

Living well in priority neighbourhoods in urban policy:



Synthesis of the ONPV 2019 report

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in urban policy

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Since it was created in 2015 by the law of 21 February 2014, the *Observatoire national de la politique de la ville* (ONPV, National Observatory of Urban Policy) “analyses the situation and trajectories of residents of priority neighbourhoods in urban policy (QPV). It presents a yearly report to the Government and Parliament on how these neighbourhoods are developing, measuring “the economic and social development gap”¹ between these areas and the rest of the agglomeration they are part of. The situation and trajectories of QPVs are analysed through cross-sectional and longitudinal studies², and through yearly reports tracking short-term indicators, particularly unemployment rates, success rates at the middle school brevet exam and poverty rates.

1 Law n° 2014-173 of 21 February 2014 on city programming and urban cohesion, Link: <https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT00028636804&categorieLien=id>

2 A longitudinal study is a research design that involves repeated observations of a population over time, according to a starting event. It is a study of trajectories. A longitudinal study is the conceptual opposite of a cross-sectional study which measures a phenomenon over a set time period (one year for example). For example, ONPV's 2017 report covered residential mobility and studied the situation of these neighbourhoods through the residential trajectories of their residents, whereas the majority of the Observatory's reports offer cross-sectional analyses.

3 According to Denise Purmain (2006), regional or spatial relegation “tends to exclude and regroup populations who have no choice in their place of residence, because they are less advantaged or less assimilated”. <http://www.hypergeo.eu/spip.php?article372>

Each of these indicators gives a partial picture of the situation in priority neighbourhoods, but they provide little information on the living conditions and quality of life of the residents there. However, they describe a persistence in the difficulties faced, despite recent improvements notably in the field of employment. Thus in 2018, for the fourth consecutive year, the unemployment rate of QPV residents decreased. However, it remains 2.5 times greater than that of other neighbourhoods in the surrounding urban units: 23.4% compared to 8.9% [Dieusaert, 2020, 2].

The work carried out by ONPV since its creation also demonstrates the negative image of QPVs. Urban policy priority neighbourhoods are more often associated with insecurity and delinquency, social difficulties and relegation to a certain geographical area³. This image becomes even more negative when the people questioned have no direct connection with these areas. But these neighbourhoods are also known for the dynamism of their populations: “around one French person in two thinks that the “troubled” neighbourhoods are marked by great solidarity between the residents, by a dense and dynamic network of associations and the motivating force of deserving young people” [Guisse, Muller, 2019].

Under such circumstances, how can we assess ‘living well’ in these priority neighbourhoods which are, by definition, areas where the poverty rate is 2.5 times greater than the national average? Should we base our assessments on such representations of living well in the neighbourhood? What indicators should be used and what approach should be taken?

Academic works on living well prefer a multidimensional approach integrating both objective and subjective indicators.

Many academic studies have looked at the notions of well-being, quality of life and living well. One of the contributions of these works is in identifying and defining new wealth indicators [Sas, 2014]. Some results show that the level of life satisfaction depends first of all on the existence of social connections, and secondly on income levels [Amiel & al., 2013]. Moreover, well-being as perceived by the individuals - known in the social sciences as subjective well-being - is shown to vary very little in function to the type of residential area, although this analysis was done by mapping areas larger than QPVs⁴ [Gleizes, Grobon, 2019].

These three notions of well-being, quality of life and living well are used similarly by researchers and public bodies alike. They have also entered into everyday language. The OECD in particular uses the notion of well-being and has been publishing a biennial report entitled *How's life?*, on the subject since 2011. The OECD identifies eleven aspects of modern-day well-being, eight relating to quality of life (health status, work-life balance, education and skills, social connections, civic engagement and governance, quality of the environment, personal safety, subjective well-being) and three relating to material conditions (income and property, employment and salary, housing) [OECD, 2018]. This approach highlights the importance of considering the subjective aspects of well-being, i.e. how the resident populations feel. This approach is also taken in the European Values Studies⁵ (EVS), which have been carried out every nine years in many European countries since 1981 [Brechon P., 2018]. Insee's work on quality of life in the different

French regions was developed following the Commission's report on measuring economic performance and social progress, presided by the economist Joseph E. Stiglitz. He uses three conceptual approaches to measure quality of life: the notion of "subjective well-being", or "experienced well-being", the notion of "capacity" or "capability", inspired by the work of the economist Amartya Sen, and the notion of "fair distribution"⁶. These last two approaches measure objective living conditions. The size of the areas studied vary depending on the authors, with a common focus on the living environment, material living conditions and a qualitative approach to living conditions. To conclude, in Insee's work on quality of life in the regions [Reynard, Vialette, 2014], thirteen aspects were studied: access to facilities, culture-sport-leisure-associative life, education, gender equality, job-work, environment, work-life balance, housing, social relations, income, health, transport, civic life. The *Observatoire des territoires* (regional Observatory) complemented this work through a classification of quality of life in the regions, established by cross-referencing population characteristics with the living environment on offer in the different regions [Roussez & al., 2015].

More recently, the notion of living well has been used locally, notably at the "International Forum for Living Well" organised in Grenoble in 2018 over three days by the Grenoble Alpes University and the Pacte social science research centre. The event brought together researchers, technicians, politicians and citizens to define the notion of living well and set indicators to measure it.

