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Executive summary

The overall objective of this WP was to analyze social cohesion in CEEC in three major aspects: i) inequalities and poverty and the evolution of material and non-material deprivation; ii) disparities in the health status of the population, and iii) processes of exclusion from the labour market. Research tasks included: the analysis of inequalities and their drivers, the analysis of the effects of income inequality on population health and social outcomes as well as the disparities in health status, exclusion from labour market participation and provision of employment rehabilitation services, family policies and female labour force participation together with social policy variation across countries.

Drivers of inequality and poverty. Our research showed that in a European context income inequality (measured by the Gini index) is quite low in most Central European and Scandinavian countries within the EU, while it is the highest in some East European Member States (Latvia, Lithuania and Bulgaria), in South European countries (Portugal, Spain and Greece) and the UK. Inequality in other measured dimensions, in the health status of households and in housing showed above average levels in the CEE MS (except for Slovakia, Slovenia and the Czech republic in the case of the housing indicator). As to household educational attainment levels we could see that while inequality is quite low in Central European and Scandinavian countries, but also in the Baltic States, the differences are much more pronounced in the South European countries.

Concerning the drivers of inequalities the household specific employment rate has proved to be the most important driver of income inequality in the whole of the EU. Second most influential are differences in the educational attainment rate of the head of the household. In all countries the combined effect of gender and age is explaining just a small part of the inequality levels. The same is the case for differences between urban and rural areas for most of the EU countries, However Poland, Bulgaria and Romania regional differences are remarkable additional drivers of the level of income inequality.

Effects of income inequality on population health and social outcomes in the EU at the regional level: differences and similarities. Our analysis found that indices of income inequality conditional on GDP p.c. levels showed significant correlations with a number of social indicators. For life expectancy at birth, infant mortality rates, (age structure adjusted) death rates for assault and heart attack, homicide rates, robbery rates, rates of domestic burglary, rates of youngsters (age 15-24) not in employment, education or training (NEET) and rates of early leavers (age 18-24) from education we found significant results for the thesis that higher inequality levels tend to lead to a worsening of social outcome variables.

The results often differ in magnitude for the NMS regions and Non-NMS regions; i.e. higher inequality levels have a stronger impact on social outcomes in the NMS regions compared to the Non-NMS regions. However, the direction of the relationship between inequality and social outcomes is – as expected - almost always a negative one. No significant results could be found for infant mortality rates and age specific death rates for drug dependence and mental diseases in the case of the NMS regions. The coefficients for the latter two rates show significant negative signs in the case of the Non-NMS regions, which is counter-intuitive (one problems of cause-specific death rates may be that classification strategies are divers in various countries and cases of comorbidity dealt with differently). For the NMS regions we obtained one counter-intuitive result for theft rates of motor vehicles, which correlate negatively with poverty rates.
Conditional significant correlations with satisfactorily high explanatory power for at least two of the three inequality indices (Gini index, Poverty rate and Income quintile share ratio) have been found for the NMS for life expectancy and homicide rates, for NEET rates and early leavers from education. For the Non-NMS this is the case for NEET rates and the rate of early leavers from education. However as indicated above also for most other social indicators applied we find significant coefficients for the inequality measures.

The analysis shows that redistributive policies aimed at reducing income inequality might lead not only to improved population health but also to general positive spill-over effects in the form of lower crime rates and increased activity and participation rates of youngsters in education. The split of the sample into NMS and Non-NMS regions reveals that although the effect of GDP p.c. is mostly stronger for the NMS regions also the slopes of the conditional correlations of the inequality indicators tend to be steeper. This suggests that for the NMS countries not only absolute growth of GDP levels is expected to lead to better outcomes in population health and other social phenomena. More redistributive policies would most probably lead to improvements particularly in those countries.

Concerning population health this is no surprise since total health expenditures as a share of GDP are on average lower in the NMS countries compared to the Non-NMS group. Thus it may very well be even more important in the former countries how the distribution of scarce means looks like. In the case of crime rates we find positive correlations both for violent and property crime (except for theft of motor vehicles in the NMS). We obviously cannot identify if the reasons for that are higher expected relative gains from crime or if the income dispersion leads to lower inhibitions to commit crime. However, higher crime rates are per se a fact of widening rifts in the social fabric. A low commitment to redistribution and social security expenditures may thus lead to higher costs for internal security in a society. In both NMS and Non-NMS regions non-activity rates of youngster and early leave from education are strongly correlated with income inequality. We do not expect these regressions to be completely devoid of endogeneity however, the highlighted relationships show that the danger of transmission of difficult material living conditions to the young generation is higher in more unequal societies.

Disparities in health status of EU member countries and Post-Soviet states. Our research assessing the factors behind health disparities in Europe found that the health status of the population is fairly different in the “old” and the “new” EU MS and in the Post-Soviet States. The explanation for these differences was investigated by scrutinizing three different group of factors: i) socio-economic factors: geographical position, level of economic development at present, political and ideological system of the countries, ii) life-style factors: the relative price of alcohol and tobacco, consumption of spirits, overwork in the hidden economy in the past and present, iii) health care resources: the share of health expenditure in the countries’ GDP.

The above explanatory variables of the health production function can explain 83-87 % of the cross-country differences in mortality rates of the working age population in 2011. The most important contribution – according to our research – comes from the past economic and political system and the present level of development. Economic and life-style disadvantages turned out to be more harmful for men than for women. The share of the hidden economy was found to be a significant explanatory factor for men, but non-significant for women.
Exclusion of women and disabled people from the labour market. Our research found that female employment increased in Europe until the global recession set in, while it stagnated between 2008 and 2011. The expansion of women’s employment in the years between 2001 and 2007 was much more marked in the EU-15 than in the CEE countries, so that the former advantage of CEE countries turned into a slight disadvantage by the end of the period. Most of this trend is explained by the relatively faster rise in the employment rate of older women in the OMS and by the decline in the employment of mothers with small children in the NMS compared to the modest rise observed in the OMS. One of the factors explaining this later trend is the faster development of daycare services for small children in several OMS respect to the scarce daycare capacities in the Visegrad countries.

The employment rate of people with disabilities was found to be markedly lower in the CEEC as compared to the EU15 and the gap remained practically unchanged between 2002 and 2011. Employment is somewhat higher for men, younger age groups and those with higher educational attainment in both regions, pointing to a considerable incidence of multiple labour market disadvantages. The decomposition revealed a mixture of opposing, but mainly age-related effects behind the seemingly stable difference between disabled employment rates in the two regions. These are difficult to interpret as changes in the age-composition of disabled persons can be a result of long term demographic trends, changes in health status of the population or in the rules determining access to disability pensions as well.

Concerning the question whether unpaid household production may compensate women or people with disabilities for their exclusion from paid work we found no compensatory role for women, nor for disabled people. Gender is a stronger determinant of the amount of housework than employment status and non-employed women do not spend more time on household duties than women in paid employment, even when controlling for education and age. People with a disability or chronic illness spend about the same time on home production as their non-disabled peers, except when they do not have a paid job, in which case, they spend significantly less time on domestic work.

Family policies and female labour force participation in the Visegrad-countries. Searching for the causes of falling birth rates and the difficulties to harmonize family and work in CEEC we investigated whether there has been a move towards more flexible family policies for parents with children under the age of 3. Our research traced the continuous volatility and thus unpredictability of the family policy systems in all the four countries during the 2000s. At the same time there have been important shifts towards the increased flexibility of the leave systems as well as child-care services. However such changes often happened only on the level of legislation with limited implementation and thus a lack of plausible positive development in the actual outcomes.

In the Czech Republic and Slovakia the intended effects of the proposed changes have been blocked by the scarcity of child-care services for children under the age of 3. The research found that in Poland developments have become less hectic and more carefully planned since the mid-2000s, recent reform steps provided a positive example of a gradual shift in the direction of “optional familialism” and thus increased the choice of parent to care for small children. Hungary has been found to be the less open to experiment with new solutions concerning care for small children showing a ‘frozen” system of family policies with the highest (and slowly increasing) share of children below the age of 3 attending child-care services (around 13 %).

The role of employment rehabilitation services for disabled workers in CEEC in fostering employment – barriers to welfare reform in Visegrad countries. The research outlined a strategy for
identifying barriers to institutional change, focusing on the shift away from cash transfers to households to the provision of social services and from large, one-size-fits-all programmes to personalised rehabilitation services. We showed that Central and Eastern European welfare regimes that have a similar initial structure also fit the general European trend. They, however, differ in their speed of adaptation to the challenges posed by external shocks to the labour market. In particular, these countries have been rather slow to improve policies that support the labour market integration of disabled people.

Public awareness and support for the social integration of vulnerable groups (among them the disabled) was weak as a legacy of segregating and paternalistic policies in CEE and managers of large segregated institutions were strong defenders of the status quo. At the same time the inheritance of CEE public administrations skilled in planning rather than designing sophisticated incentives for independent actors in a competitive economy was also hindering change.

Comparing policy developments in the Czech Republic and Slovakia on the one hand and Poland and Slovenia on the other hand, we identified fiscal constraints, pressure to comply with the recommendations of the European Union (especially at the time of accession), and exposure to the influence of international organisations (the World Bank) as important drivers of change.

A constraint on the growth of integrated employment was the slow development of personalised services that would prepare disabled jobseekers for work in the open labour market. The so called “supported employment” approach was first introduced by American or British donors who financed the training of rehabilitation professionals and supported the establishment of NGOs in the region. Czech and Hungarian NGOs were set up in the mid-1990s, while Polish and Slovak initiatives followed only in the late 1990s. In Slovenia, though supported employment services were introduced as a possible rehabilitation measure, in practice there are no NGOs providing such services in a systematic way.

**Assessing social policy variations across CEEC.** The paper shows that differences and similarities among the NMSs in the variety and intensity of social problems are partially due to their historic heritage (“path-dependency”), but some divergence among them can be already related to their different policy responses to the multiple social challenges (“path creation”) they faced during the past 25 years. Such gradual and partial divergence on certain social protection fields was found in frame of the GRINCOH project concerning labour market policy interventions following the 2008 crisis by Vidovic (2013), concerning family policies by Győry, Szikra (2014) and Scharle (2015) as well as concerning policies aiming at the employment inclusion of the disabled by Scharle, Váradi (2014).

Most of the comparative literature indicates as a specific feature that despite the survival of the principles of more comprehensive social protection till the 2008 crisis, the “post-communist welfare state” remained rather weak due to low social benefit levels, low minimum salaries and the low share of GDP spent on social protection. As limitations to apply better policy solutions the relatively high level of the shadow economy is often cited in the literature that limits public resources for benefits and services while counter acts also to reduce poverty by activation policy means.

The paper shows that since the economic crisis and recession more divergence among NMS could have been found in dealing with poverty and inequalities (OECD 2014, ILO, 2014). Especially Hungary demonstrated difficulties of counter-cyclical policy in the severe downturn.

Policy mixes in different fields of social protection (in family policies, rehabilitation policies, labour market inclusion and activation, childcare, etc.) are composed of transfers to combat the immediate
effects poverty and of complex services that help people to solve their problems and become integrated members of their societies in the long run. As to transfers (benefits, allowances, assistance) NMSs are getting less generous partly due to fiscal pressures, partly with the intention to stimulate more employment participation. However the still weak capacities of the different social services and their unequal accessibility and quality – from employment services to childcare, from rehabilitation services to education and training – make complex policy mixes incomplete and inefficient.

There are some sporadic policy shifts towards complex and good quality service development in the NMS to increase social inclusion of the most marginalized people but more important investments are needed in the physical and organizational infrastructure and in the skill development of social services. The still weak NGO sector of the NMS should be also supported to find its role and share in building more cohesive societies.

Such investments in a wide range of social services beyond the scope of supporting inclusion, activation and cohesion would create jobs for qualified and skilled people not only in developed centers but in small localities with the aim of better and more even access.

**Female and male roles in three Central Eastern European countries.** This paper explored the perception of female and male roles in three CEEC (the Czech Republic, Hungary and Poland) focusing on three fora of public discourse: electoral programmes, parliamentary debates and printed or online media and contrasted their portrayal of gender roles with public attitudes as measured in household surveys.

The main finding was that traditional attitudes to gender roles prevail in all three countries, especially in Hungary, however, politicians tend to hold somewhat less traditional views than the public. As other research noted already (Fodor, Balogh, 2010), this appears to somewhat contradict the development of family policies and especially the availability of services that support work-family reconciliation, which is more advanced in Hungary than in the other two countries.

In the Czech Republic and Poland family policies that promote father’s involvement in child care have started to appear on the political agenda. Based on congruent and increasingly egalitarian political and public views, progressive measures in family policy seem more likely to happen in the Czech Republic and Poland than in Hungary.

Movement towards more equal gender roles in policies is expected to be slower when public attitudes turn to be more conservative. That would hinder the development of policies that support the reconciliation of work and family and thus contribute to the labour market exclusion of women.

**Objectives and methodology**

This work package reflects three prominent areas of social inclusion and cohesion: income, health and access to paid work. The research – being descriptive and explanatory – aimed at assessing cross-country variations of these issues exploring at the same time the possible direction and scope of related welfare policies.

