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**FACING GENDER INEQUALITY
A CLOSE LOOK AT THE
EUROPEAN STRATEGY FOR
SOCIAL PROTECTION AND SOCIAL
INCLUSION AND ITS GENDER
EQUALITY CHALLENGES AFTER
2010**

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FACING GENDER INEQUALITY

A close look at the European Strategy for Social Protection and Social Inclusion and its Gender Equality Challenges after 2010

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ABSTRACT

The aim of this paper is to sum up the main issues at stake in the European Union, concerning gender equality in social inclusion and social protection policies.

As is well known “Equality between women and men” is one of the founding principles of the Treaty of the European Union. However, despite progress made over past decades, gender inequalities are still persistent in a number of spheres. Poverty is increasingly feminised and especially affects single mothers and elderly women. Gender inequalities, however, are also persistent among other groups facing social exclusion, for example immigrants, ethnic minorities and the disabled. This means that there are differences in the causes, extent, and form of social exclusion experienced by women and men.

The paper, introduced by an overview of primary gender gaps, focuses on specific issues in the three policy areas where the promotion of gender equality would be particularly important: *social inclusion, pensions, health and long-term care*. Special attention is devoted to *empowerment policies*, integrating several welfare domains and distinctive approaches.

1. Introduction

The Roadmap for equality between women and men, adopted in March 2006, presented the commitments made by the European Commission towards gender equality for the period 2006-2010. It defined six priority areas: equal economic independence for women and men, reconciliation of private and professional life, equal representation in decision-making, eradication of all forms of gender-related violence, elimination of gender stereotypes and promotion of gender equality in external and development policies. The roadmap identified key actions in these priority areas to be implemented through the dual approach of gender mainstreaming and specific actions. It also set out ways to improve governance regarding gender policies.

As regards social inclusion and social protection, the Roadmap specifically underlined the importance of promoting gender equality in migration and integration policies in order to ensure women's rights and civic participation, to fully use their employment potential and to improve their access to education and lifelong learning; moreover social protection systems should remove disincentives for women and men to enter and remain on the labour market, allowing them to accumulate individual pension entitlements¹.

The Roadmap expires in 2010 and the Commission has confirmed its intention to present a follow-up strategy next year (COM(2009) 73 final).² The new strategy will probably cover the period 2011 to 2015 and should:

- identify the challenges regarding gender equality at the EU level,
- define the objectives for gender equality across all Community policy areas,
- foresee the key actions to be implemented, as well as define the processes for doing so and for reporting on progress.

The new strategy will aim to strengthen gender mainstreaming in EU policies and funding, and so it will need to be aligned with the reflections and cycles of the major policy

¹ European Commission (2006), Communication From The Commission To The Council, The European Parliament, The European Economic And Social Committee And The Committee Of The Regions A Roadmap for equality between women and men 2006-2010 COM(2006) 92 final. Available at: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2006:0092:FIN:EN:PDF>

² European Commission (2009b), Annual Policy Strategy for 2010, COM(2009) 73 final, Brussels. [http://www.eppgroup.eu/legislativeagenda/docs/ASP-2010-COM\(2009\)0073_EN.pdf](http://www.eppgroup.eu/legislativeagenda/docs/ASP-2010-COM(2009)0073_EN.pdf)

processes (the Strategy for growth and jobs post-2010, the budget review and the new financial perspectives post-2013, the new Social Agenda, etc.).

The aim of this paper is to sum up the main issues concerning gender equality in social inclusion and social protection policies and to prepare the ground for further developments in the European roadmap for gender equality and in the post-2010 social OMC.

The social OMC and gender equality: brief overview

Equality between women and men is one of the founding principles of the Treaty of the European Union. However, despite progress made over past decades, gender inequalities are still persistent in a number of spheres. Poverty is increasingly feminised and especially affects single mothers and elderly women. Gender inequalities, however, are also persistent among other groups facing social exclusion, for example immigrants, ethnic minorities and the disabled. This means that there are differences in the causes, extent, and form of social exclusion experienced by women and men.

Since 2000, one of the goals of the open method of coordination (OMC) for social inclusion³ has been to eliminate these inequalities: at the European Council of Lisbon (March 2000) Member States agreed that national policies for combating social exclusion should be based on an open method of co-ordination with common objectives, that were adopted at the Nice European Council (Dec. 2000) and then revised by the Council in December 2002. These objectives were to be considered in the National Action Plans (NAPs/inc) of the 15 Member States, to be presented for the first time on 30 June 2001. These plans included the promotion of the mainstreaming of equality between women and men in all policy actions taken, meaning the assessment of the policy implications for both men and women at the different planning, decision-making, and monitoring stages, identifying challenges in the design, implementation and assessment of policies and measures, selecting indicators and targets as well as involving stakeholders.⁴

In order to create a stronger, more visible OMC with a heightened focus on policy implementation and closer interaction with the revised Lisbon Strategy, in 2005 the

³ For the evolution of the Social Inclusion Process, see:

http://ec.europa.eu/employment_social/social_inclusion/index_en.htm

⁴ See the 2002 revision of the Old Common Objectives: Council of the European Union (2002), Fight against poverty and social exclusion: common objectives for the second round of National Action Plans – Endorsement, SOC 503, Brussels. Available at:

http://ec.europa.eu/employment_social/social_inclusion/docs/counciltext_en.pdf

Commission set forward detailed proposals for simplified and synchronized reporting in the fields of social inclusion, health and long-term care, and pensions. In its Communication on these new working methods⁵, the Commission asked Member States to provide forward-looking **National Strategy Reports on Social Protection and Social Inclusion** addressing the specific challenges for each of these policy fields, and drawing out high-level and summary messages across the sector as a whole. In its joint opinion on the Commission's Communication, the Social Protection Committee and the Economic Policy Committee underlined that the gender perspective should be mainstreamed in each of the three policy fields, while the Council specified the promotion of equality between women and men as an overarching common objective for social protection and social inclusion.⁶ In particular, the Commission committed itself **to strengthen gender mainstreaming⁷ in the Open Method of Coordination for Social Protection and Social Inclusion and to provide a manual for the actors involved in the process.** The Portuguese Presidency Conclusions on Indicators with respect to Women and Poverty,⁸ adopted in December 2007, also urged the preparation of such a manual and called on Member States **to use this resource** in preparing their National Reports on Strategies for Social Protection and Social Inclusion and to disseminate it as widely as possible.⁹

As reflected in the OMC objectives, promoting the equality between men and women is an essential element in addressing social inclusion. Since the beginning of the process Member

⁵ European Commission (2005), Working together, working better: A new framework for the open coordination of social protection and inclusion policies in the European Union, COM(2005) 706. Brussels. Available at:

http://ec.europa.eu/employment_social/social_inclusion/docs/com_2005_706_en.pdf

⁶ See the Joint Opinion of the Social Protection Committee and the Economic Policy Committee on the Commission Communication on "Working together, working better: proposals for a new framework for the open co-ordination of social protection and inclusion policies", available at

http://ec.europa.eu/employment_social/social_inclusion/docs/2006/opinion_en.pdf

⁷ The commitment to gender mainstreaming was reinforced by the European Council in March 2006 with the adoption of the European Pact for Gender Equality. This Pact underlines the need to contribute to the fulfilment of the EU's ambitions on gender equality as mentioned in the Treaty, in order to close the gender gaps on employment and social protection, and to contribute to meeting demographic challenges. The Pact underlines the need to reinforce governance through gender mainstreaming and better monitoring.

⁸ Council of the European Union (2007), Review of the implementation by the Member States and the EU institutions of the Beijing Platform for Action - Indicators in respect of Women and Poverty, Draft Council Conclusions. Brussels. <http://register.consilium.europa.eu/pdf/en/07/st13/st13947.en07.pdf>

⁹ European Commission (2008a), Manual for Gender Mainstreaming Employment, Social Inclusion and Social Protection Policies, Directorate-General for Employment, Social Affairs and Equal Opportunities, Unit G1. See also European Commission (2008b), Guidance Note for Preparing National Strategy Reports on Social Protection and Social Inclusion 2008-2010. Available at:

http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/080207_guidance_note_nsrn_cln_en.pdf

States have gradually incorporated more consistently and effectively gender concerns in their national plans and data are more often broken down by sex¹⁰, even though “*efforts made by Member States to mainstream gender issues in policy priorities show a mixed picture. Some make explicit commitments to improve equality between genders across the plan (e.g. BG, ES, FR, IE, LT and PT) or refer to the government's gender equality programme (e.g. CY, DK, EL, FI, SK and the UK), but how specific measures will take this into account is not always reflected throughout the plans. While a number of measures tackle gender-specific problems (such as labour market integration, child poverty, lone parenthood, and flexible forms of work) which are likely to benefit women, a general tendency is that these are not always analysed from a gender perspective or said to aim at increasing gender equality.*”¹¹

There are still major differences in pensions for men and women both as regards the pension accrued based on one's own career and the total pension. Reasons for the difference in old-age pensions are well known, e.g. women's lower wage level, men's longer careers and, in some cases, a highly gender-segregated labour market. The goal of reviewing pension provisions with a view to ensuring the principle of equal treatment between women and men, taking into account obligations under EU law, has been part of the open method of coordination in the field of pensions since the endorsement of the process by the Laeken European Council in 2001. This goal was maintained by the new common objectives adopted by the European Council in 2006, which emphasized the need for adequate and sustainable pensions, by ensuring that pension systems were well-adapted to the needs and aspirations of women and men, as well as the requirements of modern societies, demographic ageing and structural change.

Gender inequalities are also present in women's and men's access to, use of, and participation in health and long-term care. As is well-known, women are the main providers of informal care for dependents (children and the elderly) and constitute the largest part of the labour force in the social and health sectors. However, they tend to spend their older years alone and require formal support more often than men. In order to better take into account the specific problems of men and women and provide more

¹⁰ European Commission (2007), Joint Report on Social Protection and Social Inclusion, 2007, Supporting Document SEC(2007). Available at:

http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2007/joint_report_en.pdf

¹¹ European Commission (2009a), Joint Report on Social Protection and Social Inclusion, Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions. Proposal for the Joint Report on Social Protection and Social Inclusion 2009, Supporting document, {COM(2009) 58 final}, Brussels. Available at:

http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2009/supporting_document_en.pdf

effective care, the joint objectives for developing care systems, as adopted by the Commission in 2004¹² extending the OMC to the field of health and long-term care, underlined the importance of mainstreaming the gender dimension in the development of prevention and health policies. The objectives also stressed the need to consider the specific problems that men and women face, especially in human resource policy and the promotion of high-quality jobs.

The following chapters, introduced by an overview of primary gender gaps, will focus on specific issues in the three policy areas where the promotion of gender equality would be particularly important.

2. The Demographic and Socio-Economic Context: Persistent Gender Gaps¹³

Demographic trends are crucial in understanding the development and implementation of social policies. Changes in the size and composition of the population have an impact on all domains of social life (housing, health and social care, labour market, family, education).

The European Union is currently facing major economic and demographic changes that are challenging its ability to maintain strong social cohesion. The most profound demographic trend across Europe is the **ageing** of its population, which means an increase in the proportion of the elderly (aged 65 and over), the reduction in the proportion of children (under 15) and the decline in the proportion of the working age population (15-64 years old). According to Eurostat baseline population projections, the share of the elderly population aged 65 years and over in the European Union will rise considerably. While the above 65 years old account for 17.1 % of the total population of EU 27 in 2008, their share is projected to rise to 30% by 2060 and those aged 80 and over are projected to rise from 4.4% to 12.1% over the same period.¹⁴

¹² European Commission (2004), Modernising social protection for the development of high quality, accessible and sustainable health care and long-term care: support for the national strategies using the open method of coordination, COM(2004) 304, Brussels. Available at:

http://europa.eu/eur-lex/en/com/cnc/2004/com2004_0304en01.pdf

¹³ Many thanks to Emanuela Di Falco for helping us in dealing with the indicators discussed in this paragraph.

¹⁴ Eurostat, New European population projections 2008-2060. Available at:

<http://www.aaliance.eu/public/news/eurostat-new-european-population-projections-2008-2060>

From a global viewpoint, Europe is the area with the oldest population in the world. The current age structure of the European population is the outcome of structural changes in fertility and mortality, which are likely to be increasingly affected by migration dynamics. The different socio-economic models and welfare systems in the EU framework have had, and will continue to have, a significant impact on such demographic trends, also in a medium-term time frame.

Considering only the **female population**,¹⁵ the ageing trend is even more evident: on average, the proportion of the female population aged 0-14 decreased from 18.4% in 1990 to 16.3% in 2000, and to 15.1 % in 2006; at the same time the share of elderly women increased faster than that of elderly men. The proportion of older women in the EU-27 increased from 12.3% in 1995 to 19.3% in 2006. The proportion of older men in the EU-27 was 14.3% in 2006, only 5.3 percentage points more than in 1990. **Population ageing is therefore a female dominated phenomenon; this is partly due to the longer life expectancy of women in all the European countries.** The Mediterranean European countries, especially Italy (22.5%) and Greece (20.4%), show an exceptionally high share of the female population aged 65 and over, along with Eastern European countries such as Bulgaria (19.6%), Latvia (21.1%) and Estonia (20.9%) and, in the Continental European countries, Germany (22.4%).