The notions of well-being, quality of life and

⁴ Urban area zoning is used in this study. Urban area zoning (zonage en aires urbaines, ZAU) divides the region into four general types of space: large urban area spaces, other (small and medium) area spaces, other multi-centred municipalities and isolated municipalities outside the influence of urban centres. In the large urban area spaces and the other spaces, a distinction is made between the centre and the surrounding rings. Insee definition: <https://www.insee.fr/fr/metadonnees/definition/c1435>

⁵ Find out more: <https://europeanvaluesstudy.eu/about-evs/organization/>

⁶ This corresponds to an individual weighting of different non-monetary aspects of quality of life.

living well converge to consider levels of life satisfaction, no longer through an exclusively economic prism, but in the light of a more cross-cutting approach [Ottaviani, 2018]. As such, these works fall in line with those undertaken to develop the human development index in 1990 and with the recommendations of the Stiglitz-Sen-Fitoussi report (2009).

This report combines the different aspects of living well proposed by these academic works. It offers a multi-dimensional approach to understand living well based on objective and subjective indicators, providing an overview of eight studies and forty information sheets on the living environment and living conditions of residents of priority neighbourhoods.

The living environment in QPVs is deemed to be impaired, despite the presence near to these neighbourhoods of facilities needed for daily life.

In urban policy, the “urban contracts” unite all of the stakeholders so as to undertake a unique intervention to benefit neighbourhoods at risk of disengagement. The living environment is one of the three pillars of these contracts (alongside employment and economic development, and social cohesion), for which the urban renewal policies and actions carried out in the context of local urban planning aim to provide adapted solutions. This pillar covers all actions aiming to create urban facilities and developments that contribute to helping QPV residents live well.

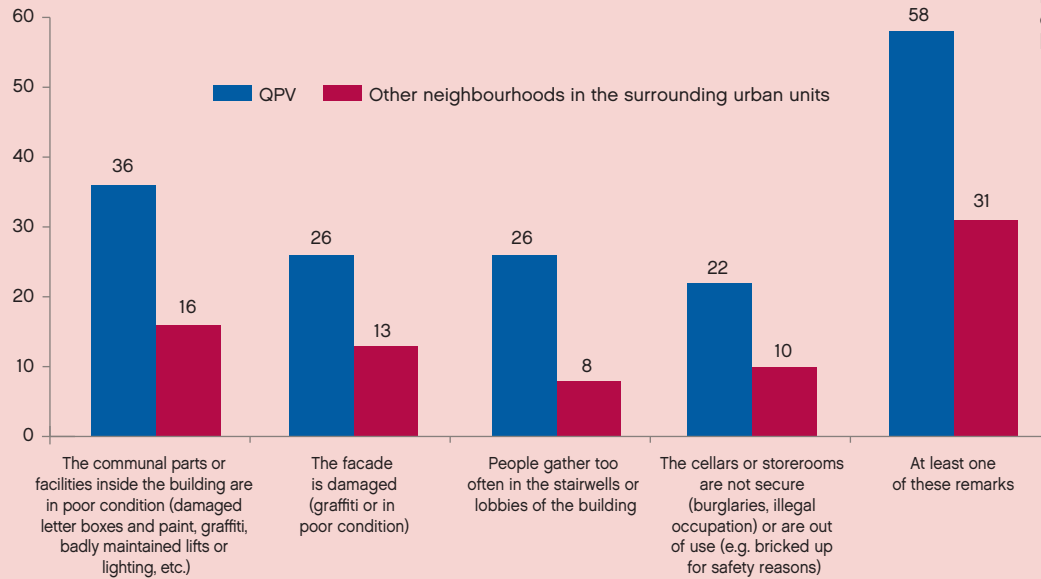
In this report, the living environment of residents of priority neighbourhoods is pictured through three studies using objective and subjective indicators:

- a study carried out using the 2018 *Cadre de vie et sécurité* survey (Living environment and safety), also known as the victimisation survey [Rémila, 2020, 1];
- a study synthesising work looking at accessibility in under 15 minutes’ walk to a range of facilities [Mondésir, 2020];
- a study on mobility for residents of priority neighbourhoods in the Toulouse conurbation, carried out based on *Enquête*

ménages déplacements (Household Travel survey) from 2013 [Balmot, 2020].

In 2018, residents of QPVs more frequently considered their living environment to be impaired than residents of other neighbourhoods in the surrounding urban units. They say that the buildings in priority neighbourhoods are in a worse condition and that gatherings of people in the stairwells and lobbies are more frequent. The green spaces are less well kept and the residents complain more frequently about the presence of people around their residences (Graph 1). Half of the QPV residents said that a communal facility in the neighbourhood was voluntarily damaged in the last twelve months.

Graph 1
Condition of buildings for households living in collective housing (in %)



Source: Insee, ONDRP, SSMSI, *Cadre de vie et sécurité / Living environment and safety survey 2018.*

Scope: mainland France.

Data collated by: ANCT - ONPV

Note to the reader: 36% of households living in flats in a priority neighbourhood in urban policy say that the communal areas and facilities inside their building are in poor condition.

QPV residents are thus less satisfied with their living environment than residents of other neighbourhoods in the surrounding urban units. 42% of them think that their neighbourhood is not safe and only 24% find it truly agreeable to live in, whereas this proportion rises to 58% in the other neighbourhoods. They are also more affected by problems linked to dealing and consuming drugs in the neighbourhood. Consequently, residents of priority neighbourhoods have more concerns about their neighbourhood than residents of other neighbourhoods in the surrounding urban units, these concerns cover: delinquency (55% compared to 23%), noise (50% compared to 27%) and a damaged, poorly maintained or dirty environment (46% compared to 20%) [Rémila

N., 2020, 1].