The research tasks combined qualitative and qualitative methods, economic as well as sociological and social policy approaches. Existing European data sources (Eurostat, LFS, OECD, ILO, WHO, ESPROS, EU-SILC, HETUS) were utilized within micro- and macro-level analyses. Policy analysis
concerning the different research areas has been based on a wide literature review and document analysis. In some tasks country case-studies were prepared.

**Task 1. Identifying the drivers of inequality and poverty in the CEE EU Member states:** In this paper we studied one- and multidimensional indices on inequality on data for CEE EU Member States in comparison to other EU countries including four dimensions in our measure of multidimensional inequality: income, health, education and housing and apply various decomposition methods to these one- and multidimensional indices and also to a poverty index. In doing so, we applied standard decomposition techniques to the Mean logarithmic deviation index ($I_0$) and decompositions based on regression analysis in conjunction with the Shapley value approach to Gini indices. The Shapely value decomposition was applied to household income inequality, the multidimensional inequality measure and a poverty index of household income inequality. This method is based on a regression approach which allows considering all explanatory variables simultaneously and conditional on each other. Further the Shapley value approach allows calculating the contribution of groups of these variables to the respective inequality measure.

**Task 2. Effects of income inequality on population health and social outcomes in the EU at the regional level: Differences and similarities between CEE and Non-CEE regions:** In this research we analysed the relationship between income inequality (measured by Gini index, poverty rate and quintile share ratio) and variables describing social outcomes in the EU regions at the NUTS 2 level where available (and NUTS 1 level in other EU countries) and highlighted the differences between the Central and Eastern European New EU Member States (NMS) and Non-NMS countries. Social outcome was measured by indicators of population health, crime and educational attainment of young people.

The quantitative (regression) analysis is based on Eurostat and OECD regional data. Fixed effects and random effects cross-region regressions are applied. In addition we use EU SILC microdata to calculate inequality indicators not provided by the latter two data sources.

**Task 3. An assessment of the factors behind disparities in health status of EU member countries and Post-Soviet states:** To understand the process contributing to striking disparities between the health status of ‘old’ and ‘new’ Member States the research was based on a regression analysis of health production functions (HPF) calculated from cross-country estimations for 2011. Health status was represented by the mortality rate of the working age population. The explanation for the differences was investigated by scrutinizing three different groups of factors (socio-economic, lifestyle and health care resources). The analysis was based on pair-wise relationships of the individual factors and health status also calculated as correlations as well as regression analysis of HPFs.

**Task 4. Exclusion from the labour market in post-socialist EU Member States: women and disabled workers:** The decomposition of variations in female and disabled employment was based on the EU Labour Force Survey that contains data on the age, sex, education, country, year and household composition, which allowed us to construct a variable to indicate if a woman had a child aged below the age of three. The time use analysis is based on semi-aggregated data from the Harmonised European Time Use Survey (HETUS) and covers only the ten member states for which harmonised data are available.

Changes in female employment has been decomposed into differences in the composition of the female labour force and in within-group employment levels (using the Smith-Welch 1989 type decomposition method). A similar exercise was carried out for cross country differences in the
disabled employment gap. The variations in time spent in home production across country, gender and health status was analysed in simple OLS regressions.

**Task 5. Family policies and female labour force participation in the Visegrad countries:** The research used international datasets (EU, OECD) and collected substantial information from national institutions, statistical offices, ministries, research institutes as well as national experts of family policies. Lack of comprehensive datasets especially on child care institutions considerably hindered the work. The research was based on 4 detailed country case studies and their comparison. Collection of national policy documents and analysis have resulted a detailed description of legislative changes as well as an assessment of the implementation and impact of legislative changes in the Visegrad countries.

**Task 6. Provision of employment rehabilitation services:** The analytical framework in this task was a qualitative comparison of CEEC with a Corporatist welfare regime that show considerable variation in terms of changes in disability policies, public expenditure and outcomes. This allowed us to control for several contextual variables that may influence the speed of adaptation and focus on a manageable number of variables that differ within welfare regimes. For the comparison we relied on desktop research to document policy changes and the possible drivers of change.

**Task 7. Assessing social policy variations across CEEC:** On the basis of a wide literature review this task assesses challenges of social cohesion in the EU NMS and the changing public policies to support inclusion. The paper is integrating the contributions of WP5 of the GRINCOH project (concerning family policies, equal opportunities of different disadvantaged groups) as well as other WPs dealing with certain aspects of social exclusion (i.e. labour market exclusion) within NMSs. The paper assesses similarities and divergence in the social welfare developments of NMSs in two approaches; in frame of the regime theory focusing more on the institutional and policy context of social protection interventions and in frame of cross-country research of the most recent moves on different social welfare fields under the pressure of social, economic challenges and financial limitations.

**Task 8. Female and male roles in three Central and eastern European countries:** This paper used mainly qualitative analysis to explore the perception of female and male roles in three CEECs. It can be considered a first attempt at measuring attitudes as reflected in public discourse and opinion surveys. We focused on three fora of public discourse: electoral programmes, parliamentary debates and printed (or online) media and contrasted their portrayal of gender roles with public attitudes as measured in household and opinion surveys.

**Evidence of analysis – synthesis**

**Task 1. Identifying the drivers of inequality and poverty in the CEE EU Member states**

(Leitner S., Stehrer R. – WIIW)

**General findings:** In this paper we analysed single- and multidimensional inequality in the EU countries for the year 2010. In order to construct a multidimensional inequality index, we included four dimensions: household income, household health, household education level and housing level (quality and space p.c.) and applied various decomposition methods to one- and multidimensional indices of inequality.

Income inequality is, when measured by the Gini index, was found to be quite low in most Central European and Scandinavian countries within the EU and highest in East European Member States (Latvia,
Lithuania and Bulgaria), South European countries (Portugal, Spain and Greece) and the UK. (Figure 1) The inequality in the measured household health status and in the housing indicator did not differ by large between countries; however the CEE EU Member States have above average inequality levels in both cases (except for Slovakia, Slovenia and the Czech Republic in the case of the housing indicator). (Figure 2 and 3.) When it comes to the household educational attainment levels we could see that while inequality is quite low in Central European and Scandinavian countries as well as in the Baltic States, the differences are much more pronounced in the South European countries. (Figure 4) The combined index of multidimensional inequality highlights the fact, that the South European countries (Greece and Portugal) feature the highest level of welfare dispersion, while Central European and Scandinavian countries are those with the lowest level of inequality. (Figure 5)

**Figure 1. Gini indices and poverty rates of disposable household income p. c. equivalised**

![Gini index and Poverty rate](source)

Source: EU SILC 2010, own calculations.

**Figure 2. Gini indices and poverty rates of average conditional health status of households**

![Gini index and Poverty rate](source)

Source: EU SILC 2010, own calculations.
We applied standard decomposition techniques to the Mean logarithmic deviation of all four single dimensions and on the multidimensional index as suggested by Massoumi (1986, 1999). The results indicate that household income is most strongly influenced by the education level of the head of household multidimensional welfare.
household. On average of all countries about 16% of the income differences are accrued from that characteristic, while about 15% of the income differences can be explained by the employment rates of the individual households. Further, also the characteristic employment status of the head of the household explains - with about 10% - quite a large part of income differentiation. In the case of health inequalities also those households with higher household employment rates and those headed by employed persons faced a somewhat better health status on average. In the case of housing quality the simple decomposition analysis couldn’t give much insight into the driving factors of inequality and the results were rather ambiguous across countries. The decomposition results of multidimensional inequality are strongly driven by those attributes with the highest inequality levels, which in our case are the household income and the household education level. On average, differences between education groups account for almost 40% of total differences in household welfare variations. The employment status of the head of the household (on average 17%) and the level of labour market activity of household members (on average 21%) also exert a strong influence on the level of well-being, less so the age of the head of household (13%). The other characteristics of the households analysed have only minor effects.

We have also applied the Shapely value decomposition to household income inequality, the multidimensional inequality measure and a poverty index of household income inequality. This method allowed calculating the contribution of groups of our variables to the respective inequality measure. This approach seems to work best for the Gini coefficient. In the case of income inequality we can explain on average about two thirds of the Gini index by our approach. (Figure 6) In general the household specific employment rate is the most important driver of income inequality in the EU countries. Second most influential are differences in the educational attainment rate of the head of the household. In all countries the combined effect of gender and age is explaining just a small part of the inequality levels. The same is the case for differences between urban and rural areas for most of the EU countries. Only in Poland, Bulgaria and Romania regional differences are remarkable additional drivers of the level of income inequality.

The results of the decomposition approach look somewhat different, when we apply the method not to inequality of income but to the multidimensional case. (Figure 7) In many countries the importance of
education as a trigger of inequality increases, while the impact of differences in labour market participation declines. Also differences between rural and urban areas (also for those countries, where these were important for income inequality) become negligible. In some countries, especially in Portugal and in Greece, age differences are strongly driving overall inequalities of multidimensional welfare.

We not only applied the decomposition approach to inequality indices that consider the whole income distribution, but also to a Poverty index, which takes into account only a distinct part of the distribution (in our case we used a headcount index for all those households with an equivalised per capita income of less than 60% of the median income). (Figure 8) However, the results were somewhat disappointing since the decomposition analysis could for most countries only explain a very small part of the existing poverty levels. For those countries where we have a higher explanatory power (mostly countries that are hit hard
by the economic crisis) the employment status of the head of the household is the most important variable driving overall income poverty.

**Comparative analysis of single- and multidimensional inequality and poverty in respect to the CEE EU Member States:**

- **Regarding income inequality** the CEE EU Members comprise different subgroups, the first consisting of the Czech Republic, Slovenia, Slovakia and Hungary, which very much resemble to the features of Scandinavian/Central European - EU15 countries. Relatively low income differences between households are mostly driven by disparities of labour market participation. However, in those Central European New EU Member States differences between rural and urban regions are an additional driver of income inequality. The highest levels of income inequality in the EU are to be found in Latvia, Lithuania and Bulgaria while Estonia, Poland and Romania also have levels above the EU 27 average. This group of New EU Member States resembles features comparable to South European countries. Their higher levels of income inequality are apart from differences in labour market participation, driven in addition by variations between educational attainment groups. Furthermore households at the country side have on average lower income levels compared to those in urban areas. The analysis of poverty levels and their decomposition did not deliver additional insights.

- Regarding further attributes of our multidimensional inequality analysis the results are as follows. Inequality according to our constructed conditional health status of households is in general lower compared to income differences. However, all CEE EU Member States have above EU-average levels of inequality comparable only with those of Greece and Portugal. The decomposition analysis did not deliver much insight into the sources of inequality although the health status in the CEE and South European countries are influenced more strongly by variables describing labour market participation.

- Inequality according to our housing indicator (including information on housing quality and space p.c.) is also at a much lower level compared to income inequality. Again the CEE EU Member States comprise of two different subgroups the first including Slovakia, Slovenia and the Czech Republic with a very low level of housing inequality and a second subgroup containing the Baltic States, Bulgaria, Romania, Poland and in this respect also Hungary. The decomposition approach did not tell us much about the sources of inequality in this attribute of the multidimensional analysis in the CEE region, only in some countries like Bulgaria and Romania stronger differences between educational attainment groups can be detected.

- **Educational** differences between households are generally much lower in the CEE EU Member States compared to South European countries. However also in the group of CEE countries the situation is disperse. Especially in Romania and Poland (to a lesser extent in Bulgaria and Lithuania) a substantial share of the population can be characterized as poor according to their educational attainment levels (below 60% of the median educational level of households). In general in CEE countries educational segregation is as eminent as in the rest of the EU. However, stronger educational differences are also evident between urban and rural households in Bulgaria, Romania but also Hungary and Slovakia.

- The analysis of multidimensional inequality sums up the findings of the various attributes discussed above. Thus, again Slovakia and the Czech Republic feature very low inequality...
levels comparable to Scandinavian/Central European - EU15 countries closely followed by Estonia, Slovenia and Hungary. Bulgaria, Latvia, Lithuania, Romania and Poland form a subgroup of countries similar to South Europe. However, Greece and Portugal feature inequality levels that are much above those of the latter subgroup of CEE EU Member States. Particularly differences between age and educational attainment groups are more pronounced in this latter subgroup of countries.

• The analysis shows that with respect to income and multidimensional inequality the region of CEE EU Member States comprises of at least two distinct country groups. The first consists of the Czech Republic, Slovakia and Slovenia, which feature low levels of inequality in all attributes (except for our constructed indicator of conditional health status) when compared with the rest of the EU. The second group, comprising Bulgaria, Romania, Poland and the two Baltic countries Latvia and Lithuania, has according to all attributes (except for educational attainment levels) inequality levels at the upper end of the ranking of EU countries. The two countries in-between are Hungary and Estonia, the first featuring low levels of income inequality, but quite high levels of inequality in the attributes health and housing. Estonia, although having a high level of inequality in respect to the housing indicator and a level of income inequality resembling the EU average, however features a low level of inequality according to educational attainment levels of households.

