



Social Well-being of Disabled Older Persons

An Evidence of Unequal Ageing in Europe

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Policy Briefs are a publication series providing a synthesis of topics of research and policy advice on which European Centre researchers have been working recently.

1. Introduction

One of the most apparent consequences of an ever-rising life expectancy observed in the European countries is that older persons now constitute a higher-than-ever fraction of European societies. Years gained in life are not matched equally by longer working lives and older people are enjoying a longer phase of life post retirement. The longevity gains offer the opportunity for new social and economic experiences for older people and many go on to enjoy their retirement in good economic and health conditions.

One other rather obvious phenomenon is that older people are far from being a homogenous group, and they differ *inter alia* with respect to social, economic and health status. Moreover, advances in medicine and rehabilitation methods have made the expectation of living to late life fairly reasonable, even for persons with a significant disability. Despite this, disability can be viewed as one of the most important factors determining the individual experience of ageing. For instance, many older people are restricted in their aspirations towards active ageing, due mainly to limitations linked with their ill-health and physical frailty.

Important research questions are therefore: What are the perceptions, feelings and experiences of the disabled older persons? Are these persons also enjoying and benefiting from a longer phase of old-age life? How to best capture these unequal experiences of ageing of older people? Whether institutional differences across European countries play a role in mitigating the perverse effects of disability during old age? This Brief examines this phenomenon of unequal ageing of older people in European countries by looking into how disability alone has an influence on the well-being of disabled older persons, covering several different domains of social well-being.

The disadvantages of disabled persons are often discussed in relation to their labour market disadvantage,¹ lacking equality in education or other provisions in childhood.² Also, in measuring disadvantages, many studies focus on the economic aspects alone, such as the fact that disabled persons face a relatively higher risk of financial poverty (see e.g. Zaidi and Burchardt 2009).

Although it is important to show the economic disadvantages of disabled older persons, the other forms of disadvantages, not directly linked with financial matters, are also of high relevance when studying individual experiences of ageing. For instance, linked with the concept of substantive freedom within the capability approach (Sen, 1985), there are measures of social disadvantages that provide insights into these differential ageing experiences (see e.g. Pedace et al., 2010). This Brief focuses on such related measures of social welfare of older disabled persons. It uses quantitative multivariate analyses, so as to disentangle the affect of disability on the wider social measures of well-being for European older persons.

The remainder of the Policy Brief is organised as follows. Section 2 provides a brief description of the research methodology and introduces the population under study. Section 3 reports the descriptive results as well as those based on multivariate modelling techniques. The final section provides the synthesizing discussion. The Annex includes an auxiliary statistical table.

2. Research methodology

Data come from the 2006 European Social Survey

The data are extracted from the European Social Survey (ESS), Round 3, carried out in 2006. The ESS is a representative of people living in private households across 25 European countries. The countries covered in the ESS are: Austria, Belgium, Bulgaria, Cyprus, Denmark, Estonia, Finland, France, Germany, Hungary, Ireland, Latvia, The Netherlands, Norway, Poland, Portugal, Romania, the Russian Federation, Slovakia, Slovenia, Spain, Sweden, Switzerland, Ukraine and the United Kingdom.³ Adults living in private households (aged 15 and older) are asked questions about various kinds of socio-political topics, such as media and social trust, politics, subjective well-being or national and ethnic identity. Round 3 is of special interest to this study because it also includes a special module on personal and social well-being. Results reported here make use of the pooled data of all ESS countries, except the Russian Federation and Ukraine.

Multivariate models are estimated in disentangling the impact of disability

Descriptive statistics – simple two-way tables – are used to show the differences in social well-being between disabled and non-disabled older persons. These descriptive results display the impact of multitude of factors, including disability. However, advance multivariate modelling methods are used in this Brief so as to disentangle the impact of disability alone. By including in the model other socio-demographic factors, we also obtain insights on the relative importance of these different factors that affect social well-being of older persons. But, the sole purpose of the empirical work in this Brief is to show that the disability alone has an impact, when we control for other factors such as the level of education and income.

Advanced generalized ordered logit regressions are used for better predictions in the variation of social well-being.