In addition to the age structure of the European population, **family patterns and household structures** are also changing. Although some common trends can be identified, differences persist among the Member States, reflecting different historical development patterns, social attitudes and traditions. Across all the European member countries the most profound changes are: the drop in the fertility rate (number of children per woman), the increase in the age of women at first birth, the increase in extra-marital fertility and the rise in divorce rates.

Underlying these common trends, however, are country specific characteristics which in part reflect the country welfare systems and socio-economic conditions¹⁶:

¹⁵ Samek Lodovici M. *et al.*(2008), Women Living alone: Evaluation of their specific difficulties. Report prepared for the European Parliament. Available at: <http://www.europarl.europa.eu/activities/committees/studies/latestdoc.do;jsessionid=95D7AED2B4BD29C4D1A03A6F8C32F12E.node2?language=EN>

¹⁶ See Samek Lodovici M.*et al.* (2008), Women Living alone: Evaluation of their specific difficulties. Report prepared for the European Parliament. Available at:

- **Total fertility rates**¹⁷ show significant differences between European countries. The lowest rates are registered in the Eastern and Southern countries, averaging 1.3 and 1.4 children per woman respectively, while the highest are in the Anglo-Saxon and Northern countries (both at 1.8 children per woman).
- **Early age fertility** is mainly concentrated in Eastern Europe, even if this is a recent trend. In Bulgaria, Romania, Latvia and Lithuania the average age of women at the birth of the first child is around 24 years, while in the other countries it is 27-28 years. In Germany, Spain and in the UK, the mean age at the birth of the first child is around 29 years.
- **Births outside marriage**¹⁸ are becoming increasingly common in all European countries. In 1995, 21.7% of live births in Europe were by unmarried women, increasing to 28.4% by 2000 and to 33% in 2005.¹⁹ Eastern European countries, such as Estonia (59.1%), Slovenia (54.7%), and Bulgaria (51.1%) and some Nordic countries (in particular Sweden, with rates of above 54.6%) (2008), have the highest rates but also France (51.7, in 2007²⁰) have significant shares of extra-marital fertility. Low rates, on the other hand, are observed in the Mediterranean countries (as in Greece with 6.5%, 2008), even if they have increased in the last decade, especially in Spain (32.1%) (+14.4 percentage points between 2000 and 2008²¹). In the same period, births outside marriage increased from 22.2% to 36.2% in Portugal and from 9.7% to 22.2% in Italy.
- **Marriages** are also becoming more unstable with the number of **divorces** rising steeply. European surveys show that the proportion of cohabiting couples who marry has dropped sharply in the Nordic countries, particularly in Sweden (where fewer than 10% of couples marry within two years of cohabitation). In the Continental European countries, especially Austria and Germany, the proportion of marriages within five years of cohabitation has remained more or less stable. On the contrary, in Spain and

<http://www.europarl.europa.eu/activities/committees/studies/latestdoc.do?sessionId=95D7AED2B4BD29C4D1A03A6F8C32F12E.node2?language=EN>

¹⁷ The total fertility rate is the number of children a woman would have during her lifetime if she were to experience the fertility rates of the period at each age. Datasource: Eurostat data based on national data.

¹⁸ Extra-marital births are the proportion of live births outside formal marriages per 100 live births.

¹⁹ See also Eurostat (2008b), Europe in Figures, Statistical yearbook 2008.

http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-CD-07-001/EN/KS-CD-07-001-EN.PDF

²⁰ No Eurostat data available for 2008.

²¹ Data for life birth outside marriage not available for the year 2007. Source: Eurostat (2009), The EU-27 population continues to grow. Data in focus 31/2009, by Marcu, Monica. http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-QA-09-031/EN/KS-QA-09-031-EN.PDF

Italy it has increased, showing these countries' attachment to the institution of marriage.²² In general, the diffusion of premarital cohabitation has not reduced the divorce rate. Divorce rates were already high in the 1980s in some Baltic countries (above 50% in Latvia and Estonia) and in Nordic countries (40% or more), while in the Southern European countries and Ireland divorces were still rare. The situation was similar in Poland. In the next two decades the divorce rate increased in all countries, except in Latvia and Estonia (where it was already high). In Southern Europe the percentages are still lower than in Nordic European countries, but they have nevertheless increased significantly in the last decade, especially in Portugal. Italy is the exception to this general trend, although there is a high rate of court-ordered separations which do not always lead to divorce, but whose effects are similar to divorce.

These socio-demographic changes have a significant impact on the make-up of households: the increase in the proportion of single-person households and single-parent families is undoubtedly linked to the trends discussed above. As will be shown in the following paragraphs, these changes have had a major gender impact because women are more likely to live alone than men, with an increasing proportion of elderly women living alone.

Taking into account the **common indicators** of the social OMC agreed on by the Social Protection Committee and its Indicators Subgroup²³ (concerning poverty, employment and unemployment, early school leaving, life expectancy and old age issues), some stylized facts emerge quite clearly in terms of **persistent gender gaps**.

Women are more at risk of poverty than men. Regarding the “at-risk-of-poverty” rate for the total population, the male and female averages are respectively 16 % and 18 % in the EU27 (2007).²⁴ If we look at one-person households across all ages at the EU27 level (2007), we see that 28% of women in one-person households are at risk of poverty compared to 22% of men in the same type of household.²⁵ However, when we compare countries, the size and direction of the gender gap varies. Part of the explanation for these

²² Prioux F. (2006), Cohabitation, marriage and separation: contrasts in Europe, *Population & Societies*, n° 422, Bulletin mensuel d'information de l'Institut National d'Etudes Démographiques, Paris.

²³ The list of commonly agreed indicators is available at http://ec.europa.eu/employment_social/spsi/common_indicators_en.htm

²⁴ Eurostat data based on EU-SILC survey, 2007

²⁵ Eurostat data based on EU-SILC survey, 2007. At risk of poverty rate (cut-off point: 60% of median equivalised income after social transfer)

national differences is due to country dissimilarity in the propensity for young and elderly people to live alone; and part is due to the degree of social protection afforded to one-person households during the different stages of life. The poverty risk is quite similar for women and men in one-person households in six countries (Czech Republic, Denmark, Finland, France, Sweden and the Netherlands). In two countries the poverty risk for people in one-person households is higher for men (Hungary, Poland, Sweden). In the other countries the poverty risk is higher for women who live alone, and in four countries the size of the gap was particularly marked and exceeded ten percentage points (Austria, Bulgaria, Estonia, Spain, Ireland, Italy, Lithuania, Latvia, Norway, Romania).²⁶

The **higher employment rate for men** accounts for their overall higher activity rate in each country, amounting to 77.7% for men compared to 63.4% of women aged 15-64 years in the EU27 (2007). This gap is minimal (equal to or less than 4.6 percentage points) in the Nordic Countries like Finland and Sweden, and reaches the maximum in the Southern Countries as Spain, Greece, Italy and Malta (more than 20 percentage points). At the EU27 level, the male employment rate is 72.5%, the female employment rate is 58.3% and the gender gap is 14.2 percentage points ²⁷

Employed women typically earn less than men and are more exposed to the risk of low pay. The gender pay gap is still evident, even if differences in women and men's human capital (education and experience) are taken into account. Whether the employed are poor depends on the combination of pay, taxation, the social protection system and resource transfers within families (including between generations in different households). The 'in-work poverty risk' indicator²⁸ attempts to capture these different trends. In particular it assumes that resources are pooled and equally split in households, so that within this indicator a poorly-paid woman may not be poor if she has a spouse who is well-paid; similarly, an individual who is not poorly-paid may still be a victim of poverty if his (her) earnings are insufficient to support a non-employed spouse or children in their household. Thus among the employed in most countries, it is men who have a slightly higher 'at-work poverty' risk. According to data from the EU-SILC data in 2007 period, in

²⁶ Eurostat data based on EU-SILC survey, 2007. At risk of poverty rate (cut-off point: 60% of median equivalised income after social transfer)

²⁷ Eurostat data based on Labour Force Survey.

²⁸ The share of persons with an equivalised disposable income below the risk-of-poverty threshold, which is set at 60 % of the national median equivalised disposable income (after social transfers).

nine countries the rate is equal for women and men (AT, BE, CZ, IE, LU, LT, NL, SK, UK), and it is higher for women in five countries (Cyprus, Germany, Estonia, Finland, Latvia).²⁹

The **unemployment rate is higher for women than men** in every member state except six (Estonia, Ireland, Latvia, Romania, Sweden, United Kingdom) and the rate is particularly high for women in Greece and Spain (2007). The picture is more mixed across countries for the long-term unemployment rate: this is higher for women at the EU25 level and EU27 level and in 15 countries. The **long-term unemployment rate** is higher for men than for women in 12 countries (EE, RO, IE, UK, LV, MT, FI, LU, CY, SE, LT, DE), but this figure should be interpreted with reference to the much higher inactivity rate for women because women's unemployment is more likely to be hidden as 'inactivity' if they are married or have children; and this is exposed by the much higher proportion of inactive women who are job seekers (2007). The gender disparity in **youth unemployment rates** also varies across countries. Overall at the EU27 level, the rate is similar (15.1% for young men, 15.8% for young women in 2007). However, in 9 countries (DE, DK, IE, CY, LV, MT, RO, SK, UK) it is higher for young men and in Southern countries like Greece, Spain, Italy and Portugal, the youth unemployment rate is markedly higher for young women.

At the EU25 level, **more women than men have low levels of schooling** among those aged 25-64 years during the period 2000-2007.³⁰ However, the reverse holds true for 11 countries (BE, EE, IE, EL, ES, IT, LV, LT, PT, FI, SE). The gender gap is particularly pronounced for Malta, where low educational attainment is at a high level for both women (79.3%) and men (68.9%), and Austria, where instead there is a low level for both women (25.9%) and men (13.5%). The gender gap in educational attainment is most pronounced in the older age groups, reflecting the greater educational opportunities that have been open to younger generations of women.³¹

In terms of **early school-leaving** among the current generation of young people the incidence of this problem is greater for young men in every country except for Iceland and

²⁹ According to Eurostat data based on EU-SILC survey 2007 (In work at-risk-of-poverty rate after social transfers by gender).

³⁰ Share of the adult population (aged 25 years and over) whose highest level of education or training is ISCED 0, 1 or 2.

³¹ Eurostat data based on Labour Force Survey.

Bulgaria and the rate is markedly higher and widespread for young men compared to that for young women in Spain, Cyprus and Portugal.

Elderly women have to face specific conditions of disadvantage compared to elderly men. **Life expectancy** is higher for women in every EU member state. According to Eurostat EU-SILC data, the “gender gap” in **life-expectancy** (at birth) is 6.2 years for the EU27 (2006), with the lowest values in Island (3.5 years) and Cyprus (3.8 years), Lichtenstein (4.2 years), and rising to 11 years in Estonia (11.2) and Lithuania (11.7) (2006).³² The national differences in life expectancy for women and men, and trends in both the level and the size of the gender gaps are indeed important for monitoring progress in relation to the three SPSI policy areas (social inclusion, pensions and health).

Since women live longer than men, they are more likely to experience more years of poor health: in all EU countries, the percentage of **healthy life years** without disability is lower for women than for men. Countries which presented especially high gender gaps in 2006 regarding **healthy life years** were Portugal (9 percentage points), Latvia (8.9 p.p.), Slovakia (7.7 p.p.), Norway (7.5 p.p.) and Lithuania (7.4 p.p.), while the lowest gap is presented in Austria (2.2 p.p), followed by Ireland (2.6 p.p.) Slovenia (2.9 p.p) and Greece (3 p.p).³³ More women than men suffer from long-standing illnesses or health problems in old age. It is estimated that in 2006, about 34.2% of women relative to 29.7% of men in the EU25 had a long-standing health problem or disability.³⁴

More years of poor health than men and penalising employment patterns compared to men means for elderly women higher risks to live in poverty. The gender gap in the “**at risk of poverty**” indicator for the people aged 65 years and older is 5 percentage points at the EU27 level (2007), higher for women as they represent the majority in this age group.³⁵ This gap is negative only in Malta, but it is positive in all other European countries. It is strongly positive (equal to or above 10 percentage points) in Bulgaria, Estonia, Latvia,

³² 2004 data on healthy life years. Eurostat does not provide data on healthy life years for all countries in 2005 and 2006.