Task 2. Effects of income inequality on population health and social outcomes in the EU at the regional level: Differences and similarities between CEE and Non-CEE regions (Leitner S. – WIIW)

In order to compare the situation in the EU between regions we analysed various aspects of social outcomes but have confined the analysis to indicators of population health, crime and educational attainment of youngsters. In the research we applied only objective measures. Unfortunately, we can only make use of cross-sectional regional data. For the inequality measures Gini coefficient and income quintile share ratio (explained in detail below) regional data are available only for the year 2010 and the poverty rate is also only available for a short time span.

Regional data at the NUTS 2 level have been collected from the Eurostat database and the OECD well-being dataset for the following social indicators:

Population health indicators: Life expectancy at birth, infant mortality rate (Number of deaths of children <1 year of age per thousand live births in the same year) and standardised death rates (age structure adjusted): assault, drug use, heart diseases and mental diseases. No data on standardised death rates were available for the regions of Denmark.

Crime indicators: Homicide rates, robbery rates and rates of domestic burglary. None of the crime rates were available for the regions of Greece and the United Kingdom. In the case of the Netherlands no data on homicide rates were available.

Participation of youngsters in education: Share of youngsters aged 15-24 not in employment, education or training in the population of the same age; Rate of early leavers from education (percentage of the population aged 18 to 24 having attained at most lower secondary education and not being involved in further education or training).

In order to characterise the level of income inequality in the EU regions we applied three different indicators, first the Gini coefficient, which is most sensitive to inequalities in the middle part of the
income spectrum, second the (at-risk-of) poverty rate focusing on the dispersion between low and medium income earners and the income quintile share ratio highlighting the dispersion between low and high income earners. Certainly, it would have been useful to apply in addition to the Gini coefficient and the poverty rate an inequality measure that was sensitive to inequalities at the upper part of the income distribution like a Generalized Entropy indicator. However, the choice was limited by the availability of data. (In addition to inequality measures regional income levels were used as an explanatory control variable, precisely the regional level of GDP per capita based on purchasing power parity.)

Our analysis shows that indices of income inequality conditional on GDP p.c. levels show significant correlations with a number of social indicators. For life expectancy at birth, infant mortality rates, death rates (for assault and diseases of circulatory system -heart attack), homicide rates, robbery rates, rates of domestic burglary, rates of youngsters (age 15-24) not in employment, education or training (NEET) and rates of early leavers (age 18-24) from education we found significant results for the thesis that higher inequality levels tend to lead to a worsening of social outcome variables.

The level of R-squared and thus the explained variation of some of the regressions is however quite low for robbery and domestic burglary rates and for the regions in Non-NMS countries for life expectancy, infant mortality and homicide rates. This does not mean that the relation between income inequality and the latter social indicators is non-existent. But obviously the phenomena that influence the inter-regional variations are rather complex and we can explain only a small part of the variations of the dependent variables with our explanatories. The results are in these cases more vulnerable to change if additional explanatory variables were included.

The results often differ in magnitude for the NMS regions and Non-NMS regions; however, the direction of the relationship between inequality and social outcomes is almost always the same. No significant results could be found for infant mortality rates and age specific death rates for drug dependence and mental diseases in the case of the NMS regions. The coefficients for the latter two rates show significant negative signs in the case of the Non-NMS regions, which is counter-intuitive (one problems of cause-specific death rates may be that classification strategies are divers in various countries and cases of comorbidity dealt with differently). For the NMS regions we obtained one counter-intuitive result for theft rates of motor vehicles, which correlate negatively with poverty rates.

Conditional significant correlations with satisfactorily high explanatory power for at least two of the three inequality indices have been found for the NMS for life expectancy and homicide rates, for NEET rates and early leavers from education. For the Non-NMS this is the case for NEET rates and the rate of early leavers from education. However as indicated above also for most other social indicators applied we find significant coefficients for the inequality measures.

Given the importance of the effect of poverty and inequalities on labour market participation and the development of human resources from the point of economic output and competitiveness we present in this Synthesis Report the correlations in the case of two social indicators: how poverty and inequalities (measured as detailed above) effect non-participation in education and employment of young people (Figure 9) and rates of early leavers from education (Figure 10).

**Shares of youngsters not in employment, education or training - NEET (age 19-24)** range from 3.5% for the Eastern Netherlands (NL2) to 28.5% for the Italian region of Sicilia (ITG1). From the scatter plots presented in Figure 9 we expect that the relationship between NEET rates and our
explanatories is quite similar in the Non-NMS and NMS regions. An unconditional negative correlation can be observed between income level and NEET rates. Higher NEET rates tend to appear with increased inequality levels.

Figure 9. Scatter plots: NEET rates (age 15-24) versus GDP p.c. at PPP and inequality indicators (in logs)

![Scatter plots](image)


Table 1. Regression results for rates of youngsters NEET – aged 15-24 (in logs)

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>EU regions excluding CEE NMS</th>
<th>CEE NMS regions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ln_gdpccpp</td>
<td>-0.494*** (0.0743)</td>
<td>-0.507*** (0.0726)</td>
</tr>
<tr>
<td>ln_gini</td>
<td>0.598*** (0.186)</td>
<td>0.849*** (0.307)</td>
</tr>
<tr>
<td>ln_poverty</td>
<td>0.516*** (0.0529)</td>
<td>0.316 (0.195)</td>
</tr>
<tr>
<td>ln_S8020</td>
<td>0.422*** (0.103)</td>
<td>0.652*** (1.686)</td>
</tr>
<tr>
<td>Constant</td>
<td>5.434*** (0.836)</td>
<td>6.942*** (0.709)</td>
</tr>
</tbody>
</table>

Observations: 150 150 149 32 32 32
Number of countries: 16 16 15 10 10 10
R-squared within: 0.259 0.536 0.291 0.575 0.613 0.576
R-squared between: 0.448 0.502 0.594 0.842 0.772 0.823
R-squared overall: 0.437 0.366 0.511 0.703 0.663 0.698
Model: fixed fixed fixed random random random

Standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1

In general the explanatory power of the regression models presented in Table 1 is quite good and particularly strong in the case of the NMS regions. NEET rates tend to rise with falling GDP p.c. levels. Inequality levels are conditionally correlated positively with the dependent variable; the coefficient of the Gini index is significantly higher in the NMS regions compared to the Non-NMS regions. A rise
of the Gini coefficient of 10% is correlated with an increase of 6% in the Non-NMS region which corresponds on average to a rise of the NEET rate of 0.7 percentage points. In the case of the NMS regions a 10% increase of the Gini is expected to lift the NEET rate by 0.8% which corresponds to a rise by 1 percentage points on average. The relationship is similar for the S820/S20 ratio and for the poverty rate in the case of the Non-NMS regions, while the positive coefficient for the latter indicator is non-significant for the NMS regions.

The rates of early leavers from education (age 18-24) range from 2.4% for the region of Western Slovakia (SK02) to 35.5% for the Spanish Balearic islands (ES53). The scatter plots presented in Figure 2 show that according to unconditional correlations the relationship between our explanatory and the rate of early leavers from education might also be quite similar for the Non-NMS and NMS regions. The rates tend to fall with income and rise with inequality levels. However, the rates are lower in the NMS regions at the same level of income but also the same level of inequality expressed by all three indicators, the Gini, the poverty rate and the S80/S20 ratio.

**Figure 10. Scatter plots: Rate of early leavers from education (age 18-24) versus GDP p.c. at PPP and inequality indicators (in logs)**

Source: Eurostat, OECD regional well-being dataset, EU SILC, Leitner’s calculations (2014, p. 22)

The regression results presented in Table 2 show that in both groups of regions income levels are negatively correlated with rates of early leavers from education. The slope is steeper in the case of the NMS regions, while the coefficients are not significant in the regressions containing the poverty rate as explanatory. All inequality indicators are positively correlated with the social indicator as expected. However in the case of the S80/S20 ratio the significance level is quite low and no significance can be found in the case of the poverty rate for the NMS regions.
Table 2. Regression results for rates of early leavers from education – aged 18-24 (in logs)

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>EU regions excluding CEE NMS</th>
<th>CEE NMS regions</th>
</tr>
</thead>
<tbody>
<tr>
<td>In_gdppc</td>
<td>-0.257** (0.0827)</td>
<td>-0.655*** (0.188)</td>
</tr>
<tr>
<td>In_gini</td>
<td>0.512** (0.207)</td>
<td>1.411** (0.643)</td>
</tr>
<tr>
<td>In_poverty</td>
<td>0.214*** (0.0737)</td>
<td>0.462 (0.397)</td>
</tr>
<tr>
<td>ln_S8020</td>
<td>3.491*** (0.930)</td>
<td>6.225*** (0.376)</td>
</tr>
<tr>
<td>Constant</td>
<td>150</td>
<td>32</td>
</tr>
<tr>
<td>Number of countries</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>R-squared within</td>
<td>0.863</td>
<td>0.540</td>
</tr>
<tr>
<td>R-squared between</td>
<td>0.540</td>
<td>0.650</td>
</tr>
<tr>
<td>R-squared overall</td>
<td>0.335</td>
<td>0.479</td>
</tr>
</tbody>
</table>

Standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1
Source: Eurostat, OECD regional well-being dataset, own calculations.

For an overview of coefficients of inequality indicators in the regressions see Table 3:

Table 3. Conditional correlations between social outcomes and inequality indicators (in logs)

<table>
<thead>
<tr>
<th>Dependent variables</th>
<th>EU regions</th>
<th>EU regions excl. CEE NMS</th>
<th>CEE NMS regions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life expectancy</td>
<td>+ - +</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Infant mortality</td>
<td>+ + + +</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Standardised death rates</td>
<td>+ + + + + +</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Assault</td>
<td>+ + + +</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Drug dependence</td>
<td>+ - - -</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Circulatory system</td>
<td>- + + +</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Mental diseases</td>
<td>- - - -</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Crime</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homicide</td>
<td>+ + + +</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Robbery</td>
<td>+ + + +</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Domestic burglary</td>
<td>+ + + +</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Theft of motor vehicles</td>
<td>+ + + + +</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Non-participation in labour market or education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEET rates</td>
<td>+ + + +</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Early leavers from education</td>
<td>+ + + + + +</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

+/- sign of coefficient

| significant coefficient, expected sign, high explanatory power (R2) of regression model |
| significant coefficient, expected sign, low explanatory power (R2) of regression model |
| significant coefficient, non-expected sign, high explanatory power (R2) of regression model |
| significant coefficient, non-expected sign, low explanatory power (R2) of regression model |

The analysis altogether shows that redistributive policies aimed at reducing income inequality might lead not only to improved population health but also to general positive spill-over effects in the form of lower crime rates and increased activity and participation rates of youngsters in education. The split of the sample into NMS and Non-NMS regions reveals that although the effect of GDP p.c. is mostly stronger for the NMS regions also the slopes of the conditional correlations of the inequality indicators tend to be steeper. This suggests that for the NMS countries not only absolute growth of GDP levels is expected to lead to better outcomes in population health and other social phenomena. More redistributive policies would most probably lead to improvements particularly in those
countries. Concerning population health this is no surprise since total health expenditures as a share of GDP are on average lower in the NMS countries compared to the Non-NMS group. Thus it may very well be even more important in the former countries how the distribution of scarce means looks like. In the case of crime rates we find positive correlations both for violent and property crime (except for theft of motor vehicles in the NMS). We obviously cannot identify if the reasons for that are higher expected relative gains from crime or if the income dispersion leads to lower inhibitions to commit crime. However, higher crime rates are per se a fact of widening rifts in the social fabric. A low commitment to redistribution and social security expenditures may thus lead to higher costs for internal security in a society. In both NMS and Non-NMS regions non-activity rates of youngster and early leave from education are strongly correlated with income inequality. We do not expect these regressions to be completely devoid of endogeneity however, the highlighted relationships show that the danger of transmission of difficult material living conditions to the young generation is higher in more unequal societies.

**Task 3. An assessment of the factors behind disparities in health status of EU member countries and Post-Soviet states (Lackó, M. - IEHAS)**

Our study looked at the health status of the working-age populations of various countries in 2011. Health status is represented by the mortality rate of the working age population (the probability of dying between the ages of 15 and 60 for men and women).

**Figure 11. Mortality rates among working-age men and women by country group, 2011**

The countries included in our international cross-sectional analysis are 46 European states and countries in the former Soviet Union. The substantial variation in mortality rates across the countries was well illustrated by the fact that in 2011 the mean mortality rate among working-age men was 158.5 with the smallest value of 69 measured in Switzerland and the largest value of 351 in Russia.
The corresponding indicators for women were substantially smaller (mean: 73.5, min: 38, Cyprus, max: 156, Tajikistan). The 46 countries vary in their geographical location, level of development, and economic system and culture (post-socialist versus long-established market economy) in 2011. The latter dimension gives rise to enormous differences in mortality: the mean mortality rates were 210 for men and 92 for women in the post-socialist countries; while the corresponding figures were 91 and 49 in long-established market economies. See Figure 11 where countries are divided into three groups: long-established market economies, Central and East European countries and CIS countries.

The EU old market economies group is composed by Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Israel, Italy, Malta, the Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, Turkey and Great Britain; while the CEE (Central and East European) group consists of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the Czech Republic, Hungary, Macedonia, Montenegro, Poland, Romania, Serbia, Slovakia, Slovenia; and in the PSS (Post Soviet Union states) group there are Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Russia, Tajikistan, Ukraine.