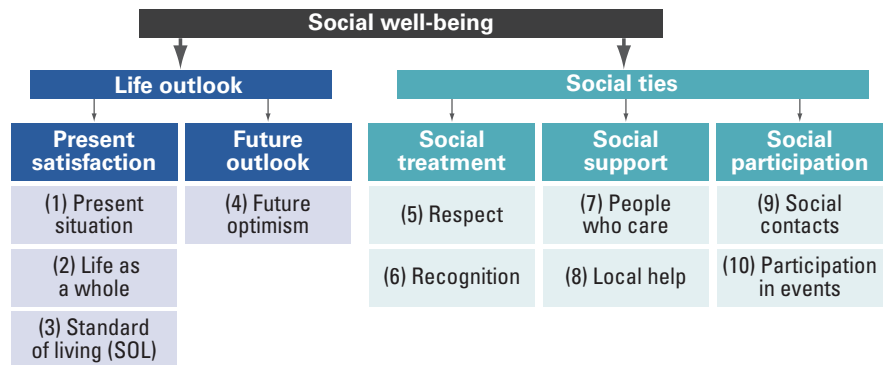
Instead of the simpler multivariate method of the ordered logistic regression (ologit), the advanced generalized ordered logit regressions (gologit)⁴ are used to overcome the violation of the parallel regression assumption, which restricts ologit-type regressions. In fact, the simple ordered logistic regression is a special case of the generalized ordered logit model, in which the slope coefficients are assumed to be the same across response categories (Williams, 2006). Thus, interpretations of results are quite similar, although the results are obtained using a technically superior technique. By taking into account that some of the independent variables affect outcome values differently, the generalized ordered logit model predicts variations in social well-being better than the simple ordinal logistic regression.

Two groups of social well-being measures are used: life outlook and social ties

Multiple dimensions of social well-being are covered and classified under life outlook and social tie domains.

The concept of well-being is strongly connected to the notion of quality of life, which already in its hour of birth was meant to cover and connect multiple dimensions (Schäfers, 2008). In line with the research objective of this Brief, the focus here is on various dimensions of social well-being. Two groups of measures are selected for this purpose, classified under the life outlook domains and the social ties domains. They are highlighted in Figure 1.

Figure 1:
Multiple dimensions of well-being, derived from the data available in Round 3 of the European Social Survey, 2006



The “life outlook” domains cover direct questions about older people’s *present situation*, about their *life as a whole*, about satisfaction with their *standard of living*, and about their *future optimism*. The “social tie” domains cover questions on whether they feel treated with *respect*, whether they get the *recognition* deserved, whether there are *people who care* about them, whether *local help* is available, whether they *participate in events* as often as others of same age, and whether *social contacts* are made.

John Donne once wrote the well-known phrase: “No man is an island”, implying that human beings do not live isolated from each other. Thus, the life outlook measures used here show how someone evaluates his/her life in the context of a very specific social environment in which he/she lives.

While the first set of measures covers general questions about one’s current life and future outlook, the second part of the analyses refers to more specific and personal questions on social ties. Both measures investigate the social structure and status of disabled persons in contrast to persons without disability.

What do we mean by disability?

A broad and subjective definition of disability applies. Empirical analysis focuses on the differences between disabled and non-disabled older persons.

Disability is undoubtedly a multi-dimensional concept, not just related to a personal impairment but also to societal shortcomings in adapting to the needs of disabled persons (for a discussion, see Burchardt 2003, Schädler et al. 2008). The 2006 ESS does not include a direct question on disability, but there is a global health question that can be adopted as a proxy for disability. The disability indicator is derived from the following question:

Are you hampered in your daily activities in any way by any longstanding illness, or disability, infirmity or mental health problem?

In our analyses, respondents are characterised as having a disability when they report they are hampered ‘a lot’ or ‘to some extent’. Due to the rather small sample size (at the country level) it is not useful to distinguish between persons who are just to some extent hampered and those who are hampered a lot, although such information about the severity of disability is often very helpful in the type of analysis aimed at in this Brief. Thus, it can be presumed that the definition of disability used here is broad and purposeful.