³³ Eurostat data based on EU-SILC survey, 2006

³⁴ Eurostat (2008), The life of women and men in Europe - A statistical portrait, Luxembourg. http://epp.eurostat.ec.europa.eu/portal/page?_pageid=1073,46587259&_dad=portal&_schema=PORTAL&p_product_code=KS-80-07-135

³⁵ At-risk-of-poverty rate of older people is defined as the share of persons aged over 65 years with an equivalised disposable income below the at-risk-of-poverty threshold, which is set at 60% of the national median equivalised disposable income) after social transfers, calculated over the whole national population. See: Eurostat Metadata, http://epp.eurostat.ec.europa.eu/cache/ITY_SDDS/EN/tsdde320_base.htm

Lithuania, Norway and Slovenia. Finally, the gender gap is 1 p.p. in Luxembourg and 2 p.p. in Luxembourg and the Netherlands.³⁶

Pension systems not only aim at ensuring that older people do not have to live in poverty, but more generally provide arrangements to allow people to maintain, to a reasonable degree, the living standard they achieved during their working lives. Earnings-related pensions are essential in that respect and they will continue to provide the main source of pension to retired people in the future. However, the elderly have in nearly all European Countries lower incomes than the age group 0-64. The **relative median income ratio of people older than 65 years**³⁷ relative to the complementary age group 0-64 years, is 0.83% (for 2007) in the EU27. In means that the income of the elderly is 83% of the median equivalised income of persons under 65 years of age. The highest value is in Poland with 1.04% (1.12% for men and 0.99% for women) and Hungary with 0.97% (0.93% for men and 1.04% for women). In all the countries considered, this percentage is higher for men than for women, except for Hungary and Luxembourg (0.95% and 0.97%) where the inverse is true and in the Netherlands (0.87%) where the gender gap does not exist. In Estonia, Latvia and Ireland, the median equivalised disposable income ratio was between 0.65 and 0.69%, while in Cyprus it was only 0.57% (0.6% for men and 0.56% for women). This means, that in Cyprus, the elderly live with nearly half of the income of the younger age group.

3. Gender Inequalities in Social Inclusion and Poverty

The demographic and socio-economic context shows the persistence of relevant gender gaps across Europe. In particular women appear to be much more at risk of poverty and social exclusion than men, even if differences in women and men's human capital (education and experience) are taken into account.

Women are less likely to secure a decent individual income through employment and have a lower employment rate than men in all Member States and the gap is particularly pronounced in some countries; when employed their average earnings are lower due to

³⁶ According to Eurostat data based on EU-SILC survey.

³⁷ Median relative income of elderly people as a ratio of income of people aged 0-64 (OMC Overarching indicator).

structural inequalities, such as higher prevalence in part-time, unequal division of household work, gender employment segregation, bias in evaluation and pay systems, the gender pay gap, segregation into lower paid and lesser valued positions.³⁸

Unemployment, long-term unemployment and inactivity vary significantly between countries, but in most cases the rates are higher for women.

Globally, and for both women and men at all ages, poor health, scarce education and experience, migrant background are individual determinants of a weak attachment to the labour market; instead, vulnerable family background (for example, belonging to family with a large number of members and with a weak attachment to the labour market) is the household's determinant of a weak attachment to the labour market.

The common indicators provide some hints regarding gender inequalities in poverty and social exclusion. However, these indicators may underestimate the magnitude of women's greater risk of poverty because they assume household resources are pooled and shared equally. Research has demonstrated resource inequalities between individual members of households.³⁹ In low-income households, it is common practice for women to manage the domestic budget and reduce their own consumption (food, clothes, heating, leisure, etc.) to maintain the living standards of their male partners and children. Living on a low income for a sustained period causes stress and has negative impacts on housing quality, health and social isolation. In addition to women's greater exposure to poverty and their low income, there are gender differences in how men and women experience the stress and social isolation of life on a low income, as well as gender differences in health and life expectancy, crime and homelessness.

A gender-based analysis is essential for understanding the extent and form of social exclusion among disadvantaged groups within the population:

- Some disadvantaged groups are numerically dominated by one sex. Many are female dominated, for example single parents, older persons in low-income households,

³⁸ European Commission's Expert Group on Gender and Employment (2009), Gender segregation in the labour market Root causes, implications and policy responses in the EU, Directorate-General for Employment, Social Affairs and Equal Opportunities, March 2009. Available at: <http://ec.europa.eu/social/main.jsp?catId=748&langId=en&pubId=343&type=2&furtherPubs=yes>

³⁹ Cfr. Fagan C., Urwin P., Melling K. (2006), Gender Inequalities in the risks of poverty and social exclusion for disadvantaged groups in thirty European Countries, Report of the EGGsIE network. European Commission, Brussels. Available at: http://www.libertysecurity.org/IMG/pdf_Gender_inequalities.pdf

and victims of domestic violence and sex trafficking. Others are male dominated, and include ex-prisoners, some types of homeless people and school drop-outs or drug abusers in some countries.

- A gender perspective is also relevant where the group membership is more evenly split by sex, for example among some ethnic minority groups (such as the Roma), migrants or disabled persons.

3.1. Intersectionality as a tool for Gender Sensitive Analysis

The concept of ‘**intersectionality**’ provides a more nuanced tool than that of ‘double disadvantage’ for understanding gender-based differences in exposure to various forms of discrimination and social exclusion.⁴⁰ The premise of intersectionality is that gender discrimination, racism, class inequalities and other systems of discrimination interact to structure the roles of women and men. Some are pushed to the extreme margins of society, while others are more integrated. Hence women for example from ethnic minority groups have a substantively distinct experience than that of both men from the same minority group, and women from the ethnic majority group. This approach also acknowledges that an individual can experience both oppression and privilege in a single society; for example a woman may occupy a high-status professional position yet still be exposed to racism or domestic violence. By applying the concept of intersectionality, it is possible to develop both a gender mainstreaming perspective on social inclusion policy and to raise awareness about inequalities among women within an analysis which focuses on exposing the disadvantaged position of women vis-à-vis men in society.

The risk of social exclusion and poverty at the intersection of gender and age

An example is the **interconnection of gender and age** in the risk for social exclusion, which is a complex and changing aspect. For example, among younger generations, women now achieve qualification levels which match or exceed those of their male peers. Yet other gender inequalities remain, which put young women at a disadvantage. Marked gender segregation by specialism in education and training means young women are often over-represented in areas which feed into lower-paid occupations; and the greater propensity for

⁴⁰ Cfr. AWID – Association of for Women’s Rights in Development (2004), *Intersectionality: A Tool for Gender and Economic Justice*, *Women’s Rights and Economic Change*, no.9, August.

women to become economically inactive due to family responsibilities also arises in the early years of labour market participation. Labour market discrimination processes mean women still secure lower labour market returns (earnings, career development) than men with similar qualifications and activity patterns. The lower lifetime earnings of women impacts on their pensions in schemes built on individual earnings and employment records, thus increasing their risk of poverty in old age. In addition, the fact that women have a longer life expectancy than men also means that they predominate among the elderly, who are more disadvantaged than younger, retired people in terms of material assets, health, social isolation, etc.. Hence, not only do women represent the majority among older age groups, but there are also gender-related differences in the extent and causes of social exclusion among older persons.

The risk of social exclusion and poverty at the intersection of gender and family structure: the case of lone parents

Rates of single parenthood vary across European countries and are mostly rising. In all countries the majority are female-headed households; accounting for 80 to 95% of all single parents in most countries (EU SILC data, 2007).⁴¹

Single-parent households are vulnerable to poverty for several reasons. There are additional financial disadvantages and work-family reconciliation pressures when raising children single-handedly compared with the resources available in dual-parent households.

The pressures of being the sole breadwinner are compounded for women because the wages they can obtain in the labour market are lower on average than those of men. Lone fathers are also disadvantaged; for example, data from the United Kingdom, Spain and Ireland show that single fathers have higher employment rates than lone mothers, but lower employment rates than other men.⁴²

In recent years the general direction of single-parent policy in European countries has been targeted at promoting their employment; the so-called "activation" or "workfare" model of

⁴¹ Samek Lodovici M., Semenza R., Fellini I., Patrizio M., Pesce F., Ricci, L. (2008), Women Living alone: Evaluation of their specific difficulties. Report prepared for the European Parliament. Available at: <http://www.europarl.europa.eu/activities/committees/studies/latestdoc.do;jsessionid=95D7AED2B4BD29C4D1A03A6F8C32F12E.node2?language=EN>

⁴² See Fondazione Brodolini (2007), Study on Poverty and Social Exclusion among Lone-Parent Households, Report prepared for the European Commission. Available at: www.szmm.gov.hu/download.php?ctag=download&docID=14778

integration. This has involved reforms to social welfare benefits in order to increase financial inducements and ‘make work pay’ in conjunction with active labour market programmes and childcare support.⁴³ The design and impact of these reforms varies from country to country. While this policy approach can help to integrate lone mothers into employment, in itself employment may not reduce their poverty if the jobs available are low paid or insecure, or if lone mothers are unable to access good quality childcare services and working-time arrangements. Hence the policy impact of the ‘activation’ model in particular national settings requires monitoring. Certainly, childcare availability and cost problems remain in many countries, despite the Barcelona targets.⁴⁴

⁴³ For example, the **UK** programme “*New Deal for lone parents*”, specifically designed to support the employment of lone parents, is available to all lone parents who are not working or who are working less than 16 hours per week, and whose youngest child is under 16 years old. It offers a support package with the help of a personal adviser for programme participants through all the necessary steps to find and apply for a suitable job or training, to find childcare and suitable benefits or tax credits if the conditions can be met. There is also extra help with the cost of travel and registered childcare while looking for work or undertaking authorised training. In **Germany** with the Hartz reform, lone mothers are considered available for gainful employment after the child’s first year and may receive Unemployment Benefits only if they accept job offers or support measures by the new job centres. The financial pressure on lone parents to resume work after the child’s first year increases, while childcare facilities remain scarce especially for the very young. In the **Netherlands**, the 1996 turn to workfare, aimed at avoiding poverty and dependence on benefits among lone mothers, has produced some unintentional effects: a polarisation of the condition of lone parents can be seen, where the condition of low-skilled and less employable women who remain on welfare has worsened together with a significant impoverishment because of the lower indexation of benefits to inflation. Workfare, on the other hand, offered new perspectives such as free childcare, training for low-skilled, lone mothers and tax reductions for those lone mothers who found jobs.

See Samek Lodovici M., et al. (2008), *Women Living alone: Evaluation of their specific difficulties*. Report prepared for the European Parliament. Available at:

<http://www.europarl.europa.eu/activities/committees/studies/latestdoc.do;jsessionid=95D7AED2B4BD29C4D1A03A6F8C32F12E.node2?language=EN>

See also Crepaldi, C., Da Roit B., Stefania Sabatinelli (2007), *The Costs of Childcare in EU Countries* - Policy department Economic and Scientific Policy of the European Parliament. Available at:

<http://www.europarl.europa.eu/activities/committees/studies/download.do?language=en&file=16472>

⁴⁴ Even if differences in policy approaches persist, there is a certain degree of convergence across the EU countries. For example, countries that traditionally have poor records in the provision of care services are taking steps to increase their supply (i.e., **Germany**, the **United Kingdom**, the **Netherlands** and **Spain**), while in some Mediterranean countries (like **Italy**) attention is focused more on supporting lone mothers’ access to the labour market and on policies to support care providers. Gender friendly child-care policy can be found in Sweden and Denmark, where compulsory maternity and paternity leave and voluntary parental leave have contributed to high fertility rates and female employment rates. **Denmark** is the only country in which a state guarantee exists (Pasningsgaranti) for public childcare, for all children over nine months until pre-school age. In general, Scandinavian countries have succeeded more than other European countries in ensuring family friendly working conditions through parental leave regulations and service provisions. Samek Lodovici M., et al. (2008), *Women Living alone: Evaluation of their specific difficulties*. Report prepared for the European Parliament. Available at:

<http://www.europarl.europa.eu/activities/committees/studies/latestdoc.do;jsessionid=95D7AED2B4BD29C4D1A03A6F8C32F12E.node2?language=EN>

The risk of social exclusion and poverty at the intersection of gender and health: the case of people with disability

A gender mainstreaming perspective is also important for exposing inequalities and differences in experiences of **people with disabilities**. In some EU countries, disability rates are higher for women, and among the disabled population women have higher poverty rates. Among the population disabled, working-age people, women have lower employment rates and lower earnings; among the economically inactive, they are more likely to be defined as 'engaged in home duties' while non-employed disabled men are more likely to be defined as 'unemployed' or to receive disability welfare payments. Very few programmes that address disability are gendered. Those targeted to disabled women are mainly related maternity or educational training⁴⁵, while very little attention is paid to the employability of disabled women.

The risk of social exclusion and poverty at the intersection of gender and ethnicity

Ethnic minority and especially Roma women experience *greater social exclusion* compared to men from their own community and to the majority of women in accessing employment, education, health and social services. They are more likely to suffer multiple discrimination than other women, due to prejudice and racism and the discrimination of host societies as well as discrimination against women, especially in ethnic communities where traditional gender roles prevail.