Our detailed analysis in this study has been based on a regression analysis of Health Production Functions (HPFs) calculated from a cross-country estimation for 2011. The explained variable of HPF, is the mortality rate of the working age population. The explanation for the differences in mortality rates is investigated by scrutinizing three different groups of factors:

1. **Socio-economic factors**: geographical position of the country, current level of economic development and the political and ideological system determining the economy in the past.

2. **Lifestyle factors**: alcohol and tobacco consumption represented by their relative prices, consumption of spirits as a particularly damaging of these consumption products, overwork in the hidden economy in the past and present, all of which are, to some extent, associated with socio-economic factors.

3. **Health care resources**: health expenditure as a percentage of GDP.

Based on the sample of 46 countries, Figure 12 displays the negative but, especially for the post-socialist countries, fairly weak correlation between the level of development of the selected economies and the mortality of working-age men in these countries. Some post-socialist countries, mostly those in the south, appear below the regression line, while the other countries are well-above the line. Figure 13 shows the relationship between the level of development and mortality among working-age women revealing a stronger negative correlation, than that observed for men.
The weak correlations between the level of development and mortality reflected by Figure 12 and 13 and the great divide between mortality rates according to different past political systems reflected by Figure 11 suggest that current mortality rates are affected not only by the current state of economic development but also by a combination of various factors accumulated over a long period.
of time. In the subsequent sections the study showed that these factors were: the geographical location, past economic, social and political environment characterizing these countries and the lifestyle behaviors following from them, as well as direct and indirect health care expenditures.

Initial regression calculations in the study showed that geographical location affects male and female mortality in similar ways. (Table 4) The mortality reducing effect of the level of development is more pronounced for women. The dummy variable representing past political and socio-economic systems (with a value of 1 for post-socialist countries, and 0 otherwise) has a statistically significant detrimental effect on the health of both men and women but this effect is far greater for male health than for female health. The results of the model suggest that geographical location does not reflect lifestyle differences. If it did, there should be greater gender differences in the regression coefficients of the latitude variable since women tend to have considerably more health conscious eating habits than men. Importantly, the gender difference in the regression coefficients of the dummy variable of past socialist regime, in contrast, is likely to follow from lifestyle differences: this variable has a far greater effect on men than on women (see Columns 3 and 4). A similar pattern can be observed for the dummy variable of CEE while the gender difference in the mortality effect of lifestyle is much smaller in PSS the group.

Table 4. Functions explaining the variation in working-age mortality in 2011, 45 countries

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GDP per capita (ln)</td>
<td>(-0.53^{**}) (-0.82)</td>
<td>(-0.45^{**}) (-0.91)</td>
<td>(-0.22^{**}) (-0.34)</td>
<td>(-0.32^{**}) (-0.64)</td>
<td>(-0.23^{**}) (-0.36)</td>
<td>(-0.28^{**}) (-0.56)</td>
</tr>
<tr>
<td>Latitude</td>
<td>(0.027^{**}) (0.40)</td>
<td>(0.02^{**}) (0.38)</td>
<td>(0.016^{**}) (0.24)</td>
<td>(0.015^{**}) (0.29)</td>
<td>(0.016^{**}) (0.25)</td>
<td>(0.015^{**}) (0.29)</td>
</tr>
<tr>
<td></td>
<td>[4.24]</td>
<td>[4.85]</td>
<td>[3.14]</td>
<td>[3.99]</td>
<td>[3.13]</td>
<td>[4.01]</td>
</tr>
<tr>
<td>Dummy for socialism</td>
<td>(0.55^{**}) (0.59)</td>
<td>(0.24^{**}) (0.33)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[4.78]</td>
<td>[2.59]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dummy for CEE</td>
<td>(0.56^{**}) (0.49)</td>
<td>(0.23^{**}) (0.26)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[5.03]</td>
<td>[2.54]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dummy for PSS</td>
<td>(0.53^{**}) (0.53)</td>
<td>(0.31^{*}) (0.4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[2.50]</td>
<td>[1.92]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>(8.91^{<strong>}) (7.76^{</strong>}) (6.05^{<strong>}) (6.52^{</strong>}) (6.16^{<strong>}) (6.13^{</strong>})</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[10.9]</td>
<td>[19.26]</td>
<td>[7.66]</td>
<td>[10.54]</td>
<td>[5.13]</td>
<td>[6.66]</td>
</tr>
<tr>
<td>R2</td>
<td>0.61</td>
<td>0.73</td>
<td>0.75</td>
<td>0.77</td>
<td>0.75</td>
<td>0.78</td>
</tr>
<tr>
<td>RMSE</td>
<td>0.305</td>
<td>0.197</td>
<td>0.2464</td>
<td>0.1826</td>
<td>0.2493</td>
<td>0.1829</td>
</tr>
<tr>
<td>Number of obs.</td>
<td>45</td>
<td>45</td>
<td>45</td>
<td>45</td>
<td>45</td>
<td>45</td>
</tr>
</tbody>
</table>

To analyze the phenomenon that several authors (Okolski, 1987, Forster, Józan 1990, Hoehn, Pollard 1991, Shkolnikov et al 1998) call the State Socialist Mortality Syndrome our study gives an overview of these studies. It sites Carlson and Hoffmann 2010., 2011 as well as Mihályi 2010 concerning the link between the characteristic structure of economic sectors in socialist economic systems; the forced growth in industry and heavy industry in particular and the suppression of the service sector as well as the simultaneously emerging informal economy and the self-destructive life-style.

For data used in this analysis, Figures 14 and 15 reveal a strong evidence between the past production structure of an economy and working-age mortality. The figures display the relationship between the share of services in GDP in 1990 and working age male and female mortality in 2011.
We can see a strong negative correlation: a higher past service sector share in GDP is associated with lower mortality. In this and later models the lag in the effects is explained by the factors determining a mortality rate (population health) measured at a given point in time exerting their effects during
the life course of the individuals living or deceased at that time, i.e., in the past and typically over a few decades.

The study found a clear positive correlation for both genders in that the prolonged higher share of the hidden economy in the past is associated with higher mortality among the countries in the sample. It also turned out that the consumption of harmful substances was encouraged by their low relative prices to the average of consumer good prices. The regression analysis has also showed a direct relationship between working-age mortality and all alcohol consumption per capita, and that substantially stronger for male than for female mortality.

The study also made attempt to measure the relationship between education and mortality calculating coefficients for the simple direct correlations between mortality and the share of enrolment in tertiary education among all secondary school graduates and the share of individuals with low education attainment. A mostly negative, but rather weak relationship was found between the share of higher education enrolment and mortality and a strong positive correlation between the share of undereducated persons and working-age female mortality.

Concerning the impact of health expenditure the analysis showed a clear correlation: higher health expenditure (as percentage of the GDP) is accompanied by a lower level of mortality.

The study finally combined the individual factors affecting mortality in a Health Production Function model. The model included the 38 countries for which data were available for each of the factors discussed in the previous sections. The explained variable of the function is working-age male and female mortality in 2011 (in natural logarithm).

The following explanatory variables were included:
1. GDP per capita, in US dollars at PPP, (natural logarithm), 2010
2. Latitude of the countries
3. Share of service sector in GDP, %, 1990
4. Per capita consumption of spirits, liter, (natural logarithm), 2005
5. Share of the hidden economy in GDP, %, 1999-2007 average
6. Relative prices of alcohol and tobacco products and narcotics, 2005
7. Share of adult male and female smokers, 2010
8. Health expenditure as a percentage of GDP, %, 2010

One of the main results emerging from that analysis was that mortality in 2011 is still strongly dependent on the economic and political system existing 20 years before that year. The cross-sectional analysis showed that past socialist countries had – beside a much lower level of GDP per capita, and a lower share of health expenditure in GDP – a much lower share of the service sector with a long term impact, a much higher share of the hidden economy, much higher consumption of spirits, and a higher share of smokers, especially among men. The direct effects of the life-style variables and the indirect effects of the past share of services and health expenditure showed a significant effect to decrease mortality for both men and women.

Our calculations indicate that a 1 percentage point increase in the share of health spending is accompanied by 5-6% decrease in mortality. This means that if in Hungary, for instance, health expenditure as a percentage of GDP increased to the Austrian level (from 8% to 10%), male mortality would fall by about 13% from 208 to 181 per 1000 men. This is a really strong effect. But if, alternatively, per capita spirit consumption in Hungary moved to the Austrian level, from 4.15 liters to 1.6 liters, the model indicates a 16% drop in Hungarian men’s mortality in 2011, that is, from 208 to 175 per 1000 men. This later, Austria oriented effect therefore surpasses even the effect of the hypothetical increased health expenditure. Similar calculations can be made for the share of the
hidden economy: if the long-term average share of the hidden economy in Hungary had been 9.8%, as in Austria, rather than 24.4%, male mortality would have been 11.7% lower in Hungary in 2011, that is, 184 rather than 208 deaths per 1000 men.

As for gender differences the calculations suggest that working-age female mortality is not significantly affected by the different lifestyle factors (spirit consumption, share of the hidden economy), but the relative prices of the health damaging products have their significant, although moderate effect. The level of development and/or the past share of the service sector make a far greater relative contribution to the mortality of women compared to that of men. The relative contribution of health expenditure is similar in the mortality models for the two genders.

The findings of the study suggest that reducing high mortality rates in the post-socialist countries is not an easy, short term task for policy makers. The structure of these economies have already gone through radical changes in the past 25 years; to achieve changes in social behavior, life-style, the emergence of new social norms, however, needs more time and targeted policies. A less hectic, more predictable economic and social environment, better pricing policies for health damaging consumer goods, crowding out of the black market, and better education about health – all these may contribute to the reduction in consumption of alcohol and tobacco products as well as cutting back activities in the informal economy. The latter needs further efforts in reforming the regulatory and tax systems. A faster catching up in incomes would mean better working environment for the employees, higher technological level both in manufacturing production and in a wide range of services, including medical services. Increasing the share of expenditures in health services and improving education about healthy lifestyle are further factors that could help the post-socialist countries to catching up with the developed market economies in the health status of their population.

Task 4. Exclusion from the labour market in post-socialist EU Member States: women and disabled workers (Csillag M., Samu F., Scharle Á. – IEHAS)

This study assessed cross-country variation in the labour market exclusion of women and disabled workers using the European Labour Force Survey and also examined time spent in unpaid household production that may compensate either group for their exclusion from paid work, using data from the European Time Use Survey. It described changes in female employment decomposed into differences within the female labor force. The analysis presents results of cross country differences in the disabled employment gap as well.

Before the transition, CEE countries were characterized by high overall employment and a small male-female employment gap. Cross country dispersion in the Soviet bloc was also smaller than within the EU15, where female employment varied considerably between high levels in Nordic countries and low levels in the South. Female employment dropped as a result of the transitional shock in most CEE countries, and the recovery proved to be slow. As a result, despite the steady rise during the past 15 years, in relative terms female employment tended to decline in most New Member States (NMS) compared to the EU15 (Figure 16).
The research focusing on the period 2001-2011 found that female employment increased in Europe until the global recession set in, while it stagnated around 65-66% between 2008 and 2011. The expansion of women's employment in the years between 2001 and 2007 was much more marked in the EU-15 than in the CEE countries (6 percentage point as opposed to a 1.5 percentage point), so that the former advantage (of 3 percentage points) of CEE countries turned into a slight disadvantage by the end of the period.

Examining the evolution of background characteristics in these groups of countries the most important phenomenon is that in the OMS, the distribution of women’s educational attainment is rather different than in CEE countries, with a much lower proportion of women with secondary education, and a much higher proportion in both high and low education categories. There was also an extensive skill upgrading among working age women in both regions: the proportion of women with tertiary education has increased by 9-10 percentage points, and the proportion of women with no secondary education has dropped. However, due to the more pronounced decline in the proportion of working-age women with low levels of education in the EU15 states (it fell from 46.7% to 32.6% in the space of ten years, as opposed to the decrease from 22.7% to 14.5% in the CEE), educational upgrading was more far-reaching in the OMS than in the CEE.

Analyzing the impact of the background characteristics on women’s employment across the two regions and over the decade, certain differences in terms of returns to education were found. The negative penalty attached to low education levels is larger in the West and the positive gains of higher education levels are bigger in the East. But the gap in employment rates between women with lower versus high level of education was roughly around 30 percentage points.

The age-employment profiles follow a similar, U shaped pattern in both regions, and there are signs of improvement of employment prospects for older workers. There appear to be three important differences across the two regions: (a) age-employment profiles are much “flatter” in the EU15; (b) the increase in the relative employment rates of older women (50-59) was more pronounced in the OMSs and started already in the first half of the decade. (c) Finally, maternal employment rates seem to have diverged during the past decade. While in 2001 the employment rate of mothers with small children was similar across the two regions, it deteriorated in the CEE countries as opposed to the small improvement in the employment opportunities experienced by mothers in the EU15.
The relative contribution of the above mention phenomena to the changes in overall employment rates are showed by the results of the decomposition:

In the 2001-2007 period, the gap between the employment rates of the two regions closed by 4.5 percentage points, and the single largest factor behind this – accounting for 2.5 percentage points - was the improvement of the relative employment of older women in the OMS. A further 1.1 percentage points can be explained by the fact that there was no improvement of the employment rate of mothers with young children in CEE countries, but the employment penalty of child rearing in the EU15 countries decreased. Finally, the slightly greater pace of educational upgrading in the OMS added 0.7 percentage points to their advantage in the employment rate of women compared to the CEE.