However, these residents have better access to facilities and services needed in daily life in under 15 minutes' walk than other neighbourhoods in their agglomerations. Seven types of facility were studied: health, sport, culture, non-specialised food shops, bakeries, Post Office contact points, and citizen rights drop-in centres (partnership with them to carry out an initial analysis of accessibility to facilities linked to this public policy). On average in the QPVs, the proportion of residents with access in under 15 minutes' walk to the facilities studied is higher than the proportion in other neighbourhoods in the surrounding urban units.

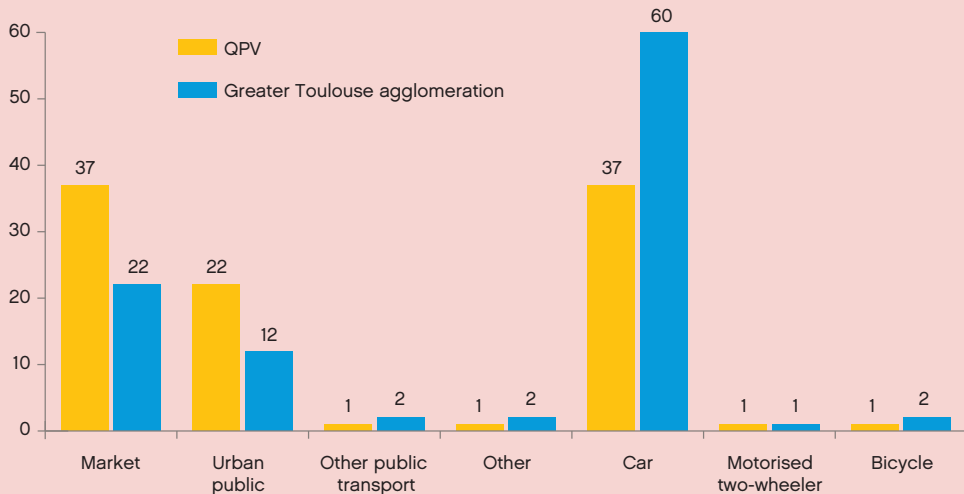
- 7 The notion of a structuring public transport network is used to describe one or a group of routes offering a sufficient level of service to influence how the region is structured - by favouring city densification, for example.
- 8 The concept of theoretical proximity is opposed here to experienced proximity. It starts from the observation that spatial appropriation differs greatly depending on the social groups in question.

Access in under 15 minutes' walk to sports facilities and pharmacies is available to 99% and 98% of QPV residents respectively, on average. These two types are more frequently accessible to these residents than cultural facilities (71%). This greater accessibility for QPVs can be explained on one hand by the history of the construction of sports facilities, and on the other, by the regulation applicable to opening pharmacies and the property tax exoneration for built properties that benefit priority neighbourhoods. However, the residents of these neighbourhoods have on average access to one more facility than residents of other neighbourhoods of the same agglomeration, and what is on offer, particularly in terms of sport, often lacks variety [Mondésir, 2020].

Although accessibility to facilities for QPV residents is not just about their physical presence, proximity remains a key factor to making them effectively accessible. In the domain of health, foregoing healthcare or tests - both specialised and first contact - because the facilities are too far away is quite rare in QPVs (under 5%), whereas foregoing healthcare for financial reasons occurs over 40% of the time [Oswalt, 2020]. Foregoing

healthcare because of the distance to facilities is nevertheless higher in QPVs than outside QPVs (3%). Additionally, it is important to consider geographical proximity for QPVs since the residents there have a lower level of mobility than residents of other neighbourhoods in the surrounding urban units [Juste, 2018]. This observation was confirmed by a specific study carried out across the greater Toulouse conurbation. A reading of the 2013 'Enquête ménages déplacements' (EMD, Household Travel Surveys) shows that the residents of 18 QPVs in this agglomeration experienced access difficulties. There are discrepancies in many of the mobility indicators: number of daily journeys (3.55 per day per person in QPVs compared to 3.81 for the agglomeration), possession of a driver's licence (70% in QPVs compared to 88% in the agglomeration), car ownership rates (0.77 cars per household in QPVs, compared to 1.26 in the agglomeration), means of transport (the proportion of journeys made on foot is 37% in QPVs compared to 22% in the greater Toulouse agglomeration - Graphique 2).

Graph 2
Proportion of means of transport used by residents of QPVs and the greater Toulouse conurbation



Source: aua/T, Tisséo Collectivités, Enquête ménages déplacements 2013.

Scope: main means of transport.

Data collated by: aua/T.

