walk alone after dark; however, a relatively small proportion of respondents opted for these categories (0.1% and 0.2%, respectively). EU28 data.

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may be because they are more likely to live in neighbourhoods with crime problems. Women living in households in the bottom income quartile quite often feel unsafe outside (26%) and/or inside (13%), and men in households in the top income quartile are especially unlikely to report feeling unsafe outside (5%) and/or inside (3%).

However, it is broadly acknowledged that subjective feelings of safety are somewhat detached from reported crime figures and are, for example, dependent on the attention paid to crime by the media (Eurostat, 2015b). Feelings of security can also be influenced by spatial design; living in a community that is situated within walking distance to shops, parks and transit services has been shown to contribute to higher feelings of safety (Foster et al, 2010).

The EQLS question about safety when walking alone after dark specifically asks about safety in the area of the respondent's dwelling. Whether people feel safe or unsafe to walk around in their area is likely to have an impact on the frequency with which people will take a walk. It thus influences whether they engage in physical activity and have opportunities for social interaction. Indeed, people who feel unsafe when walking alone after dark are less likely to engage in physical activity at least once a week (33%) than those who do not (44%). The difference is larger for men (31% compared with 46%) than for women (34% compared with 41%).

People who feel unsafe, whether home or walking after dark, also feel more socially excluded. The Social Exclusion Index (see section on 'Social exclusion' later in this chapter) is higher for those who feel unsafe, whether when home alone (2.6 for those who feel unsafe compared with 2.1 for others) or when walking alone after dark (2.4 compared with 2.1). It is interesting to note that this difference is larger for men than for women. Men who feel unsafe when home alone at night have a SEI of 2.7, compared with 2.1 for men in general. Women who feel unsafe inside the house have a lower SEI than men who feel unsafe (2.5), while the SEI for women in general is 2.0. Men who feel unsafe when walking alone after dark also on average have a higher SEI than women, but the difference is smaller (2.5 for men compared with 2.4 for women), while again the SEI for other men and women is both 2.1. Such decimal differences in the SEI are significant and actually amount to relatively large percentage point differences in people with high SEI. For example, men who feel unsafe when home alone are more likely to have an SEI above 2 than other men (69% compared with 41%), which translates into a difference of 28 percentage points. In the case of women, lack of safety is an issue that seems to be less related to social exclusion and may be a reflection of a broader set of circumstances. Women who feel unsafe when home alone have a SEI above 2 less often than men (61% for women compared with 69% for men), but still more often than women in general (43%).

People who feel unsafe when walking alone after dark rate their trust in government lower (4.0 on a scale from 1 to 10) on average than those who do not (4.5). Trust in the police is also lower in the EU as a whole (but also for almost all Member States) among people who feel unsafe when walking alone after dark (6.1 compared with 6.4), but in particular among people who feel unsafe when home alone at night (5.9 compared with 6.4).

The proportion of people who are at risk of depression is higher among people who report feeling unsafe: it is 40% among those who feel unsafe when home alone at night compared to 21% among those who do not feel unsafe in this situation; and 36% among those who feel unsafe walking alone after dark compared to 20% among those who do not feel unsafe in this situation. However, one should be cautious about making assumptions about causality. The majority of people who feel unsafe are not at risk of depression: insecurity may be a reflection of living conditions rather than state of mind. Furthermore, insecurity can impact on state of mind: living in an area where there is a lack of public safety may contribute to both the perception of insecurity and low mental well-being.

It is interesting to note that the difference in the proportions of people at risk of depression between those who feel unsafe and those who do not is more marked for men than for women (even if in general more women are at risk of depression than men): 37% of men who feel unsafe when home alone at night are at risk of depression compared to 17% among those who do not feel unsafe (41% and 24%, respectively, for women); while 33% of men who feel unsafe when walking outside after dark are at risk of depression compared to 17% among those who do not feel unsafe (36% and 23%, respectively, for women).

Housing insecurity

In its report on social housing in the EU, the European Parliament (2013) recommends that Member States and their local and regional authorities draw up policies for guaranteeing universal access to decent, healthy and affordable housing, including schemes reinforcing security of tenure. The European Commission further emphasises the risk of eviction in its Social Investment Package (European Commission, 2013b).

In the 2011 EQLS, the proportion of people who felt at risk of losing their accommodation went up from 4% to 6% compared with 2007 (Eurofound, 2012b). It was noted that such housing insecurity was consistently highest among people who rent on the private market. However, the increase in feelings of housing insecurity was largest among people who owned their home with a mortgage. In further analysis, it appeared that the proportion of people who thought it 'very unlikely' they would need to leave their accommodation declined (Eurofound, 2013b). This decline in feelings of 'absolute housing security' was most acute among people who owned their home with a mortgage.

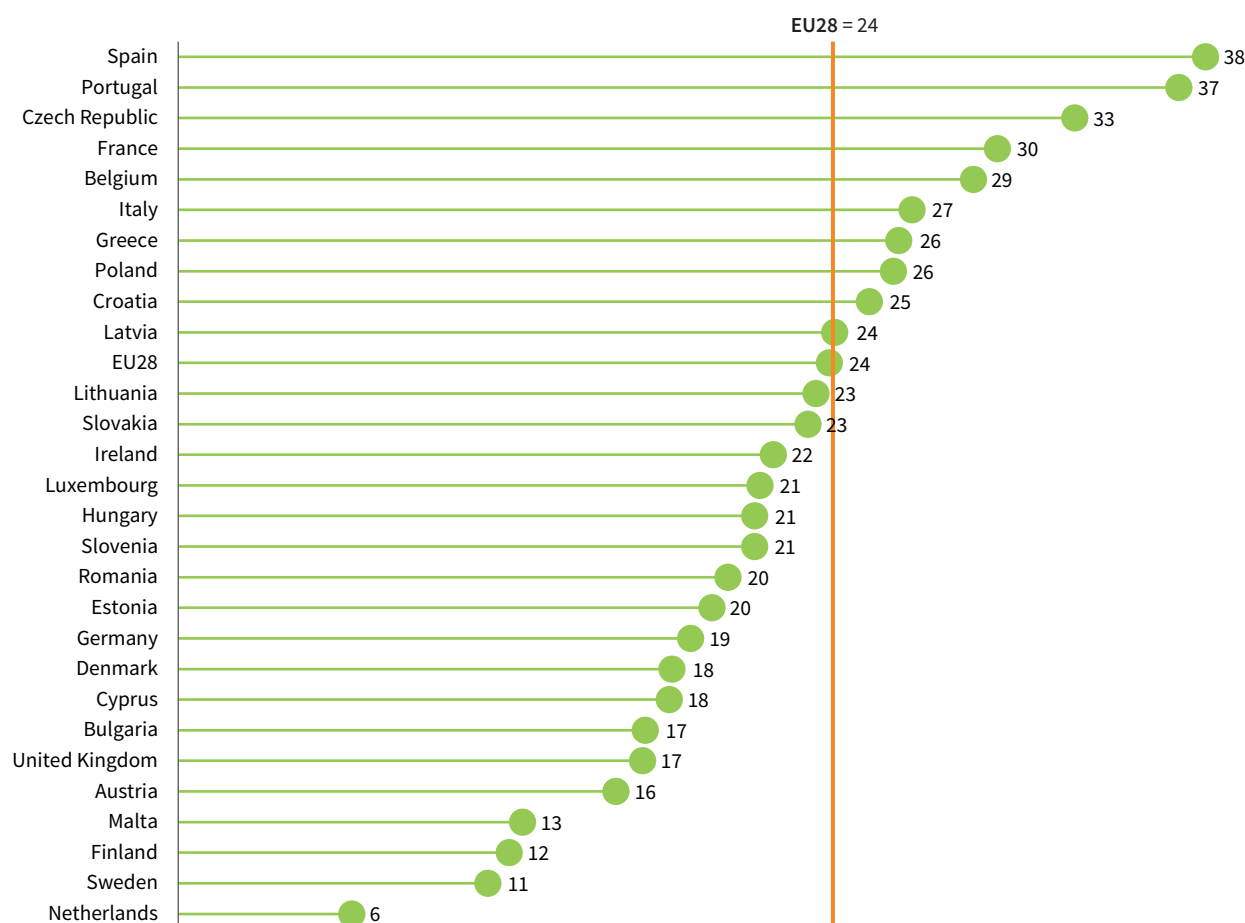
Due to a change in the question regarding housing insecurity, caution is needed when comparing results from the 2016 wave with those of previous waves.⁵ However, it seems plausible that feelings of high housing insecurity have decreased. In 2016, 3% report that they think it likely they will need to leave their accommodation within the next six months because they can no longer afford it. In contrast, feelings of absolute security may have further decreased, as 76% deem it ‘very unlikely’ they might have to leave their accommodation in 2016 compared with 82% in 2011.

The largest proportion of people thinking it likely they might need to leave their accommodation in the next six months because they can no longer afford is found in Cyprus, France and Spain (all 5%). These proportions are lowest in the Netherlands (1%), Slovenia and Slovakia (both 2%).

Larger percentage point differences between countries can be observed in terms of ‘lack of absolute housing security’. Figure 25 shows the proportion of people who indicate there is a certain possibility, even if small, that they might lose their accommodation (to be precise, it shows the proportion of people other than those who said there were ‘very unlikely’ to have to leave their accommodation). The lowest proportions lacking absolute housing security (in other words, having the highest levels of security) are in the Netherlands (6%), Sweden (11%) and Finland (12%). The highest are in Spain (38%), Portugal (37%) and the Czech Republic (33%).

Lack of absolute housing security declines with higher income, from 31% among the bottom quartile to 19% among the top quartile (although the latter are likely to make higher rent and mortgage payments). Retirees (not in work) are less likely to experience this type of insecurity (13%).

Figure 25: Perceptions of housing insecurity, by country (%)



Notes: Q26: ‘How likely or unlikely do you think it is that you will need to leave your accommodation within the next 6 months because you can no longer afford it?’. Answer categories are: 1. Very likely; 2. Rather likely; 3. Neither likely nor unlikely; 4. Rather unlikely; 5. Very unlikely; 98. (Don’t know); 99. (Refusal). Figure shows proportion of people who answered ‘very likely’, ‘rather likely’, ‘neither likely or unlikely’ or ‘rather unlikely’, and not ‘very unlikely’. EU28 data.

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⁵ Please see the note to Figure 25 for details of Q26. The phrase ‘or unlikely’ was added to the question and ‘Neither likely nor unlikely’ was added to the answer categories. ‘Quite likely/unlikely’ was also changed to ‘rather likely/unlikely’ in the 2016 source questionnaire.

People who have rent or mortgage arrears are more likely to lack absolute housing security (52%), although also almost a quarter of people without arrears do (23%). Lack of absolute housing security is highest for people in rented accommodation (40%). This is particularly so for privately rented accommodation (45%), but also one-third (33%) of people in social housing lack absolute housing security. The proportions are lowest for people who own their homes, whether with a mortgage (23%) or without a mortgage (14%).

People experiencing lack of absolute housing security also trust the government less on average (4.2 on a scale from 1 to 10) than those who do not (4.5).

As discussed in a Eurofound report on the impact of the recession on access to healthcare (2013c), the likelihood of being at risk of depression increases with the perceived likelihood of needing to leave one's accommodation. Furthermore, a particularly stark increase in the risk of depression between the 2007 and 2011 waves of the EQLS was found among people finding it 'quite' (not 'very') likely they may need to leave their accommodation. This may be related to the increase at that time in the group of relatively well-off people who were struggling to pay their mortgages. The slight changes in the answer categories (and question) mentioned above, however, complicate comparison over time. However, in 2016 people with lack of absolute housing security were also more often at risk of depression (27%) than those without (20%).

Employment insecurity

Employment security can be understood as having secure and continuous employment, which might still entail changing employers and/or jobs. In contrast, job security has been defined as the security of keeping a particular job or employment contract. While previous research has focused mainly on job insecurity, it has been argued that it may be more appropriate to focus on employment insecurity (Chung and van Oorschot, 2011). People are considered as experiencing 'employment insecurity' when they think it 'very' or 'rather' likely they will lose their job in the next six months, and find it 'very' or 'rather' unlikely they will find a new job of similar salary. This section will report both on job and employment insecurity, with some limitations in particular for the latter due to sample sizes.

Job and/or employment insecurity is associated with lower life satisfaction, lower job satisfaction and problems at work, strain in the household, health issues, more mental health complaints and greater

levels of depression. This is true even when people might not eventually lose their job. Individual characteristics such as age (older workers), occupation (manual labour), level of educational attainment (primary or pre-primary) and contract type (temporary) have been linked to higher levels of insecurity. Organisational determinants of employment insecurity include the extent of communication between managers and employees, workplace training and major organisational changes. At the national level, both economic conditions and institutional arrangements are associated with individual assessments of employment insecurity (Carr and Chung, 2014; Olivera and Ponomarenko, 2017).

The EU emphasises that reconciling the need of employers for a flexible workforce and the need of workers for security can contribute to raising employment rates. Such so-called 'flexicurity' is an important element of the EU's Employment Guidelines and the European Employment Strategy (now part of the Europe 2020 growth strategy). The European Pillar of Social Rights further emphasises the importance of 'secure and adaptable employment' (European Commission, 2017d). The European Commission's reflection paper on the social dimension of Europe cautions that while more flexible forms of working may provide opportunities for some, such flexibility may also be a source of insecurity (European Commission, 2017b). The European Commission's report, Employment and Social Developments in Europe 2017, emphasises job insecurity among young people, relating this to postponed household formation and home ownership among this group (European Commission, 2017a).

In 2016, 8% of workers on average in the EU felt it 'very' or 'rather'⁶ likely they would lose their job in the next six months. This proportion had more than returned to around its 2007 level (9%) after a particularly high proportion in 2011 (13%). Most (76%) workers felt it 'very' or 'rather' unlikely that they would lose their job. Although, this was an improvement compared with 2011 (71%), the level had not bounced back fully to its 2007 level (78%).

Since 2011, the EQLS also asked respondents (regardless of whether they find it likely they will lose their job) how likely they think it would be to find a job of similar salary if they lose or have to quit their job. Again in this regard, the situation in 2016 is more positive than in 2011. The proportion of people regarding it as 'very' or 'rather' unlikely they would find a similarly paid job decreased from 44% to 37%.

⁶ See previous footnote.

Figure 26: Perceptions of job and employment insecurity, by age group (%)



Notes: Q21: 'Using this scale, how likely or unlikely do you think it is that you might lose your job in the next 6 months?' 1. Very likely; 2. Rather likely; 3. Neither likely nor unlikely; 4. Rather unlikely; 5. Very unlikely; 98. (Don't know); 99. (Refusal). Q22: 'If you were to lose or had to quit your job, how likely or unlikely is it that you will find a job of similar salary?' Answer categories are: 1. Very likely; 2. Rather likely; 3. Neither likely nor unlikely; 4. Rather unlikely; 5. Very unlikely; 98. (Don't know); 99. (Refusal). EU28 data.

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The proportion of people in the EU who experience employment insecurity – that is, who find it likely they will lose their jobs and deem it unlikely to find a new one – in 2016 (3%) is less than half the proportion in 2011 (7%). Among workers who reported it to be likely they would lose their job, in 2011 half (50%) found it unlikely they would find a new job with a similar salary, while in 2016 this was down to 37%. Among people who do not experience job insecurity, 43% in 2011 found it unlikely they would find a similar job if they were to lose their current job, compared with 37% in 2016.

The perceived likelihood of losing one's job decreases with age, but the likelihood of finding a new job also does (Figure 26). This confirms an earlier finding based on Eurofound's 2015 European Working Conditions Survey (EWCS) (Eurofound, 2016, p. 93). Age-related difficulties in finding a new job may be partly due to the need to pay seniority wages and also to barriers in the labour market such as age discrimination. It also concurs with the observation that most of the people who work after the age of entitlement to a pension (and older workers more generally) are people who continue in the same jobs rather than older people who (re-)enter the workforce (Eurofound, 2014c).

Workers whose households are in the bottom income quartile more often report that they think it (rather or very) likely they will lose their job (15%) than those in the top income quartile (5%). The pattern is similar but less pronounced for the likelihood of finding a new job.

In the bottom income quartile, 43% of workers finds it (rather or very) unlikely they will find a job of similar salary if they would lose their current job, compared with 38% in the top income quartile. Overall, 7% of workers in the bottom income quartile experience employment insecurity compared with 2% in the top income quartile. Similarly, workers with a high level of educational attainment are less likely to report that they think it unlikely that they will find a new job after job loss (31% compared with 45%) and less likely to feel they will lose their jobs (6% compared with 11%) than those with a low level of educational attainment. Workers with a low level of educational attainment are more than twice as likely to experience employment insecurity – that is, find it likely they will lose their jobs and unlikely to find a new one (5% compared with 2%).