Throughout the recent global recession (2007-2011) the employment rate of women in the EU15 countries stagnated, while there was a small, 1 percentage point overall improvement in the CEEC. The decomposition of pooled data for the two regions did not shed much light on what was behind these changes, as we could only attribute the observed gap to factors not captured by the demographic variables in our regression models.

The research distinguished three subgroups within CEE countries based on the evolution of the female employment rate, and carried out the decomposition separately for these groups. The first group is characterised by a continuous, albeit small decline in the female employment rate throughout the decade, and includes the three of the Visegrad Four (the Czech and Slovak Republics and Hungary), along with Romania and Slovenia (the „Fall” group). By contrast, in the Baltic states and Bulgaria, there was a very pronounced increase in female employment rate before the global crisis, followed by a significant decline in most recent years (the „Mixed” group). Lastly, the third CEE subgroup is Poland, characterised by a slow but steady rise in the female employment rate between 2001 and 2011 (the „Rise” group).

We have compared these three groups of countries to selected OMS and we have chosen Austria, Spain, and the UK as benchmarks and have computed the same decomposition for each. This three OMS benchmark countries represent three rather different scenarios in the evolution of female employment. In Austria female employment tended to increase for most of the past decade (like in the „Rise” group), especially in the mid 2000s, and continued to rise during the crisis at a pace above the slowing average of the EU15. The Spanish relative female employment rate is lower than in any CEE country (even Poland) but in terms of recent trends it resembles the „Mixed” group. Lastly, the United Kingdom exhibited a fairly high and stable female employment rate of around 71% during the past decade and the educational composition of the labour force was relatively similar to that of the Visegrad Four (in this later aspect the study likened the UK to the „Fall” group). These three benchmark countries also represent three different welfare regimes: the Continental, the Southern and the Anglo-Saxon.

As the main results were the same for each of the three cases the study only discussed the decompositions with respect to the UK. The analysis arrived to the conclusion that before the global crisis, structural idiosyncrasies of the CEECs appear as important as the general performance of the labour market in explaining the gap between CEE and OMSs, but much less so in explaining the variation within the CEE. Child penalty and the slower decline in the share of low educated people reduced female employment relative to OMSs in all CEECs. The disadvantage of low educated workers further contributed to the gap in “Fall” and “Mixed” countries. Poland stands out in reducing
the disadvantage of low educated workers: indeed this factor explains some of the growth in Poland. Lastly, the rise in the employment rate of older women explains some of the initial growth in “Mixed” countries (with a much larger part explained by general labour market performance).

During and after the crisis, structural factors seem to have been dominated by general economic performance, i.e. the ability of governments (economies) to weather the crisis. Poland seems an exception, where the marked improvement in the employment rate of older women played a strong role in sustaining the increase of overall female employment.

The study has examined cross-country variation in the employment of people with disabilities. In this case, data on the employment of disabled workers are only available for 2002 and 2011 as these were the two years when the EU LFS contained an ad-hoc questionnaire on disability. As in the case of women, we accounted for the labour market exclusion of older workers and the low educated as well, by analysing the contribution of these characteristics to the change in the overall level of employment.

Though we use data based on a harmonised questionnaire and collection method, there remain some problems with comparability. One would expect relatively little cross country variation in the incidence of disability within the working age population and no definite correlation between the incidence of disability and the employment rate of the disabled. The LFS data for 2002 refute both these expectations: we find that the incidence of disability varies between 5.8 % in Romania and 32.2 % in Finland and the employment rate of disabled people increases with the incidence of disability, whether it is measured in absolute terms or relative to the employment rate of the non-disabled population.

The study found considerable variation in the disabled employment rate within the EU. (Figure 17) The employment rate of disabled persons is closely correlated with the overall employment rate, and is typically about 20 % lower than the total employment rate. The disabled employment gap (the difference between the employment rate for disabled and non-disabled persons) tends to be wider in CEE countries than in the EU15.

**Figure 17. Disabled and total employment in 2011**

![Graph showing the correlation between disabled and total employment in 2011](image)

*Source: Authors’ calculations based on LFS data. Population aged 18-64.*
The study has noted the large difference in employment rates of disabled persons across the two regions: in 2002 it was only 26.1 percent in the three CEE countries in our sample, while across the EU15 countries it was 40.7 percent. By 2011, employment increased slightly in both regions, to 27.2 percent in the CEECs and 41.9 percent in the EU15, leaving the gap practically unchanged. The authors remind the early years of the CEE transition when a large number of workers in these countries were offered permanent disability benefits (where the replacement rate is relatively high) as opposed to unemployment as a route to exit the labour force. Part of the East-West gap may be explained by the legacy of these policies, to the extent that these persons are likely to have a much weaker attachment to the labour market than disabled persons in the EU15.

As to differences across the two regions we noted first, that disabled men fare somewhat better than disabled women in both groups, but especially in the EU15 countries. Second, while older age groups are less likely to work in both old and new member states, the link between age and employment seems much weaker in the CEE countries. Third, higher education increases the probability in both regions, but in a slightly different pattern: in the West, it is only the low educated who face a significantly lower chance of employment, while in the CEECs, this applies to people with secondary and primary education as well.

The decomposition revealed a mixture of opposing trends behind the seemingly stable difference between disabled employment rates in the two regions. The main factor that contributed to the widening in the East-West gap was diverging evolution of the age composition of disabled people in the CEE as compared to the EU15. Older age reduces the likelihood of employment in both regions, but the share of those aged between 55 and 64 increased much faster in the CEE (by 14% points) than in the West (only 2 %points) between 2002 and 2011. A further, much smaller effect that also widened the gap can be attributed to the increase in the share of higher educated disabled persons which was almost twice as fast in the EU15 (3%points) than in CEE countries (1.6 %points).

The research explored whether unpaid household production may compensate women or people with disabilities for their exclusion from paid work. We expected to find some compensation in the case of women, and none in the case of disabled persons, based on existing evidence of the relative productivity of women in domestic work. (Table 5)The results are somewhat surprising as we found no compensatory role for women either. Compared to men, women work about 40% more in the household in countries with a more emancipated role division and about 80% more in countries with a more traditional role division. This difference is practically unaffected by work status, except that women temporarily absent from work spend somewhat less time on home production (Table 6).

Table 5. Time spent on home production by work status and sex (minutes) *

<table>
<thead>
<tr>
<th></th>
<th>Countries with modern role division</th>
<th>Countries with traditional role division</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>women</td>
<td>men</td>
</tr>
<tr>
<td>works</td>
<td>68</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td>absent from work</td>
<td>80</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>22</td>
<td>18</td>
</tr>
<tr>
<td>not working</td>
<td>104</td>
<td>64</td>
</tr>
<tr>
<td></td>
<td>30</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>56</td>
</tr>
<tr>
<td></td>
<td>29</td>
<td>17</td>
</tr>
</tbody>
</table>

*Countries with traditional role division are identified as those where the country coefficient for time spent on home production is significantly higher for women compared to men, and include Bg, Es, Lt, Lv, Pl.
Results are similar if we control for education and age group: gender remains a stronger determinant of the amount of housework than employment status and non-employed women do not spend more time on household duties than women in paid employment. (Table 6). When controlling for education (but not for disability), we find that women temporarily absent from their job spend somewhat more time on household chores than women who worked in their job during the reference week.

Table 6. Time spent on home production depending on individual characteristics (selected variables)

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>work status (ref: works)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>absent from work</td>
<td>0.4897*</td>
<td>0.0848</td>
<td>absent from work</td>
<td>0.2479*</td>
</tr>
<tr>
<td>not working</td>
<td>0.6637*</td>
<td>0.0656</td>
<td>not working</td>
<td>0.4932*</td>
</tr>
<tr>
<td>no answer</td>
<td>0.1314</td>
<td>0.1773</td>
<td></td>
<td></td>
</tr>
<tr>
<td>female</td>
<td>0.4264*</td>
<td>0.0732</td>
<td>female</td>
<td>0.5825*</td>
</tr>
<tr>
<td>female*traditional</td>
<td>0.3799*</td>
<td>0.0644</td>
<td>female*primary</td>
<td>0.0948</td>
</tr>
<tr>
<td>female*absent</td>
<td>-0.1585</td>
<td>0.0857</td>
<td>female*secondary</td>
<td>-0.0231</td>
</tr>
<tr>
<td>female*not working</td>
<td>-0.0876</td>
<td>0.0742</td>
<td>female*traditional</td>
<td>0.0287</td>
</tr>
<tr>
<td>female*no answer</td>
<td>0.0591</td>
<td>0.2412</td>
<td>female*work</td>
<td>0.0791</td>
</tr>
<tr>
<td>female*disabled</td>
<td>0.0842</td>
<td>0.0659</td>
<td>female*absent</td>
<td>0.1927</td>
</tr>
<tr>
<td>disabled or ill</td>
<td>0.0589</td>
<td>0.0627</td>
<td>25-44</td>
<td>0.5679*</td>
</tr>
<tr>
<td>disabled*absent</td>
<td>-0.1146</td>
<td>0.0853</td>
<td>45-64</td>
<td>0.7264*</td>
</tr>
<tr>
<td>disabled*not working</td>
<td>-0.2011*</td>
<td>0.0743</td>
<td></td>
<td></td>
</tr>
<tr>
<td>constant</td>
<td>3.4533*</td>
<td>0.0710</td>
<td>constant</td>
<td>3.2389*</td>
</tr>
</tbody>
</table>

*traditional denotes residence in a country where the country coefficient for time spent on home production is significantly higher for women compared to men, as in Bg, Es, Lt, Lv, Pl (based on a similar regression run separately for men and women). * significant at 1%.

Results for people with a disability or chronic illness seem closer to what we expected. In general, they spend about the same time on home production as their non-disabled peers, except when they do not have a paid job. In the latter case, they spend significantly less time on domestic work (Table 2). Thus, home production does not compensate disabled persons for their exclusion from paid work, on the contrary, they seem to have an additional disadvantage in this respect.

The final conclusion is that labour market exclusion has been declining for both the CEECs and the EU15, and for both women and people with disabilities. Improvements however have been much more pronounced in the EU15. This calls for further research to explore the factors that hinder policy developments that may support the labour market inclusion of vulnerable groups in the CEECs, particularly for older women, mothers with small children and people with disabilities. The persistent disadvantage of the low educated highlights the importance of studying barriers to education reform as well as conditions that may increase labour demand for the unskilled.
Searching for the causes of falling birth rates and the barriers to mothers’ employment in CEECs this study investigated whether there has been a move towards more flexible care policies and support for parents with children under the age of 3 in the Visegrad countries since 2000. The study found that the employment of mothers in CEE countries has continued to be the lowest within the EU in the past decade. Families, at the same time, continue to have fewer children than in most of the old EU member states (Eurostat, 2013). The reverse correlation between female (and especially maternal) employment rates and fertility rates (OECD, 2014) is confirmed by the Visegrád-countries where a sharp drop has been experienced in both cases since the fall of state socialism. While causes for low maternal employment rates as well as low fertility rates are very complex, experts agree that one of the most important determinants of both is the availability or lack of sufficient and flexible childcare services for small children. Another line of argument emphasises the role of fathers. Although there is an uneven distribution of unpaid domestic and care work even in the Scandinavian countries, countries with a relatively high share of fathers taking up paternity leave, and more even distribution of at-home care and other work display both higher female employment rates and higher fertility rates (Eydal and Rostgaard 2014). Bad chances for employment and “child-penalty” on the labour market on the one hand, a fast increase in the educational attainment of women (Husz 2006) and the reliance on maternal care-work in the case of children below 3-years of age in these countries on the other, seem to have provoked a “maternity strike” in the Visegrád-countries, similar to that experienced by Germany in the mid-2000s. The low level of child-bearing among the middle-class has become a central political concern especially in Hungary and Poland recently (Inglot et al 2012).

1) In the first part of the study – to see the situation of work/family life balance - we set the stage with some important background information on the trends of female and maternal labour market participation and of fertility rates and on the gender distribution of unpaid care and domestic work since the fall of state socialism.

We have noted the overall trend of increasing female employment rates in the EU countries between 2000 and 2011. As pointed out in Task 4. we can observe a slight increase in the Visegrád countries as well. At the same time, there has also been a divergence between the “old” and the “new” member states in this respect as post-communist countries exhibit a considerably slower development compared to EU 15 average (Figure 18). While female employment rates continuously diverged from the “old” member states in the Czech Republic, in Hungary and in Slovakia, Poland exhibited a different trend. Here the rate increased also when compared to the average of the EU15 in the period of 2005 and 2010. Following the great recession the growth has slowed down and begun to decline also in this country. Among the Visegrad 4 we can observe the highest female labour force participation in the Czech Republic in the whole period (between 61 and 62 percentage points) which corresponds to the EU-average. The other three countries, however, have remained well below the average with rates between 55 and 57 per cent. Figure 1 also shows that female employment in the Baltic states has been higher than in the Visegrád countries, and have also exceed the EU average.