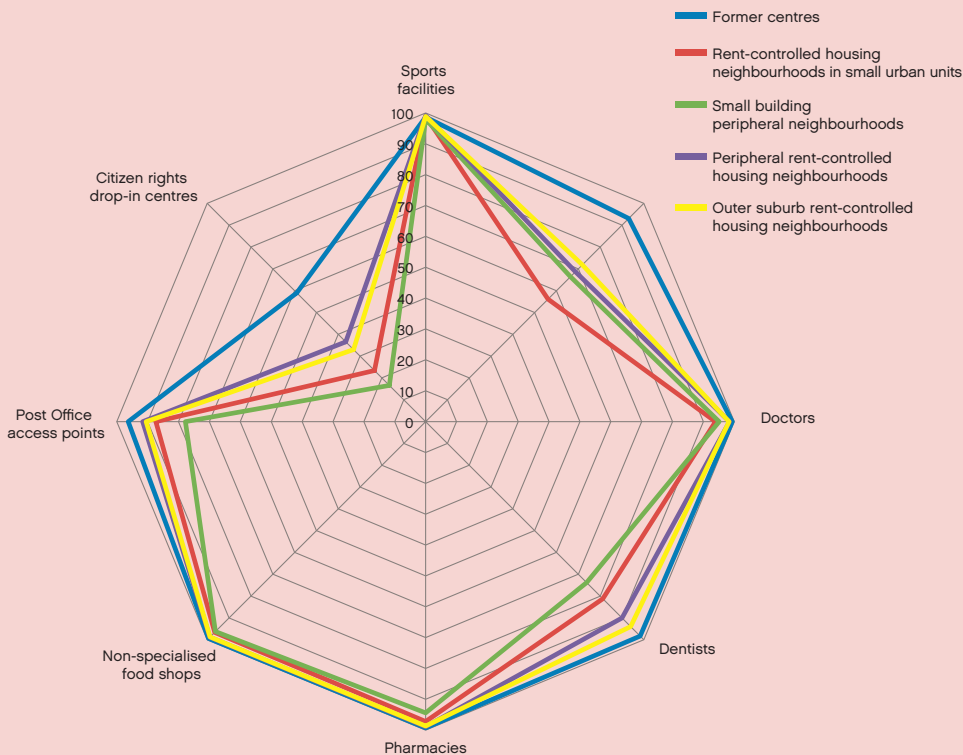
Note to the reader: 37% of QPV resident journeys are made on foot, compared to 22% for residents of the greater Toulouse conurbation.

Living well in priority neighbourhoods in urban policy:

These inequalities persist despite the fact that the majority of QPVs are situated inside the Toulouse ring-road, with a theoretical proximity for 75% of the residents to a structuring public transport network⁷. However, field analyses carried out in these neighbourhoods highlight the limitations to using this theoretical proximity⁸ and identify the physical access barriers to mobility options: isolation of the neighbourhood, lack of continuity and legibility of pedestrian routes, priority given to cars in public spaces, etc. [Balmot, 2020].

The geographical location of QPVs and, in particular, their proximity to the centre of the agglomeration, is thus determinant in terms of accessibility for residents to facilities needed for daily life. In mainland France, the “former centre” type of neighbourhoods are on average better served than the “small building peripheral” neighbourhoods⁹ (Graphique 3) [Mondésir, 2020].

⁹ The “living environment” typology as defined by ONPV divides QPVs into 5 groups based on the indicators of built morphology, the centrality of the urban space and the housing market dynamics. [Sala, 2017]. The 158 “small building peripheral neighbourhoods” represent 8% of the population of QPVs and are characterised by a large proportion of old houses (36%) and social housing (64%). They comprise very few buildings with over 20 apartments and include, among others, miner cottage-type housing.



Graph 3
Proportion of the population with access to at least one facility in under 15 minutes' walk, by type of facility and following ONPV's “Living environment” typology, in %

Source: BPE 2016 and 2017, Insee.

Scope: mainland France.

Data collated by: ANCT - ONPV.

Note to the reader: in the “small building peripheral neighbourhood” type of QPV, 74% of residents can access a dentist in under 15 minutes' walk, whereas in other types of QPV, this is the case for 89.5% - 98.3% of residents.

QPV residents judge their relations with the police very harshly

A very wide consensus exists on the permanently high degree of hostility between young people and the police, the 2005 riots representing a turning point for studies on the subject.

On average, QPV residents are less satisfied with the police: they think that the local police presence is insufficient (32% compared to 18% outside QPV), that law enforcement is absent where it is needed (15% compared to 9% outside QPV), and that police actions are somewhat ineffective (44% compared to 20% outside QPV). More generally, relations between residents of poorer neighbourhoods and the police are a source of growing tension. As such, these relations constitute one of the aspects of their living environment. The subject was studied in the 1970s in several reports, including the Peyrefitte report that noted a problem of police-population relations in urban settings.

A literature review by Jacques de Maillard, Carole Gayet-Viaud, Sebastian Roché and Mathieu Zagrodzki gives an overview of knowledge on the subject based on large quantitative studies carried out in France, particularly in the priority neighbourhoods (using ethnographic research and quantitative surveys) [Maillard & al., 2020]. More specifically, it analysed the issue of police identity checks, at the heart of tensions between the police and the population. The French police frequently use discretionary identity checks as a means of making initial

contact with the public: the proportion of discretionary checks in police-population interactions in France is double that of Germany. One of the key issues is the fact that, even though the checks are often carried out politely, the reasons for doing so are not generally explained. Additionally, young people from visible minorities¹⁰ have the least chance of receiving an explanation from the police as to the reasons for their action. When the police are challenged about the check or an explanation is demanded, they generally respond with answers such as “we do it because the law says we can”. This authoritarian and “vertical” position taken by the police exacerbates the resentment felt towards them and creates tense situations that they are generally unable to manage. Thus, France is classed 13th out of the 20 European countries participating in the European Social Survey 2011 for positive opinions following any sort of contact made on the initiative of the police (*Encadré Contrôle d'identité: les jeunes de 18 à 29 ans résidant en Seine-Saint-Denis plus exposés*, Identity Checks: greater exposure of young people of 18 to 29 years old living in Seine-Saint-Denis).

¹⁰ According to Ined, “visible minority” is a generic term to describe people from the following groups: non-European immigrants, people born in the overseas French departments (DOM) and their children [Les discriminations : une question de minorités visibles (Discrimination: a question of visible minorities) Population et sociétés, April 2010, (https://www.ined.fr/fichiers_rubrique/19134/466.fr.pdf).