People experiencing employment insecurity have lower trust in government (3.4 on a scale from 1 to 10) on average than workers who did not find it likely they would lose their jobs, nor envisaged problems in finding a new one if they did (4.7).

As discussed in an earlier report from Eurofound, (Eurofound, 2013c), the likelihood of being at risk of depression increases with the perceived likelihood of losing one's job; in 2016, workers who felt it likely they would lose their jobs in the next six months were more often at risk of depression (30%) than those who did not think it likely (16%).

Insecurity around income in old age

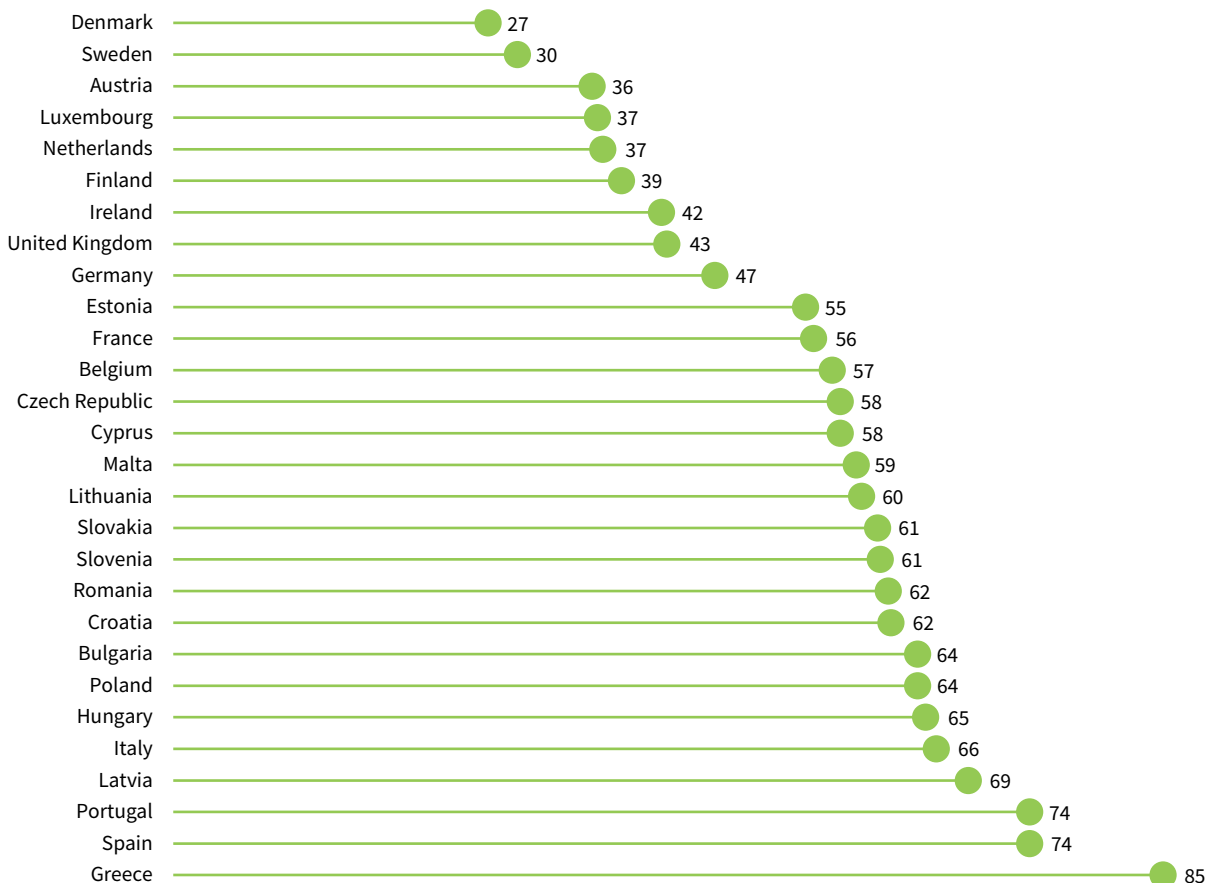
The European Commission’s White Paper on pensions highlighted the importance of adequacy of pensions, the main source of income of older people in the EU (European Commission, 2012b). Reforms in EU Member States, however, have largely focused on improving sustainability, rather than adequacy of income in old age. With the increase in retirement age and scrapping of early retirement schemes, the group of people unable to work until their retirement age and not entitled to any early retirement scheme or disability pension is likely to increase. Furthermore, theoretical replacement rates (that is, pension as a proportion of pre-retirement income) from public pension schemes are projected to decrease in the majority of Member States over the next 40 years, with a decline of more than 5 percentage points in 16 countries and by 15 or more percentage points in 6 Member States. It has been argued that policies enabling men and women to postpone their retirement by working to an older age and to save more for their retirement will be important for most Member States, and that appropriate protection mechanisms will be needed for those who are unable to have sufficiently long careers and to save adequately for their retirement (Eurofound, 2016; European Commission and Social Protection Committee, 2016).

Eurobarometer data have shown that the proportion of Europeans who worry that their income in old age will not be sufficient for them to live in dignity increased from 50% in 2009 to 57% in 2011. Increased pension insecurity was confirmed by analysis of the ESS 2006–2007 and 2011–2012 data from the Survey of Health, Ageing and Retirement in Europe (SHARE) (Olivera and Ponomarenko, 2017).

In 2016, the EQLS for the first time asked respondents to state how worried they are that their income in old age will not be sufficient, on a scale from 1 (not worried) to 10 (extremely worried). The question asks about income in general, whether from pensions or other sources. By focusing on ‘sufficiency’ rather than on amounts, it also captures expected changes in needs (for example, lower mortgage payments or the financial independence of children). In the present analysis, if people responded to the question as to whether they are worried about insufficient income in old age with a 6 or above, this is taken to be an indicator of income insecurity.

According to this indicator, 56% of people in the EU are worried that their income in old age will not be sufficient, with 13% being ‘extremely worried’. Figure 27 shows that the largest proportions of people who worry their income in old age will not be sufficient are in

Figure 27: Levels of worry about not having sufficient income in old age (%)



Notes: Proportions include those who respond from 6 to 10 to the following question. Q41: ‘On a scale of 1 to 10, how worried are you, if at all, that your income in old age will not be sufficient? 1 means not worried at all, 10 means extremely worried’. EU28 data.

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Greece (85%), Portugal and Spain (both 74%) and Latvia (69%). The proportions are lowest in Denmark (27%), Sweden (30%), Austria (36%) and Luxembourg (37%).

Differences in terms of old age income insecurity by age seem to follow an inverted U-shape, with 35–49 year-olds most likely to worry (65%), and both the youngest (18–24 years) at 51% and – in particular – the oldest (65 years and over) at 41% being least likely to worry (this latter group ranging from 46% for those aged 65–74 years to 36% for those aged 75 years and over).

There are country differences in patterns by age. In the EU, insecurity about income in old age is more frequent among people under 50 years (61%) than among those aged 50 and over (51%). People aged 18–49 in particular tend to be more worried than those aged 50 and over in Luxembourg (25 percentage points), Germany (21 percentage points) and Austria (19 percentage points). The reverse is true, with people aged 50 and over more worried about income in old age, especially in Lithuania (9 percentage points) and Bulgaria (5 percentage points).

Lower insecurity about income in old age among people aged 50 and over may be partially explained by the proximity of this group to their pension age or the fact that they might already receive a pension, and thus know better what to expect, many rather reporting about their ‘old age situation’. The higher proportion of younger people who worry may also reflect concerns about the sustainability of pension systems. They may also feel insecure about their ability to build up enough pension income in a context of more flexible labour markets, spells of joblessness, lower rates of pension accumulation and the later age from which public pensions are paid. Younger people who worry about old age income less often report difficulties in making ends meet than older people who worry about their income in old age, increasing from 44% among 18–24 year-olds to 54% among 50–64 year-olds. In contrast, 60% of people aged 65 and over who worry about their income in old age report ‘some’ to ‘great’ difficulties making ends meet (59% for 65–74 year-olds and 64% for those aged 75 and older).

People aged 65 and over also give a higher rating for the quality of the pension system than any other age group (5.5 on a scale from 1 to 10), reinforcing the earlier finding that beneficiaries, on average, give higher quality ratings than those who are not yet beneficiaries (Eurofound, 2012b).

People who are unemployed for 12 months or more are particularly likely to worry about income in old age (79%). People in employment (and who are not on leave or in receipt of a pension) are less likely to experience insecurity about income in old age (60%), ranging from 48% among 18–24 year-olds in employment to 63% of 35–49 year-olds in employment.

People experiencing insecurity about income in old age give a lower rating for trust in government (at 4.1 on a scale from 1 to 10) than people who do not (5.0). Trust scores range from 3.1 for people who are extremely worried about their income in old age to 5.2 for those who are not worried at all.

People experiencing insecurity about income in old age are more often at risk of depression than those who do not (26% compared with 16%).

Experiencing multiple social insecurities

The various types of social insecurities are interlinked. In the context of ‘economic insecurity’, Stiglitz et al (2009, p. 53) note:

[u]ncertainty about the material conditions that may prevail in the future reflects the existence of a variety of risks, in particular for unemployment, illness, and old age.

Increased risk of losing one’s job can lead to the fear of losing one’s home and insecurity about income in old age, even if these are also related to broader social protection measures. The next section analyses how various types of insecurities come together. Again, because of limited sample size, the focus is on three insecurities (personal, housing and income in old age).

Just under two-thirds (64%) of people who say they feel unsafe when walking alone after dark also say they feel insecure about their income in old age (compared with 55% for people not feeling unsafe when outside) and 26% lack absolute housing security (compared with 24%). Some 30% of people with insecurity about income in old age also lack absolute housing security (compared with 17% of people with no insecurity about income in old age) and 16% feel unsafe when walking alone after dark (compared with 11%). Some 70% of people lacking housing security also experience insecurity about old-age income (compared with 52% not lacking housing security) and 15% feel unsafe when walking alone after dark (compared with 14%).

People who experience any of the three types of insecurities are therefore also more likely to experience one of the other two types. In particular, 7 in 10 people (70%) who lack absolute housing security feel insecure about income in old age. However, for all other combinations, the proportions are considerably lower; in particular, a low proportion of people who lack housing security also feel unsafe when walking alone after dark in their area (15%). Overall, it is considerably less likely for people to experience all three types of insecurity simultaneously (3%) than any of the three insecurities separately. About one-third (33%) of people in the EU do not experience any of these three social

insecurities. Treating social insecurity as a one-dimensional concept risks missing this important observation: that the vast majority (two-thirds) of people in the EU experience at least one of these three types of social insecurity.

In general, people in employment experience the various types of insecurities less often than others. However, employees who feel they are at risk of losing their job are more likely to worry about insecurity of income in old age (72%) and to lack absolute housing security (46%).

The proportion of people worried about income in old age is higher – in each age group – among people who believe it likely they will lose their jobs.

People who experience multiple social insecurities are particularly susceptible to depression (for an explanation of the measure, see the section on Health in Chapter 1, p. 18). Fourteen per cent of those who do not worry about income in old age, who are very sure they can stay in their homes, and do not feel unsafe when walking alone after dark in their area are at risk of depression. The figure is more than triple (47%) for the 3% of people in the EU who experience these three types of uncertainties together. The fewer insecurities people experience, the higher the trust in government. Trust in government is rated 5.1 (out of 10) for people experiencing none of the three insecurities and 3.6 for those who experience all three.

Key points

- The various types of perceived social insecurities differ in the extent to which they affect various socioeconomic groups. Different insecurities are prevalent in different Member States. A narrow focus on one of these insecurities risks overlooking other types of insecurities, which may affect different groups.
- Feelings of insecurity in one's area when walking alone after dark show different and larger country differences than feelings of safety inside the home. Differences are particularly marked in some countries: feelings of lack of safety outside are among the most common in the Czech Republic (19%), the United Kingdom (17%) and Ireland (16%), while feelings of insecurity indoors are among the least common (5%, 4% and 5%, respectively, in these three countries). People who feel unsafe have a higher SEI. While women generally report feeling unsafe when walking alone after dark more often than men, men who feel unsafe have a higher SEI score than women who do so.
- There are positive signs that, compared with 2011, a lower proportion of people feel at risk of having to leave their accommodation. But there are concerning data showing that lack of absolute housing security, which had increased during the crisis, is highest for rented accommodation (40%), in particular if renting on the private market (45%).
- While younger people feel it more likely they might lose their job, the perceived difficulty in finding a new job with a similar salary increases more or less exponentially with age.
- The variation in insecurity about income in old age by age seems to follow an inverted U-shape, with almost two-thirds (65%) of 35–49 year-olds being concerned that their income in old age will be insufficient.
- People who experience social insecurities are more likely to distrust the government and are more often at risk of poor mental health.
- As in the case of neighbourhood quality and services, generalisations about country clusters, such as southern Europe or new Member States are hard to make. For instance, Portugal and Spain, and Croatia and Poland score among the best in terms of feelings of safety while walking alone after dark, while Greece and Italy, and Bulgaria and Latvia score among the worst.

Levels of trust

Trust is a soft resource of society, viewed as a key element of social capital that engenders cooperation among citizens and as essential for the effective operation of social institutions, not least the government.

Alongside attempts to cope with the consequences of the economic and financial crisis and mass unemployment in Europe throughout the past decade, there has been an unsettling concern in most countries that trust in both national and European political institutions eroded substantially during the years of the crisis (Eurofound, 2013e). The reflections on ‘a crisis of trust’ became a part of the discourse, and both the research community and the European Commission have been examining the evidence and significance of the trends.

An argument has been made that issues in economic performance alone do not explain the perceptible decline in trust, and therefore data on trust should be considered for assessing quality of governance and public integrity more generally (Mungiu-Pippidi et al, 2015). Monitoring trust and its determinants as ‘weak signals’ (the first signals of emerging change) has been suggested as being potentially useful in anticipating change and drawing future scenarios (European Commission, 2017f). The OECD (2017) has developed guidelines for measuring trust that encourage governments to pay more attention to this dimension of social and political life. Politically, the importance of trust in European societies has been acknowledged at European level in various ways, ranging from the designation of 2013 as the European Year of Citizens to the political guidelines of the current European Commission.

The EQLS data provide an opportunity to compare trust levels across Europe and to identify trends over time in terms of trust in other people and in institutions. Conceptually and supported by a broad range of research, trust in people and trust in institutions are different phenomena and are discussed separately below.

Trust in people

For the EU28, trust in people stands at 5.2 on a scale of 1 to 10, and is at about the same level as in 2011.

Trust in people is at very similar levels across major groups in society in 2016 as in the previous survey wave in 2011 (Figure 28). However, differences in trust levels remain too, with less advantaged people expressing less trust than others. Differences are notable in relation to, for example, income or employment status. The largest change observed across the groups is a drop in the level of trust among the long-term unemployed (down by 0.3 percentage points since 2011).

In line with previous research (see, for example, Eurofound, 2012b, pp. 132–135), education is a factor that considerably enhances trust in people: trust expressed by people with higher education (5.8) is a whole point higher than the trust of those with basic or lower education (4.8). If all things are held constant and the trend of an increasing rate of people with higher education in EU continued as at present, this might help to nurture and maintain trust in people.