Furthermore, it should be underlined that the disability variable in our case is based on a subjective response, and it is different from institutional variables such as persons who receive disability benefits. Here, we are not able to fully control for unobservable ‘cultural differences’ across countries and that these differences may also play some role in what we are observing in responses to the social well-being questions. As such, the focus in this study is solely on the differences in social well-being between disabled and non-disabled older persons, and no emphasis is placed on country-specific results. Thus, the social well-being questions presented are less likely to be affected by culturally biased responses, especially to questions on satisfaction (see for example Suh et al., 1998).

Another caveat may be that the scope of these analyses is restricted since people living in institutions are not covered. People with mental illnesses, such as dementia and Alzheimer, are in principle included but they are likely to be underrepresented since they are more likely to be living in institutional homes.

Controlling for other socio-demographic variables is also required

Gender, age groups, education and income level, marital status, and country variables are also required as control variables, so as to disentangle the independent impact of disability on the social well-being of older persons. Additional interaction terms, such as the interaction between disability and gender, disability and age, disability and educational level as well as between disability and marital status, are tested, but they resulted in very little changes in the coefficient for the disability variable. Thus, no interaction terms are included into the models whose results are reported here.

The population under study is persons aged 60+

The sample used in the empirical results consists of 10,952 persons aged 60 and older. Thereof, 4,956 persons are hampered in their daily activities in any way by any longstanding illness, disability, infirmity or mental health

problem and are in consequence defined as disabled older persons. The majority of the persons aged 60 and older in the survey is female (55%), between 60 to 69 years old (50%), married (63%) and already retired (73%). For an overview, see Table I.

Table I:
Socio-demographic overview
of the study population (%),
for persons aged 60+

Disability	Disability	45.3
	No disability	54.7
Gender	Men	44.8
	Women	55.2
Age groups	60-69	50.0
	70-79	35.2
	80plus	14.8
Highest level of education	Primary education, or less	31.9
	Secondary education	45.7
	Post secondary, non-tertiary	7.4
	Tertiary education	15.0
Marital status	Married/civil partnership	62.7
	Separated (still married/in civil partnership)	0.8
	Divorced/dissolved	6.1
	Widowed	25.2
	Never married/civil partnership	5.2
Main activity	Paid work	12.2
	Permanently sick or disabled	2.4
	Retired	73.3
	Others	12.2
Household income	less than 1,000	37.9
	1,000 > 2,000	27.9
	2,000 > 3,000	17.8
	3,000 > 5,000	10.3
	5,000 plus	6.0

Source:
Calculations are based on the pooled
data of the 2006 European Social Survey.
N=10,952 persons aged 60+

3. Key empirical findings

Descriptive results show social disadvantages of disabled older persons. The differences between disabled and non-disabled older persons are significant across the 10 social well-being measures (results are reported in Table 2 below and social well-being dimensions are displayed in Figure 1).

The differences are higher in the first set of measures: the life outlook domains. Disabled older persons are 13.7 p.p. less satisfied with their present situation, 6.6 p.p. less satisfied with their life as a whole, 9.6 p.p. less satisfied with their standard of living, and 11.1 p.p. less optimistic about their future. In comparison, differences observed in the second set of measures (for the social tie domains) are relatively small but still significant ($p < 0.01$). Differences in social treatment and social support measures range between 1 to 5 p.p. in the negative category and from 4 to 10 p.p. in the positive category. Comparatively high are the differences in social participation where disabled older persons are 8.1 p.p. more likely to have very few social contacts and 16.4 p.p. more likely to think that they participate less in social events than others of their age.

Many disabled persons have not managed to adapt to their situation and thus evaluate their life outlook significantly worse than non-disabled older persons.

Although descriptive results show the social disadvantage of disabled older persons at first glance, they do not control for other possible impacts such as gender, age and marital status, and level of education or financial situation. Thus, multivariate models are used to analyse whether disability alone has an impact after controlling for other socio-demographic factors. Detailed results of the advanced generalized ordered logit regression models for all measures are included in Table A.1 in the Annex. Below, in the sub-sections, some of the key findings for a selection of social well-being measures are explained with the help of the triangle charts (see Figures 2-4).

Disabled older persons' life outlook is significantly worse!