⁴⁵ The Maternity alliance in the **UK** has developed a range of publications suggesting workable improvements relating to the care of disabled women during pregnancy and after the birth, available to both disabled mothers and health professionals. The Health Service Executive in **Ireland** provides a Counselling nurse, who offers support to disabled mothers and home visits as well as referrals to other agencies and organisations providing home care. In the **UK**, the Research Institute for Consumer Affairs developed a buying guide for childcare products for disabled mothers. See: National Disability Authority (2006), Exploring the research and policy gaps. A review of literature on women and disability. Dublin.

<http://www.nda.ie/cntmgmtnew.nsf/0/BF3A14B644017A648025729D0051DD2B?OpenDocument>.

Projects addressing the labour market insertion can be found in the **UK**, "New Deal for Disabled people and Pathways to work", providing individual counselling for the disabled. The **Danish** 'Flex jobs' scheme permits disabled employees with reduced capacity to work to integrate into the labour market on an equal basis with non-disabled workers. The project "Developing entrepreneurship among women with disabilities in the Baltic States" managed by the **Latvian** Association of Disabled Women aims to promote the economic empowerment of women with disabilities in the Baltic States through the development of a small enterprise development strategy which specifically targets this group. See European Commission -DG Employment and Social Affairs (2005), Disability mainstreaming in the European Employment Strategy, EMPL/A/AK D(2005) EMCO/11/290605, Brussels. Available at:

http://www.tecnostruttura.it/Tecnostuttura/Documents/inclusione/emco_11_290605.pdf

These forms of discrimination are, however, hard to recognise, as is domestic violence and human trafficking, due to the economic dependency of these women on the family and communities (especially in the case of immigrant and Roma women), the scant knowledge of their rights and of supporting services.⁴⁶

Religion and cultural traditions are particularly relevant in affecting women's conditions. Roma women and women in ethnic communities, where traditional forms of gender roles prevail, often face discrimination and exclusion both from the majority population and within their own communities and households.

Disadvantaged ethnic minority and Roma women tend to present a poorer *educational attainment* than ethnic minority men and majority women. However, ethnic minority girls of the 2nd and 3rd generation tend to attain a higher education than their parents or males from the same communities. The school system of the host country appears to have a significant impact in reducing the educational inequality among the second and third generation.⁴⁷

Disadvantaged ethnic minority and Roma women tend to live in segregated, low-income neighbourhoods with poor *housing* conditions and overcrowding, which increases their isolation and domestic workload. These poor socio-economic conditions impact negatively on *their health*, while access to health services is hampered by cultural and language barriers, besides their lacking knowledge of their rights.⁴⁸

Women from disadvantaged groups usually show lower *employment rates* and a higher level of dependency on *social welfare benefits* than minority men and majority women. When employed, they are more likely to work in informal or occasional low wage jobs, usually in domestic care services. Highly educated women of foreign origin, more often than men

⁴⁶ See European Commission (2008d), Ethnic minority and Roma women in Europe: A case for gender equality? – report prepared by the Network of experts in gender equality, social inclusion and health- and long-term care (EGGSI network), DG Employment, Social Affairs and Equal Opportunities. <http://ec.europa.eu/social/BlobServlet?docId=2481&langId=en>

⁴⁷ In **Romania**, school mediators promote actions to support Roma girls and women through education on human rights, free choice, personal development and self-confidence building with the emphasis on the importance of education for girls. See for instance: Rus, C. (2006), The situation of Roma School Mediators and Assistants in Europe. Report prepared by for the Directorate of School, Out-of-School and Higher Education. http://www.coe.int/t/dg4/education/roma/Source/Mediators_Analyse_EN.pdf

⁴⁸ In **Italy** a project has been running since 1998 involving *female cultural mediators* within a Family Guidance Centre in Milan who help *Roma women* and families over contraception, pregnancy, health and care issues. The main aim is to support the Roma and Sinti populations to better know the services provided by the regional health service and use them on a more continuous basis. The project has been run by the ONG Opera Nomadi and the Health Unit of the Municipality of Milan.

and majority women, are employed in low-skilled jobs and their qualifications are not recognised. The recent tightening of eligibility conditions for residence, work permits and access to welfare benefits in some EU15 countries has further harmed women, who are usually more dependent on these benefits. They also face greater difficulties than men in accessing *financial services*, where there is evidence of discrimination on the part of loan institutions, especially in relation to single women of foreign origin.⁴⁹

The *legal status* of ethnic minorities and Roma communities is a relevant factor in explaining access to citizenship rights and welfare benefits. The absence of legal status and/or the complexity and duration of the procedures to acquire citizenship, residence and work permits especially affect women, due to their insecure employment conditions. Even policies which do improve the living conditions of migrants, such as legislation on family reunification, may reinforce women's dependence on men, indirectly supporting undesired marriages, since in the case of divorce, this right is lost in most countries. In some EU countries (especially in Eastern European Member States) the recognition of a specific legal status for ethnic minorities supports the implementation of minority-specific legislation and it is likely to facilitate the gathering of information and data on ethnic minorities and investments within their cultural and linguistic heritages.

European countries are developing a certain degree of convergence in policy approaches. However, the national differences remain considerable, reflecting both the specific characteristics and dimensions of the residing disadvantaged ethnic minorities and the structure of national welfare regimes. Specific *integration policies* targeting ethnic minorities and immigrants have been developed in recent years, even if with little, albeit increasing, attention to gender differences. Besides policies addressing human trafficking, gender violence, and the protection of pregnant women, good practices have been implemented in social and health care services, labour market policies and legal counselling, sometimes combining different interventions and tackling the cultural barriers and prejudices which are at the basis of discriminatory practices. Some of these programmes support the cultural mediation role women may play between their communities and social and health services.

⁴⁹ In **Bulgaria** specific training for unemployed Roma women is designed and organised by the National Centre for Professional Education with the Ministry of Labour and Social Policy in Sofia. All participants develop their own business plans with the support of business consultants. Next, the most successful business ideas receive financing through micro-credit. Ministry of Labour and Social Policy, Bulgaria: <http://www.mlsp.government.bg/en/projects/index.htm>

The role of local authorities and NGOs, together with women's and ethnic minority associations is also important, due to their closer links with disadvantaged communities at the local level. In addition, the monitoring of gender disparities within disadvantaged groups, cross-border co-operation, the exchange of practices, advocacy and campaigning may help in understanding the specific needs of different communities and the design of effective policies.

The risk of social exclusion and poverty at the intersection of gender and migration

The size of the migrant population is increasing in most EU countries, fuelled by cross-border inequalities in economic and political conditions. In recent years, migration flows have shown an increasing feminization trend.⁵⁰ Not all migrants are disadvantaged; those who originate from countries with similar or higher living standards than those of the destination country face little disadvantage. Thus, in general, within the EU, it is migrants from Africa, Asia and Latin America, Turkey and more recently from the central European countries (non-EU as well as EU members) who are the most disadvantaged. They often have limited labour market opportunities on arrival. Typically they are recruited to fill vacancies in low-paid and unskilled jobs, some of which are in the informal economy. They are disadvantaged by a combination of economic and socio-cultural factors: language barriers, poor education or qualifications which are not recognised; race discrimination and xenophobia; and limited legal or economic rights. The undocumented, illegal migrant workers have an even more precarious position. The extent and form of exclusion is shaped by the national policies in their host country (anti-discrimination legislation, training systems, eligibility in welfare systems, etc.).

Immigrant/migrant women are even more segregated into a narrow range of low-paid, largely female dominated jobs than non-migrant women. They are largely concentrated in personal services, particularly in cleaning and domestic service (care services for children and elderly people, housework). Many are employed informally with limited social protection or employment rights. One reason is that many migrant women have lower education levels. Others are highly qualified and their skills are under-used, diminishing over time due to processes of discrimination, marginalisation and exclusion. Also, they may come from a cultural background where women have limited educational

⁵⁰ OECD (2007), International Migration Outlook, Paris.

opportunities and where it is less acceptable for women to be employed compared with the values and practices of the host population. Some enter as economically dependent spouses and this route may limit their independent rights to take employment or to secure social welfare.

The poor working conditions of immigrant and ethnic minority women reduce their eligibility for unemployment benefits or other contribution-based benefits (i.e. child-raising allowances), especially in countries where social benefits are related to the employment status and social assistance is residual, as in certain Southern European countries (Greece and Italy, for example). In addition, they put immigrant women in a more vulnerable position as they are more likely to lose their right to temporary residence due to difficulties in showing continuous employment.

The inferior labour market position of women among migrant groups means they are less able to accumulate full entitlements under the social protection system, particularly if their employment is in the informal sector. Pension rights are often minimal even for those who have spent a large part of their working life in the host country. Even in welfare systems which are more inclusive, (i.e. NL), the eligibility structure presents potential problems for migrant women; particularly those with a limited work history or those who enter as a dependent partner through family reunion.

In recent years, European countries have begun to adopt specific policies targeting ethnic minorities and immigrants, but still with little attention to existing gender differences and to the incorporation of a gender mainstreaming approach. Language learning and bilingual education are the main areas of intervention.⁵¹

3.2. Policy tools

The policy objective of raising women's employment rates as one source of protection against poverty is congruent with the objectives of the European Employment Strategy and requires gender mainstreaming of active labour market programmes and enhanced

⁵¹ In a few countries (such as the Netherlands) courses are designed specifically for ethnic minority women, although only a few countries provide education in the ethnic minority language (Estonia, Hungary, Latvia, Lithuania and Slovakia). In the UK and Spain an education fund has been created to overcome the education gap, while in Estonia there is a fund for better teacher training in Russian bilingual schools. See European Commission (2008c), Ethnic minority and Roma women in Europe: A case for gender equality? Report prepared by the EGGE Network for the European Commission, DG Employment, Social Affairs and Equal Opportunities. <http://ec.europa.eu/social/main.jsp?catId=748&langId=en&moreDocuments=yes>

reconciliation measures (childcare, working-time policies, etc.). It also raises broader issues for social inclusion policy, given that women (and men) who reduce their employment to fulfil care responsibilities increase their personal risk of poverty. This issue is rarely addressed explicitly or adequately in social protection systems and social inclusion and activation policies, which are often reluctant to take in consideration the different employment and income patterns of women and men, and the taxation systems which discourage female labour market participation.

The following sections describe emerging problems within welfare and active inclusion policies and the taxation systems which discourage female labour market participation.

3.2.1. Welfare and active inclusion policies

Active Inclusion is a holistic strategy which combines a) adequate income support b) inclusive labour markets and c) access to quality services. Active inclusion has a number of implications from a gender perspective: the gender disparities in exposure to poverty show higher rates for women than men and do so in a life-cycle perspective. This is partly due to women's greater likelihood for slower, shorter and/or interrupted careers and on average lower earnings than men. Furthermore, the disadvantages faced by women of certain groups tend to be more accumulated than those for men from the same groups. Finally, access to quality services (including child care, long-term care and health services) is particularly important for the social and labour market participation of women.

Income support policies differ across EU Member States, most of which provide more than one income support scheme, such as invalidity benefits, income measures within pension systems, housing and in-kind allowances, family and child-related allowances. Most of the EU countries (except Greece, Hungary and Italy) have set up some kind of minimum income scheme. While generally men benefit more from income support related to previous employment due to their greater attachment to the formal labour market, the minimum income guarantees and income support measures within pension systems are more beneficial to women as there are more women with a record of no or limited employment. However, in almost all Member States, *means-testing for income support policies is based on household rather than individual resources*, thus possibly contributing to women's dependence on a breadwinner partner. The same dependence may be increased also by the practice to actually transfer the cash benefit to the main earner of the household (i.e.,

usually men), thus exasperating within-household income inequality. For example, in the United Kingdom, a recent reform defining mothers as the recipients of the household-level child allowance has proved to effectively increase children's well-being, possibly as a consequence of a better use of these resources, for the benefit of the whole family.

In some important respects, the current design of income protection provisions in the event of unemployment still reflects the old stereotype of a full-time prime or sole earner, male beneficiary. In particular, conditions for eligibility in terms of minimum work requirements and benefits proportional to earning often give rise to de facto differential treatment (allocation bias). **Unemployment benefits** well illustrate why, with the increasing exposure of women to unemployment and changing family roles, the current benefit systems needs rethinking. Distortive allocation rules are even more common in unemployment benefit systems than they are in the tax code. The very principles of social insurance, whereby eligibility depends on having spent some time working and benefits are proportional to earnings, can be deceptive. As is well known, whether the minimum work requirement is measured in time units or in paid social security contributions, the higher it is, the lower the chances are that women are eligible to benefits. The reason is that women's labour market attachment is generally weaker. Besides, they are overrepresented among young, first job seekers with no labour market experience in a large number of countries.⁵²

Rules defining the amount of benefits, the replacement rates, also result in gendered outcomes. Proportional replacement whereby unemployment benefits are given in proportion to previous earnings tend to treat women comparatively worse than flat rate benefits, simply because the average woman earns less than the average man. Other sources of distortion are also at work: some systems are rather baroque and introduce multiple distinctions between different labour market groups based on sector, size of firm, unionisation or other elements. Each such distinction is a potential source for additional gender effects, whose variety is yet to be fully analyzed.