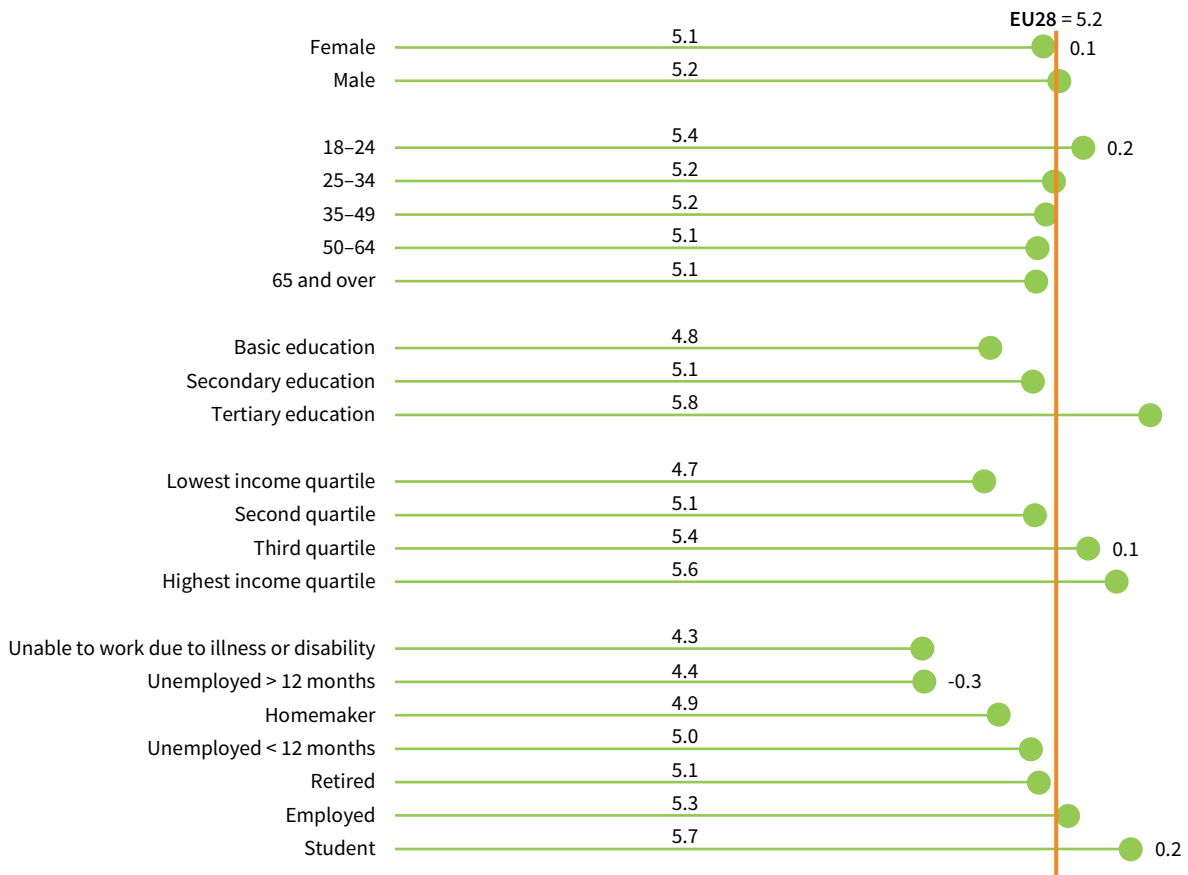
An increase of trust is registered in the youngest age group 18–24 years (at 5.4, up by 0.2 points since 2011). What can be seen as a positive development is that trust increased not only among students (at 5.7, up by 0.2 percentage points since 2011) and young people (18–24 years) with university education, but among those with secondary education as well (the share of those with basic or lower education in this age group is too low for detailed analysis).

However, the variation in trust levels and their changes at country level suggest that national developments and discourses will continue to shape trust, along with the broader trend of an increase in the general level of educational attainment (in particular, rising rates of the population with tertiary education). Member States with the highest levels of trust in people are Finland (7.4), Denmark (7.3), Sweden (6.6), the Netherlands (6.2) and Ireland (6.0); those with lowest are Greece (4.1), Bulgaria (4.0, down 0.5 points since 2011), Slovakia (4.0), Croatia (3.8, down 0.8 points since 2011) and Cyprus (3.0). The decrease in trust – and therefore a potential warning signal to be taken up alongside the assessment of other changes at national level – was registered in Bulgaria and Croatia (see above), Slovenia (4.8, down 0.5 points since 2011), Romania (4.8, down 0.2 points since 2011) and Spain (5.2, down 0.2 points since 2011). Trust has increased in Cyprus (3.0, up 1.1 points since 2011) but still the lowest in EU28, Hungary (4.9, up 0.5 points since 2011), Ireland (6.0, up 0.5 points since 2011), Portugal (4.7, up 0.4 points since 2011) and Latvia (4.5, up 0.4 since 2011).

Trust in institutions

Concerns about trust in public institutions are understandable, given the need for the public endorsement of policies, as well as the overall democratic legitimacy of social and political systems. Lack of trust is associated with lower levels of subjective well-being (these aspects have been raised in analyses of previous EQLS waves). Both individual and country-level features have been recognised as being among the determinants of trust, including higher income, age and level of educational attainment linked to higher trust. Levels of trust are also associated with participation in clubs, societies or associations and in volunteering (Eurofound, 2012b), and these are enhanced by satisfaction with a person’s own financial situation and with a country’s economic situation, the perception of

Figure 28: Trust in people, by different groups



Notes: Bars indicate average trust on a scale of 1 to 10 in 2016. The figures at the end of the bars indicate the changes from 2011 for those groups where change was statistically significant. Q33: 'Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people? Please tell me on a scale of 1 to 10, where 1 means that you can't be too careful and 10 means that most people can be trusted'. EU28 data.

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low corruption, and last but not least, by the perceived quality of public services (Eurofound, 2013d, pp. 70–72).

The 2016 EQLS asked respondents to rate their trust in the following institutions:⁷

- parliament;
- legal system;
- news media;
- police;
- government;
- local (municipal) authorities;
- banks;
- humanitarian or charitable organisations.

Despite reflections in the public discourse about a crisis in trust, the EQLS evidence suggests that levels of trust in institutions in the EU as a whole are higher in 2016

than in 2011, showing an increase of 0.5 on a scale of 1 to 10 for governments (4.5) and of 0.4 for the following: national parliament (4.5), news media (formerly termed 'the press', 4.8), legal system (5.2), local or municipal authorities (5.6) and the police (6.4). The levels surpass the trust registered before the crisis for the police (6.0 in 2007, 6.4 in 2016) and the media (4.6 in 2007, 4.8 in 2016), and bounced back to nearly same level for governments, parliaments and legal system.

To summarise change over time, an average of trust in the institutions can be calculated. For the comparison of 2007 and 2016, the data are limited to five institutions for which trust can be compared (questions on local authorities, banks, and charitable organisations were not asked in the 2007 survey). On this basis, 12 countries appear to still have a lower average trust in institutions than a decade ago.

7 The local (municipal) authorities were added in 2011, and the last two in the list were added for the 2016 wave.

Trust in six institutions can be compared for 2011 and 2016, and the average trust in this respect increased from 4.7 in 2011 to 5.2 in 2016. All countries except Spain have higher average trust in six institutions in 2016 than in 2011.

The increases in average trust in six institutions from 2011 to 2016 were registered across the board among all the main social groups. However, less than average improvement is seen for the unemployed (4.5, up by 0.2 since 2011) and the long-term unemployed (4.4, up by 0.3). There is a relatively smaller improvement among students (0.3) and those aged 65 years and older, although both these groups have similar and relatively high levels of trust (5.1 in 2011 and 5.4 in 2016). In relation to income differences, trust increased least for the lowest income quartile (4.9, up by 0.3), and most for the third quartile (5.3 up by 0.5).

As in previous EQLS rounds, most countries in the EU display a similar order whereby national political institutions are at the bottom, with governments enjoying least trust followed by national parliaments (the reverse pattern was observed in 2016 for Bulgaria, Cyprus, Lithuania and Romania) (Table 19). A similar pattern across countries as well as over time is that the legal system (5.2 in EU28 as a whole) and municipal authorities (5.6) are trusted more than the national political institutions (4.5 for governments and parliaments), and the police (6.4) is seen as the most trustworthy of all the institutions mentioned. The small number of exceptions in 2016 include Malta (5.8 for trust in governments compared with 5.5 for trust in local authorities) and Bulgaria (3.7 for trust in governments compared with 3.2 for trust in legal systems).

There is a range of trust levels that are characteristic for individual countries. In countries where the average level of trust is high, all institutions enjoy it at higher levels in comparison with countries where the average level is low and trust is less in most institutions. This supports the view that, apart from issues specific to particular institutions or their types, a systemic approach is needed when considering institutional trust. Such an approach can include overarching concepts of public integrity and quality of governance, but should also consider data on mega-trends (long and broad social changes – see European Commission, 2017f), as well as closer examination of institutional performance and its outcomes, including the quality of public services.⁸

Trust in national political institutions, as well as in the police and the legal system are broadly monitored by national and European polls such as Eurobarometer, but the 2016 EQLS extended the list by including banks and humanitarian or charitable organisations.

Banks and financial institutions are important in terms of capturing trust in institutions exhibiting economic power. They represent a significant institution given the high degree of financialisation of contemporary economies as well as the key role they played in the recent crisis. Asking about humanitarian and charitable organisations adds to the range of different institution types, comparison with which may suggest lessons for practice or ethos that can be studied further to promote trust in institutions.

The findings show that banks enjoy an average level of trust (4.9) in the EU that is higher than for political institutions or media (Table 19) – although the position of the news media vis-à-vis trust in other institutions in the hierarchies of individual countries shows the most variation – and this is higher than might be expected given that the crisis began in the financial sector. There are exceptions to the general pattern: Member States where trust in banks is lowest in comparison with the average of all eight institutions in the country are Cyprus (3.5 compared with 4.6), Ireland (4.3 compared with 5.2), and Germany (4.7 compared with 5.8). Perspectives towards banks are shaped differently within countries and one interesting finding is in relation to tenancy types. In some Member States, people with mortgages – in other words, users of one of the major bank products for households – have considerably less trust in banks than the population in general: for example, the rating is 5.3 among mortgage holders compared with 4.6 for the general population in Slovakia (0.7 point difference), 4.3 compared with 3.8 in Ireland and 3.5 compared with 3.0 in Cyprus (both a 0.5 point difference), and 5.8 compared with 5.4 in Austria, 3.2 compared with 2.8 in Greece and 3.6 compared with 3.3 in Spain (all about a 0.4 point difference).

Humanitarian and charitable organisations (6.0) are among the most trusted institutions (Table 19), although at a lower level than the police (6.4) in the EU as a whole. They are the most trusted type of institution in countries where the otherwise highly rated police is viewed more critically, such as in Malta (7.1 compared with 6.1), Latvia (6.3 compared with 5.8), Poland (6.3 compared with 5.7), Cyprus (6.2 compared with 5.0) and Bulgaria (5.1 compared with 4.6).

⁸ It is important to acknowledge that trust in institutions is a volatile phenomenon and ideally should be studied in a longer time series to map individual country patterns. Therefore, the emphasis here is not so much on pointing out specific countries with highest or lowest trust, but on indicating the extent of differences in trust levels between Member States. Eurofound will publish a dedicated study on trust in institutions in the 21st century as part of its secondary analysis of the 2016 EQLS data.

Table 19: Trust in institutions, by country

	Trust in government	Trust in parliament	Trust in news media	Trust in banks	Trust in legal system	Trust in local (municipal) authorities	Trust in humanitarian or charitable organisations	Trust in police	Average rating
Finland	6.2	6.5	6.6	7.4	7.3	6.6	6.8	8.2	7.0
Denmark	5.6	6.2	5.1	6.4	7.8	6.7	7.0	8.0	6.6
Luxembourg	6.2	6.0	5.5	6.3	6.6	7.0	6.7	6.9	6.4
Sweden	5.9	6.4	5.5	5.7	6.4	6.1	6.8	6.8	6.2
Austria	5.3	5.6	5.0	5.8	6.5	6.9	6.8	7.5	6.2
Netherlands	5.7	5.7	5.7	5.6	6.1	6.3	6.3	6.7	6.0
Malta	5.8	5.1	5.1	6.7	5.0	5.5	7.1	6.1	5.9
Estonia	4.9	4.9	5.4	6.5	5.8	5.9	6.6	6.9	5.8
Germany	5.4	5.5	5.3	4.7	6.1	6.2	6.3	7.1	5.8
Lithuania	4.6	3.9	5.3	6.2	5.0	5.8	6.4	6.9	5.5
United Kingdom	4.8	4.9	4.0	5.8	5.9	5.6	6.4	6.6	5.5
Belgium	4.9	5.0	5.1	4.9	5.2	6.0	6.1	6.3	5.4
Hungary	4.9	5.0	4.5	4.7	5.5	6.3	6.0	6.2	5.4
EU28	4.5	4.5	4.8	4.9	5.2	5.6	6.0	6.4	5.2
Czech Republic	4.3	4.2	4.7	6.0	5.0	5.9	5.5	6.0	5.2
Ireland	4.4	4.7	4.8	4.3	5.4	5.6	5.3	6.5	5.2
Portugal	4.5	4.2	5.1	4.5	4.6	5.5	6.4	6.3	5.1
Latvia	4.0	3.8	5.1	6.0	4.6	5.5	6.3	5.8	5.1
France	3.9	4.4	4.4	5.0	5.0	5.9	6.0	6.2	5.1
Poland	4.3	4.1	4.6	5.5	4.6	5.3	6.3	5.7	5.0
Romania	4.1	3.7	5.4	4.7	4.7	5.5	5.5	5.6	4.9
Slovakia	4.1	4.1	4.6	5.3	4.1	5.5	5.7	4.9	4.8
Italy	3.7	3.7	5.1	4.0	4.4	4.7	5.5	6.3	4.7
Spain	3.5	3.8	4.6	3.6	4.3	5.1	5.9	6.1	4.6
Cyprus	4.5	3.7	4.5	3.5	4.5	5.1	6.2	5.0	4.6
Slovenia	3.3	3.2	4.0	4.7	3.5	4.6	5.3	5.7	4.3
Bulgaria	3.7	3.2	4.7	4.3	3.2	4.7	5.1	4.6	4.2
Greece	2.7	2.8	3.4	3.2	4.7	4.4	4.9	5.8	4.0
Croatia	3.4	3.2	4.0	3.8	3.5	3.7	4.9	5.0	4.0
Difference between maximum and minimum	3.5	3.7	3.2	4.2	4.6	3.3	2.3	3.7	3.0

Notes: Scores on a scale of 1 to 10. Table is ordered by the average of trust scores for the eight institutions asked about in the EQLS 2016 (rows) and by the EU28 score (columns). The average rating has been calculated at the individual level. Significance of colours: green = higher trust, red = lower trust. Q35: 'Please tell me how much you personally trust each of the following institutions. Please tell me on a scale of 1 to 10, where 1 means that you do not trust at all, and 10 means that you trust completely'. EU28 data.

Key points

- Trust in people is at the same level as seen in the previous wave of the EQLS in 2011 and in many countries remained at similar levels to those of four years ago. However, there is potential concern about the lower levels of trust among the long-term unemployed.
- One positive development that could potentially extend into the future is the increase of trust observed in people in the youngest age group (18–24 year-olds), also seen across young people with various levels of educational attainment.
- In the EU as a whole, trust in national institutions has recovered from the low levels registered in the 2011 survey and has returned to pre-crisis levels seen in 2007. However, there are 12 countries where the average trust in 2016 appears lower than in it was in 2007.
- The increase in institutional trust is recorded across all the main social groups since 2011. However, a less-than-average improvement is noted for the unemployed, including the long-term unemployed.
- National political institutions (governments and parliaments) attract least trust in Member States in comparison to other institutions. The hierarchy of institutions in terms of trust is relatively stable over time and across countries.
- Banks currently enjoy a medium level of trust in most countries. However, certain Member States are an exception to this tendency, with respondents in Cyprus, Germany and Ireland trusting banks least in comparison with other institutions. In several countries, people with mortgages have lower trust in banks, including countries having relatively high rates of people with mortgages; this should act as a spur to policymakers to review the setup for the transparency and quality of financial products.

Social tensions

Perceived social tensions have been investigated in the EQLS since the first survey in 2003. In general, there has been a consistent story, with most perceived tensions reported between different racial and ethnic groups and between different religious groups, moderate levels of tension reported between management and workers and between poor and rich people, and the lowest levels of tensions reported between men and women and between old and young people. There are, of course, many and substantial differences between Member States and it may be supposed that these are reflected in the responses given in 2016. People may have become more aware of developments and problems in their country associated with the following:

- the integration of migrants and refugees;
- growing income or wealth inequalities;
- opportunities for social mobility;
- insecurities in the labour market.