Within the first life-outlook measures, the differences between older disabled persons and non-disabled older persons are compared with respect to the present and the future situations. In general, many disabled older persons have not managed to adapt to their situation and thus evaluate their life outlook significantly worse than non-disabled older persons.

Table 2:
Social well-being measures
for people aged 60+,
descriptive results

		no disab ility (%)	disability (%)	difference (p.p.)
1. Present situation	dissatisfied	11.1	24.8	13.7
	neither	16.6	22.4	5.8
	satisfied	72.3	52.8	-19.5
2. Life as a whole	dissatisfied	3.8	10.4	6.6
	neither	22.0	31.6	9.6
	satisfied	74.2	58.0	-16.2
3. Standard of living	dissatisfied	7.0	16.6	9.6
	neither	24.5	30.1	5.6
	satisfied	68.5	53.3	-15.2
4. Future optimism	not optimistic	9.8	20.9	11.1
	neither	19.7	26.0	6.3
	optimistic	70.6	53.2	-17.4
5. Feel treated with respect	no	4.0	6.0	2.0
	neither	9.0	12.0	3.0
	yes	87.0	82.0	-5.0
6. Gets recognition he/she deserves	no	7.0	13.0	6.0
	neither	17.0	22.0	5.0
	yes	76.0	65.0	-11.0
7. People who care	no	3.0	4.0	1.0
	neither	4.0	7.0	3.0
	yes	93.0	89.0	-4.0
8. Local help	no	20.0	24.0	4.0
	neither	20.0	21.0	1.0
	yes	60.0	55.0	-5.0
9. Participation in events as often as others of same age	less	34.6	51.0	16.4
	about the same	44.3	34.4	-9.9
	more	21.0	14.6	-6.4
10. Social contacts	less than once a month / never	9.2	17.3	8.1
	at least once a month	29.4	27.3	-2.0
	at least once a week	46.6	39.9	-6.7
	every day	14.9	15.5	0.7

Source:
Calculations are based on the pooled data
of the 2006 European Social Survey.

Note:
Weighted results are reported here.

Respondents were asked to estimate if on the whole their life is close to how they would like it to be. Satisfaction with the present situation is therefore measured as the discrepancy between expectations and evaluation of the current situation. Regression results show that disability has the strongest impact on the evaluation of respondents about how life meets their expectations, holding other socio-demographic characteristics constant.

Similar to the present situation, disability also has a strong affect on future optimism. How respondents think about their future seems to be strongly correlated with the evaluation of their own health status. Thus, disability does not only affect the current state of well-being but has a very strong negative influence on the future perspective as well.

Figure 2:
Life outlook: Present situation vs. future optimism

Source:
Calculations are based on the pooled data of the 2006 European Social Survey, with the help of gologit regression models.

Note:
Differences in predicted probabilities between disabled and non-disabled older persons, controlling for other factors. Recoded 3-category variables are used.

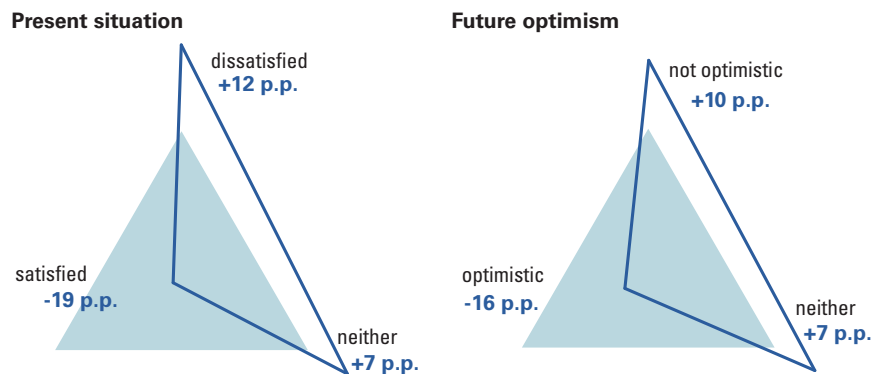


Figure 2 presents the differences in predicted probabilities between disabled and non-disabled older persons, with a focus on measures of life outlook with respect to the present and the future situations. The shaded triangles present how the outcome would look like in a social utopia – a world without any differences in social well-being due to disability alone. Each side of the triangle presents the differential in the value of three possible outcomes of the well-being measure: whether ‘satisfied’, ‘dissatisfied’ or ‘neither’. In contrast, the non-shaded triangles present the actual outcomes (as estimated using the ESS data and the gologit multivariate modelling technique). The differences between the two triangles show how the reality in European societies is different from the perfect world of a social utopia.