¹¹ The study is not specific to QPVs, however these residents represent 39% of the population of the Seine-Saint-Denis department

IDENTITY CHECKS: GREATER EXPOSURE OF YOUNG PEOPLE OF 18 TO 29 YEARS OLD LIVING IN SEINE-SAINT-DENIS¹¹

Over a two-year reference period, in France, 19% of 18-29 year-olds and 8% of 20-40 year-olds were subject to at least one identity check. But in the Seine-Saint-Denis department, these age groups are more exposed to checks, at 39% and 20% respectively, which is double the national figure. A study showed the degree to which some clothing styles (baseball cap, tracksuits, hoodies) determine the frequency of police checks; these styles being more often worn by young people from visible minorities [Jounin N. et al., 2015]. Another study showed a higher frequency of checks for young men, as well as the importance of behavioural factors (participation in fights, consumption of cannabis, frequent outings) and residential factors (from areas with a bad reputation) [Peaucellier S. & al., 2016]. We can thus note that the variable of ethnic belonging is far from being the only

factor at play in police check targeting.

On the other hand, ethnic appearance has a much greater influence when determining those subject to repeated checks: two surveys demonstrate an excessive exposure of minority populations to multiple police checks (the *Trajectoire et Origines* [Trajectory and Origins] survey in 2016 and the *Défenseur des droits* [Citizen's rights] survey in 2017).

Indeed, when analysing police adherence to equal treatment of the minority compared to the majority, or poor people compared to wealthier ones, the French police perform below the average of the 27 EU countries. France is classed close to the bottom in terms of unequal treatment based on ethnic criteria. The combined effects of ethnic and regional belonging explain the poor perception of the law enforcement agencies: although the

parameters with the most effect on perceptions of the police in terms of fair treatment are ethnic origin and the number of times an individual is stopped, ethnic and regional variables serve to reinforce this. The effect of origin is more important for people living in social housing than for others. Individual characteristics thus appear determinant in the perception of relations between the police and the population.

Worse living conditions for QPV residents

Living conditions designates all aspects of the environment, assets, services and behaviours that make it possible for a society to exist and reproduce¹². Having an unstable job, foregoing health care for financial reasons, or falling victim to discrimination constitute fragilities that affect living conditions. In this report, four studies demonstrate that material and subjective living conditions are worse in the priority neighbourhoods in urban policy:

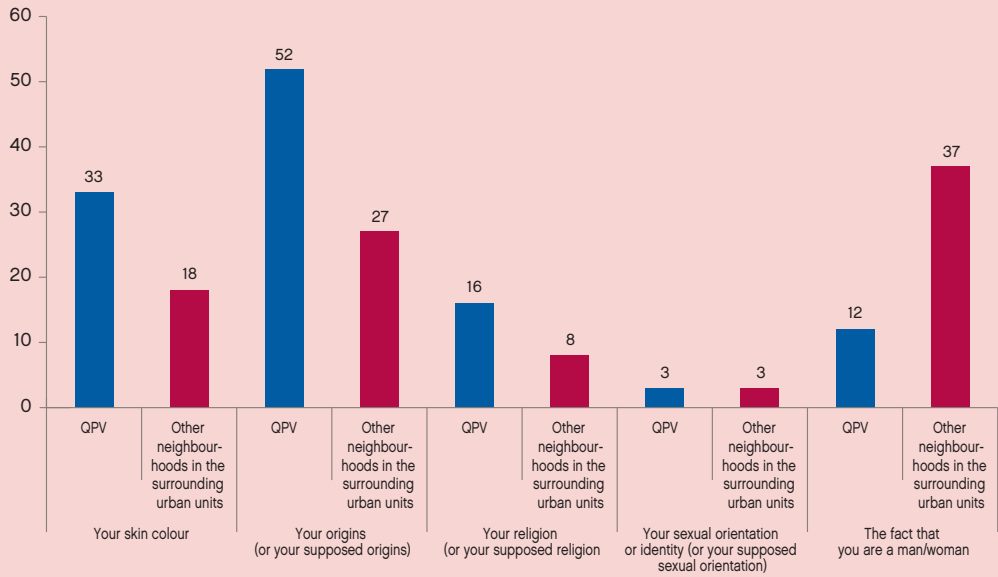
- a study on discrimination suffered based on the "Cadre de vie et sécurité 2018" (Living environment and safety) survey [Rémila, 2020, 2],
- a study on employment conditions [Dieusaert, 2020, 1],
- a study on the trajectories of beneficiaries of the *revenu de solidarité active* (RSA, Active Solidarity Income) [Hervé, 2020],
- a study on QPV residents' health [Oswalt, 2020].

In urban policy, the priority neighbourhoods were defined based on the sole criteria of low income. This is of course a relevant indicator that synthesises the social difficulties of residents