The identification of tensions may be associated with intolerance and the growth of ‘populist’ social or political movements. However, the EQLS questions are about perceptions and this is not necessarily reflected in actual conflicts between social groups. Nevertheless, there is growing attention to such undercurrents – they can ultimately be an indication of risks for social cohesion and stability. This awareness has contributed to the explicit concern with ‘fairness’ within the

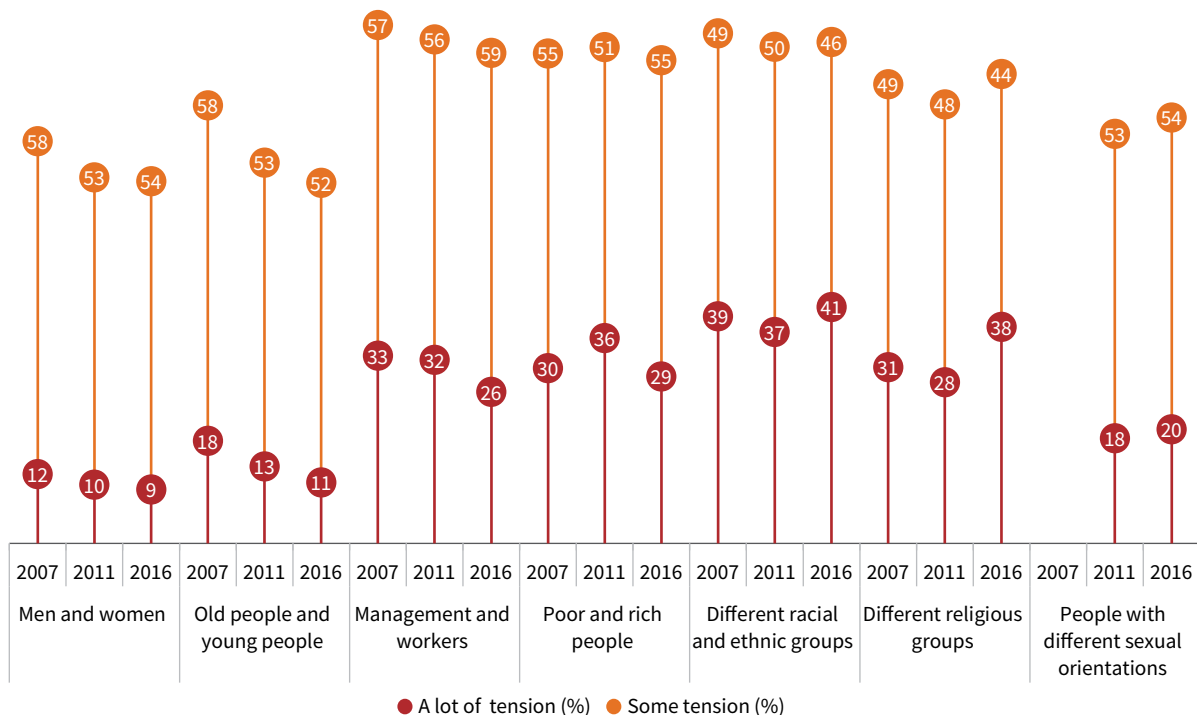
European Commission and the identification of measures in the European Pillar of Social Rights aimed at reducing disadvantage and promoting social cohesion.

Perceptions of tensions between different groups show different permutations over time (2007, 2011, 2016), as is illustrated in Figure 29.

Perceived tensions between different religious groups and different racial and ethnic groups were somewhat lower in 2011 than in 2007, but both increased in 2016. The most striking change since 2011 is the growing perception of tensions between religious groups, from 28% of people perceiving ‘a lot of’ tension in 2011 to 38% reporting this in 2016. The proportion of people reporting ‘a lot of’ tension between racial and ethnic groups also increased, from 37% in 2011 to 41% in 2016.

The countries where more people reported ‘a lot’ of tension between religious groups than in the EU on average (38%) were Austria, Belgium, France, Germany, Italy, the Netherlands and the United Kingdom – possibly not surprising in view of relatively recent events and debates around immigration and the Muslim population. In almost all these countries, perception of ‘a lot’ of tension between religious groups had increased by 10 percentage points or more since 2011 (in the United Kingdom the increase was 5 percentage points from 2011). In Sweden, where the recent intake of refugees and asylum-seekers has been relatively high in proportion to its population, 36% felt there was ‘a lot of’

Figure 29: Perceptions of tensions between different social groups, 2007–2016



Notes: Q34: ‘In all countries there sometimes exists tension between social groups. In your opinion, how much tension is there between each of the following groups in this country?’ Answer categories are: A lot of tension; Some tension; No tension; (Don’t know); (Refusal). EU28 data.

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tension and 54% ‘some’ tension, with only 10% reporting ‘no tension’ between different religious groups.

The highest rates of reported tension between racial and ethnic groups (over 50% of people perceiving ‘a lot’) were in Belgium, the Czech Republic, France, Hungary, Italy and the Netherlands. In Austria, Estonia, Germany, Italy and Malta, the proportion reporting ‘a lot’ of tension between racial and ethnic groups increased by 10% or more between 2011 and 2016. Tensions associated with both ethnicity and religion were observed markedly less often in Cyprus in 2016 compared with 2011. Reporting of ‘a lot’ of tension between racial and ethnic groups is highly correlated with the perception of ‘a lot’ of tension between religious groups (Pearson correlation coefficient of 0.66).

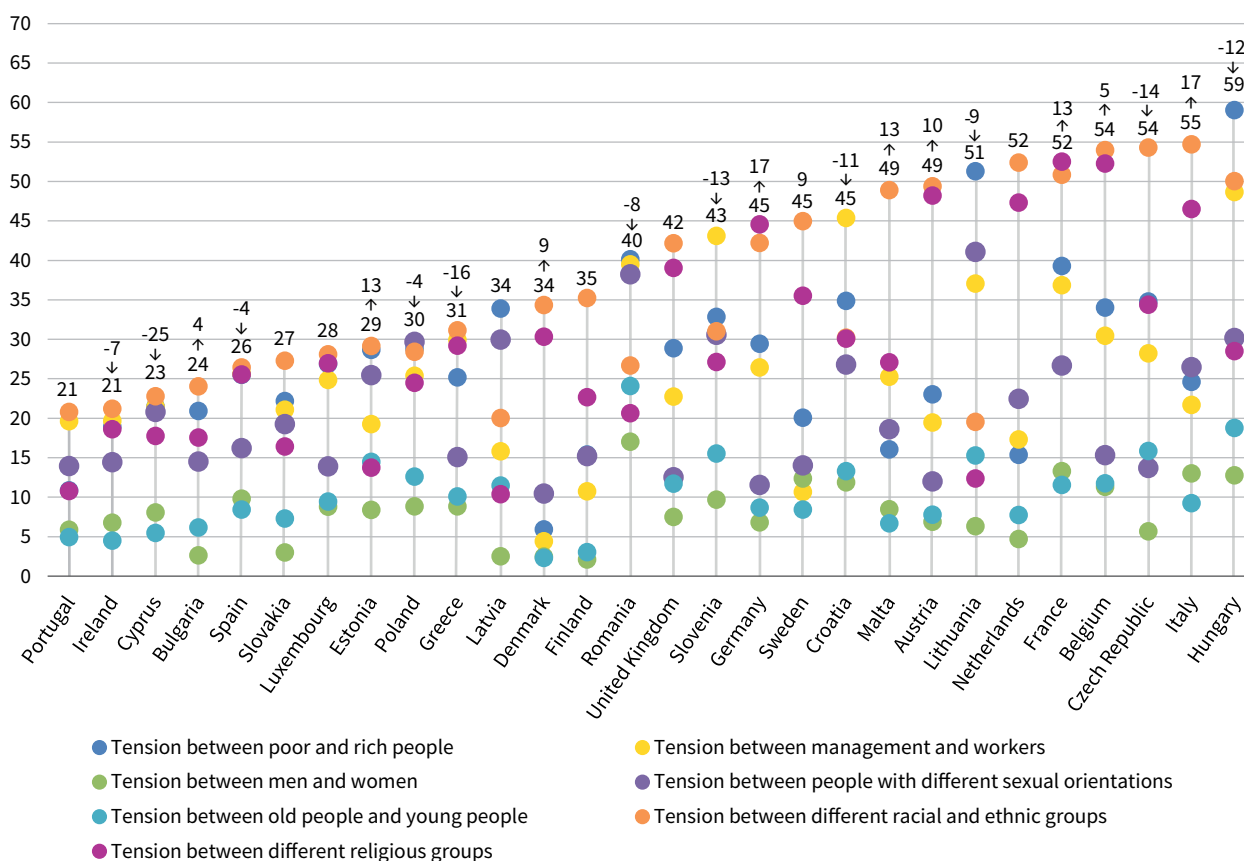
Both age and gender appear to be the source of a relatively low and declining sense of tension. As in previous waves of the EQLS, relatively few people perceived ‘a lot’ of tension between men and women or between generations, indicating little support for any argument for societal gender conflict or intergenerational war. In Bulgaria, the Czech Republic, Denmark, Greece, Ireland, Latvia and Slovakia, an absolute majority of respondents identified ‘no’ tension between men and women. The majority of adults in Cyprus, Denmark, Greece, Ireland, Portugal and Spain

likewise saw no tension between old and young people. However, those people who did report ‘a lot’ of tension between old and young were also more worried about not having sufficient income in old age than others.

Tensions between poor and rich people and between management and workers appear somewhat less visible in many Member States. Declines were most marked for ‘a lot’ of tensions between poor and rich in Croatia, Cyprus and Greece, and for ‘a lot of’ tensions between management and workers in Cyprus and Greece – perhaps indicating some improvement since the height of the economic crisis. As in 2011, the highest proportions of people (more than 50%) reporting ‘a lot’ of tension between poor and rich people were in Hungary and Lithuania. Income inequality is particularly high in Lithuania; although it is relatively low in Hungary, it has been increasing in recent years according to data from Eurostat (Gini coefficient). Perceived tensions between management and workers are highest in Croatia, Hungary and Slovenia. In general, there is a high correlation (0.56) in the ratings for ‘a lot’ of tension between poor and rich people and between management and workers.

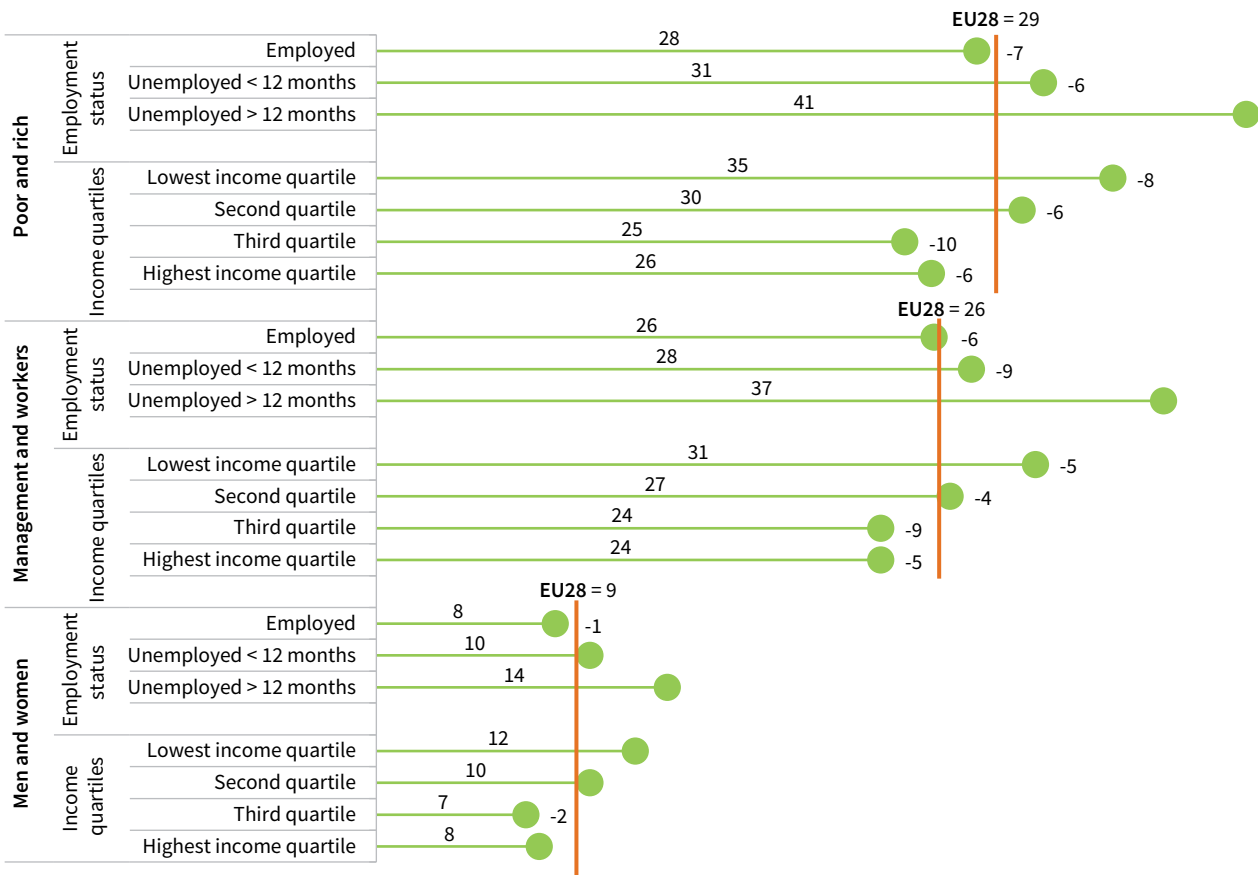
Figure 30 indicates the type of highest perceived tension in each Member State and in the EU as a whole. On the whole, differences between countries in levels of

Figure 30: Perceptions of tensions between different social groups, by country, 2016 (%)



Notes: Percentage shown is for the highest type of tension in each country. Numbers at the top of each column indicate statistically significant percentage point changes for the highest type of tension between 2011 and 2016. Please see note to Figure 29 for details of Q34. Answer category: ‘a lot of tension’. EU28 data.

Figure 31: Perceptions of ‘a lot’ of tension among different groups, 2016 (%)



Note: Please see note to Figure 30. EU28 data.

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tension are related to the social, political, historical and economic background of the Member State. There are few differences associated with individual characteristics regarding tensions between religious groups and racial and ethnic groups. Perspectives vis-à-vis these types of tensions seem to be less specific to a particular demographic background; differences are much more pronounced between countries. As reported in previous research (Eurofound, 2010a, 2012b), the overall level of tensions tends to be higher in countries that have experienced larger scale and diverse migration or have challenges in addressing Roma integration.

With regard to perceptions of other types of tensions, individual social characteristics matter more. As in 2011, fewer women than men report ‘no’ tension between women and men (33% compared with 41% of men). Women are also slightly more likely to identify tensions between people with different sexual orientations (76% perceive ‘some’ or ‘a lot’ compared with 72% of men) and also regarding tensions between old people and young people (65% compared with 60%).

Perceptions of tensions vary relatively little with age, although they are somewhat related to the identification of tensions between people with different

sexual orientations. The proportion identifying ‘a lot’ of tension fell from 24% among people aged 18–24 years to 18% among those aged 65 and over, possibly reflecting higher awareness of this issue in young cohorts, while the proportion reporting ‘no’ tension between young and old people is 42% among people aged 18–34, but falls to 35% among those over 50.

As in 2011, there is some evidence that perceptions of social tension are associated with income, particularly regarding tensions between ‘poor and rich’ and between ‘management and workers’ (Figure 31). People with the lowest income are more likely to perceive ‘a lot’ of tension. The level of educational attainment is similarly related to the identification of tension between poor and rich, and management and workers: 31% of those with only a primary level of education perceived ‘a lot’ of tension between rich and poor compared with 28% of those with a higher level of education, while the corresponding figures for management and workers are 29% and 23%, respectively.





























There is a clear association between the reported difficulty in ‘making ends meet’ and seeing ‘a lot’ of tension, particularly between poor and rich, and between management and workers. As in previous waves of the EQLS, people who are experiencing

unemployment – and particularly long-term unemployment – are more likely to identify ‘a lot’ of tension (Figure 31). This relationship with employment status was not evident in the perceptions of tensions between different religious groups or between different ethnic groups. There was no strong or consistent association between perceptions of tensions and living in a town or city compared with a village or the open countryside.

Not surprisingly, perceptions of tensions in society are associated not only with socioeconomic status, in some respects, but more generally with perceptions of self in society and satisfaction with the way society works (Table 20). Given the associations between low income,

difficulty in making ends meet and long-term unemployment with tensions between poor and rich people, management and workers, and men and women, it is not surprising that there are strong associations with perceived tensions in these dimensions and satisfaction with the economy in the respondents’ country – somewhat less evident for other societal tensions. This strong and consistent association is also evident regarding satisfaction with the way democracy works in the respondents’ country. People who perceive ‘a lot’ of tension across all types of groups in society give a lower rating to both the way democracy works and the present state of the economy in their country.