Figure 2 shows that disabled older persons are 12 p.p. more likely to be dissatisfied with their present situation and 19 p.p. less likely to be satisfied. In the same way, the non-shaded triangle showing differences in the future optimism has also moved to right, indicating that disabled older persons are 16 p.p. less likely to be optimistic about their future; also, they are 10 p.p. more likely to be not optimistic about their future as well.

In effect, as is often argued in the literature, disabled individuals are able to adapt to their new situations, implying that persons experiencing a worsening health status may be able to cope and adapt their expecta-

tions according to their new situation. Coming from this perspective, our results show that many older persons continue to have difficulties in everyday life, despite some extent of adaptation that may have happened. Thus, the experience of a longstanding illness, disability, infirmity or mental health problem is incisive to many of them and furthermore affects their social well-being while ageing.

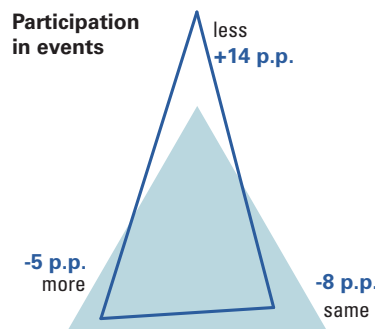
Differentials in the social participation measures are equally high

Although differentials between disabled and non-disabled older persons also exist in the social tie measures, they are in general smaller than the life outlook self-perception measures. An important exception is for the social participation measures within the social tie domains: (9). Social contacts and (10). Participation in events.

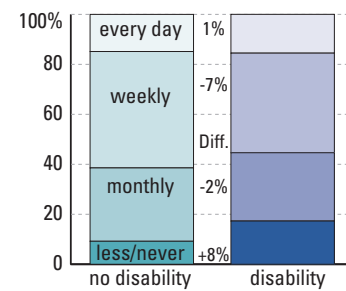
Figure 3:
Social participation:
own perception vs.
actual frequency

Source:
Calculations are based on the pooled data of the 2006 European Social Survey, with the help of gologit regression models.

Note:
Differences in predicted probabilities between disabled and non-disabled older persons, controlling for other factors. Recoded 3-category variables are used.



Social contacts



Although differences in social participation are significant, differences are smaller than disabled persons perceive themselves.

The left-hand side of Figure 3 shows that disabled older persons are much more likely to think that they take less part in social activities (14 p.p.) compared to others of same age. Thus, the fact of feeling hampered in daily activities strongly influences older persons' social participation with others within the age group of 60 or older. Comparing this result of the multivariate analysis with the descriptive results of the social contact indicator (see right-hand side of Figure 3) shows that older persons with disability in fact participate less but the perceived difference is higher than the difference in the actual frequency of social contacts.

Impact of disability on social support and social treatment measures is minor

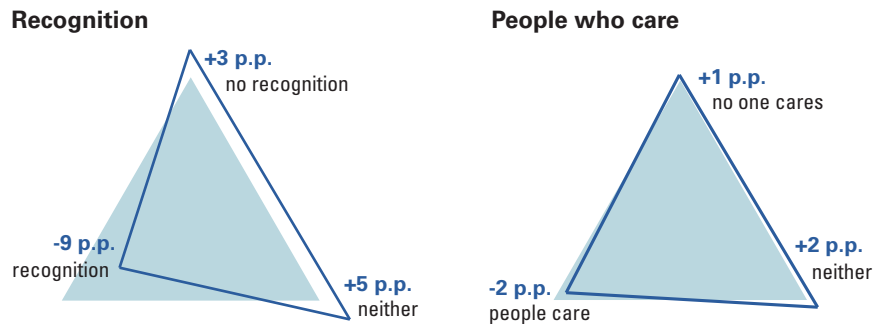
Compared to the life outlook and social participation indicators, the impact of disability on questions about social support and social treatment is minor. Figure 4 shows the output of the multivariate analysis for

‘recognition’ (under social treatment; see Figure 1), the indicator with the most impact of disability within these groups of social tie indicators and the output for “people who care” (under social support), where the impact is almost not existent.