Female and male employment was effected by the crisis differently. Women In CEEC were more affected by cuts in their wages, whereas men by lay-offs (Bálint et al., 2011). All in all, men lost their jobs in a larger share than women and this is ‘a general European phenomenon’ (Frey, 2011).
Importantly, the daily hours worked by women in the Central and Eastern European region are much higher than in the EU15 countries. Although there has been an increase in the share of atypical, part-time and precarious employment of women during the crisis years (Pietruchova, 2013; Skóra, 2013), it is still true that women in NMSs work longer hours than women in the old EU-members (Frey 2011). Thus if we calculate the number of working hours the difference between EU 27 and NMS female employment rates nearly diminishes (in the case of Hungary to 1.5 per cent – ibid.). Also, part-time jobs can hardly be considered as a solution to tensions between work and family obligations in the CEE countries given the low wages that do not provide the possibility for economic independence.

Child penalty, described here as the difference between the labour force participation of mothers and childless women (Waldfogel 1998; Budig, Misra and Boeckmann 2012) is especially big in the Czech Republic, Slovakia and Hungary where maternal employment has been 27-28 per cent in 2012 which is just half of that of female employment (around 56 per cent in the Visegrád states). (Task 4.) The Czech Republic, with relatively high female employment and (despite a considerable increase recently) still the lowest maternal employment rate exhibits the greatest difference between employment rates of women and mothers with children below the age of four (35 per cent in 2012). Poland, on the other hand (alongside with Romania) have the highest rate of maternal employment (50 per cent of all mothers) – a rate similar to the employment rates of Spain and the UK. (Figure 19) Child penalty is much smaller in this country with a mere 5 per cent difference between female and maternal employment rates in 2012.

When considering cross-country variation in Task 4 (see: above in this report) we found the widening of maternal employment gap in the early and mid-2000s (between 2001 and 2007) and the narrowing of the gap later on (between 2007 and 2011). Visegrad 4 countries lagged behind reducing child penalty in this period with Slovakia being the last in the line. Following 2007, however, the negative effect of having a child declined more in the Visegrad 4 countries contributing to the reduction of the gap which might be explained with the expansion of child care services in these countries (Csillagh et al, 2014)
Figure 19. Maternal employment in some of the old and new member states, 2000-2011

Source: Own calculation based on EU-LFS 2000-2011. To eliminate cross-country differences in the definition of labour market status, we use the narrowest definition of employment which is based on any work (one hour or more) for pay or profit during the reference week (LFS core variables and HHMOTH).

While in the Czech part of Czechoslovakia and in Hungary total fertility rates (TFR) had started from a relatively low level in 1989 (1.87 and 1.78 average number of children/woman respectively), they were above 2 per cent in Slovakian part of Czechoslovakia and Poland (2.08 and 2.05 respectively). A continuous fall of TFR could be observed during the 1990s in all CEE countries. TFR in the Czech Republic reached the record low 1.13 child/woman in 1999, when it slowly started to climb back relaxing around 1.4-1.5 by the end of the decade.

Figure 20. Total fertility rates*

Source: Eurostat (2013). * Total fertility rates (TFR) stand for the number of children per woman aged 15-49 in correspondence with the fertile period of women.

An especially sharp drop was experienced in Hungary between 1995-1997 (from 1.57 to 1.37). This is the only country with no considerable development of fertility rates in the whole period: after a
modest rise between 2003 and 2006, the total fertility rate reached a new trough of 1.23 in 2011. An especially steep decline marked the development in Poland where TFR got to its lowest point in 2003 (1.22), alarming politicians about population concerns for the first time in Polish history (Inglot et al, 2012). Family policies and the promotion of female labour force participation might have played a role in reversing the negative trend at least temporarily. However, mass emigration of young people and their families from the country contributes to the still very low TFR in Poland (1.3 in 2011). A similar trend can be traced in Slovakia with the lowest rate of 1.20 in 2000 and 2001, while since then a steady increase with 1.45 child/women born in 2011. (Figure 20)

Fertility rates of all four Visegrád-countries have deviated from the EU-trend in the early and mid-2000s, and remained below the EU-average (1.57 in 2011) throughout the period. Slovakia and the Czech Republic have, however, converged to the EU recently.

Concerning the participation of women and men in unpaid domestic work the relatively unequal gender distribution of domestic work within the Visegrad group follows a similar pattern to the European. Women do around 71% of the total daily domestic work in Visegrad countries, compared to 65% in the Nordic countries and around 84% in Southern Europe (European Social Survey 2010).

The share of domestic work was found to be similarly high, around 61-65% in the case of working mothers. According to the Eurobarometer survey of 2003 (Christensen 2003), employed mothers do about 28 hours in the Czech Republic, 35 hours of unpaid work a week in Hungary and Slovakia, and 40 hours in Poland, with their paid hours varying much less (between 40 and 43 hours) (Figure 4). By contrast, employed men spend between 15 (Czech Republic) and 25 hours (Poland) a week on domestic chores.

Figure 21. Average paid and unpaid working hours of employed fathers in 2003, by country


2) In the next part of the paper we turned to the examination of legislative changes in family policies. Our study was concerned with programs that were related to care for children below kindergarten age. (Family allowance, family tax credits, social assistance for poor families and kindergarten are excluded from this study.) We concentrated on the organization and financing of care work, whether institutional or parental. Our paper thus includes the detailed analysis of paid and unpaid maternity and parental leaves and child-care services in the four Visegrád-countries summarized in Table 1.

Our most important finding is that we traced the continuous volatility and thus unpredictability of the family policy systems in all the four countries during the 2000s. Both in Poland and in the Czech
Republic sudden and quite radical reforms were quickly reversed. Often the original radical reforms have been implemented later. For example, in Poland the length of maternity leave was increased from 16 to 26 weeks in 2000, reversed by 2002, and then increased gradually to 26 weeks by 2010. In the Czech Republic the replacement rate was cut from 70 to 60% in 2010 and then taken back to 70% in 2011.

At the same time there have been important shifts towards the increased flexibility of the leave systems as well as child-care services. (Table 7) Such changes, however, often happened only on the level of legislation with limited implementation and thus a lack of plausible positive development in the actual outcomes. The clearest example to this is the widespread reforms introduced in the Czech Republic and in Slovakia, where the intended effects of the proposed changes (flexibility of choosing different tracks of leaves in the former and a quasi ‘voucher’ system in the latter) have been blocked by the scarcity of child-care services for children under the age of three.

Table 7. Summary of main changes in maternity, parental and paternal leaves and child care services in the Visegrad countries, 2000-2014

<table>
<thead>
<tr>
<th></th>
<th>POLAND</th>
<th>CZECH REPUBLIC</th>
<th>SLOVAKIA</th>
<th>HUNGARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased fathers’ involvement</td>
<td>2 weeks maternity leave after 14 weeks (in the first 12 months). Parental leave can be shared between parents (even parallel 2004) until the child’s 4th birthday (2008). 8% of fathers utilized leaves (uncertain data).</td>
<td>Fathers entitled to take the maternity leave after 7 weeks. “Switching” of the leave between parents. Parental leave available for fathers. 2% of leave-takers are fathers.</td>
<td>1month simultaneous leave for both parents (2003). Stopped in 2005. 2% of fathers take parental leave.</td>
<td>Paternity leave remains 5 days, 100% replacement. 25% of fathers utilize paternity leave.</td>
</tr>
</tbody>
</table>
A striking feature of Slovakian and Czech care-policies in comparison with Hungary and also Poland is the complete lack of regulations concerning public child-care institutions for small children. Quality assurance measures are not present in the case of private facilities either as these are treated as normal businesses with regular safety requirements. However, such lack of administrative barriers does not provide enough incentives for the flourishing of child-care services as only a small fraction of parents can afford to pay for them. Subsequent governments have failed to initiate funding for nurseries or child care institution for the under-3-year old children in these countries.

Since the mid-2000s the Polish development has become less hectic and more carefully planned. Recent reform steps have provided a positive example of a gradual shift in the direction of “optional familialism”, and thus increased choice of parents to care for small children. However, despite massive development, nursery attendance has remained rather low (below 4 per cent in 2013). Fathers’ involvement is still minor, however, with a slow but steady increase in this country, which has became a leader in this respect among the Visegrád-countries. Hungary displays the most stable, or, in other words, ‘frozen’ system of family policies with the highest (and slowly increasing) share of children below 3 years of age attending child-care services (around 13 per cent). This country has been the least open to experiment with new solutions concerning care for small children.

Task 6. The role of employment rehabilitation services for disabled workers in CEECs in fostering employment – barriers to welfare reform in Visegrad countries (Scharle Á., Váradi B. – IEHAS)

This study compared economies responding to a similar external shock and identify the factors that might have determined the speed of adaptation in their welfare systems. We focused on disability services as a particular area of welfare policy that was relevant to most developed economies and where there was wide consensus over the right choice of measures.

The rise in disability benefit receipt makes states face up to the classic problem of welfare systems: cash benefits for the active age population should alleviate poverty without discouraging labour supply. Economic theory offers no clear cut solution to this problem, but there is growing evidence that a carefully calibrated combination of cash benefits, active labour market programmes and
behavioural conditions can successfully curb growing inactivity without sacrificing income maintenance. The details of the appropriate mix of policies have been tested and refined over the past decades by a large body of empirical research and policy analysis and are now part of the standard labour market policy toolkit advocated by the EU and the OECD (EC 2010, EC 2013, OECD 2010). As we show below, there is indeed remarkable convergence across developed countries in their relevant labour market policies, however, with considerable variation in the speed of change.

The following Table 8 presents the plausible explanations for differences across countries:

<table>
<thead>
<tr>
<th>Table 8. Potential explanatory variables and their expected effect</th>
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<tbody>
<tr>
<td><strong>Explanatory variable</strong></td>
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<tr>
<td>---------------------------</td>
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<tr>
<td><strong>Actor based</strong></td>
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<tr>
<td>ideas, values and interest of</td>
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<td>Citizens</td>
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<tr>
<td>organised elites</td>
</tr>
<tr>
<td>external actors (EU)</td>
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<tr>
<td>effective communication (of goals and measures)</td>
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<td><strong>Political-institutional</strong></td>
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<td>institutions of interest mediation</td>
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<td>reform window</td>
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<td>path dependence</td>
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<td>trust in politicians</td>
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<tr>
<td>quality of bureaucracy</td>
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<td><strong>General structural</strong></td>
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<td>resources (GDP, EU funds)</td>
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<td>demographic change</td>
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<td>economic/fiscal crises</td>
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<td>globalisation, technological change</td>
</tr>
</tbody>
</table>

*Especially compared to other policy areas where the affected population has no pressure groups.*

Our research first attempted to establish a list of what might possibly explain the variations in the way and speed in which policy outcomes reacted to secular changes in technology and the global division of labour, restricting our attention to:
a. policy changes in social welfare (especially employment) policy and policies affecting the working age population only,

b. explanations for the occurrence, extent and speed, not so much the direction of those policy changes;

c. liberal democratic regimes in which the rule of law applies,

d. in the last 60 years.

The adequate response to a rise in disability claims has three main elements: the calibration of the replacement rate and entitlement conditions of disability benefits, the design of behavioural conditions and sanctions and lastly, the provision of rehabilitation services. These elements are intended to increase labour supply incentives while maintaining incomes, and may be supplemented by further measures to increase labour demand, reduce employer discrimination and encourage preventive investments (OECD 2010).

The success of this policy mix requires not only the correct calculation of monetary incentives (based mainly on the difference between potential earnings and out of work transfers), and the careful design of screening procedures, behavioural conditions and services, but also the proper implementation of these. In most welfare regimes this is the more difficult part as it usually implies a change in the attitudes of staff in welfare institutions delivering the provisions (Prinz and Tompson 2009). Attitudes and interests may compromise the effectiveness of all elements of the policy mix, but this risk is perhaps greatest in the screening of disability claims.

For the analysis our research focused on Social Democratic and Corporatist regimes. The main criterion for selecting the countries was that they should have differed substantially within their welfare regime group in terms of changes in legislation (as measured by the two indicators later in Figure 22), policy implementation (as measured by public expenditure) and outcomes (as measured by the change in employment). While admittedly crude, the latter measure was intended to serve as an indicator of the depth and success of the reforms. Table 9 below presents a summary of within-group variation based on country level data.