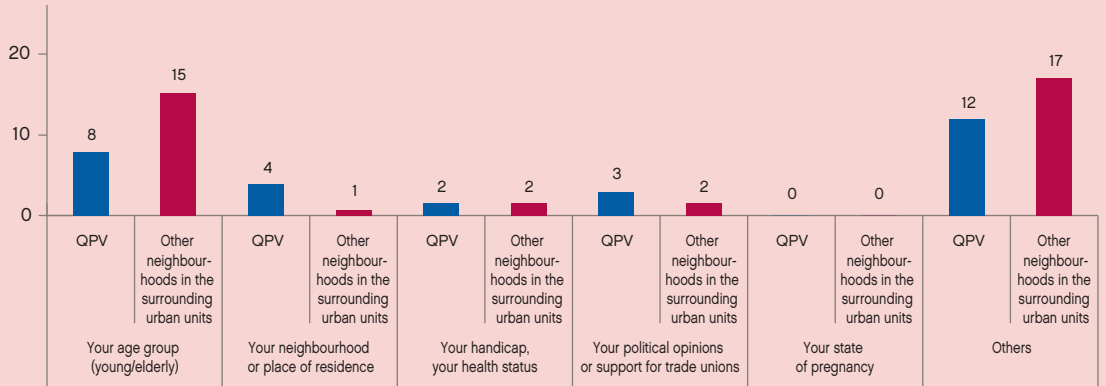
more often measured using unemployment rates, numbers of single-parent families, and numbers of recipients of minimum social benefits, etc. QPV residents are on average younger (24.6% are under 14 years of age compared to 14.6% in mainland France), more of them live in single-parent households (24.7% compared to 15.7% of families in other neighbourhoods in the surrounding urban units). The proportion of immigrants in priority neighbourhoods is three times higher (26.7% versus 9.3% in mainland France). In terms of employment, more of them work in low-skilled jobs than residents of other neighbourhoods in the surrounding urban units: respectively 42% and 18% of working people are labourers or unskilled workers. The educational level is generally lower in QPVs and contributes to the lower levels of qualified workers. All of these individual characteristics, documented in the successive ONPV reports, describe vulnerabilities that make them more susceptible to discrimination, more unstable employment, social invisibility and a worse perception of their individual health status.

¹² Definition proposed in "Conditions et niveaux de vie : panorama des mesures / Conditions and living standards: overview of measures", Joseph Emmanuel Mata*B.P. 12064 - Brazzaville

Graph 4a
Stated criteria for the last discriminatory behaviour suffered (in %)



Graph 4b
Stated criteria for the most recent instance of discriminatory behaviour suffered (in %)



Source: Insee, ONDRP, SSMSI, *Cadre de vie et sécurité* / Living environment and safety survey 2018.

Scope: mainland France.

Data collated by: ANCT - ONPV.

Note to the reader: 33% of QPV residents who said they had been subject to discriminatory behaviour in the last two years stated that the criteria for discrimination in the most recent event suffered was skin colour.

QPV residents are more frequently subject to discriminatory behaviour

Residents of priority neighbourhoods in urban policy claim to be subject to discriminatory behaviour more than others (offensive or hurtful behaviour, discrimination, physical violence, threat or injury). The victims living in QPVs rarely cite their residential area as a criteria for the discriminatory behaviour they suffer (4%). On the other hand, they frequently cite the following criteria: the real or supposed origin of the victim (52% compared to 27% for residents of other neighbourhoods in the surrounding urban unit), his/her skin

colour (33% compared to 18%) and his/her actual or supposed religion (16% compared to 8% - [Graphiques 4](#)) [Rémila, 2020, 2]. Among all of the discriminatory behaviours, QPV residents, like those from other neighbourhoods, consider the most significant to be discrimination suffered in the context of seeking work or employment. But they mention much more often than the others discrimination suffered in the context of seeking housing or administrative applications.

QPV residents are more exposed to the most unstable working conditions.

QPV residents are more exposed to risks of unemployment and exclusion. These vulnerabilities are even more pronounced for women (more than one in two remain outside the labour market) and for young people (nearly one young person of working age in two is unemployed).

The working population of QPVs is subject to more unstable working conditions [Dieusaert, 2020, 1]. Thus, 23% have a short-term contract or are in temporary work, compared to 12% in other neighbourhoods in the surrounding urban units. Additionally, their pay level is significantly lower and they are allowed fewer days of annual leave. On the other hand, the working population of QPVs less often work atypical hours: they work Saturdays, Sundays and nights as frequently as the working populations of other neighbourhoods in the surrounding

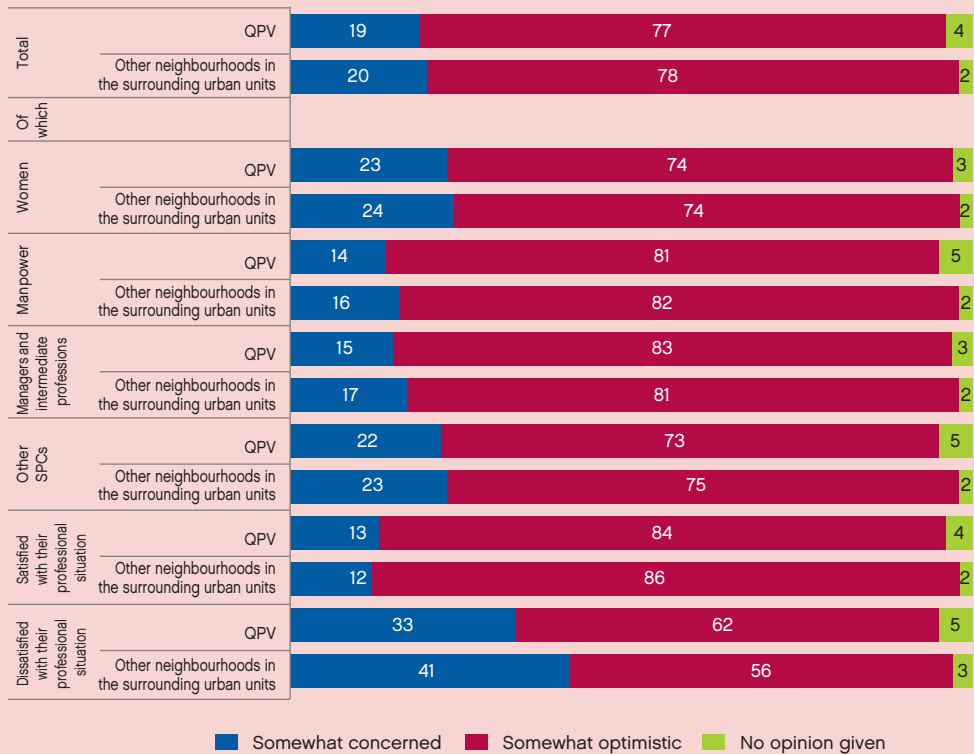
urban units, but less frequently in the evening (21% compared to 27%). Nevertheless, within the Toulouse agglomeration, the rush hours are less marked for residents of QPVs [Balmot, 2020].