Table 20: Social tensions, self in society and life satisfaction

		Satisfaction with the way democracy works in [country]	Satisfaction with the present state of the economy in [country]	Life satisfaction (1 very dissatisfied, 10 very satisfied)	Trust in people	Social Exclusion Index (SEI)
		Mean	Mean	Mean	Mean	Mean
Tension between poor and rich people	1. A lot of tension	 4.4	 4.3	 6.8	 4.6	 2.3
	2. Some tension	 5.4	 5.1	 7.2	 5.3	 2.1
	3. No tension	 5.7	 5.3	 7.2	 5.7	 2.0
Tension between management and workers	1. A lot of tension	 4.5	 4.2	 6.8	 4.6	 2.3
	2. Some tension	 5.4	 5.0	 7.2	 5.3	 2.1
	3. No tension	 5.8	 5.4	 7.2	5.7	2.0
Tension between men and women	1. A lot of tension	4.5	4.2	6.7	4.5	2.4
	2. Some tension	5.1	4.9	7.1	5.1	2.2
	3. No tension	5.4	5.1	7.2	5.5	2.0
Tension between old people and young people	1. A lot of tension	4.4	4.2	6.7	4.3	2.5
	2. Some tension	5.2	4.9	7.1	5.1	2.2
	3. No tension	5.4	5.0	7.2	5.6	2.0
Tension between different racial and ethnic groups	1. A lot of tension	4.8	4.6	7.0	4.8	2.2
	2. Some tension	5.5	5.1	7.2	5.4	2.1
	3. No tension	5.5	5.0	7.1	5.4	2.1
Tension between different religious groups	1. A lot of tension	4.8	4.5	7.0	4.9	2.2
	2. Some tension	5.4	5.1	7.2	5.4	2.1
	3. No tension	5.4	4.9	7.0	5.3	2.1
Tension between people with different sexual orientations	1. A lot of tension	4.5	4.1	6.9	4.7	2.3
	2. Some tension	5.3	5.0	7.2	5.3	2.1
	3. No tension	5.5	5.2	7.1	5.4	2.0

Notes: Scores shown are on a scale of 1 to 10. Q4: ‘All things considered, how satisfied would you say you are with your life these days? Please tell me on a scale of 1 to 10, where 1 means very dissatisfied and 10 means very satisfied’. Q31: ‘On the whole, how satisfied are you with the way democracy works in [country]? Please tell me on a scale of 1 to 10, where 1 means very dissatisfied and 10 means very satisfied’. Q32: ‘On the whole, how satisfied are you with the present state of the economy in [country]? Please tell me on a scale of 1 to 10, where 1 means very dissatisfied and 10 means very satisfied’. Q33: ‘Generally speaking, would you say that most people can be trusted, or that you can’t be too careful in dealing with people? Please tell me on a scale of 1 to 10, where 1 means that you can’t be too careful and 10 means that most people can be trusted’. Q34: ‘In all countries there sometimes exists tension between social groups. In your opinion, how much tension is there between each of the following groups in this country?’. EU28 data.

In general, people perceiving ‘a lot’ of tension in society are more likely to be experiencing higher levels of social exclusion and to rate their life satisfaction lower – again less so for tensions between different religious groups and between different racial and ethnic groups. However, across all seven dimensions of societal tension, people reporting ‘a lot’ of tension express lower levels of trust in other people, that is to say have less ‘social capital’. It is also the case that optimism about one’s children’s future is at a lower level than one’s own future in a number of EU Member States, particularly those where people report higher levels of tension on religious and racial grounds.

Key points

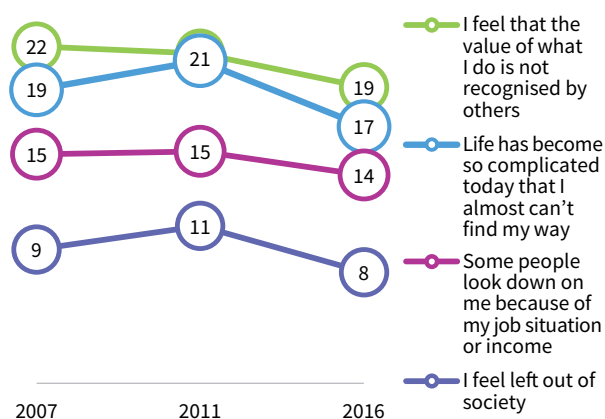
- Perceived social tensions may be regarded as the inverse of social cohesion, specifically at the societal level. Results from the 2016 EQLS indicate that perception of ‘a lot’ of social tension has generally declined since 2011 in most of the dimensions examined. However, reporting ‘a lot’ of tension has increased with regard to tensions between different racial and religious groups, and 2016 levels for the EU28 are now higher than 2007 levels.
- The increased proportion of people identifying tensions on the grounds of race or religion may seem rather limited in EU as a whole in the face of recent experiences with terrorism and religious or racial conflicts/protests in Member States. However, the increases are largely in those countries having relatively high rates of migration and a recent intake of refugees and asylum-seekers.
- The much discussed issues of gender conflict and intergenerational fairness do not appear to translate into feelings of tension with regard to either age or gender. Nevertheless, there is increasing awareness of different interests and priorities in different age groups, illustrated by recent patterns of voting behaviour among young and old in the United Kingdom, indicating that the debate on intergenerational fairness (European Commission, 2017a) is not likely to diminish – but is perhaps also unlikely to result in visible conflicts.
- It is clear that people in the lowest income quartile and those experiencing unemployment, particularly long-term, are more likely to identify ‘a lot’ of tensions with regard to relations between management and workers, and between poor and rich people. This is similar to the results in 2011. A more general inclination to see ‘a lot’ of tension in society is expressed by people who themselves are more likely to be feeling socially excluded and who exhibit lower levels of trust in other people. While it is tempting to think of measures that might increase awareness or promote education to reduce the perception of tensions, it may be more pertinent to address economic disadvantages – making it easier for people to ‘make ends meet’ and promoting credibility that the economy in their country also works well for them.

Social exclusion

The European Commission's Social Investment Package re-emphasised the need for measures to promote social inclusion along with combating poverty, through, for example, the exchange of best practice, the European Social Fund and the Fund for European Aid to the Most Deprived (European Commission, 2013b). In its reflection paper on the social dimension of Europe, the European Commission pinpoints 'social isolation' as a risk factor in today's Europe, along with 'traditional' problems such as mental illness, drug and alcohol abuse, criminality and insecurity (European Commission, 2017b).

The EQLS 2016 included four items aimed at eliciting views on how people feel about their connection with society. All these four indicators have improved from 2011 to 2016 in the EU28 overall. Following a decline between 2007 and 2011, they are now all back to levels that are higher than in 2007. Of the four items, consistently over the years, it is least common for people to feel left out of society (8%) and most common for people to feel that the value of what they do is not recognised by others (19%). Feelings of being left out of society and that life has become too complicated seem to have been most volatile during the crisis (Figure 32).

Figure 32: Perception of social exclusion (%)



Notes: Differences between the years are statistically significant. Q36: 'To what extent do you agree or disagree with the following statements?' The chart shows the proportion of people answering 'agree' or 'strongly agree'. EU28 data.

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Improvements from 2011 to 2016 in all, or nearly all, of the four measures were evident in Cyprus, the Czech Republic, France and Sweden. Some worsening can be seen in some of the variables, most notably in Hungary, showing an increase of 10 percentage points in the proportion of people reporting that they feel left out of society, and in Belgium, showing an increase of 6 percentage points in the proportion of people who feel that the value of what they do is not recognised by others.

These four items together form the Social Exclusion Index (SEI), with values ranging from 1 to 5 (Eurofound, 2010b, 2012b). The SEI in the EU overall increased from 2.1 to 2.2 between 2007 and 2011, but returned to the 2.1 level in 2016 (Table 21).

An improvement in perceived social exclusion (that is, a reduction in the SEI score) by 0.1 or more can be seen between 2011 and 2016 in many countries (15 in total), most notably in Cyprus and Latvia (both -0.5) and Estonia (-0.4). In eight countries, this decrease in perceived social exclusion occurred after a deterioration between 2007 and 2011 of 0.1 or more. Perceived social exclusion increased in two countries by 0.1 between 2011 and 2016 (Denmark and Italy), while there was no large increase in any country.

People who are unemployed, especially those unemployed for over 12 months (2.8), as well as people who report an inability to work because of illness or disability (2.7), have a particularly high average SEI score (Table 22). In contrast to the EU overall, there was no clear reduction in perceived social exclusion between 2011 and 2016 for the long-term unemployed, but an improvement is seen for people unable to work.

Scores on the SEI are lower for people in higher income quartiles. People in the lowest quartile consistently have the highest SEI scores on average. From 2011 to 2016, a decrease in the SEI score was measured only for the second, third and highest income quartile – not for those in the bottom income quartile.

Table 21: Social Exclusion Index 2007–2016, by country

	2007	2011	2016	Change 2007–2011	Change 2011–2016	Change 2007–2016
Sweden	1.5	1.9	1.6	0.4	-0.3	0.1
Austria	2.2	1.9	1.7	-0.3	-0.2	-0.5
Denmark	1.8	1.6	1.7	-0.2	0.1	-0.1
Finland	2.0	2.0	1.8	0.0	-0.2	-0.2
Germany	1.8	1.8	1.8	0.0	0.0	0.0
Netherlands	1.9	2.0	1.9	0.1	-0.1	0.0
Latvia	2.4	2.4	1.9	0.0	-0.5	-0.5
Spain	1.8	2.0	1.9	0.2	0.0	0.2
Estonia	2.2	2.4	2.0	0.2	-0.4	-0.2
Slovakia	2.2	2.2	2.0	0.0	-0.2	-0.2
Luxembourg	2.0	2.2	2.0	0.1	-0.1	0.0
Slovenia	2.1	2.1	2.1	0.0	0.0	-0.1
Portugal	2.2	2.1	2.1	0.0	0.0	-0.1
EU28	2.1	2.2	2.1	0.0	0.0	0.0
Ireland	2.2	2.2	2.2	0.0	-0.1	-0.1
Lithuania	2.4	2.4	2.2	-0.1	-0.2	-0.3
France	2.3	2.2	2.2	0.0	0.0	0.0
Malta	2.0	2.4	2.2	0.4	-0.2	0.2
Hungary	2.3	2.2	2.2	-0.1	0.1	-0.1
United Kingdom	2.3	2.3	2.3	0.0	-0.1	-0.1
Czech Republic	2.2	2.5	2.3	0.3	-0.2	0.1
Poland	2.5	2.4	2.3	0.0	-0.1	-0.2
Croatia	2.5	2.4	2.3	-0.2	0.0	-0.2
Romania	2.6	2.4	2.3	-0.1	-0.1	-0.2
Italy	2.3	2.2	2.4	0.0	0.1	0.1
Belgium	2.3	2.3	2.4	0.0	0.1	0.0
Greece	2.3	2.5	2.4	0.3	-0.1	0.2
Cyprus	2.2	3.0	2.5	0.8	-0.5	0.3
Bulgaria	2.8	2.7	2.7	-0.1	0.0	-0.1

Notes: Discrepancies in the reported difference between the years may appear due to rounding. Member States are ordered in the table by their 2016 SEI ranking (low to high). The SEI refers to the overall average score from responses to four statements in Q29: 'I feel left out of society', 'Life has become so complicated today that I almost can't find my way', 'I don't feel that the value of what I do is recognised by others', and 'Some people look down on me because of my job situation or income'. Responses are scored on a 1–5 scale, where 1 = 'strongly disagree' and 5 = 'strongly agree'. EU28 data.

The SEI score is lower for people with higher education levels (Table 22). On average, people with lower secondary education or less have the highest SEI score, and those with tertiary education the lowest. Slight improvements can be seen between 2011 and 2016 for those with secondary education or higher, but not for people with lower education.

Differences between men and women, and between age groups, are less marked (Table 22). On average, women have a somewhat higher SEI score than men, and this difference increased between 2011 and 2016. The SEI

score for men has fluctuated more, with an increase in 2011 and a relatively strong decrease in 2016. The score is lower for older age groups than for younger ones, but some convergence seems to be have taken place. People aged 65 and over, on average, had the lowest score of all age groups in 2007, 2011 and 2016, and it has stayed at similar levels across the survey rounds (while the sense of exclusion by those under 50 has decreased between 2007 and 2016). However, it is not the same for all older people: 65–74 year-olds feel least excluded (2.0) and those aged 75 and older have a higher SEI score (2.2).

Table 22: Perceived social exclusion for different social groups

		2007	2011	2016	Difference 2007–2011	Difference 2011–2016
Sex	Male	2.14	2.17	2.11	0.03	-0.06
	Female	2.16	2.18	2.16		-0.03
Age	18–24	2.18	2.19	2.11		-0.08
	25–34	2.20	2.22	2.17		-0.05
	35–49	2.16	2.22	2.12	0.06	-0.10
	50–64	2.14	2.18	2.17	0.04	
	65 and over	2.08	2.07	2.09		
Employment status	Employed	2.10	2.11	2.05		-0.06
	Unemployed < 12 months	2.56	2.42	2.45	-0.14	
	Unemployed > 12 months	2.73	2.75	2.84		
	Unable to work due to illness or disability	2.73	2.81	2.67		-0.14
	Retired	2.11	2.09	2.11		
	Homemaker	2.17	2.29	2.32	0.11	
	Student	2.03	2.09	1.97	0.06	-0.12
Education	Lower-secondary or below	2.20	2.30	2.33	0.10	
	Secondary	2.21	2.18	2.12	-0.03	-0.06
	Tertiary	1.93	1.99	1.91	0.06	-0.08
Income	Lowest income quartile	2.47	2.47	2.47		
	Second quartile	2.26	2.25	2.20		-0.04
	Third quartile	2.11	2.10	2.00		-0.01
	Highest income quartile	1.95	1.95	1.91		-0.04

Notes: Mean values of SEI are measured on a scale of 1–5. Discrepancies in the reported difference between the years may appear due to rounding. Only significant differences are shown in the last two columns. Significance of colours: green = decrease in social exclusion, red = increase in social exclusion. EU28 data.

Key points

- The group of people in the EU having a high Social Exclusion Index score (above the midpoint of 2.5) increased somewhat in 2011, but almost returned in 2016 to its 2007 level. These changes are important and concern a large number of people. While this might appear to indicate that the problems are now fixed, it should be underlined that over a quarter of the EU population has had such a high score consistently over time.
- People in households with low incomes are more likely to feel socially excluded. However, there is clearly more to social exclusion than income. This suggests that policies aimed at inclusion cannot be limited to combating poverty in monetary terms only. Access to services is an important factor more generally (see Chapter 2), as is societal participation (see the section below on ‘Participation in society and community involvement’) or having a sense of belonging to the local area, especially in rural areas (see the section on ‘Neighbourhood quality and services’ in Chapter 2).
- As seen consistently in previous EQLS analyses, people with a high level of educational attainment, living in households with high incomes and/or in employment on average feel least excluded according to Eurofound’s Social Exclusion Index. Employment is certainly one part of the picture, and facilitating inclusion into quality employment should be an important aspect of inclusion policies. However, the policies should also take into consideration factors of social integration outside the labour market.

Participation in society and community involvement

EU policy context

EU policies acknowledge the importance of citizen engagement for both the quality of society in Member States and the European project itself; such policies support active citizenship through various measures, including, for example, the online EU Citizenship Portal. The European Commission runs a dedicated Europe for Citizens Programme (2004–2006, 2007–2013, 2014–2020), which seeks to encourage democratic and civic participation and raise awareness of common history and values.

More recently, more specific measures in various policy strands address the participation of older people, as well as emphasising youth engagement around the EU’s Youth Strategy. In relation to older people, active ageing is on the agenda. Some of the major challenges in recent years have been around the high unemployment of young people, young people not in employment, education or training (NEETs) and youth disengagement – and the long-term effects of these negative phases in a person’s life (see, for example, Eurofound, 2015a). Promoting participation in society has also been shown to play a role in combating social exclusion.

Participation in social activities and voluntary work

It is generally viewed as a positive development, in terms of both quality of life and society, that more people are actively involved in clubs and associations in 2016 than they were in 2011. Some 30% of respondents participate at least once a month (up 3 percentage points from 2011), while the share of those who do not participate at all has fallen (from 58% in 2011 to 54% in 2016). There is an increase in social participation in nearly all countries, with the largest change since 2011

evident in Germany (+12 percentage points), Italy (+10 percentage points), Belgium and Slovenia (both +9 percentage points) and Latvia (+8 percentage points).