### Table 9. Variation in the magnitude of change in legislation, implementation and impact within welfare types

<table>
<thead>
<tr>
<th>Welfare Type</th>
<th>Legislation</th>
<th>Implementation (spending)</th>
<th>Impact (employment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporatist A) Austria, Belgium, Hungary</td>
<td>medium</td>
<td>small</td>
<td>small (NI)</td>
</tr>
<tr>
<td>B) France, Poland C) Czech, Slovak Republic, Ireland, Italy, Portugal, Spain</td>
<td>small</td>
<td>(ND)</td>
<td>small (NI)</td>
</tr>
<tr>
<td>Social-democratic A) Denmark, Netherlands, Switzerland</td>
<td>medium</td>
<td>small (NI)</td>
<td>Mixed</td>
</tr>
<tr>
<td>B) Finland, Sweden, Norway, Germany</td>
<td>large</td>
<td>large</td>
<td>small (NI)</td>
</tr>
</tbody>
</table>

Source: authors’ judgement based on data presented in the Appendix. NI= no improvement, ND= no comparable time series available

Using the existing data (as well as outcomes of wp5.4) we have identified extremes among CEECs where spending is low/high and where employment of disabled workers is low/high (Table 10). We decided to focus on the Visegrad countries and Slovenia rather than Estonia as the former had more policy changes in the observed period. We identified local experts in each country to help us verify and complete the information we collected.
Table 10. Variation in rehabilitation policy outcomes within the CEE

<table>
<thead>
<tr>
<th></th>
<th>low employment rate (large disability gap)</th>
<th>high employment rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>low</td>
<td>high</td>
</tr>
<tr>
<td></td>
<td>شهاد</td>
<td>€4,700</td>
</tr>
<tr>
<td></td>
<td>Sk</td>
<td>€5,100</td>
</tr>
<tr>
<td></td>
<td>Hu, Cz</td>
<td>€5,500</td>
</tr>
</tbody>
</table>

We collected data on relevant economic factors, financing and regulation on rehabilitation services and other Active Labour Market Policies (institutions in charge of delivery, quality assurance, allocation of funding) and their efficiency. In particular, we focused on legislative changes to construct a dataset covering 1990-2013 of two composite indicators measuring the generosity of disability benefits and the availability of rehabilitation services, constructed by an OECD report (OECD (2010)). The results of this work are summarised in the figure below.

Figure 22. Legislative changes affecting monetary compensation and labour market integration of disabled people in five countries 1990-2013

As the figure suggests, all the countries started out from a similar position (of high compensation and low integration) in the 1990s and moved in the same direction in their disability policies. Hungary made rather bold steps between 2006 and 2013, while the other countries tended to slow down after the global crisis set in. The Czech Republic on the other hand appears to have followed a slightly different path, in that it has continued to offer relatively generous compensation compared to the other four.

Disability legislation in the Czech and Slovak Republics was very similar in 1990 as they were the same country before their peaceful divorce: in 1990 Slovakia had the most generous compensatory policies of the five countries (35.5) followed closely by the Czech Republic (34) and both were at the same low level of integration policies as the four others (except for Hungary). By the end of the period under scrutiny, both countries reached a similar level of integration regulation, but the Czech disability compensation policy remained rather unconditional and generous (31.5) whereas by 2014 Slovakia reached a point (25) that is similar to the 2014 Polish, slightly more stringent than the 2014 Slovenian score and is equal to the 2004-2007 value for Hungary.
Three factors emerged that may explain the diverging path of Czech and Slovak policies. First, although the Slovak economy tended to grow at a healthy rate slightly above Czech growth for most of the period, it has been less successful at returning to the high employment level of the Socialist era, partly due to the deepness of the transitional shock and a somewhat larger agricultural population. This has put more pressure on Slovak governments to introduce labour supply incentives and benefit cuts to activate the non-employed population. The second factor lies in political developments. Both countries had a rather fragmented political scene after the transition with many parties, frequent shifts and unstable coalitions. However, the emergence of a strong populist right wing movement in Slovakia (led by Meciar) provoked organised resistance and paved the way for a Center Right reform push in 1998-2006, using the rhetoric of benefit abuse, and the need for activation. Lastly, though accession to the EU inspired reforms in both countries, the political troubles of the Slovak state generated considerable uncertainty about their accession, which created an additional incentive to reform the welfare system according to EU recommendations.

The other country pair compared in our research explored the differences between Poland and Slovenia whose initial position (in terms of the overall generosity of cash transfers and access to employment rehabilitation) was also quite similar but later diverged. We found that most adjustments happened around the EU accession in both countries. However, their compensation policies started to show differences. Slovenia only took a small cut in 2006, while Poland made repeated and in some years inconsistent steps to reach a relatively ungenerous compensation system (similar to the 2014 Slovak one, and the 2004 Hungarian one).

In the Polish case, access to disability benefits was already rather easy and made even more lenient between 1996 and 1998, by extending coverage and relaxing some of the vocational assessment. However, medical assessment was tightened in 1998 and the regular review of disability pensions was introduced in 1999, along with a stricter monitoring of sick pay. A further reform in 2005 cut the replacement rate for sick pay and further tightened access to disability benefit by making pensions strictly temporary and introducing expert teams to evaluate claims.

Though Poland has managed to reduce the inflow into disability benefits by 1995, as well as the stock of benefit recipients, this has not led to a corresponding rise in employment. This is partly due to the poor supply of rehabilitation services but also to declining labour demand that characterised the Polish economy until 2004. No marked increase in disabled employment has been observed in Slovenia either.

The divergence of their policy trajectories during the transition may be explained by the more prudent fiscal policy of Slovene governments that eased the immediate pressure for reform, together with stronger unions that opposed radical cuts in the pension system. By contrast, Poland was more exposed to short term fiscal risks and more support for welfare cuts in its political system dominated by centre right liberal parties with no credible proponent of social democratic values. At the same time both countries cooperated closely with the World Bank to reform their pension systems including their former easier access to disability and early pensions.

In the 1990s, all the five countries made some steps to improve labour market integration policies for people with disabilities, while few of them (notably, Slovakia tightened vocational assessment in

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1 The percentage point difference in employment between 1989 level and worst year of the transitional crisis (1999/2000): the Czech drop was 13% point, the Slovak 21% point.
1995) curtailed the generosity of the benefit system in the first years following transformation. Quota systems were set up or tightened in all the countries, requiring employers to employ 5-6% disabled workers, and subsidies for employers were introduced or increased. Poland followed this trend, but only after dismantling the network of former sheltered cooperatives so that it could not build on the expertise established in these over the years. These measures did not significantly increase disabled employment in the open labour market, partly as the incentives were not very strong and compliance was poorly monitored, and partly because of the slow recovery of post-transition labour markets.

Comparing policy developments in the Czech Republic and Slovakia on the one hand and Poland and Slovenia on the other hand, our research identified fiscal constraints, pressure to comply with the recommendations of the European Union (especially at the time of accession), and exposure to the influence of international organisations (the World Bank) as important drivers of change in this field of welfare reforms. However, public awareness and support for the social integration of vulnerable groups (among them the disabled) was weak as a legacy of segregating and paternalistic policies in CEE and managers of large segregated institutions were strong defenders of the status quo. At the same time the inheritance of CEE public administrations skilled in planning rather than designing sophisticated incentives for independent actors in a competitive economy was also hindering change. Our findings suggest that the internal forces that may promote the further improvement of disability policies are relatively weak in the CEE region, which underlines the importance of policy advice and incentives coming from international organisations, notably the EU, the IMF and the OECD.

Concerning rehabilitation services in the region our research found a rather slow development of personalized service delivery that would prepare disabled jobseekers for work in the open labour market. The so called “supported employment” approach was first introduced by American or British donors who financed the training of rehabilitation professionals and supported the establishment of NGOs in the region. Czech and Hungarian NGOs were set up in the mid-1990s, while Polish and Slovak initiatives followed only in the late 1990s. In Slovenia, though supported employment services were introduced as a possible rehabilitation measure, in practice there are no NGOs providing such services in a systematic way.

Task 7. Assessing social policy variations across CEEC (Simonyi Á. – IEHAS)

The paper is defying views that spread mostly in “bad times” and treat social policy as a kind of residual policy, “something that must wait till the business of running the economy has been accomplished”. The intention of the GRINCOH project was to join to the counter current and to add to the evidence that shows the necessity of social policy interventions for the development of human resources and capabilities. The supportive character of social policy fostering economic growth and social cohesion is understood in a wide sense; beside correcting “misallocations” social policy interventions (both in transfers and in services) are considered as investments in the resources of growth, competitiveness and innovation.

The study first summarizes the major social challenges and social protection interventions in the EU NMS since the Central East European social, political and economic transformation with a closer look on the past decade covering the years before and after the most recent economic crisis. In recent years European societies are facing increasing inequalities and growing poverty of certain social groups (families with children, ethnic minorities, migrants, low skilled people or others) Consequences of poverty, inequalities and social exclusion are interrelated and can be found in the field of educational attainment, in health status, in low birth rates and in limited qualities of available
human resources. Some of the NMS – the Baltic countries, Bulgaria, Hungary and Romania - faced dramatic increases of inequalities since the early 90-ies. The study is showing similar and different policy shifts in the NMS dealing with problems of social cohesion.

Given that the most important drivers of inequalities are education levels and labour market participation, social policy interventions on these two fields have primary importance in creating stronger social cohesion.

Policy mixes in different fields of social protection (in family policies, rehabilitation policies, labour market inclusion and activation, childcare, etc.) are composed of transfers to combat the immediate effects poverty and of complex services that help people to solve their problems and become integrated members of their societies in the long run. As to transfers (benefits, allowances, assistance) NMS are getting less generous partly due to fiscal pressures, partly with the intention to stimulate more employment participation. However the still weak capacities of the different social services and their unequal accessibility and quality – from employment services to childcare, from rehabilitation services to education and training – make complex policy mixes incomplete and inefficient.

The paper in its second part shows that differences and similarities among the NMS in the variety and intensity of social problems are partially due to their historic heritage (“path-dependency”), but some divergence among them can be already related to their different policy responses to the multiple social challenges (“path creation”) their faced during the past 25 years. Such gradual divergence on certain social protection fields was found in frame of the GRINCOH project concerning labour market policy interventions following the 2008 crisis by Vidovic (2013), concerning family policies by Győry and Szikra (2014) and concerning policies aiming at the employment inclusion of disabled by Scharle and Váradi (2014).

To detect similarities and differences of policy mixes the paper followed two different approaches in comparative social policy research. One is the approach of “regime theories” that is looking for similarities and differences not only of the various elements of social protection (compensating against risks of poverty, unemployment, illness and age or supporting cohesion, job creation and the development of human resources), but examining also the similarities of how these elements are interlinked within a given welfare system. The other type of – more pragmatic - comparative social policy research is following the so-called “benchmarking” method (mostly of international organizations) to detect similarities and differences comparing moves respect to certain social norms and standards (levels of poverty, inequality, participation in education, working conditions, labour market integration, family support, inclusion of disabled people, etc.).

The paper presents arguments that have called attention already immediately after the first decade of CEE transformation that the once rather similar universalistic (on a low level) and centralized social protection systems were diverging (Deacon 2000). Some of them resemble more to Continental/Conservative welfare regimes, others show more common features with Liberal/Anglo-Saxon models, others again with Southern/ Mediterranean systems or with Social-democratic/Northern models. There are theories indicating that it is exactly the recombination of the classic welfare typologies that could be considered as a specific feature of the emerging new CEE welfare model. Others with a special focus on the transformation of the Baltic countries have found some specific neoliberal features of their development with low social spending, a low degree of de-commodification and low state involvement in industrial protection. In such an approach the
Visegrad countries (Czech Republic, Hungary, Poland, Slovak Republic) exhibit something in-between the conservative and the liberal welfare states. (Aidukaite, 2010)

As to the main common feature of CEE social policy mixes the paper cites several authors who point out that social protection expenditure of these countries is strongly associated with redistributive effects of social transfers and with more emphasis on to prevent poverty. (Beblavy 2008, Cerami 2008 and Aidukaite 2010) However on the lower economic development level of the CEEC the relatively extensive coverage and scope of social protection interventions are still not satisfactory to combat the lasting negative social effects of poverty and growing inequalities.

This underlines the importance of earlier mentioned evidence from Leitner (2014) suggesting that in NMS already smaller increase in redistribution is expected to lead to significantly better social outcomes. His analysis not only shows that the effect of GDP p.c. on different social indicators is mostly stronger in NMS than in OMS, but also the slopes of the conditional correlations of the inequality indicators tend to be steeper. Especially in population health but also in higher activity and participation rates of youngsters in education more redistributive policies would most probably lead to cost-efficient social improvements in these countries. (pp 25-26)

**Task 8. Female and male roles in three Central and Eastern European countries (Scharle Á. – IEHAS)**

This paper explored the perception of female and male roles in three CEEC (the Czech Republic, Hungary and Poland) focusing on three fora of public discourse: electoral programmes, parliamentary debates and printed or online media and contrasted their portrayal of gender roles with public attitudes as measured in household surveys. The motivation behind is that we suppose that gender roles promoted in political discourse and policies may be different from the attitudes of the population concerning gender roles. This has implications for policy making, since, if public attitudes are even more conservative than policies, we expect that movement towards more equal gender roles in policies will be slower. The underlying assumption is that conservative attitudes about gender roles would hinder the development of policies that support the reconciliation of work and family and thus contribute to the labour market exclusion of women.