In QPVs, employed young people enjoy better working conditions than their elders [Mas, 2019]. Those who have recently found work after completing initial training studied longer than their elders and more often belong to a more privileged socio-professional category (SPC) or profession, including in QPVs. However, QPV residents are significantly more critical of their professional circumstances than those from other neighbourhoods in the surrounding urban units (30% dissatisfied, compared to 25%). They have different priorities: young people from QPVs prioritise professional stability whereas those from other neighbourhoods in the

surrounding urban units aspire to professional progression. Moreover, wage recognition and the professional hierarchy are very important aspects for QPV young people compared to other young people, whereas the purpose

of their work is a more secondary concern. Finally, despite their difficulties, notably when they are dissatisfied professionally, these young people remain relatively positive about their professional future (Graphique 5).

Graph 5
Degree of optimism in working young people about their professional future, by place of residence, gender, profession and socio-professional category (SPC) expressed as professional satisfaction (in %)



Source: Céreq, 2013 generation survey.

Scope: young people of the 2013 generation who left initial training in 2013, employed in 2016.

Data collated by: ANCT - ONPV.

Note to the reader: 19% of young people in QPVs say they are worried about their professional future, compared to 20% for those in the surrounding urban units. On the contrary, 77% claim to be optimistic, compared to 78% in the other neighbourhoods of the surrounding urban units.

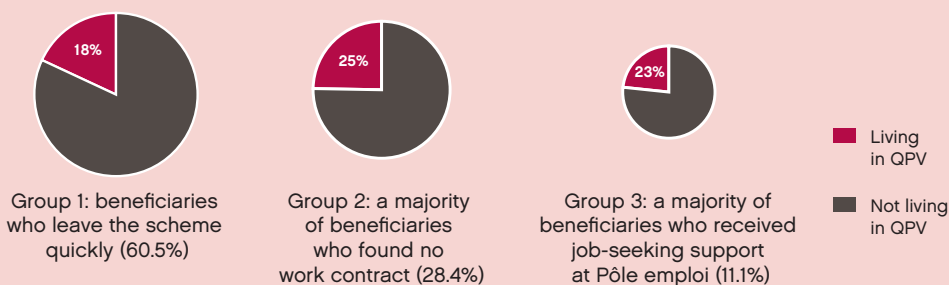
In Loire-Atlantique, similar trajectories for leaving the *revenu de solidarité active* (RSA, Active Solidarity Income) scheme within and outside QPVs.

An analysis of the individual circumstances of beneficiaries of the *revenu de solidarité active* (RSA, Active Solidarity Income) in Loire-Atlantique did not reveal any significant differences, in terms of trajectories of receiving support and eventually leaving the scheme, between beneficiaries living in QPVs and other RSA beneficiaries in Loire-Atlantique [Hervé, 2020]. The 30,000 RSA beneficiaries living in Loire-Atlantique form a heterogeneous population. The majority are unemployed people living alone, and a quarter of them are under 30 years old. Two RSA beneficiaries in ten live in districts classified as priority neighbourhoods in the department, where QPV residents only represent 4.8% of the population of the department as a whole. The beneficiaries from QPVs are more often women than in the general population of beneficiaries in the department, and a majority of them have dependent children (51% for QPV beneficiaries compared to 36% in the rest of the department).

On average over 72 months, 29% of RSA beneficiaries living in Loire-Atlantique received

no job-seeking support (contracts offered) and were simply paid their benefits, despite the fact that such support is mandatory. In total, 59% of beneficiaries had left the scheme three years after applying. A classification was used to distinguish three routes out of the scheme (Graphique 6), for which there is little difference between the QPV and non-QPV residents, with a similar level of job-seeking support received in each group:

- group 1, representing 61% of the beneficiaries monitored and 53% of the QPV beneficiaries, describes those who quickly left the scheme,
- group 2, representing 28% of the beneficiaries monitored and 35% of the QPV beneficiaries, includes the beneficiaries who were offered no employment contract over the period,
- group 3, representing 11% of the beneficiaries monitored and 12% of the QPV beneficiaries, is mainly composed of beneficiaries receiving support from Pôle Emploi (the French job centre) to find a job.



Graph 6
Proportion of each trajectory group in the total and proportions of RSA beneficiaries living in QPVs and outside QPVs.

Source: Loire-Atlantique department, Caf, MSA.

Scope: beneficiaries who applied for the RSA scheme in January 2013, in Loire-Atlantique, monitored for 72 months.

Data collated by: Luc-Olivier Hervé.

Note to the reader: the results of the sequence analyses show that group 1 beneficiaries represent 60.5% of the whole. Of these beneficiaries, 18% live in QPVs.

Finally, the issue of health reflects all of these vulnerabilities in the QPVs.

Social inequalities in health have been well-documented¹³, they are defined as “all links between health and belonging to a social category”¹⁴. Health status varies depending on the individual’s social position: it is worse for the most deprived social categories and improves with social position. These social inequalities can be exacerbated by regional inequalities, since some areas are subject to socio-economic disparities and disparities in access to health care.