Figure 4:
Minor impact of disability on social treatment and social support

Source:
Calculations are based on the pooled data of the 2006 European Social Survey, with the help of logit regression models.

Note:
Differences in predicted probabilities between disabled and non-disabled older persons, controlling for other factors. Recoded 3-category variables are used.



Results show that disabled older persons are 9 p.p. less likely to think they get the recognition they deserve for what they do and are 3 p.p. more likely to think they do not get the deserved acknowledgment. Differences also exist in the question if older persons feel that there are people in their life who care about them. Nevertheless, disabled older persons are just 2 p.p. less likely to think that people care and are, simultaneously, just 1 p.p. more likely to think that no one cares, compared to older non-disabled persons.

Our results suggest (counter-intuitively) that disabled European older persons live in an almost “perfect” world in terms of supportive environments and social handling, since the status of disabled older persons within society is just slightly different from their non-disabled fellows. Further analysis shows that the effect of other factors, such as gender, age, marital status, education or income is also minor across social support and social treatment indicators. Thus, it seems like socio-demographic factors in general fail to explain variation in the measures of social participation. The latent individualistic personal attributes may possibly have more impact on social participation.

This paradoxical non-finding implies that other attributes have an effect on these domains of well-being, and they need to be investigated. One possible reason for the different results between life outlook and social support/treatment measures could be related to the type of questions

asked. Life outlook issues focus mostly on very general questions such as satisfaction with how life is. In contrast, questions on the social environment and support structure highlight very specific and personal social facts. These differences in the ESS questions will be explored further in our future research.

4. Synthesizing discussion

The research question addressed at the outset is how disability influenced social well-being of older persons in Europe. The empirical results presented showed the significant negative impact of disability on various aspects of the social well-being of older persons. Therefore, it is safe to conclude that disabled older persons face disadvantages that go beyond financial matters which are of great relevance to their life quality. That said, it is important to note that there is no single impact pattern, as the disability impact varies depending upon the social well-being domain in question. The life outlook domains address the issue of satisfaction and can be defined as an evaluation of one's present situation (including retrospective questions) and future optimism. The social tie domains, on the other hand, refer to more specific and personal questions on the social structure and status of disabled persons in contrast to persons without disability. Although our analyses show the significant impact of disability across all social well-being domains, even after controlling for other factors, the "life outlook" domains are more affected by disability than the "social tie" domains.

Disability and socio-demographic characteristics in general fail to explain variation in social treatment and social support indicators.

Empirical results highlight the discrepancy between actual support/treatment and the evaluation of social participation and life in general. While the difference between disabled and non-disabled older persons in the more specific and personal questions on social support and treatment are minor, disabled older persons are less likely to evaluate their life as satisfying and their social participation as active than older persons without disability. The exception is noticed in the social participation measures.

These analyses provide additional insights about the heterogeneity of older population in general, but particularly the fact that the experience of ageing will be strongly influenced by disability factors. The strategies to improve social well-being of older persons concern their feelings of belonging to the community. Equally, it is about educating communities in raising their understanding that older people are valuable members of the society, and they all share the responsibility to promote positive attitudes in the society, and provide disabled older people opportunities to participate in the society in which they live.

Notes

- 1 See, for example, OECD (2009).
- 2 See, for example, Burchardt and Zaidi (2008).
- 3 Ukraine and the Russian Federation are excluded from empirical analyses reported in this Brief.
- 4 Gologit2 is a user-written programme by Richard Williams to be used to calculate generalized ordered logit models in Stata (a Data Analysis and Statistical Software). The “2” refers to another user-written programme called gologit by Vincent Fu, which is the precursor of gologit2 (Williams, 2006).