Inclusive labour market policies aim to increase the likelihood of employment or improve income prospects for vulnerable groups who find it difficult to enter the labour market, such as migrants, long-term unemployed, older workers, people returning to work

⁵² European Commission (2008c), Employment in Europe. Brussels. Available at: <http://ec.europa.eu/social/main.jsp?langId=en&catId=113&newsId=415&furtherNews=yes>

after a career break and disabled). Empirical evidence suggests that the combination of being a woman and belonging to one of the above-mentioned vulnerable categories accrues the layer of individual disadvantage and the risk of poverty and exclusion from the labour market. However, there are few examples of a systematic and comprehensive approach with a gender mainstreaming strategy in the design and implementation of active labour market policies.

Adult women are a prominent target of active labour market policies. Their participation to the labour market is usually encouraged through improving reconciliation, promoting entrepreneurship and employability, and reducing professional segregation. Austria, Belgium, France, Italy and Sweden offer contributions for the purchase of personal services (cleaning, childcare, etc.), which make easier to outsource domestic work, thereby *improving the [work-life balance](#)* of service users. Other countries promote flexible working arrangements and family friendly work organizations to encourage the labour market participation of inactive or unemployed women. In terms of *initiatives that promote entrepreneurship* among young women, several countries, such as Germany, Greece, Spain, Malta and Portugal provide positive examples. These usually entail the allocation of specific funds to support the founding of enterprises and the provision of knowledge to women on how to start and develop a business. Examples of gender mainstreaming in training and job search support to *improve employability* are found in Greece and Iceland. These countries promote unemployed women to employment through training programs which are aimed at upgrading their skills and improving their self-awareness and self-confidence. Italy also provides employment incentives in the form of social security contributions to employers hiring women in disadvantage regions (regions from the South). Lithuania and Poland have recently launched trainings and campaigns to *reduce horizontal segregation*, by providing adult women with comprehensive knowledge on non-traditional female occupations to strengthen their position in technical activities.

Access to services (housing and fight against homelessness, vocational and on-the-job training and provision of childcare and long-term care) is especially relevant for women, as they take over the vast majority of informal care, which might hinder their full integration into the labour market. However, in many countries, a gender approach in the provision of care services is often lacking. Policy initiatives supporting an equitable access to childcare or long-term care and the employment of informal care-givers include care leaves, pension

credits, in-kind and in-cash benefits, flexible working time arrangements. Care leaves and flexible working time arrangements aim at facilitating the conciliation of paid and unpaid labour and to allow women to remain attached to the labour market, though possibly to a reduced degree.

Social inclusion and activation policies should pay specific attention to women of disadvantaged ethnic minorities and migrant women, who are usually more vulnerable to policy change than men. This is the case, for example, with the recent trend towards *welfare policies* implemented in the Scandinavian countries, the UK and Germany. These policies aim at *activating* recipients of welfare benefits, who are required to participate in job search and job training programmes in order to continue to receive benefits. Activation tends to be more effective when provisions are made for the specific multiple barriers ethnic minority women face in entering the labour market, as they usually have many children or are lone mothers with limited access to care services and well-paid jobs.

The difficulty in *reaching ethnic minority and immigrant women* is also a problem when inclusion and active labour policies do not explicitly target them, due to their greater isolation and segregation within some communities as compared with the men. At the moment, it is mainly the *healthcare policies* of a limited number of EU countries that take into account the different cultural backgrounds of ethnic minority women by involving intercultural mediators, providing assistance and translation into foreign languages and showing sensitivity to cultural issues. By contrast, in most of the EU Member States, the *housing policies* usually do not target ethnic minorities directly (except for Greece, Italy and the UK), but as low-income groups they tend to have access to social housing programmes (except for irregular immigrants and stateless minorities).⁵³

3.2.2 The Taxation System

“Equality between women and men is not just a goal in itself: it is a precondition for fulfilling the overall EU objectives of growth, employment and social cohesion. Increased participation by women in the labour market offers both a guarantee of their economic

⁵³ European Commission (2008c), Ethnic minority and Roma women in Europe: A case for gender equality? Report prepared by the EGGSI Network for the European Commission, DG Employment, Social Affairs and Equal Opportunities. Available at: <http://ec.europa.eu/social/main.jsp?catId=748&langId=en&moreDocuments=yes>

independence and a substantial contribution to economic development and the sustainability of social protection systems. As women are overrepresented in precarious jobs based on short-term contracts, they are more likely to be affected by the economic downturn on the labour market. It is crucial to pursue and reinforce gender mainstreaming in the area of employment and social policies, including flexicurity arrangements, and to continue efforts to remove barriers to women's and men's full participation in the labour market."⁵⁴ The tax and benefits system is the policy tool of choice for re-shaping incentives to work, addressing 'in work poverty' or ensuring adequate income protection. **Taxation policy, however, has traditionally been reluctant to acknowledge the full relevance of the gender dimension.**⁵⁵

This is surprising in the light of some well-known research findings. Unlike men, women are quite responsive to monetary incentives to work. Variations in net hourly earnings, hardly influence men's decisions to take up or remain in employment, or to do so on a full time basis. By contrast, women's choices about work are much more sensitive to (net) earnings. In regard to employment policy, therefore, taxes and benefits are 'tools for women' much more than for men.

Also, an impressive amount of research documents that labour market outcomes are still disproportionately in favour of men in terms of salary, career prospects and income protection. In regard to furthering gender equality in the labour market, therefore, taxes and benefits ought to be 'tools for women' more than they are now.

The 1984 study of the European Commission⁵⁶ was among the first official documents to disclose that European tax systems discouraged female labour market participation. The document pointed the finger at joint systems of taxation for manifestly favouring the traditional division of labour between a male primary earner and a female homemaker or secondary earner. It was instrumental in persuading several countries to switch to individual taxation.

⁵⁴ European Commission (2009c), Report From the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions, Equality between women and men — 2009 SEC(2009) 165 {COM(2009) 77 final} Brussels.

⁵⁵ See Bettio F. and A. Verashchagina (2009), Fiscal systems and female employment in Europe, EGGE report, unpublished.

⁵⁶ European Communities (1985), The EC Commission on Income Taxation and Equal Treatment for Men and Women: Memorandum of 14 December 1984 presented to the EC Council. *Bulletin of the International Bureau of Fiscal Documentation* 39: 262-66.

The improvement brought by the switch to individual taxation, however, was often compensated for by a panoply of allowances and benefits reintroducing old biases in favour of the traditional division of labour. Nevertheless, the success in encouraging several member countries to opt for individual taxation has taken the heat off gender issues regarding taxation. Growing demands to address labour market inequalities and the increasing urgency to further female employment are bringing gender back to the fore in European taxation policy.

Current **tax and benefits systems** reflect a tapestry of decisions that have been influenced over the years by attitudes about women's and men's roles in society that generate a gender bias. While the term 'bias' generally has a negative connotation, it is meant here to identify features of the tax and benefits system that clearly yield differentiated outcomes for men and women. The search for a bias prioritises the analysis of the ways in which the taxation of labour income and the system of benefits may or may not facilitate the pursuit of economic independence on the part of women, or reduce inequality of labour market outcomes between men and women.

Glaring examples of explicit biases could be found in Europe as recently as twenty years ago: only in 1993 did Ireland move from joint filing in the name of the husband with an option for a separate assessment of labour income for the wife, to an option for the wife to be the "primary taxpayer". While major biases explicitly discriminating against women have been removed, some still linger and others have been introduced to actually empower women in their role of carers.

Implicit biases and, more generally, fiscal gender effects are pervasive and practically inevitable. *De facto*, gender tax neutrality is a rare possibility, since men and women exhibit dissimilar patterns of consumption, saving and investment besides the well-known differences in paid and unpaid work.⁵⁷

A working taxonomy distinguishes between 'secondary earner bias'⁵⁸, implying *de facto* higher taxation for women within couples; 'unpaid work bias' implying differential

⁵⁷ See Barnett, K. and C. Grown (2004), *Gender Impacts of Government Revenue Collection: The Case of Taxation*, Economic Paper Series, Commonwealth Secretariat. London. Available at: <http://www.idrc.ca/uploads/user-S/10999506781CS - Taxation and Gender Impacts.pdf>

⁵⁸ There is no one way to understand 'secondary earner'. In sociological literature, secondary is used for a truly 'marginal' earner, financially dependent on another person or on public support, with intermittent or part time employment. In fiscal codes, a secondary earner is either the member of the couple that has the lower taxable income in the reference year or, for couples with the same income, the member who returns to

treatment of paid and unpaid work; ‘bias in tax compliance’, implying a higher risk for women of disappearing into the grey or black economy in the attempt to evade taxes and ‘allocation bias’, implying differential treatment of men and women as tax payers or recipients of benefits.

The secondary earner bias is inherent to joint taxation systems. The earlier EU call for transition from joint to individual taxation in order to get rid of this bias was successful, but joint taxation (generally the income splitting variety) is still important within the Union. In France, Germany, Luxemburg and Portugal, couples are jointly assessed. Poland, Ireland and Spain give the option between individual and joint taxation. Some elements of jointness remain in the Belgian, Estonian, Greek, Icelandic and Norwegian income tax codes, though the unit of taxation is the individual. The remaining countries enforce individual income taxation.

Even where the tax code is individualised, the benefit system often is not, or not entirely. The overwhelming majority of the 15 countries with fully individualized taxation use family income to determine the amount of two or more benefits, especially social assistance and housing benefits, which are among the largest.

The tax treatment of childcare costs is one large source of ‘unpaid work bias’. Only a minority of countries allows for significant deductions of child care costs via the tax credits or in other forms, albeit a growing minority. Scandinavian countries ensure major ‘at source’ deductions by offering universal rights to childcare for heavily subsidized fees. Another widespread occurrence of unpaid work bias is the granting of the dependent spouse an allowance.

The issue of tax compliance among women and men bears relevance for employment, since a critical channel for tax evasion is irregular, unreported or altogether hidden employment. With the caution warranted by limited and fragmentary research on the issue, the available evidence suggests that for women irregular work is more frequent at low levels of earnings and that among women irregular work is more often done in alternative to a regular activity than in addition to the latter. The level of taxation is one of the features

paid work during the year. Women have come a long way from the days when they were stereotyped as ‘pin money’ earners, so the view of secondary earners as truly ‘marginal’ needs updating. However, within the household, the gap in earnings is still very large and a considerable proportion of the female population fits the tax code criterion of secondary earner. Cfr. Bettio and Verashchagina (2009), p.9-17.

than influences irregular employment but not the only one. Fiscal drag has proven to be especially important at low income levels where hidden female employment is often prevalent.

4. Adequacy and Sustainability of Pension Systems and Gender Equality

Available EU-SILC data⁵⁹ show that pension income is by far the most important component of income and is even more important for elderly women than for elderly men. In many countries, pension income constitutes up to 90% of the total income of elderly women.⁶⁰

By evaluating the recent National Strategies on Pensions under a gender perspective, it seems that most Member States seek to correct women's insufficient pension accrual by promoting their greater participation in the labour market. As to the first pension pillar, equal treatment is generally guaranteed for all residents in EU Member States. Given the labour market participation rate of women, more women than men have to live exclusively on this first pension pillar. This is one of the reasons why governments want to increase the labour market participation of women, both in terms of number of women participating and in the number of hours per week worked by (mostly female) part-time workers.

Another pension-related reason for increasing labour market participation is the financial sustainability of the second pillar pension systems. In order to increase the sustainability of both public and private collective pension schemes, policies for active ageing are being developed, which frequently consist in (financially) discouraging early retirement.

There is a **broad spectrum of measures in pension schemes that impact on the old-age income of women**. These measures include the general characteristics of a pension

⁵⁹ See GVG, 'The socio-economic impact of pension systems on women', unpublished; own calculations based on EU-SILC User database UDB 2006 – version 1 of March 2008.

⁶⁰ The importance of pension income in the overall income of elderly women and men varies from country to country (from 98.7% for women in Austria to 74.4% for women in Portugal, and from 96.1% for men in Austria to 80.6% for men in Lithuania). See GVG, 'The socio-economic impact of pension systems on women', unpublished, and Crepaldi C., Gambino A., Baldi S. and Da Roit B. (2008), 'The Role of Minimum Income for Social Inclusion In The European Union', Policy Department Economic and Scientific Policy. <http://www.europarl.europa.eu/activities/committees/studies/download.do?file=19891>

scheme, which might be to the advantage or disadvantage of women, and measures that specifically aim at reducing the pension gap between women and men.⁶¹

Minimum income guarantees addressed to the elderly

Minimum income guarantees in pension schemes that provide an adequate level of benefits are an effective instrument to prevent individuals from being exposed to the risk of poverty in old age⁶².