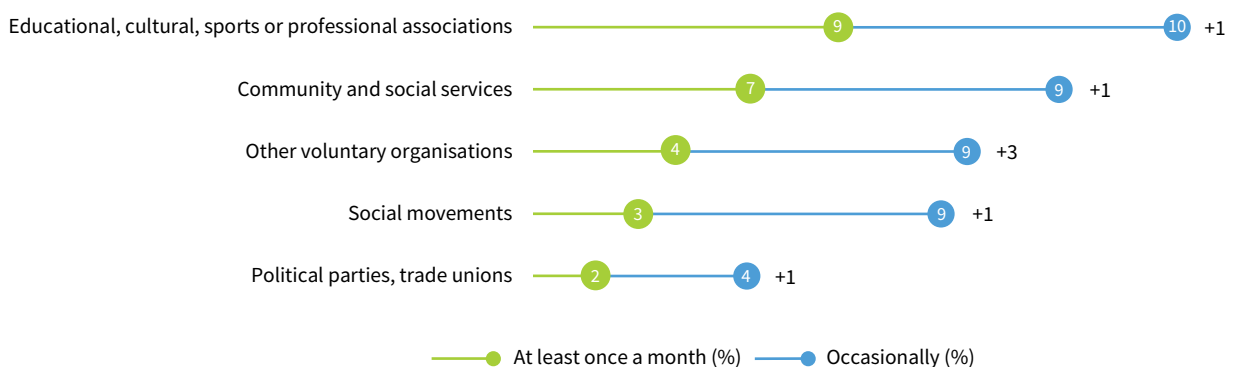
One in three EU citizens (33%) carried out some voluntary work during the past 12 months and this figure is similar to that for 2011. Rates of volunteering range from 6% in political parties or trade unions to 19% in educational, cultural, sports or professional organisations (Figure 33).

The overall rates for voluntary work in 2016 are similar to those in 2011, but there has been at least one percentage point increase in volunteering occasionally for all types of organisations. This suggests that some people may have begun contributing to more than one type of organisation. While the actual extent of this change is limited, it can nonetheless be seen as a positive feature – cohesion in society is likely to benefit from cross-cutting networks. Overall, there was an increase in volunteering in ‘other’ types of voluntary organisations (not listed in the specific answer categories) to 13% in 2016 (up 3 percentage points from 2011), by and large through occasional volunteering. This evidence suggests the emergence of new areas or forms of participation that do not fit the traditional frames.

Compared with 2011, there is an increase in occasional volunteering rates among the youngest age group (18–24) to 38% (up 3 percentage points) and students (48%) (up 5 percentage points). However, there is a slight decrease in rates of regular volunteering every week or every month: a 2–3 percentage points decrease among the 25–34 and 50–64 year-old age groups, and a 2 percentage points decrease among the employed.

The assumption that with economic recovery more people are busier in employment and ‘replace’ their former occasional volunteering by prioritising their main job is not in line with what the data show.

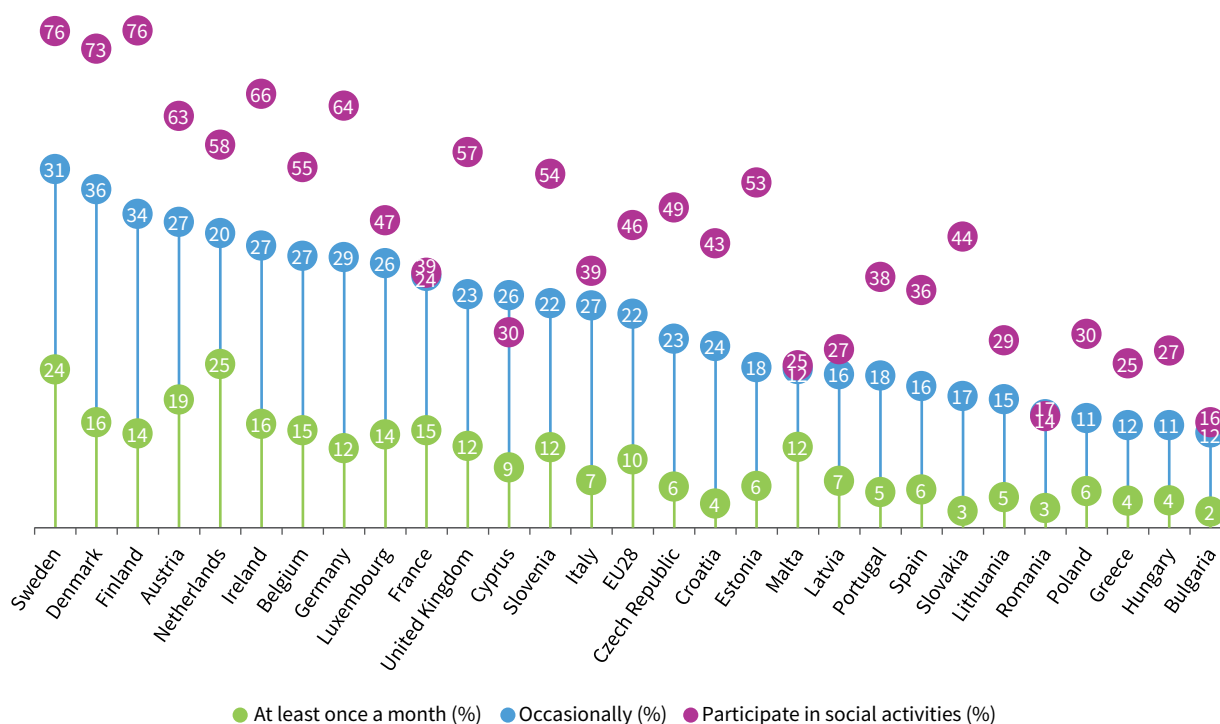
Figure 33: Involvement in unpaid voluntary work, by type and frequency



Notes: Numbers at the end of bars indicate statistically significant percentage point change from 2011 in total involvement. Q29: ‘Please look at the list of organisations and tell us, how often did you do unpaid voluntary work through the following organisations in the last 12 months?’. Answer categories are: Every week; Every month; Less often/occasionally; Not at all (Don’t know); (Refusal). ‘Occasionally’ in the figure refers to less often than every month. EU28 data.

eurofound.link/0033

Figure 34: Involvement in unpaid voluntary work and in organised social activities, by country and frequency



Notes: Percentages indicate those who volunteered at least occasionally in any type of organisation listed in Q29 (see Figure 33). Q27 'How frequently do you do each of the following?' d. Participate in social activities of a club, society or association'. All answer categories apart from 'never'. EU28 data.

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The rates of volunteering are in fact higher among the employed than among the unemployed in the EU as a whole – and consistently so at country level. In addition, there is a weak but positive correlation between being in employment and volunteering, but there is no correlation between being or not being in employment and regular volunteering. Higher volunteering rates, whether occasional or regular, are also associated with a higher level of educational attainment and higher income. A decrease in volunteering at country level, such as is the case in Spain (the largest fall in volunteering of any country since 2011), occurs across most age groups and employment categories. Therefore country-level changes may warrant further attention by Member States within their specific national backgrounds, in particular with a view to reviewing national policy frameworks and the funding available to organisations to provide opportunities to volunteer.

In a number of countries, participation in the social activities of clubs and associations and volunteering rates changed in the same direction between 2011 and 2016 – positively in Belgium, Italy and Slovenia, but declining or stagnating in terms of these participation indicators in, for example, the Czech Republic, Greece and Slovakia.

The analysis looked at whether volunteering is highest in countries where the level of social activities in clubs and associations is also highest. The levels are not exactly parallel across countries (Figure 34), although correlation at country level is strong (0.9 between the rate of participation in social activities and overall volunteering rate). This link between rates of social participation in organised activities and volunteering reiterates what had been highlighted in the 2011 EQLS (Eurofound, 2012b): voluntary work is not merely a matter of individual attitude ('altruism'), but may depend on existing opportunities, networks (such as provided by clubs and associations) and the resources available to facilitate this activity.

There is a higher level of life satisfaction among those who volunteer compared with those who do not (7.5 compared with 6.9) and among those who participate in social activities (7.4 compared with 6.8), as well as a lower sense of social exclusion among volunteers and those involved in social activities of clubs and associations (2.0 compared with 2.2 of those who do not volunteer or take part in activities of clubs and associations). This can be seen not only as evidence of the benefits that volunteering brings but also as a reflection of the availability of the necessary resources and organisations.

Civic and political involvement

Active citizenship includes a range of types of engagement that go beyond just voting in elections. These may be:

- participating in the activities of a political party or a local interest group;
- taking part in a public consultation, demonstration or peaceful protest;
- signing a petition;
- writing to a politician;
- writing to the media.

Eurostat collected statistics on general levels of participation in activities of this type in 2006 and 2015 (EU-SILC modules), while social surveys such as the EQLS shed light on which forms of participation are prevalent, how they change over time and how they relate to other factors. Of particular interest are opportunities for participation created by the internet.

Over the past few decades, there has been a debate as to whether or not there is a general decline in political and civic engagement, seen in decreasing voter turn-out and a decline in the membership of formal political organisations and trade unions. Apart from the pessimistic argument emphasising decline, there are other interpretations that point to the existence of an

increasing repertoire of civic and political actions (see, for example, Norris, 2002), as well as new forms related to online activity.

The EQLS data confirm that traditional forms of direct personal involvement, such as attending a political meeting or demonstration, or contacting a politician or an official, remain in single digit percentages or are slowly decreasing (Figure 35). There are some age and perhaps generational differences: 8%–9% of those aged 35–64 years-old attended an actual meeting of a trade union, political party or an action group, or contacted a politician or an official, in comparison to only 4% among the 18–24 year-olds. The latter (youngest) age group is more active than others in, for example, attending demonstration (10% compared to 5% among those aged 50–64 years), commenting on an issue online (20% compared to 10% among aged 50–64 years-old).

However, one in five EU citizens (20%) reported that they signed a petition over the previous 12 months (up 3 percentage points since 2011). This is higher than the rate for those who commented on a political or social issue online (12%) or boycotted certain products (14%). One-third of respondents (34%) took at least one of the actions listed in Figure 35 over the previous 12 months. For the set of trend items 1, 2, 3 and 6, the proportion was 26% in 2016 compared with 25% in 2011 (the change is statistically significant).

Figure 35: Forms of civic and political involvement (%)



Notes: * No trend data available. Numbers at the end of the bars show statistically significant percentage point change since 2011. Q30: ‘Over the last 12 months, have you done any of the following activities?’. EU28 data.

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Regardless of doubts as to whether online activism can be compared with ‘real’ participation, the data underline positive features highlighted in the previous wave (Eurofound 2012b). The signing of petitions (including online petitions) is more gender-balanced than other forms of involvement – being carried out by similar proportions of men and women (19% and 20%, respectively); on the other hand, the forms of participation that involve personal presence and greater time are more likely to involve men:

- 9% of men compared with 5% of women attended a meeting;
- 9% of men compared with 6% of women contacted a politician;
- 14% of men compared with 11% of women commented on an issue online.

However, similar proportions of both sexes (6% of men and 5% of women) attended protests or demonstrations. Boycotting products is another area where women (15%) have similar rates to men (14%) – signalling that certain channels of participation deserve greater attention as being accessible and inclusive to broader segments of society.

Against this background, the EU’s instrument for a citizens’ initiative, which is in fact an online petition, is a highly relevant tool.⁹ However, it is also important to support the involvement of less digitally connected groups in the population.

While there are forms of civic and political involvement where gender balance is evident, the differences associated with levels of educational attainment are much larger than other social differences (including income levels). By and large, the rates for civic and political involvement of those with tertiary education on any given dimension are about three times higher than the rates of the people with basic education, and twice as high as among those with secondary education. This applies, for example, to the case of petition signing, reported as carried out by 10% of people with basic education, 18% with secondary education and 35% with tertiary education. Overall, 54% of people with tertiary education were involved in at least one of actions 1–6 listed in Figure 35 compared to 32% among those with secondary education, and 20% of people with basic education. The difference between those with tertiary and secondary education is the same as it was in 2011 (for at least one of actions 1, 2, 3 or 6 that are comparable over time, the rates are 44% for tertiary education and 24% for secondary education). The proportion of people with tertiary education in the EU continues to rise, increasing from 20% in 2007 for

people aged 15–64 years in the EU28 to 27% in 2016 (Eurostat, 2017d). However, the extent of the differences prompts reflection on whether the interests and experiences of various parts of society are represented adequately, as well as on what measures could be applied to bridge the gaps related to level of educational attainment.

Lifelong learning

There is continued attention to lifelong learning in EU policies. The concept of a knowledge society and the anticipation of technological progress and adaptation to the increasing pace of change are challenging societies to apply learning, re-learning or the development of new skills continuously – beyond the full-time education provided at early stages of life. It is possible that engagement in training beyond full-time education and beyond the workplace (for this, see the EWCS: Eurofound, 2016) can also contribute to building capacities that enable active citizenship – especially given the positive role of education in higher levels of civic and political engagement noted above.

In 2016, for the first time the EQLS collected information on participation in training for professional/work-related reasons or for non-professional reasons. Almost one-third of the EU population (31%) was involved in one or other form of training in the past 12 months; 26% took part in training for professional or work-related reasons and 11% did so for non-professional reasons, while 6% participated in both types.

The differences between countries are striking (Figure 36). The rate of involvement in training for professional or non-professional reasons is over 50% in Sweden (61%), Finland (54%) and Denmark (51%), whereas it is just above 10% in Bulgaria (13%), Croatia (12%) and Greece (11%). As indicated, the highest rates are found in the Nordic countries and the Netherlands, while all Mediterranean countries have rates below the EU average.

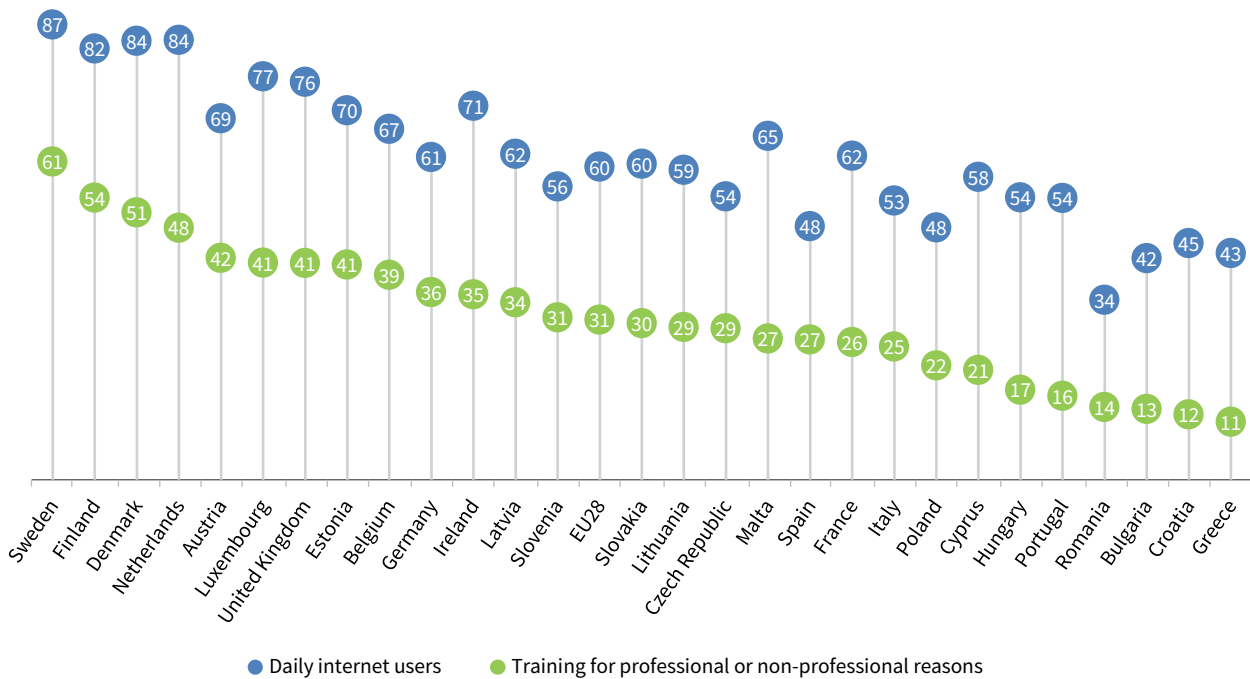
As with other organised activities, involvement in training of any kind is higher among people with a high income and a higher level of educational attainment:

- 53% for those with university education (ISCED5 or higher), and on average 22% for the lower education categories;
- 35%–41% for higher income quartiles and 23%–24% for the lower income quartiles.

There are marked age differences, with more than 40% of those aged under 50 years taking part in training, 29% of those aged 50–64 years, but only 6% of those who are older.

⁹ The European citizens’ initiative is an invitation to the European Commission to propose legislation on matters where the EU has competence to legislate. A citizens’ initiative has to be backed by at least one million EU citizens, coming from at least seven out of the 28 Member States (<http://ec.europa.eu/citizens-initiative/public/basic-facts>).