In 1946, the World Health Organization (WHO) defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. The Adelaide Statement¹⁵ complemented this with a definition of health promotion: “Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector but goes beyond healthy lifestyles to well-being and supportive environments.” Health is both a resource for daily life and a result of all aspects of one’s living environment, and working and living conditions.

Thus, just over half of QPV residents say they are in good or very good health. This is less than in other neighbourhoods of the surrounding urban units and, when the data is structured by age, the gap increases for the three Minimum European Health Module indicators: self-perceived health, activity limitations and

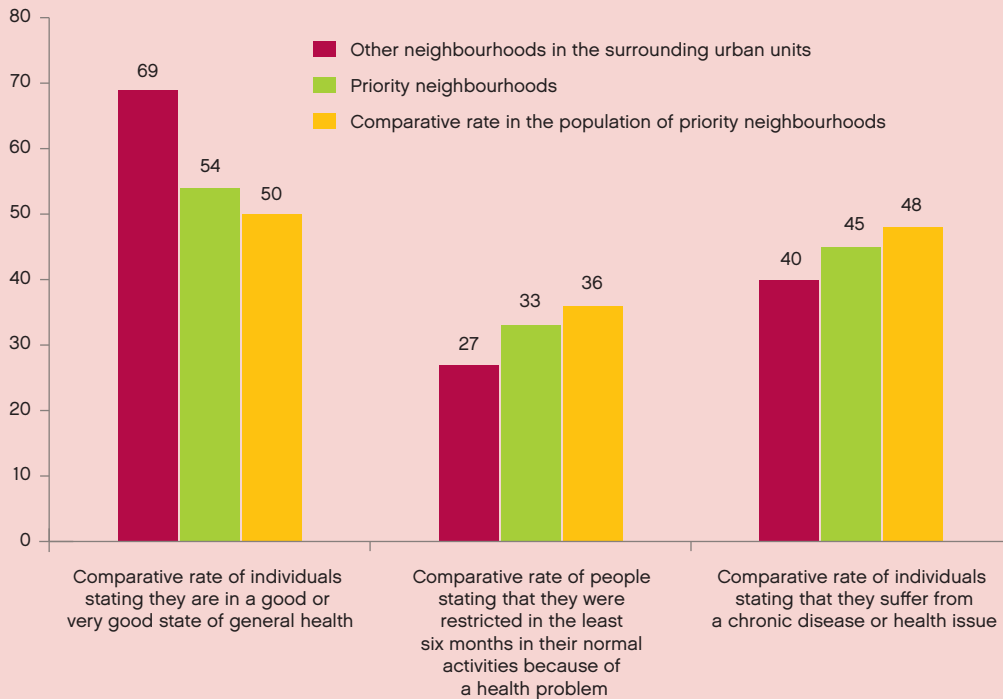
chronic morbidity (Graph 7). More than half of the population is overweight, especially women, notably caused by a less balanced diet. Indeed, residents of these neighbourhoods more often declare a pathology, particularly, diabetes, asthma, depression and high blood pressure [Oswalt, 2020].

These results are backed up by mortality indicators calculated for 6 towns in the Grand-Est region (Colmar, Illzach, Metz, Mulhouse, Reims and Strasbourg). After standardisation by age, all of the 32 QPVs present a general mortality that is 64% higher and a premature mortality (before 75 years) that is 67% higher than the region in general [Schwarz, 2020]. Additionally, QPV residents report more frequently foregoing healthcare for financial reasons, notably dental and optical care. Indeed, these residents have complementary health insurance less often than residents of other neighbourhoods, although they are more often beneficiaries of the Universal Health Insurance scheme (CMU-C).

13 Notably: Les inégalités sociales de santé / Social inequalities in health - Proceedings of the Drees 2015-2016 research seminar, Thierry LANG (University of Toulouse III) and Valérie ULRICH (Drees), https://drees.solidarites-sante.gouv.fr/IMG/pdf/livre_actes_seminaire_iss_pour_bat_cabinet_-_web.pdf

14 Inpes definition.

15 The Adelaide Statement on Health in all Policies https://www.who.int/social_determinants/french_adelaide_statement_for_web.pdf?ua=1



Graph 7
Comparative rates¹⁶ of self-perceived health status, activity limitation and chronic morbidity among residents of priority neighbourhoods in 2014 (compared to residents of surrounding urban units)

Source: health and social protection survey EHIS-ESPS 2014, Drees-Irdes.

Scope: population aged 18 or over residing in ordinary households in urban units with at least one priority neighbourhood in mainland France.

Data collated by: ANCT - ONPV.

Note to the reader: in 2014, the comparative self-perceived health status was at 50% among QPV residents.

In terms of preventative healthcare, on average women living in Île-de-France QPVs participate in organised breast cancer screening slightly more often than women from other neighbourhoods included in the study¹⁷ (36% compared to 34% respectively) [Bonfoh, Rican, Vaillant, 2020]. This higher rate of participation could be explained by the departmental authorities' actions to target these neighbourhoods in their management of the organised screening.

The individual characteristics of QPV residents

do not however suffice to explain all of the gaps observed in terms of self-perceived health status: the effect of the neighbourhood, or characteristics linked to the environment that were not studied here could also be explanatory variables.

¹⁶ Comparative rate of self-perceived health: rate recalculated to include the age structure of other neighbourhoods in the surrounding urban units in calculating the rates per age observed in the QPVs. This method (also known as population type) eliminates the effects of the age structure and makes comparisons possible across time and space.

¹⁷ 40 Île-de-France municipalities

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