In general, minimum income guarantees are beneficial to women. There are more women with a record of no or limited employment who either rely on a residence-based minimum pension, a contributory minimum pension or on social assistance allowances.

Protection from poverty in old age can be provided in several ways, either as residence-based minimum pensions or as minimum provisions within earnings-related pension schemes (contributory minimum pensions). Means-tested social assistance benefits are usually seen as the last means of providing a safeguard against poverty. Even if the latter are not part of the pension system, they represent an important instrument to prevent elderly women from suffering from poverty.

If minimum income guarantees are meant to fully protect from poverty, it would be important that their level be equal or at least very close to the at-risk-of-poverty level.⁶³

In order to keep minimum pensions at their current level, adequate indexation is necessary. While the adjustment of employment-related pensions normally depends on wage increases, the adjustment of minimum pensions is often either carried out on a discretionary basis or oriented by inflation. In both cases, there is the risk that the minimum pension could lose ground over time in comparison with average wages and employment-related pensions, and that the relation between the minimum pension and the at-risk-of-poverty income level could worsen over time.

⁶¹ GVG, The socio-economic impact of pension systems on women, unpublished.

⁶² Crepaldi C., Gambino A., Baldi S. and Da Roit B. (2008), The Role of Minimum Income for Social Inclusion In The European Union, Policy Department Economic and Scientific Policy.
<http://www.europarl.europa.eu/activities/committees/studies/download.do?file=19891>

⁶³ One best practice example in this context, is a contributory minimum pension in **Belgium**, which provides for a pension that more or less equals the at-risk-of-poverty level, also for those who have worked part time for a considerable period. This is particularly important for women, as they tend to be predominant among part-time workers (mainly due to child-caring responsibilities) for a considerable number of years in certain countries.

Equal retirement age for women and men

The legal retirement age for women and men still differs in a number of Member States. However, in most EU countries, a transition process is under way during which the pensionable age for women will be increased to the same level of that of men (such as in Belgium, Latvia and Hungary), and some countries will do so, but have longer transitional rules (such as in Greece, Estonia, Lithuania, Malta, Austria and the Czech Republic). In a few countries the gap between pensionable ages for men and women will be adopted, without making them identical (e.g. Bulgaria, Romania and Slovenia).⁶⁴ A lower legal retirement age for women implies that women, even if they have no interruption in their employment record, will accrue fewer contributory years and therefore have lower pensions than men.

In order to benefit from an equal retirement age, it is important that women have employment opportunities and the labour market offer enough jobs for elderly workers. Only under these circumstances will raising the retirement age of women be an effective means of increasing women's pensions.

The issue of raising retirement ages becomes even more important in light of the current tendency in many countries to tighten the link between contributions and benefits in earnings-related pension schemes. For the statutory pensions the higher eligibility ages are gradually introduced over a longer period (as in CZ, DK, DE, LT, MT, UK), and will have effect on the younger generations. This tightened link also represents a disadvantage for those with lower incomes, a large number of women among them. Even if access to earnings-related pensions has become easier in many cases thanks to lower minimum contributory periods, on balance the less redistributive character, which has been introduced in a number of countries, might affect women negatively. Thus longer employment times and the level of income are of growing importance.

Another option which will help enable women to increase employment periods and catch up with men with regard to the length of employment is to abolish a fixed retirement age and introduce a flexible retirement age within a given time period.⁶⁵ Many Member States

⁶⁴ http://ec.europa.eu/employment_social/spssi/docs/social_inclusion/2009/supporting_document_en.pdf

⁶⁵ In **Sweden** the fixed retirement age has been abolished. Employees have the right to remain at work until the age of 67. The earliest possible age for retirement is 61. Potential retirees pay an actuarial “price”, i.e. a

are promoting longer working lives, both for men and women (for instance Latvia, Bulgaria, Lithuania, Germany, Slovakia, Estonia, and the Netherlands). Women would thus not be disadvantaged in comparison with men, and could individually decide the age at which they wished to retire, given open labour market opportunities.

Pension credits for periods of care

It is still mostly women who interrupt employment or work part time to embark upon periods of care. Credits for non-contributory periods are therefore an important measure to offset gender inequalities in old age. Breaks in the employment record of women most frequently occur in connection with raising children. Measures considering the shorter employment period due to child care or care of elderly are taken into account in most European countries (BE, CZ, DK, DE⁶⁶, EE, ES, FR, LT, HU, MT, SI, FI, SE, UK).

Child care credits have been introduced or extended in many EU Member States (as in Greece, Estonia, Spain, Latvia, Malta, Portugal and the UK). The level and duration of such credits in earnings-related pension schemes however vary considerably. Only in very few cases do they actually fully replace contributions at the same level as contributions from former employment. If such credits are to close employment gaps in earnings-related pension systems, they would need to be raised substantially in many countries. In some countries (such as in Estonia, Hungary, Ireland, Poland, Portugal Romania and Sweden) the protection of pension entitlements during childcare is linked to the employment situation and income of the individual. Only in a few countries childcare credits are connected to the birth of the child rather than an absence from the labour market (as in Germany, France and Italy) resulting in an increase in pension entitlements when a child is born.

Often women combine child care with (part-time) employment, but not all EU countries offer them the possibility to benefit from care credits. Periods of part-time/atypical work

lower pension benefit in case they wish to retire earlier. They also have the opportunity to combine work and retirement. See GVG, The socio-economic impact of pension systems on women, unpublished.

⁶⁶ In **Germany** gender aspects are implicitly mentioned regarding the reforms in the subsidised personal pension's scheme – "Riester", where low wage earners with children – in fact mostly women – are profiting from. Periods for child care are recognised in the personal pension scheme "Riester" and the allowance for children has been increased from 185 Euro to 300 Euro for children born after the year 2008. The level at which full contributory years set in public schemes is not explicitly considering the gender dimension but as periods for child care are covered, the still dominant female responsibility for children is recognised. The existing pension scheme is recognising three years after birth of a child as a compulsory pensions contribution period at the level of average employment. These contributions are paid by the state.

are eligible for benefits in most Members States (BE, CZ, DK, DE, EL, ES, FR, LT, LU, HU, MT, NL, PL, SI, SK, FI, SE) at least for the first pillar (i.e., mandatory earnings related schemes). In some countries (like Finland, France, and Slovenia) part-timers can pay an over-contribution to align with full-time, though with some restriction by sector and profession. In order not to diminish the incentive for women to take up employment and to ease re-integration into the labour market, child care credits could be granted in addition to employment to top up pension entitlements based on employment.

With regard to providing flexibility to women, certain countries, e.g. Sweden⁶⁷ and Hungary⁶⁸, offer a number of different care credit options, and the one taking the credit can choose the most beneficial option. Different life and employment models of women are taken into account.

Only a few countries consider other caring periods (e.g. for frail and elderly family members) in the pension scheme. By far, the largest share of such care is provided by women. In order to provide such care, women frequently reduce or give up employment.

Care credits for other forms of care are in most cases less generous than child care credits. The provision of care credits is often technically complicated and depends on the fulfilment of a number of criteria, sometimes ruling out anything other than marginal employment. Often the regulations are implicitly targeted at helping women fulfil the entitlement criteria to obtain a minimum pension. Austria could be considered as a best practice example, providing adequate care credits to those caring for frail or disabled family members for up to four years.⁶⁹

⁶⁷ A parent in **Sweden** has several options as regards child care credits. The most favourable option is automatically chosen when calculating pension benefits. Credits are granted for 4 years in accordance with one of three alternatives: (a) the credits cover individual income losses up to a maximum income ceiling; (b) the credit covers 75% of the average income; (c) a credit based on ca. 20% of the average income is added to the actual contributions paid from earnings. See GVG, The socio-economic impact of pension systems on women, unpublished.

⁶⁸ In **Hungary**, either parent providing child care can choose between three different options: (a) child care credits for children up to 2 years of age where the contribution base amounts to 70% of the previous wage (maximum 70% of the doubled minimum wage); (b) child care credits for the care of a child up to age of three years with contributions based on the minimum pension; (c) child care credits until the youngest of at least three children turns 8 with contributions based on the minimum pension. In all cases, parallel employment is possible. See GVG, The socio-economic impact of pension systems on women, unpublished.

⁶⁹ In **Austria** persons caring for a frail or disabled family member may pay voluntary contributions at a reduced rate. Up to 100% of contributions are paid by the state for up to 4 years depending on the form and volume of care necessary. See GVG, The socio-economic impact of pension systems on women, unpublished.

Regulations regarding marital status

Regulations concerning marital status are important, in particular for those women who are currently in or close to retirement. The most important are survivors' pensions. Survivors' pensions were – and still are – an important measure to safeguard widows from poverty and to maintain their standard of living. In recent times, certain regulations relating to survivors' pensions for cohabiting partners have been implemented, and a split of pension rights in case of divorce has been introduced in some countries in order to cope with changing life patterns.

In addition, in a few EU countries spousal benefits provide married couples with an additional (spousal) pension supplement in case only one of the partners can claim a pension. Spousal pensions are only available for married women and might disadvantage single women, and in addition they might also reduce the incentive for women to build up their own entitlements to a pension.

Survivors' pensions are derived pension rights not linked to the survivor's own contributions and might provide incentives for not building up sufficient individual pension entitlements. Survivors' pensions also play an important role in reducing the at-risk-of-poverty rate, particularly for women who disproportionately benefit from survivors' pensions due to their higher life expectancy and lower individually gained pensions.

Survivors' benefits differ in level, qualifying conditions and duration of payments.⁷⁰ In most countries, for surviving partners above the state pension age, entitlement criteria set low barriers to obtaining the survivors' pension. For a surviving partner below pensionable age, entitlement criteria are often more restrictive and demanding, e.g. requiring the raising of a child under a certain age or the incapacity to work.

Due to the increasing employment participation of women and the accumulation of individual pension claims, there is a trend towards tightening the entitlement criteria for survivors' pensions and reducing the level of survivors' pensions. In Sweden, for example, survivors' pensions are being phased out, and only transitional payments to widows or widowers still exist. This reflects both the philosophy that pension entitlements should be

⁷⁰ Survivors' pensions in **Poland** amount to between 85% and 95% of the pension of the deceased. The surviving partner has to choose between his/her own pension and the survivors' pension. If the entitlement criteria are fulfilled once, the survivors' pension does not cease after remarriage. See GVG, The socio-economic impact of pension systems on women, unpublished.

based on individually collected rights rather than on derived rights, as well as the relatively high level of individual pension entitlements in Sweden.

A new challenge for pension systems is presented by the changing family pattern to which they need to adapt. In a number of countries, a divorced partner is also entitled to a survivors' pension. Specific measures in the case of divorce are adopted in many Member Countries (BE, DE, EL, SI, SE, UK): in Germany, for example, after divorce the pension's entitlement of the partners are equally divided on the basis of a predicted pension at the time of the divorce; in Slovenia, in case of divorce, a person is entitled to survivor pension, if the couple have been accorded alimony by law and have been receiving it at the time of death of the ensured person. This entitlement, however, ceases if the divorced partner remarries. Sometimes a survivor's pension is only granted if the survivor was entitled to alimony payments. Only in very few countries is a split of pension rights foreseen in case of divorce.⁷¹

The reasoning behind splitting pension entitlements acquired during the marriage is the understanding that pension rights are joint assets and that all pension entitlements acquired during a marriage are equally shared between the former couple. Such a regulation might help women with no or only part-time employment and low pension entitlements to increase pension rights.

Regulations pertaining to cohabitation can be found in some EU countries, including Germany, Finland, Hungary, Portugal, Sweden and the United Kingdom. In most of these countries, cohabiting partners are eligible for survivors' benefits. Partners either have to have lived together for a certain time (Portugal), have a child (Sweden) and/or a registration of partnership (Germany, Finland, Hungary, the United Kingdom). These regulations reflect changing family structures and protect women in the event of the partner's death. They do not provide, however, protection in the case that the cohabiting couple splits.

Spousal regulations still exist in a few countries (e.g. Belgium, Ireland, the UK) and stem from a period when women often had no pension entitlements of their own. While they are

⁷¹ In Belgium, in the case of divorce, the partner with the lower income and contributions benefits from those of the former partner. 62.5% of the income of the former partner during the marriage minus the divorced spouse's own income during the marriage is acknowledged for the pension. See GVG, The socio-economic impact of pension systems on women, unpublished.

positive to the extent that the income of a couple is increased, they also bear some negative effects, as the dependent partner is most likely to be a woman. This contributes to the continued economic dependence of women of pensionable age.