Figure 36: Involvement in training and rate of daily internet users, by country (%)



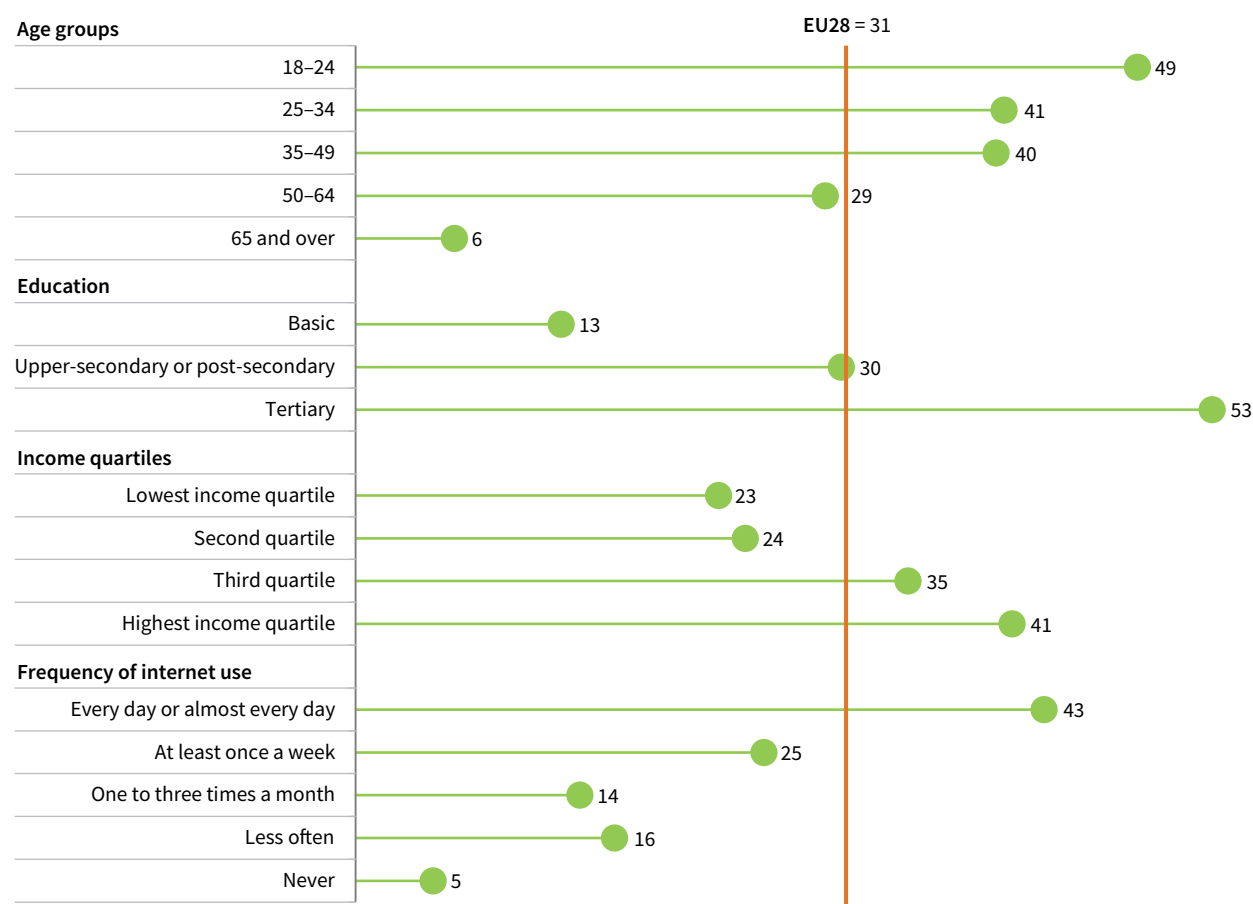
Notes: Those that answered 'yes' to Q28: 'Over the last 12 months, have you participated in training or courses, including online courses. a. Training or courses mostly for professional/work-related reasons b. Training or courses mostly for non-professional reasons'. Answer categories are: Yes, No, (Don't know), (Refusal). Those who answered 'every day' or 'almost every day' to Q27 'How frequently do you do each of the following? b. Use the internet other than for work'. EU28 data.

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One of the most decisive factors influencing participation in training both for professional and non-professional reasons, as well as differences between Member States, is use of the internet. Among daily users of the internet, 43% are also taking part in training or courses – this rate is more than twice that for the less frequent users of the internet (Figure 37). Even though being internet-savvy is related to a younger age and higher education and income, the extent of

differences in internet use suggest that training in the 21st century may well depend on how common and accessible the internet is generally. Some courses or training are delivered online, but regardless of the mode of training, to a large degree participation in training is likely to depend on tools that operate online, such as access to teaching materials and background information, as well as enrolment.

Figure 37: Involvement in training, by different groups (%)



Note: Please see note to Figure 36 for details of Q28. EU28 data.

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Key points

- There has been an increase in participation in the activities of clubs and associations. This can be seen as a form of social capital, as a 'glue' that keeps members of the public connected, and as a resource on which society can build when 'making democracy work'.
- Overall in the EU, the rates of volunteering are at the same level as they were in 2011. The rates are higher among employed than among unemployed people in EU as a whole, and consistently so at country level. The increase in employment rates suggests that, at country level, a follow-up analysis should be carried out that takes into account changes in the composition of groups that usually have higher volunteer rates (the employed, as well as people with higher education and income).
- The conditions that enable participation and volunteering have to be addressed by policies that seek to promote the voluntary contributions of members of society.
- There are some differences in relation to gender, age and income when it comes to forms of civic or political participation: people with more social advantages participate at higher rates than others. Some emerging forms of civic and political engagement are more gender-balanced than others, for instance, signing petitions including online petitions. However, there are major differences in participation related to the level of educational attainment.
- Some channels that make participation in society easier could perhaps be addressed by promoting lifelong learning and helping to overcome educational disadvantages. However, participation in all types of training is strongly related to internet use – and this is not accessible to all.





The European Quality of Life Survey (EQLS) provides evidence to map the views and experiences of people and the condition of societies across the EU. A range of areas of life is covered in this report, with a view to understanding the aftermath of the economic and financial crisis that hit Europe in the past decade. The report provides evidence regarding the extent of recovery from the crisis as well as its lasting impacts, doing so via indicators that represent individual experiences and daily lives rather than abstract economic trends. The data and analysis provide context and complementary information for some of the official statistics on, for example, economic growth and changes in the labour market. A number of indicators can provide early signals of emerging issues and trends – an essential part of the comprehensive monitoring process.

4 | Concluding messages



4 | Concluding messages

Overall progress in quality of life

The previous wave of the EQLS in 2011 registered developments across Member States (in particular regarding the social impacts of the crisis) and identified dimensions where quality of life had deteriorated. It included messages about the delayed effects of the crisis. In addition to decreasing incomes and rising unemployment that were the most obvious features seen early on, the 2011 wave also depicted, for example, the lower levels of reported trust that emerged in part due to the continuing burden of the crisis. Therefore, recovery should be assessed cautiously. Nevertheless, the data from the 2016 survey present several encouraging aspects showing that the EU has experienced a return – on some dimensions – to pre-crisis levels.

Quality of life

- Less material hardship – more people can make ends meet and satisfaction with their standard of living has risen.
- Overall health has improved.
- Optimism has gone up.
- Subjective well-being remains at high levels.
- Work–life balance has deteriorated.

In comparison with 2011, there is a notable decrease in the proportions of people reporting difficulties in making ends meet (from 45% in 2011 to 39% in 2016). Material deprivation in terms of basic items not being affordable has also decreased. This decrease in material hardship took place across all income quartiles. Satisfaction with the standard of living improved across different income groups, although staying at the same high level of 7.7 for the top income quartile (on a scale of 1 to 10). However, the level of difficulty in making ends meet in most countries is still higher than it was in 2007 before the crisis.

Overall levels of life satisfaction and happiness (7.1 and 7.4, respectively, in 2016) stood at similar levels in both 2007 and 2011, indicating that most people in the EU are satisfied with their lives. Respondents in 2016 find themselves in better health than was the case in 2011, and optimism about their future and the future of their children are higher than the level of general optimism in 2011. But while work–life balance has improved for some groups of workers, in general it appears to have declined – particularly since 2011, and especially for young and middle-aged women, as well as for workers in blue-collar jobs and those with fixed-term contracts.

Quality of public services

- Overall ratings for some public services – ranging from healthcare to public transport – have increased.
- There are indications of an improvement in healthcare or childcare in some countries where ratings were previously low.
- Assessment of the quality of long-term care is lowest for health and care services – by both users and the general population.
- People in lower income groups see less improvement in the quality of public services.

Accessible and good quality public services can be regarded as an essential element of quality of life in Europe and as a key element of the European social model. Improvement of the overall standards, demonstrated by less frequent reporting of poor quality services across the Member States, is something that can be viewed as a positive contribution to an upward convergence on quality.

Quality of society

- The perception of being socially excluded has declined.
- Perceived tensions between poor and rich, management and workers, and old and young reduced while perceived tensions between different religious and different ethnic groups increased.
- Trust in people increased particularly among those aged 18–24.
- Engagement and participation in community organisations (activities) increased.
- Trust in all the national institutions measured went up.

There has been progress in restoring soft resources such as trust and participation in society. Both age and gender appear to generate relatively low societal tensions. In particular, there seems to be a positive change in how the young people of today see the social world – with greater trust – counterbalancing fears about a lost generation that were expressed during the crisis. This should act as a signal to policymakers of the need to study further and reinforce the factors, such as educational attainment, that can help to equip new generations with the attitudes and skills needed in the society of the 21st century.

Trust in national institutions, which suffered particularly during the years of crisis, is at higher levels in most Member States than it was in 2011; in the EU as a whole, it has returned to the levels seen in 2007 and provides a helpful background for developing and delivering policies needed for social progress in the future.

However, the positive findings should not lead to the illusion that the challenges are gone. Another perspective emerges when monitoring inequalities and identifying diverging trends.

Persistent inequalities and polarisation

- The quality of life of those in the lowest income quartile has improved less than for others.
- Women continue to carry out most of the unpaid household and care work, with some of them appearing to pay a higher cost for this, such as women in lower income quartiles having a higher risk of mental health problems.
- Older age groups continue to fare less well in some countries where social protection and care services are less developed.

Certain inequalities persist and have even become more acute, and there are some signs of polarisation even in the face of the overall average level of improvements. Attention to differences between groups and to changes over time helps to see where the recovery is not equitable, and where there are delayed or continuing impacts of the crisis. The results underline the relevance of the recommendations (such as those by Stiglitz et al, 2009) to assess distributional aspects rather than, by way of a simple example, reviewing averages only. Sometimes subtle but important changes have taken place along the scales of answer categories. While the proportion of people reporting very good health has increased, there has also been a decrease in those reporting good health and an increase in those reporting fair health. This shift towards polarisation is an acute signal underlining the growing policy attention to health inequalities.

For some population groups, the EQLS found no evidence of deterioration during the crisis when comparing the pre-crisis data of 2007 with those of 2011, and not really any change afterwards on a number of dimensions. For example, the self-reported good

health of the top income quartile remains at a level that is higher than those in the other income quartiles; the same applies to their satisfaction with their standard of living. However, there are some groups experiencing long-term disadvantage on different aspects – an example of this are women in the lowest income quartile who showed a relatively high risk of depression in 2007, 2011 and 2016. This is a complex challenge that requires gender equality policies to be implemented alongside measures addressing other inequalities and the development of relevant services. This is related to a persistent feature of societies in the EU that a higher burden of unpaid household and care work is carried by women, even if this varies in degree. This set of complex interactions is illustrated by the experience of working age carers outside employment who are disadvantaged in relation to their health, income and social inclusion.

However, the EQLS 2016 has highlighted improvements across a good number of dimensions in many otherwise different or unequal groups, including most income quartiles. The rising tide has not lifted the position of everyone equally: the extent of improvement was either smaller for the two lower income quartiles or was lacking for the lowest income quartile on dimensions such as the risk of depression (for women in the lowest income quartile), the average quality ratings of public services, and the measure of perceived social exclusion. This contrasted particularly with the notable extent by which the quality of life improved for the second income quartile compared with the third quartile.

There are also differences between age groups that point to different life course experiences between countries and between generations. In some countries, especially in eastern Europe, life satisfaction is consistently and sometimes markedly lower for older age groups; this parallels differences in difficulties in making ends meet. These findings question some of the popular images about quality of life, such as the inverted U-shaped distribution of life satisfaction over the life course, since it seems far from the pattern typical of most EU Member States. While approaches to cross-sectional data analysis typically suggest that there can be cohort differences, whereby younger generations will not necessarily encounter the same circumstances which older groups have experienced, such differences have been observed in previous waves of the EQLS and suggest that certain challenges may persist for particular age groups, raising issues with regard to the effectiveness of social security provision.

Emerging and increasing uncertainties

- Decreasing certainty about being able to keep living in the same accommodation.
- Concerns about insufficient income when reaching old age are considerable in two-thirds of Member States, with 13% extremely worried about the prospect.
- Care services for an ageing population are inadequate in most Member States.
- Perceived social tensions are higher between different religious and ethnic groups, and on the basis of sexual orientation.
- Low levels of optimism about children's future.

In addition to presenting straightforward facts on material living conditions, the EQLS looks at a range of indicators that reveal the uncertainties and areas of potential tensions in society. Among them are aspects that pertain to a person's physical and social security. There is less certainty about retaining one's accommodation expressed by many groups across the EU.

Job insecurity (a person's perception that they are likely to lose their job) has decreased, going back to below the levels seen before the economic crisis. However, people's certainty about not losing their job has not fully come back to what it was then, with more people experiencing uncertainty in 2016 than in 2007, finding job loss 'neither likely nor unlikely'. In contrast to the single percentage point change in job insecurity on average, the fact that job insecurity increases greatly with each age category is among the striking findings of the EQLS in 2016.

It may not be surprising that doubts about the future of the next generation have increased. Optimism about one's children's future is at lower level than about one's own future in a number of affluent EU Member States.

The increased proportion of people who identify tensions on the grounds of religion or race can be understood against the backdrop of recent experiences with terrorism and controversies around the integration of minority groups. The increase is relatively limited in the EU as a whole, but the increases have affected those countries that had experienced relatively higher rates of immigration. While it may be important to promote awareness and education in reducing the perceptions of tensions, it is just as relevant to address disadvantages that would help people in hardship or in uncertainty – who report tensions more than others – to believe that society and its institutions also work well for them.

Alongside the 'lost generation' that has fewer opportunities open to them, there are concerns about people being isolated in rural areas. The decline in

feeling close to people in the local area is most evident in rural Europe, although it is in the rural setting where sense of belonging seems to matter most for a sense of social inclusion.

Dimensions reflecting new challenges for future policies

- More people have to deal with care responsibilities, particularly people in employment.
- A person's resilience is related to availability of support.
- The quality of society and public services frame an individual's quality of life.
- The quality of public services varies widely across Member States.

Several key global indicators of quality of life (life satisfaction, happiness) have remained relatively stable on the whole. Even where there have been changes in the rates or scores over time, the main patterns broadly stayed similar. For example, differences between countries in terms of life satisfaction have remained relatively consistent; within countries, the order in which respondents rated the quality of different services or differentiated their trust in institutions remained fairly constant (for example, trust in local government exceeding trust in national government, regardless of high or low the latter is). Nevertheless, there are several particular challenges to be highlighted – either due to changes observed or due to the relatively little attention these challenges have received so far in the policy debate.

The proportion of people in employment who reported work–life balance issues increased on all dimensions measured, and was observed across different age and gender categories. This is somewhat surprising, given that policies for improving the fit between working and private lives are in place in many countries. However, the finding supports policymakers who have emphasised work and care in a life-course perspective, and underlines the importance of many specific points in the European Commission's initiative on the European Pillar of Social Rights.

The findings, too, are at odds with certain predictions in relation to technological progress which assume that the amount of work will decrease drastically to an extent that would make high levels of employment difficult.

There are also many implications for work–life balance related to the care needs of ageing European societies. The EQLS data highlight the importance and extent of informal care, and the presence of considerable gender differences. There are other findings that invite broader reflection in this regard, such as the high gender

differences in self-assessed autonomy in certain countries.

In relation to coping with difficulties and shocks, there has been increased interest in the concept of resilience since the crisis. Policymakers would ideally like to establish measures that would make economies and social systems resilient to shocks, and equip populations with the capacity to adapt and overcome difficulties when they emerge. The new questions on perceived own resilience in the EQLS revealed that resilience is not only a characteristic of an individual, but also that people were more likely to believe they could cope with and bounce back after difficulties if they have social contacts and sources of support. In addition, the levels of resilience were found to be greater in countries that have a well-developed welfare system such as the Netherlands and Nordic countries (Denmark, Finland and Sweden).