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Annex

Table A.1: Social well-being indicators, using gologit regression, for persons aged 60+

	Life outlook				Social contacts						
	Present satisfaction			Future	Social treatment		Social support		Social participation		
	1	2	3	4	5	6	7	8	9	10	
Disability	-1.13***	-1.06***	-1.08***	-1.27***	-0.31***	-0.86***	-0.39***	-0.31***	-0.88***	-0.73***	
	-0.96***	-1.06***	-0.99***	-0.87***		-0.62***		-0.32***	-0.53***	-0.56***	
	-0.82***	-0.73***	-0.65***	-0.70***		-0.45***		-0.19***	-0.34***	-0.37***	
	-0.52***	-0.51***	-0.50***	-0.43***		-0.42***		-0.15***	-0.15***	-0.30***	
						-0.28***		-0.08*	-0.15***		
Women	-0.11***	-0.06	-0.32***	-0.17***	0.08	0.08**	0.52***	-0.15	0.19***	0.03	
			-0.26***					-0.11*			
			-0.09**					0.01			
			0.06					0.06			
								0.13***			
Age 60-69	Reference category							0.110*			
Age 70-79	0.10**	0.16***	0.09**	-0.02	0.13**	-0.27*	0.08	-0.11	-0.56***	-0.09**	
						-0.13		-0.01	-0.22***		
						0.14*		0.11*	-0.15***		
						0.04		0.15***	-0.05		
						0.04		0.15***	-0.04		
Age 80+	0.41***	-0.08	0.21	-0.23	0.32***	-0.40**	-0.28**	-0.33***	-0.91***	-0.45***	
		0.29**	0.165*	0.023		-0.22	0.07	-0.18**	-0.51***	-0.29***	
		0.51***	0.46***	0.00		-0.03		-0.03	-0.44***	-0.13	
		0.59***	0.44***	0.16**		-0.02		0.08	-0.25***	0.13	
						0.09		0.17***	-0.26***		
Married/cp	Reference category							0.435***	-0.143*		
	Separated, divorced or dissolved	-1.10***	-1.22***	-0.95***	-0.66***	-0.48***	-0.69***	-1.01***	-0.69***	-0.53**	-0.36***
		-0.84***	-1.24***	-0.92***	-0.44***		-0.51***		-0.68***	-0.11	-0.24***
		-0.70***	-0.87***	-0.65***	-0.24***		-0.55***		-0.51***	0.13	0.15*
		-0.25**	-0.71***	-0.70***	0.10		-0.31***		-0.30***	0.27***	0.27
Widowed or partner died	-0.76***	-0.62***	-0.41***	-0.18***	-0.07	-0.15***	-0.77***	-0.08*	-0.34**	-0.30***	
	-0.60***							0.06		-0.10*	
	-0.61***							0.215***		0.13*	
	-0.32***							0.31***		0.37***	
								0.34***			
Never married or in civil partnership	-0.61***	-0.63***	-0.44***	-0.24***	-0.37***	-0.36***	-1.57***	-0.05	-0.54**	-0.69***	
								-0.15		-0.39***	
								0.016		-0.21*	
								0.082		-0.20	
								0.231**			
							0.351***				
N	10,544	10,589	10,587	10,535	10,457	10,100	10,527	10,328	10,600	10,354	
Pseudo R2	0.08	0.10	0.14	0.06	0.055	0.034	0.095	0.023	0.070	0.051	

Source: Calculations are based on the pooled data of the 2006 European Social Survey, with the help of gologit regression models.

Note: The equations include controls for income, highest level of education and country fixed effects. "Past satisfaction" and "Satisfied SOL" are recoded into 5 categories. "Respect" and "people who care" recoded into 3 categories. *** significance at 0.1%, ** significance at 1%, * significance at 5%.

For the name of the indicators 1-10, see Figure 1.



About the European Centre for Social Welfare Policy and Research

The European Centre is a UN-affiliated intergovernmental organization concerned with all aspects of social welfare policy and research.

More information:
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Core Functions

- An international centre of applied social science and comparative empirical research on social policy and welfare
- An information and knowledge centre providing social science-supported social policy intelligence through a think-net
- A platform initiating future-oriented public policy debates on social welfare issues within the UN-European Region

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