Regulations with regard to privately managed schemes

Privately managed pension systems are becoming more and more important throughout the countries of the European Union. Hence, it is particularly important to analyze measures that might positively or negatively affect gender equality in such schemes. While for funded tiers of mandatory, statutory pension schemes the most important issues are unisex tariffs and the provision of care credits, for occupational schemes and pensions that are provided individually it is coverage, participation and, once again, unisex tariffs that are of special relevance. In some countries, important gender differences in occupational pension schemes can be observed. This might be explained by the unequal distribution of occupational pension schemes, which are more widely used in areas of industry that are typically male-dominated, whereas such schemes exist less frequently in other fields and smaller companies where women tend to be over-represented. Thus it might be more difficult for women to access occupational schemes. The opportunity for women to participate in voluntary private schemes might be limited, as women tend to work more frequently part-time in some countries and have lower earnings.

In private pension schemes unisex tariffs are an efficient measure to level out income inequalities between women and men in old age. Sex-segregated tariffs would result in considerably lower pensions due to the longer life expectancy of women. In those countries with mandatory privately managed schemes, unisex tariffs have been introduced in many cases. Best practice examples here are Estonia, Hungary, Poland and Sweden. However, most occupational schemes and voluntary private schemes operate on the basis of sex-segregated tariffs.⁷²

In countries where funded mandatory, privately managed tiers have been introduced, it is important that similar provisions for care credits in funded schemes are in place, as in the

⁷² Unisex tariffs have been introduced in the privately managed, funded and mandatory tier of the pension system in Estonia, Hungary, Poland and Sweden. A notable exception for a *voluntary* privately managed pension scheme that operates with unisex tariffs is the German *Riester-Rente*. A general subsidy and a child allowance are paid by the state for the *Riester-Rente* and top up individual savings. Participation is thus encouraged, especially for women who can benefit from a double subsidy. See GVG, The socio-economic impact of pension systems on women, unpublished.

pay-as-you-go system. This means that contributions by the state are also paid into the privately managed funded tier. Otherwise, the positive effect of care credits in the pay-as-you-go scheme would be counteracted by lower pension payments due to missing contributions from the mandatory funded tier.⁷³

In almost all European pension systems, people are encouraged to save voluntarily by paying contributions into individual private (and occupational) schemes. Participation in such schemes is usually promoted with the aid of tax incentives. However, tax incentives tend to provide higher incentives to higher-income earners, not necessarily women. Thus, direct subsidies might be more effective as an incentive for both women and men to participate in voluntary schemes.

5. Gender Inequalities in Health and Long-term Care

In 2006 the earlier OMCs in the field of social inclusion, pensions and healthcare and long term care were brought together under the name of the Open Method of Coordination for Social Protection and Social Inclusion (Social OMC) with the aim of improving the development and modernisation of health care provision and funding in the EU member states.⁷⁴ However the objectives addressed by Member States in this field of action (accessibility, quality, and sustainability) do not usually address the gender dimension, notwithstanding its relevance, as women are the majority both among health care providers and users.

While health care systems have contributed to significant improvements in health in Europe, access to health care remains uneven across countries and social groups, according to socio-economic status, place of residence, ethnic group, and gender.

Gender plays a specific role both in the incidence and prevalence of specific pathologies and also in their treatment and impact in terms of well-being and recovery, due to the

⁷³ In Hungary, Poland and Sweden care credits are provided in mandatory, privately managed schemes at the same replacement rate as in the pay-as-you-go scheme. This means that during employment interruption due to periods of care, a contribution to the private scheme is paid by the state. See GVG report on “The socio-economic impact of pension systems on women”, unpublished

⁷⁴ COM(2004)304, 21/04/2004

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2004:0304:FIN:EN:PDF>

interrelations between sex-related biological differences and socio-economic and cultural factors which affect the behaviour of women and men and access to services.⁷⁵

Gender differences in health status

Gender differences in health status and health needs are largely explained by biological and genetic factors, as well as by differences in social norms and health behaviour: men take more health risks and are less conscious of health than women.

Aside from reproduction, women and men are susceptible to sex-specific diseases such as, for example, breast cancer and cancer of the cervix for women and cancer of the prostate for men, but they also present different symptoms and suffer different consequences of common diseases. This is the case, for example, in cardiovascular diseases and also for many sexually transmitted diseases which, being asymptomatic in women, often go untreated and become a risk factor for HIV.

Besides biological factors, social norms also affect the health status of women and men differently: women are less likely to engage in risky health behaviour and suffer from the consequent related illnesses and disabilities. They are more likely, however, than men to suffer from “invisible” illnesses and disabilities which often are not adequately recognised by the health care system, such as depression, eating disorders, disabilities related to home accidents and sexual violence, and diseases and disabilities related to old age. Women, especially very young women, are more vulnerable to sexually transmitted diseases than men, and the consequences are more serious for them. Sexual abuse and domestic violence particularly affect women and girls in all countries, in all social classes.

Generally, women are more aware of their health status and are greater users of health and long term care services than men for several reasons: their reproductive role, their role as caregivers for dependents (children, the elderly, the disabled), their higher share among the older population. Gender stereotypes also play a relevant part, since men usually do not consider it normal to complain about their health and to see physicians.

⁷⁵ Crepaldi C., M. Samek Lodovici, M. Corsi (2009), *Access to healthcare and long-term care: Equal for women and men?*, Final Synthesis Report prepared by the EGGSI network for the European Commission, unpublished

Gender differences in health care provisions

Little is known about gender differences in accessing health care and long-term care, and if and how health care and long-term care systems take these aspects into account in service delivery. For example, while it has been suggested that women are more likely than men to engage in health-seeking behaviour and thus to practise health prevention and promotion, there also seems to be evidence that especially poor women may have more difficulties accessing health care services than men.

In some European countries (like Austria, Bulgaria, Germany, Iceland, Italy, Norway, Spain, the Netherlands, UK, Slovenia), there is increasing awareness regarding the need to acknowledge gender differences in access to health care among governmental institutions, universities, and especially NGOs, which have traditionally been very active in providing specialist services to women, ethnic minorities and other disadvantaged groups. In these countries, gender sensitive strategies have recently been introduced within health care and medical research: resource-centres and research institutes with special knowledge regarding women and health have been created and observatories on women's health have been set up to support the development of sex-disaggregated data and gendered medical research. In addition, these countries have implemented specific training projects aimed at general practitioners and health care providers, as well as pilot programmes for the treatment of disadvantaged women, such as homeless women, immigrant women, disabled women and single mothers.

Recent research has shown, however, that in most countries, besides reproductive care, there are still few gendered health care strategies and services addressing the specificities of gender-related behaviours and diseases in a more structured way.

Health promotion strategies appear to be largely gender neutral except for reproductive health. The promotion of breastfeeding is the most widespread promotion programme across Europe. It is supported by common guidelines and accompanied in many countries by more general programmes supporting mothers and their newborn babies. Also, programmes promoting healthy behaviour addressed to adults or adolescents are often gender oriented, being either targeted at women or men. In those countries where national health promotion activities are less developed, NGOs usually play a relevant role as

substitutes for public action and are a stimulus in raising issues that otherwise risk being disregarded by public action.

Screening programmes are important preventive measures, since many diseases can be avoided through early detection. Recent evidence has shown that gendered prevention programmes are mainly targeted at women. The most important and widespread gendered prevention programme implemented in Europe is **cancer screening**.⁷⁶ This is related to a Council Recommendation which invites Member States to take common action to implement national cancer screening programmes with a population-based approach and with appropriate quality assurance at all levels. Although much progress has been made, more is still required: for breast cancer, only 22 EU Member States are running or establishing population-based screening programmes; for cervical cancer, only 15 EU Member States; for colorectal cancer, only 12 EU Member States.

Across Europe, many prevention programmes address the area of **maternity**: prenatal testing, support for mothers with newborn children and family development, support for groups of children and mothers with special needs.⁷⁷ Other widespread prevention programmes across Europe concern **sexual and reproductive health**. There is a general lack of attention on the part of the population and awareness among health professionals concerning **domestic violence**, although the health sector can play a vital role in

⁷⁶ Best practice example for breast cancer prevention: **The Netherlands** - The breast cancer screening programme is targeted at women between 50 and 75 years old. This health prevention programme was initiated at the national level by the Dutch Ministry of Health, Welfare and Sport in collaboration with the National Institute for Public Health and Environment (RIVM). Every two years, all women above 50 years old receive a breast cancer screening reminder: each year approximately one million women are invited to undergo breast cancer screening, and approximately 80% of these women actually do participate. The examination usually takes place in a mobile truck and is carried out by a female healthcare professional. Participation in the breast cancer screening programme is free, paid for by the Ministry of Health, Welfare and Sport, and not mandatory. In the Netherlands, the number of breast cancer cases is very high; more than 11.000 women are diagnosed with this disease annually. See: National Institute for Public Health and the Environment (RIVM). <http://www.kostenvanziekten.nl>

⁷⁷ Best practice example for maternity care services: **Hungary** - The Health Visitors' services has been operating since 1915 and is based on a network of district health visitors (usually women), who inform all families with small children and (young) mothers as to the benefits they are entitled to and support their accessibility. They pay special attention to pregnant women and to young mothers, initiating social assistance when needed, and placement in shelters for expectant mothers. They also initiate child protection measures by providing prophylactic care and all mandatory inoculations and they guarantee continuous health and social monitoring. Activities include visits to families, on-going care for pregnant women and families with children, as well as measures for preventing, recognising, and eliminating health problems and mental and social risks. Since the Health Act of 1997, health visitors have been included in the primary care framework. See: Hungarian Government (2004), National Action Plan on Social Inclusion, Hungary, 2004-2006, drafted by the Committee to combat social exclusion Available at: www.stopcsbe.hu/download.php?ctag=download&docID=14303

preventing violence against women, by helping to identify abuse early, providing victims with the necessary treatment, and referring women to appropriate care.

Although gender-specific health-related risk behaviour is starting to be documented and knowledge about the necessity to provide gender-specific health treatment is increasingly diffused, often **gender differences in most health care treatments are neglected**, aside from reproductive care (basic service provision for pregnant women and childbirth) and the treatment of female diseases, such as, for example, breast and cervical cancer.

Age, income, education and residency are important determinants of access to health care treatment for women and men. For similar levels of health needs, individuals with lower income and education are more likely to use primary health care more intensively, whereas specialized assistance tends to be underutilized. In most countries, immigrants and non-residents usually only have access to emergency care. As long as there are gender differences in terms of income levels, these different patterns are also relevant in terms of gender inequality.

The physical, psychological and social barriers that prevent many women from making healthy decisions are often not visible or addressed by health care treatment programmes and regulations. For example, there is usually little recognition of women's specificities in the treatment of some pathologies such as heart diseases, sexually transmitted diseases, mental disorders, or work related illnesses, and of the long-term consequences on women's health of violence and abuse. In many cases the knowledge utilised is based on studies conducted on men, which results in treatment that may, in some cases, not address the needs of women. For example, domestic abuse usually results in high rates of depression and anxiety; single female parents and older women living alone are at high risk for social isolation and anxiety. Role overload of working women with care responsibilities has further impact on mental health. Another example is work related health risks, where regulations on health and safety in the workplace mainly cover the risks that men are more commonly exposed to, while little consideration is given to health risks women are more likely to experience in female-intensive occupations and sectors.

Sometimes women and men are treated differently also as a result of health practitioners' lack of knowledge regarding gender-based treatment. Different patterns of medical response to female and male patients emerge, for example in the prescription of

psychoactive drugs, which is much more frequent among women than men; also therapeutic support aimed at the return to work after work accidents is more frequent among men than women. This is also due to the attitudes of occupational health physicians and employers, who feel that rehabilitation is more important for men than for women.

The issue of health service provisions *targeted specifically at men* is even less recognized, even if in some countries greater attention is being paid to these issues. Some male-related diseases (such as prostate or testicular cancers or benign prostatic hyperplasia among the elderly) are not paid special attention in a gender perspective. Also, the health programmes and treatment of some diseases related to gendered behaviours, such as alcohol addiction and alcohol related diseases, which is predominantly – although not exclusively – a male problem, do not consider this aspect sufficiently.

Barriers to access and gender differences

Even if universal or nearly universal rights to care are basic principles in all the Member States and most of the European population is covered by public health insurance, these basic principles do not always translate into equal access to and use of health care. Residency, socio-economic and geographical factors can affect the accessibility to health care for specific groups: the lack of insurance coverage (especially affecting those without residency or citizenship, the long-term unemployed and the homeless in countries based on social security contribution systems), the direct financial costs of care (affecting low income groups), the lack of mobility (affecting disabled and elderly persons), the lack of language competence (affecting migrants and ethnic minorities), the lack of information access (affecting the low educated and migrants/ethnic minorities), time constraints (especially affecting single mothers).

Financial barriers are particularly relevant for low income groups and for women. Income inequalities are especially related to the lack of insurance coverage and the cost of certain (specialised) types of care (such as dental, ophthalmic and aural care), which are often not covered by public insurance systems, the incidence of private insurance systems and of out of pocket cost and the persistence of informal payments in many Eastern (such as Slovakia, Romania, Bulgaria, Hungary, Poland, Lithuania, Latvia) and Southern European (such as Italy, Greece) countries.