Public services can play a role in enhancing the quality of life – and possibly resilience as well. The quality of public services in the EU varies extensively so there is considerable potential for policy learning across Member States. These public services have a direct impact on well-being, but may also change the environment in which individuals live. In addition, policies can address equity in access to:

- quality services – for example, lower income groups more often postpone healthcare;
- security – for example, feeling safe walking alone after dark;
- amenities – for example, access to a recreational area;
- hazards at the local level – for example, air quality or exposure to noise.

As a general message with regard to reviewing, comparing and understanding quality of life data, it is important to go beyond the single dimension and to consider the wider and multifaceted context when particular issues or groups are examined. For some of the indicators, certain groups are more often at risk, but the situation of smaller risk groups may be more demanding. For instance, women more often feel unsafe when alone at home at night, but men who feel unsafe at home at night have a higher Social Exclusion Index. In addition, the proportion of people with arrears is particularly low among people aged 65 and over, while they are most common among 25–34 year-olds. However, people aged 65 and over who have utility arrears, for example, are more likely than people with utility arrears aged 25–34 to report difficulties making ends meet.

Spotlight on specific social groups

The EQLS results highlight particular groups in vulnerable or disadvantaged situations. Some of these groups, for example, those in poor health or having a low income are the ‘usual suspects’ and are generally found across all countries. However, some specific groups appear to demand more attention.

It is worth noting that, in terms of its methodology, the EQLS has no panel data component and so features revealed about the same categories at different points in time may be influenced by changes in the composition of a group in question (so-called ‘compositional effects’). For example, those who were unemployed in the previous wave in 2011 may now be at work and different types of people may be experiencing unemployment currently. To sum up, the identification of particular quality of life features about a specific group should send a signal both to appraising advantage/disadvantage and to exploring changes or continuity in its composition.

There are certain aspects of living conditions that seem to change over the life course, such as the types and levels of indebtedness. Having this knowledge could help particular population groups to be assisted by policies and service providers. Apart from specific issues and within a broad picture of changing society, the EQLS invites more awareness about the youngest and the oldest members of the adult population.

18–24 year-olds: Young people tend to have a more positive outlook on life than other age groups, and it has improved for this age group since 2011 more than for others. This finding is likely to be related to a new cohort entering adulthood with somewhat better prospects than in 2011. Its characteristics can provide grounds for (cautious) optimism that there is a group in society that has been less affected by the crisis and can be involved in advancing the well-being of societies in the future.

Older old age group: When the emergence of certain quality of life features is reviewed in relation to age, it is becoming apparent that ‘old age’ can no longer be said to begin at retirement age. This is because changes in health, including limitations, as well as a changing perspective on security, are increasingly happening at a later age. However, there are huge differences in the social and economic, as well as health, situation of this older population in different Member States.

Women and gender balance: The difference in work–life balance and, in particular, the burden of care responsibilities between men and women is important. Care as a barrier to employment is a particularly relevant issue for quality of life. Furthermore, the circumstances of women in the lowest income groups should be taken into account in policies, given the risks to mental health of this population.

Higher middle class and lower middle class: There is a segment in society that seems to have experienced most of the positive change in comparison to the previous wave of the EQLS survey in 2011. The data suggest that there is a particularly upbeat story to tell in relation to the third income quartile compared with other income quartiles. Their living conditions have improved, their trust levels have also improved, more so than for other income quartiles (both trust in people and average trust in institutions) and levels of perceived social exclusion decreased more for them than for other groups. This may be an indication of the improved situation of the EU’s ‘higher middle class’, and also invites a reflection about who the middle classes are, and how broad is this population for whom quality of life improvements are evident. It also leaves questions open about why the rising tide of recovery is not lifting everyone’s quality of life to the same extent. The lower middle class (or second income quartile in this case) may feel relatively, as well as in absolute terms, disadvantaged in some aspects following the economic crisis. There appear to be areas in the quality of life where there is a divergence between people with different incomes. For instance, the bottom income quartile has generally seen the smallest absolute increase in average quality ratings of public services, while the middle income groups have seen the largest increases. In this respect, the middle income quartiles experienced ‘upward convergence’ by achieving similar scores to those of the top income quartile, while the gap between the bottom and top income quartiles increased.

Long-term unemployed: This group is worse off than in 2011. The EQLS 2016 revealed a range of negative outcomes from long-term unemployment that are beyond economic disadvantage and raises concerns. These include decreased trust in people, increased perception of social exclusion, and the deterioration in mental health – the latter involving a considerably increased gap compared with the mental health levels of the short-term unemployed. In addition to the need for systemic solutions in tackling long-term unemployment, these signals suggest the need for

essential improvement in policies to assist people more generally if they are experiencing long-term unemployment. For policy development purposes, it is essential to carry out detailed analyses of the composition of the long-term unemployed, but important also to take into account issues regarding ‘labour market slack’, changes in the inactive population, and the effectiveness of reactivation policies.

Tenants renting in the private market: Is this group emerging as a social group with a distinctive situation? Although this group is not addressed systematically in this report, tenants renting in the private market seem to lag behind the population in other housing arrangements on many quality of life indicators, and have different perceptions of the quality of society. Given that the economic crisis began in the real estate and housing sector, and the variation in costs and accessibility of accommodation is pronounced between regions, cities and groups in society, the circumstances of this particular group invite reflections on this accommodation type as an indicator of other disadvantages.

Quality of life and the European Pillar of Social Rights

One of the core developments in European policy occurring at the time this report was being prepared has been the establishment of the European Pillar of Social Rights, jointly proclaimed by all the EU institutions in November 2017. In several ways, understanding the living conditions and services addressed by the EQLS is critical for implementation of the European Pillar of Social Rights. Twenty principles in the Pillar address three core areas: (I) Equal opportunities and access to the labour market; (II) Fair working conditions; (III) Social protection and inclusion. The principles in particular underline the role of public services in enhancing quality of life. The Pillar is accompanied by the Social Scoreboard – a list of indicators for monitoring the progress of implementation of the Pillar. While there are 20 principles in the Pillar, the Scoreboard has 14 indicators at present.

EQLS 2016 has findings that could complement the Social Scoreboard, as well as evaluating progress in implementing the key principles of the Pillar more generally. Table 23 lists the indicators agreed for the Scoreboard and some of the indicators from the EQLS that shed light on relevant developments.

Table 23: Social scoreboard indicators and EQLS data

Social scoreboard indicators	EQLS data
1. Share of early leavers from education and training, age 18–24. 14. Share of population with basic overall digital skills or above.	Levels of participation in professional and non-professional training. Life online – frequency, purpose, experience in using internet.
2. Gender gap in employment rate, age 20–64.	Gender equality – unequal load of unpaid work for working women.
3. Income inequality measured as quintile share ratio – S80/S20.	Economising (a new topic in the 2016 survey round) to shed more light on deprivation.
4. At risk of poverty or social exclusion rate (AROPE).	Old age pensions – concerns regarding adequacy – a potential factor affecting life satisfaction and difficulties in making ends meet.
6. Employment rate, age 20–64.	Work–life balance – which seems to be deteriorating. Quality of long-term care services (six dimensions) which are at very different levels in different Member States, and the situation of carers. Inclusion of people with disabilities.
7. Unemployment rate, age 15-74 also 3,4 (listed above)	The disadvantages of the long-term unemployed that go beyond income.
12. Children aged less than 3 years in formal childcare	Quality of childcare services (6 dimensions).
13. Self-reported unmet need for medical care.	‘Economising’ (mentioned above) includes unmet medical need and information on: <ul style="list-style-type: none"> ○ self-assessed health for various population groups; ○ quality of healthcare services (six dimensions): access to health care is not equal or is not of equal quality.

Changes in patterns of country differences

Many countries that had high scores on most indicators in previous waves of the EQLS did so again in 2016, and those that had a range of low quality of life outcomes still exhibit a number of lower scores in 2016. However, generalisations about countries and country groups can no longer be made without caveats. It is no longer appropriate to use the EU country groupings that used to be familiar in the not-so-distant past, such as ‘old Member States’ and ‘new Member States’, or ‘north’ and ‘south’. The 2016 EQLS shows that there are broad differences but no clear homogeneous ‘blocks’, with each Member State having certain strengths in particular aspects of well-being. Nonetheless, multiple disadvantages are still more pronounced in some societies than in others.

Overall, levels of satisfaction with the standard of living have somewhat converged across Member States, although there are still 11 countries in which more than half the population report difficulties in making ends meet. Importantly, countries are different not only in their average ratings of material hardship or life satisfaction, but also in terms of how the situation plays out across different age groups. The lower levels of

quality of life of older people in a number of countries is of potential concern, and calls for more analysis at country level to check whether these are cohort differences or also systemic differences in social protection.

The average quality ratings of public services have increased almost across the board. However, it is not an easy matter to decide whether there has been convergence between countries or not. Furthermore, there are different trends for different services. Overall, however, some countries with high ratings have seen small improvements in several services (Austria, Denmark, Finland and Malta) while others have seen larger improvements (Germany, Luxembourg and the Netherlands). Other countries with low ratings have seen few improvements (Cyprus, Greece, Italy and Slovakia), while others have improved relatively much more (Bulgaria, Croatia, Latvia and Portugal).

Looking at the quality of society, there are examples of some countries standing out and being different from others in their region. For instance, levels of trust in institutions have become more divergent, and the differences do not follow the usual west–east or north–south split. Consistent with the previous wave in 2011, there are countries such as Estonia and Malta that are among the top 10 countries in indicators of quality of

society. Notwithstanding economic difficulties and the lasting challenge of unemployment, Spain, for example, is among the best countries with regard to certain aspects of quality of society, such as in terms of feeling safe while walking alone after dark and easy access to primary healthcare (cost is not a factor for most people). Regardless of the low scores on many dimensions in Bulgaria, there are improvements; for example, it has a relatively high proportion of people who feel close to others in the area in which they live.

Quality of life is multidimensional, with a range of complex determinants. Culture and history are also important alongside developments in economy and society. This report provides diverse information for European and national policymakers, aiming to bring them closer to how people experience the quality of life so that measures for growth and development are prepared with those experiences in mind.

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Annexes

Annex 1: Survey methodology

Target population: The target population is all those aged 18 years and over whose usual place of residence is in the territory of the country surveyed.

Sample size: The sample size is set at a minimum of 1,000 achieved interviews per country. A number of countries have enlarged sample sizes to improve the precision of estimates at EU level. The net sample size for each country is given in the fieldwork overview in Annex 2.

Sampling: A stratified clustered multistage sample design is used to select respondents. Random probability sampling procedures are used at all stages of sample selection and all members of the survey population have a known non-zero chance of being included in the sample. At the first stage, primary sampling units (PSUs) are randomly selected with probability proportional to size (PPS). Addresses, households or individuals are then selected from lists. The availability of lists (registers) varies by country. Existing lists are used where suitable, otherwise lists of addresses are generated via enumeration. The final stage is the selection of households (if necessary) and eligible individuals within addresses.

Stratification: The sample is stratified into strata defined by region and the degree of urbanisation. The sample is allocated to the strata in proportion to the number of people in employment in each stratum. The population statistics are derived from Eurostat or an equivalent national source.

Weighting: The data are weighted to account for unequal selection probabilities at primary sampling unit, household and respondent level. It is also weighted to compensate for unequal response in different groups; these post-stratification weighting variables include region, urbanisation, age, gender, employment status and household size. Finally, cross-national weights are available to account for different population and sample sizes in different countries.

Questionnaire: A total of 104 questions and 262 items are available in the EQLS 2016. There is some filtering depending on whether or not a respondent had particular knowledge or experience (for example, in using or not using particular public services) and therefore not all respondents had to answer all questions. The questionnaire from the previous survey was revisited in consultation with both policy stakeholders and experts in survey research. The questionnaire for the EQLS 2016 has a considerable focus on public services: healthcare, long-term care, childcare and schools, and measuring different aspects of quality such as fair access, facilities, staff and information available to citizens. The questionnaire was also revised to improve the placement of subjective well-being items so that they were asked at the beginning before reflections on other topics that could potentially affect responses. Some 66% of the EQLS 2011 questionnaire was kept as trend questions, while 51% of the 2016 EQLS questionnaire is comparable with earlier rounds.

Translation: Eurofound puts much emphasis on comparability and a good translation of questionnaires, and applies the Translation, Review, Adjudication, Pre-test, Documentation (TRAPD) approach to the questionnaire translation. Cognitive testing, advance translation and piloting were carried out as standard practice. The survey language(s) for each country is given in the fieldwork overview in Annex 2.

Interview mode: This is face-to-face in people's homes. The approach taken for the 2016 survey ensured that computer-aided personal interviewing (CAPI) was adopted across all countries and all interviews.

Quality assurance: For each survey, information is gathered and published, assessing the data against a quality assurance framework based on the quality concept of the European Statistical System as developed by Eurostat as well as other quality frameworks such as the Cross-Cultural Survey Guidelines and the Total Survey Error Approach.

Annex 2: Fieldwork overview

	Net sample size	Response rate (RR3)	Sampling frame type	Survey languages	National fieldwork agency
Austria	1,181	34%	Register – addresses	German	Gallup Austria / Spectra
Belgium	1,017	39%	Register – addresses	Dutch, French	Kantar TNS Belgium
Bulgaria	1,016	58%	Enumeration	Bulgarian	Kantar TNS BBSS
Croatia	1,011	50%	Enumeration	Croatian	Hendal Market Research
Cyprus	1,009	51%	Enumeration	Greek	CYMAR
Czech Republic	1,014	59%	Register – addresses	Czech	Kantar TNS AISA
Denmark	1,020	35%	Register – addresses	Danish	Kantar TNS Gallup DK
Estonia	1,001	43%	Register – addresses	Estonian, Russian	Kantar TNS Emor
Finland	1,052	34%	Register – addresses	Finnish, Swedish	Kantar TNS Gallup Oy
France	1,198	31%	Enumeration	French	Effience3
Germany	1,631	18%	Enumeration	German	Foerster & Thelen
Greece	1,096	25%	Enumeration	Greek	Kantar TNS ICAP
Hungary	1,042	52%	Enumeration	Hungarian	Kantar TNS Hoffmann
Ireland	1,011	48%	Register – addresses	English	Behaviour & Attitudes
Italy	2,007	25%	Enumeration	Italian	Lorien Consulting / Lexis Research
Latvia	1,000	45%	Register – addresses	Latvian, Russian	Kantar TNS Latvia
Lithuania	1,005	36%	Register – addresses	Lithuanian	Kantar TNS Lithuania
Luxembourg	1,021	22%	Enumeration	French, German, Luxembourgish	Kantar TNS ILRES
Malta	1,000	51%	Register – addresses	Maltese, English	Misco
Netherlands	1,010	29%	Register – addresses	Dutch	Kantar TNS Nipo
Poland	1,009	33%	Register – addresses	Polish	Kantar Public Poland
Portugal	1,070	51%	Enumeration	Portuguese	Kantar TNS Portugal
Romania	1,004	54%	Enumeration	Romanian, Hungarian	Kantar TNS CSOP
Slovakia	1,019	55%	Register – addresses	Slovak	Kantar TNS Slovakia
Slovenia	1,003	44%	Register – addresses	Slovene	Mediana
Spain	1,005	50%	Register – addresses	Spanish, Catalan	Kantar TNS Spain
Sweden	1,053	16%	Register – addresses	Swedish	Kantar TNS Sifo
United Kingdom	1,304	31%	Register – addresses	English	Kantar TNS UK
EU28	30,809	34%			

Note: Response rate presented (RR3) is defined as the proportion of successful interviews within all eligible cases, including an estimate for cases with unknown eligibility (AAPOR, 2016).

Nearly 37,000 people in 33 European countries (28 EU Member States and 5 candidate countries) were interviewed in the last quarter of 2016 for the fourth wave of the European Quality of Life Survey. This overview report presents the findings for the EU Member States. It uses information from previous survey rounds, as well as other research, to look at trends in quality of life against a background of the changing social and economic profile of European societies. Ten years after the global economic crisis, it examines well-being and quality of life broadly, to include quality of society and public services. The findings indicate that differences between countries on many aspects are still prevalent – but with more nuanced narratives. Each Member State exhibits certain strengths in particular aspects of well-being, but multiple disadvantages are still more pronounced in some societies than in others; and in all countries significant social inequalities persist.

The European Foundation for the Improvement of Living and Working Conditions (Eurofound) is a tripartite European Union Agency, whose role is to provide knowledge in the area of social, employment and work-related policies. Eurofound was established in 1975 by Council Regulation (EEC) No. 1365/75, to contribute to the planning and design of better living and working conditions in Europe.