The growing role of private health insurance and out-of-pocket payments may increase gender inequalities, since men are more likely to be covered by private insurance than women, although women are higher consumers of health care services and medicines. Women usually have a lower income and do not benefit from the same kind of firm-based private insurance coverage as men do, as they present lower employment rates in the regular economy (many women are either inactive or work at home or in the informal sector). When employed, they are more likely to work in the public sector or for small firms (which are not likely to provide supplementary private insurance schemes) with part-time and/or temporary contracts in low paying jobs. In addition, private insurance schemes are less attractive to women since they usually consider age and gender-specific risks in defining contributions. Women from ethnic minorities and poor households may be especially penalised by the privatisation of health services and the increase in out-of-pocket spending on health care.

Cultural barriers are also particularly relevant for women, especially for immigrant women and women of ethnic origin. The distinct roles and behaviours of men and women in a given culture, resulting from gender norms and values, give rise to gender differences and inequalities in access to health care, as well as in risk behaviours and in health status. Apart from prejudices and gender stereotypes, the main elements to be taken into consideration while analysing cultural barriers in accessing health care are social status and level of education, cultural differences inherent in ethnicity and migration issues (that involve not only language skills but also traditions, norms of hygiene and taboos), religious practices, prejudices concerning sexual orientation, working culture.

Geographical variations in coverage and provision are another relevant barrier to access to health care. The supply of health care services is typically greater in bigger cities and more densely populated areas, whilst there is a lack of General Practitioners or family doctors and of certain basic specialist services in small, rural and remote areas. Also, hospitals are often unevenly distributed across the country. In some countries, the explanation comes from geographical features (due to the presence of islands or mountains) but in others, such as Finland, Spain, Denmark, Italy, disparities are the result of a decentralised decision-making processes, giving regional and local authorities policy discretion and permitting regional differences in funding. The distance from hospitals and health care centres and the lack of accessible transportation and facilities particularly affect women living in rural or

mountainous areas, disabled and older women, as they are less autonomous than men (they drive cars less frequently than men), and live more years in old age and ill-health.

Gender differences in access to long-term care

The gender perspective is relevant when considering the access to LTC services, as women are the main providers of LTC care, especially informal care, and the main users of LTC services, because they live longer than men and are more likely to live alone in old age.

There are three key issues to be considered in a gender perspective in terms of their impact on the system. First of all, the role of **women as caregivers**, that is usually in unpaid informal care; secondly, the **increasing use of LTC by women**, due to their longer lifespan, women are the majority of the LTC beneficiaries both in kind and in cash; and third, **the cost of LTC** as the introduction of forms of co-payments for residential care and parallel increasing support to home care have reduced regular paid female employment in LTC services and increased the women's informal care load.

In the last fifteen years, European countries have experienced reforms aimed at removing inequalities in access to LTC and improving the quality of care. All over Europe various provisions concerning LTC are present. The mix of benefit types - formal/informal, in cash/in kind, institutional/at home care - varies among European countries, reflecting more the organisational features of each system rather than population structure and demographic developments. In particular, the variations reflect the different national approaches to familial solidarity (incidence of informal care and support for carers).

6. Priorities after 2010

The diagnosis regarding the main inequalities faced by women and men has not radically changed since the adoption of the Roadmap in 2006. Significant gender gaps continue to exist in the priority areas identified in the Roadmap. However, new trends affecting gender equality in the European Union should also be taken into account when defining the priorities for the new strategy:

- the economic and financial crisis, which has triggered a rise in unemployment, pressure on wages, increasing uncertainty among economic actors and strong pressure on public finances;

- the demographic trends of low fertility rates and an ageing society;
- the globalisation of the economy and increased migration.

The six priority areas addressed by the Roadmap 2006-2010 remain relevant for the future: the new strategy can build on these core priorities and also address new areas of potential gender inequality. When defining a new strategy, closer attention should be paid to describing the way in which inequalities can become embedded at critical steps in the life-cycle.

In defining the priorities for the social inclusion/social protection process, the following issues seem to be relevant:

- the gender gap in the labour market and in wages,
- support for the reconciliation of work and private life,
- the risk of poverty faced by women,
- multiple disadvantages faced by women, notably immigrant and ethnic minority women and disabled women,
- the gender dimension in migration policies,
- gender inequalities in pension systems,
- gendered barriers to accessing health and LTC services.

A gender analysis should also be carried in considering the actual and expected impacts of the current financial and economic crisis, which are likely to be different on women and men⁷⁸. While men appear to have been more affected by the immediate negative employment effects of the crisis, which has especially hit male-dominated sectors (such as the financial and the industrial sectors), women are more likely to be negatively affected by the larger indirect and long-term effects of this crisis. As long as the cuts to public expenditures mainly involve social services (childcare, housing, education, dependent persons care and health services), this will have a double negative effect on women: on the one hand, it will reduce their employment levels (as these sectors are mainly female dominated) and on the other, it will increase the family care load on women, encouraging

⁷⁸ See Smith M. (2009), Gender equality and recession, EGGE analysis note. Available at: <http://ec.europa.eu/social/main.jsp?catId=748&langId=en>

them to leave the labour market. In addition, the crisis may increase the use of flexible employment contracts, which are usually prevalent among women, and reduce family-friendly work arrangements among firms, thus enhancing the marginalisation of women in the labour market.

Specific priorities should be addressed within each policy area and through specific policy approaches, as shown in the two following sections.

6.1 Policy fields

In the field of social inclusion

Member States are increasingly focusing on “active inclusion” to strengthen social integration. There is a clear trend towards making benefits more strictly conditional on availability to work and improving incentives through tax and benefits reforms. All Member States encourage inclusion in the labour market, either in the form of employment or through job training. Some MS are also developing a more structural approach for dealing with housing exclusion and homelessness.

The focus that most Member States have adopted to encourage paid work may positively contribute to the reduction of gender differentials in poverty rates, because the differentials in employment rates are among the major determinants of gender differences in the at-risk-of-poverty rates. However, very few countries within the EU27 have designed and implemented special measures to promote the inclusion of vulnerable groups such as migrants, the disabled and the long-term unemployed with a specific attention on the situation of women. The implemented policies include especially: “qualification and job search support” and “subsidised wage and employment schemes”. The most active countries in this sense are Austria, Belgium, France, Germany, Greece, Hungary, Netherlands, Norway, Romania, Spain, Sweden and UK. Most countries have, on the other hand, developed activation measures for women returning to work after maternity leave through the implementation of reconciliation policies. Other policies implemented in a few countries for the labour market inclusion of vulnerable groups of women are “contributions to the demand for personal services”, “quota for women in employability schemes”, and “start-up incentives”.

As **in-work poverty** is frequent among women, **making work pay** measures should be considered: the continuation of benefit entitlements for women with a low labour income, even once they are in employment, secures an adequate level of income for the household. Some of the countries have introduced specific policies at this concern. The risk to avoid is to introduce **income support schemes** that may disincentive the return to work a real further inclusion in the active society: this is the case for example in MT and BE, where informal care for a dependent relative may be considered a reason for not working while being eligible for income support. As is the case with disability pensions, the measures that accommodate inactivity without providing adequate support for the conciliation of family and work life, may prove to be effective instruments for poverty reduction, though at the cost of reduced social inclusion for vulnerable women in the long-run. This is so because frequent or long periods of inactivity reduce women's employability. **Earnings-related benefits** can be more directly targeted toward younger generations as they make paid work an attractive option. Such a benefit encourages women to join the labour market, earn their own living and gain independence and gender equality.

When considering priorities for after 2010, it must be pointed out that *the lack of synergies among different instruments and policy interventions is still a problem* when considering national approaches to active inclusion. Inclusive labour markets, access to quality services and adequate income are dealt with separately in most cases, whereas most disadvantaged people suffer from multiple disadvantages and integrated responses are essential. This is particularly true if considering minimum income. Even if it has already been implemented in most of the Member States, there is still the need to implement better links between out-of-work benefits and in-work support, in order to create the right incentives, while at the same time ensuring adequate income support and preventing in-work poverty.

In the field of pensions

The current economic situation of women who are already retired or near retirement age is significantly affected by a greater generosity of entitlements as well as the provision and/or increase of minimum pensions. These can be provided under a flat or means-tested formula. In most countries, social welfare systems, and particularly income support schemes, still rest on an implicit and outdated policy assumption that women have or should have access to the income of a male 'breadwinner' partner or have derived benefits

as his dependent spouse. Among eligibility conditions, those more likely to bear gender-specific implications are age, residence, income and previous employment. Since the means-testing procedure traditionally takes account of family (or at least spouse) income, such provisions miss the main point of the individualisation of pension rights. Instead, when the means-tested benefit is provided with the only pensioner income that counts as “means”, the individualisation of pension rights are guaranteed. Taken as a whole, the process of pension reforms in Europe may have a positive impact on young women providing that their activity and employment rate increase. Special attention should be devoted to the *individualisation of social rights*, irrespective of household and marital relations.

In the field of health and long-term care

Adopting a gender perspective is also relevant in health and long-term care policies, considering the biological, economic, social and cultural factors which affect the health condition of women and men and their access to health care. *A gender mainstreaming approach* to health care policies, addressing gender specific risk factors in medical research, service delivery (considering promotion, prevention and treatment policies) and the design of financing systems enhances the effectiveness of the care provided for women and men and reduces inequalities in access, as shown in some of the good practices presented in the report.

6.2 Policy approaches

Some relevant features of successful policy approaches emerge from the information collected in this paper:

1. First of all, the adoption of a *dual approach*, comprising positive actions targeted at women (and men) and gender mainstreamed policies, considering the needs of women in the implementation of all policies, appears to be effective. Adopting a dual approach requires greater attention to the *gender evaluation* of the potential differentiated effects of both dedicated and generalised policies (such as pension and assistance policies, tax policies) on women and men. This requires the development of more *disaggregated statistics and research* in order to improve

knowledge of the socio-economic conditions of the heterogeneous groups of vulnerable people.

2. Addressing the specific needs of women also means developing *integrated policy packages*, to deal with all the different aspects of women's living conditions by combining access to affordable health, training, employment and care services.
3. The *continuity of interventions and policies* is another important issue: their effectiveness must be evaluated and successful projects must be internalised in ordinary policy making. Country-specific conditions should be carefully considered in order to promote feasible programmes, which may be easily integrated within the existing main body of welfare schemes. For example, it is probably not feasible in the short-term to envisage the same programmes implemented in Nordic countries for Southern and Eastern European countries because of the lack of financial resources, trained personnel and culture of equality. However, in these countries it should be possible to improve the design of existing measures in order to avoid their more negative effects and to support local players and NGOs in the provision of basic services at a local level.
4. The *involvement of local communities and local actors* (usually municipalities, charities and NGOs) in policy design and implementation is also important to sustain the creation of extended support services and networks at the local level. Interesting examples reported in this paper show the important role of municipalities and local communities, but also the need for training and resources to ensure good quality services and their continuity. In these experiences, the social inclusion of vulnerable people is based on supporting their *being part of a community*, which helps in practical problems such as obtaining information on the availability of services, housing and benefits, getting help in emergencies, supporting house-hunting, educational and leisure plans, etc. The *contribution of potential stakeholders* – welfare agencies, women constituencies and delegations – in designing, implementing and evaluating relevant policies may improve the understanding of the specific needs of women.

The development of basic policies and services, capable of meeting women's needs goes hand in hand with their *consultation and representation in public institutions* and in

strategic programmes. *Empowerment policies should be considered*, integrating several welfare domains and distinctive approaches.

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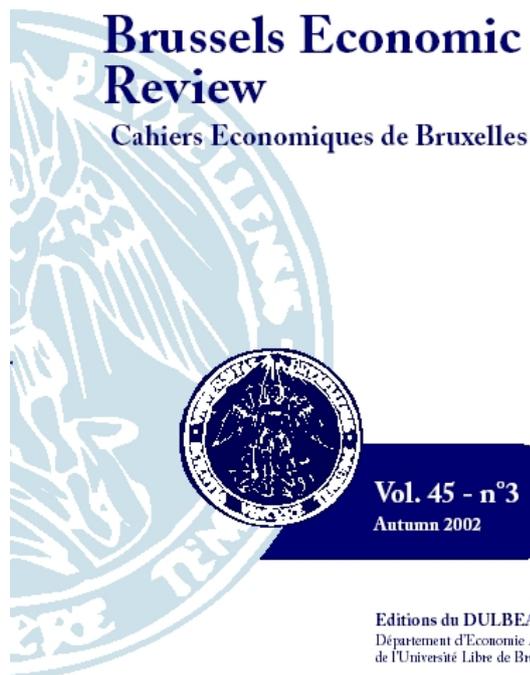
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