In the analysis of electoral programmes two aspects were taken into account; the policy motives and the care-division that certain type of care contribute to (following Crompton, 1999). Further on the research distinguished two groups of policy motives for child care services; the educational model and the work-family reconciliation model (following Scheiwe, Willekens, 2008)

The research found that two main discourses seem to drive the political agendas – the pro-natalist, family-centred discourse and the gender-equality discourse. The former appears more internalized in a national setting, while the gender equality debate is still less recognized and popular in Central Europe. In all the three countries, the status quo is that child-care is mainly the responsibility of mothers, at least until age three of the child, and alternative care facilities provided by the market or the state are scarce. In the Czech Republic and Poland there are some legal provisions that promote fathers’ involvement, mainly in the rules governing parental leave, but in practice these are not fully implemented or used by families. In Hungary, these provisions are weaker, but the legal framework (and to some extent the practice as well) for providing state or marketised care is more developed.

In terms of gender role attitudes, there are some marked differences between the three countries. Family policies did not feature high on the agenda in the Hungarian election campaign of 2010 and
the views expressed in party programmes tended to reflect a rather conservative consensus only challenged by a small new party (the left-leaning green LMP). The incumbents all promoted the educational model, combined with the male breadwinner or dual earner – female part-time carer model, though they did mention the dual earner-state carer model as well. It is also notable that market-based solutions were not promoted by any party (except again LMP), which was in fact a general feature of the campaign observed in other policy areas as well.

In the Czech Republic, the issue received more attention. Parties’ views seemed to converge on the issue of care division, as most parties advocated a less conservative form: dual earner with state, market or dual carer. Proponents of increased state responsibility tended to favour the educational model (kindergarten for children aged over 3), while proponents of the market or dual carer model supported the work-family reconciliation model. As in the Hungarian case, the green party presented the most comprehensive and progressive plans, including incentives to increase the involvement of fathers in child care. The Polish case falls between the other two: party programmes reflecting a mildly liberal consensus over supporting a mixed set of tools: the state-supported educational institutions and marketised work-care reconciliation model.

To summarise, the analysis of 2010 electoral programmes suggests that the Czech political elite is somewhat less conservative (though divided in terms of the detailed solutions) in its attitudes towards female roles in the family than the Hungarian elite, and the Polish lies somewhere between the two.

The analysis of parliamentary debates focusing on the topic of domestic violence that had been discussed in all three countries in the past ten years, examined minutes of speeches and a few interviews with stake-holders.

Since the beginning of the 2000s the three states took domestic violence more than once on their agenda. In all three contexts the issue was recognized as a distinct offense. However, whereas in the Czech and Polish legislation domestic violence is handled predominantly through the separate legal acts within the Civil Codes, the Hungarian legislation tackles the issue in the act dedicated to prosecution of variety of crimes through the Criminal Code.

In the three settings domestic violence was introduced on the parliamentarian agenda by the coalitions of various activists, NGOs, institutions and professionals “from the outside” and backed up by a considerable social support. The policy makers did not take on the issue by themselves, but rather were unable to ignore it any longer. It suggests the overall attitude of those in power to domestic violence was “lagging behind” the experience and expectations of at least some part of the society. Further, in all the three cases, the government invited non-state actors to participate in the law making process, to some extent opening the floor for professional expertise. The Polish government allowed stakeholders to participate throughout the entire circle of policy making including invitations to address the Sejm and Senat.

In all three countries, there was a shared consensus that the problem of domestic violence exists and that, although generated in the private sphere, it calls for intervention by the state. In this respect MPs’ overall attitude in the three analyzed contexts are consistent with the general trends in EU countries. Though acknowledging domestic violence to be of public concern, the underlying problem of unequal power relations between the sexes was not discussed in either of the three cases. In fact, proponents tended to favour a degendered domestic violence framing, though recognizing the predominance of women among the domestic violence victims.
MPs supporting the cause tended to argue in favor of the legislative changes on the ground of the state’s obligation to secure its citizens’ constitutional rights. Opponents used various combinations of a failing state framing, privacy framing, perpetrators’ rights framing, family framing and social norms framing. While the human rights arguments were used in all countries, we found considerable cross-country variation in the frames used by opponents.

Examining the themes and arguments employed in the debate on domestic violence in the Czech parliament, we found that the content of the bill as well as domestic violence as a social problem were consensual and did not generate a conflict. There was no struggle between competing framings for meaning of domestic violence. In terms of offering diagnosis and prognosis within a degendered domestic violence framing, the advocates disregarded the structural gendered aspects. We observed a concerted effort to promote domestic violence as an infringement of human rights while restraining possibilities of defining it also as a gendered phenomenon. Guaranteeing rights to its citizens by the responsible state was the main legitimization to pass the new act. In this particular socio-political context the Czech MPs were prepared to accept the scale, the specific features of violence committed in the domestic environment as well as the responsibility of the state to intervene, yet not prepared to discuss the issue as resulting from and shaped by the imbalanced gender relations.

In the Hungarian context we observe contrasting framings regarding meaning of domestic violence and what follows differing proposals in relation to the legislative changes to handle the issue. The conservative governing party Fidesz was not willing to acknowledge specific features of domestic violence, framing it instead as one type among numerous crimes handled within the Criminal Code. Although the standpoint of the government on domestic violence did not alter significantly we observe a notable shift of framings when comparing the debates in 2012 and 2013. While in 2012 the Fidesz MPs engaged emotional and somewhat erratic arguments related to values, drawbacks of women’s emancipation, broken family ties or the low child birth rate, in 2013 they shifted towards a failing state framing and produced arguments of merely legislative nature. It helped to delineate meaning of domestic violence as a judicial problem and silenced the debate on possible connections between crimes in domesticity and other aspects of social life, be it gender order, model of family or labour force. Between 2012 and 2013 the oppositional green LMP/Independent and right-wing Jobbik MPs shifted from an accent on women framing towards a degendered domestic violence framing and promoted meaning of domestic violence as an infringement of human rights and as a crime with specific features that should be recognized in the legislation, but also tackled by other than legislative tools. Regardless political affiliation the participants declared domestic violence as a public matter that requires the state’s intervention, which was welcomed step forward.

The Polish context brings an example of the debate in which the government consisted of the members of the winning party Civic Platform had to struggle for the support of their own MPs. While the oppositional Law and Justice introduced the party discipline during the debate and voting, the party in power allowed their members to express their position on the amendment according to their own views. The more conservative oriented part of PO allied with PIS at least on the level of a discourse employment. It was the oppositional party PIS that set the discursive terms of the debate. Their strong protests in 2005 as well as in the period of the consultancy work on the bill in 2009-2010 forced the advocates to drop a gendered domestic violence framing as well as a notion of women as primary victims of domestic violence during the plenary debate. Moreover the hinderers of the act became in charge of constructing the meaning of domestic violence as a problem affecting children. They employed several combined contesting framings: family protection framing, privacy framing,
social norms framing and perpetrators’ rights framing. In the course of the debate counteracting domestic violence became posited as a procedure that involved numerous dubious actions such as infringement of constitutional rights of parents and children’s rights, destruction of family ties or creation of the police state. In the struggle over meaning of domestic violence between the advocates and hinderers, the arguments that emphasized the allegedly dangerous aspects of the state’s intervention into the private lives of the citizens became the issue and started to function as a benchmark to which other issues became of less importance or absent from the debate. The recipients of the plenary speeches were supposed to remember the autonomy of the family as the most relevant aspect of the debate on domestic violence.

In all the three cases, to a different extent and for differing reasons – be it a strategic choice of the advocates or MPs’ unresponsiveness –, the framings employed in the parliamentarian speeches on the legal acts on domestic violence underplayed the gendered aspects of domestic violence. In doing so the MPs implicitly delineated women’s needs, problems and points of view as of secondary importance, as ones that can be addressed after the interest of others (men, children, family) had been secured. From a feminist theorization point of view, the contents of MPs’ utterances on domestic violence rather contributed to making prevalent gender inequality invisible than becoming vehicles of promoting more balanced power relations between sexes, counteracting gender discrimination and ultimately bringing gender equality.

In the media analysis of our research three topics were followed: roles at home, roles at work and conflict of work/household roles. Just as in the political arena, we find marked differences between the perception of attitudes in the three countries in both the topics and the occurrence of traditional views. In Poland, the most frequently made claims concerned gender discrimination at work and skills differences between men and women, i.e. the discourse was dominated by work related issues. In Hungary, the single most frequent claim was also discrimination at work, but claims around the family, and especially the conflict between having a career and having children also got considerable attention. By contrast, work related issues were relatively absent from the Czech media, and the discourse focused mostly on household roles, looking after children within the family, and parental leave.

Conservative statements are somewhat more frequently made in almost all the topics, though this does not necessarily reflect attitudes, as many of the claims are neutral statements of fact describing the status quo, which tends to be traditional (Table 11). For example, there is ample statistical evidence of the gender pay gap, and this is often quoted in newspaper articles.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Share of traditional statements (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hungary</td>
</tr>
<tr>
<td>Effects of sharing at-home tasks on the marriage</td>
<td>26.3</td>
</tr>
<tr>
<td>Compatibility of career/financial wellbeing and having children</td>
<td>51.6</td>
</tr>
<tr>
<td>Skills at work by gender</td>
<td>44.4</td>
</tr>
<tr>
<td>Work roles by gender</td>
<td>59.4</td>
</tr>
<tr>
<td>Discrimination at the workplace</td>
<td>68.5</td>
</tr>
<tr>
<td>Parental leave and staying at home with small children</td>
<td>75.4</td>
</tr>
<tr>
<td>Child upbringing roles by gender</td>
<td>75.3</td>
</tr>
<tr>
<td>Household roles by gender</td>
<td>78.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>62.9</td>
</tr>
</tbody>
</table>
Household-related topics tend to invite more conservative claims than work related topics, in all the three countries (despite the fact the sharing of household chores is rarely depicted as harmful to the marital bond). In this regard, the Hungarian and Polish media seems to portray (or convey) more conservative attitudes than the Czech media. This cross-country division is less clear cut on the compatibility of children and career. While the Hungarian discourse tends to be relatively conservative in all related subtopics, the Polish discourse is more ambivalent: having children and a career are rarely portrayed as incompatible, while the early return of mothers to work is most often depicted in negative (conservative) terms. In the Czech Republic this ambivalence is hardly detectable and early return to work is more often portrayed in an accepting tone than in either Hungary or Poland.

Importantly, even Hungary and Poland, where the portrayal of household and caring roles tends to be most traditional, statements referring to the future are significantly less likely to be traditional than claims referring to the present or the past.

Examining the share of traditional statements by the source of information we find that representatives of the state are less likely to express conservative views than other actors (Table 12). This is however also reflecting the fact that government representatives are more likely to make statements about future plans or legal provisions, while other actors are more likely to be describing the status quo, which is close to traditional stereotypes. This is obviously the reason why statistical data is the most traditional in all countries. Though seemingly natural, this is still important to note, as the frequent presentation of the status quo, though factually correct, itself may contribute to reinforcing gender stereotypes.

<table>
<thead>
<tr>
<th>Source of information</th>
<th>Share of traditional statements (%)</th>
<th>Hungary</th>
<th>Poland</th>
<th>Czech Republic</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statistical data / survey / scientific evidence</td>
<td>78.0</td>
<td>66.4</td>
<td>73.9</td>
<td>72.4</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>53.4</td>
<td>59.6</td>
<td>82.4</td>
<td>59.0</td>
<td></td>
</tr>
<tr>
<td>Member of an international organisation / independent expert</td>
<td>61.2</td>
<td>50.7</td>
<td>71.1</td>
<td>57.2</td>
<td></td>
</tr>
<tr>
<td>Man in the street</td>
<td>70.9</td>
<td>46.8</td>
<td>58.9</td>
<td>56.7</td>
<td></td>
</tr>
<tr>
<td>Reporter / journalist</td>
<td>62.8</td>
<td>41.1</td>
<td>59.8</td>
<td>53.5</td>
<td></td>
</tr>
<tr>
<td>Member / representative of a political party</td>
<td>57.1</td>
<td>38.1</td>
<td>53.6</td>
<td>52.7</td>
<td></td>
</tr>
<tr>
<td>Member of a public authority / public expert</td>
<td>54.9</td>
<td>22.7</td>
<td>50.0</td>
<td>44.5</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>62.9</strong></td>
<td><strong>47.7</strong></td>
<td><strong>61.7</strong></td>
<td><strong>56.5</strong></td>
<td></td>
</tr>
</tbody>
</table>

Lastly, the difference between the views of public officials and party politicians seems less marked in all the countries than the gap between politicians and the general public (represented by “the man on the street). This applies especially to Hungary, and less clearly but also to Poland. For the Czech Republic, public officials are the least traditional and the man on the street is the most traditional, but politicians are halfway between the too, rather than being similar to public officials.

As to public attitudes the paper analyzed and confronted the experiences of several comparative studies. Michon (2010) found that the Visegrad countries are moving in the same direction of more labour market equality on the basis of social approval of the two-breadwinner family model already before 1989. Other studies highlighted some differences however. In a study by Fodor and Balogh (2010) the average score of liberal gender roles varied between 3.41 and 3.75. In the dataset of 13
East and Central European countries, Moldova scored the lowest, followed by Hungary (3.43), and Lithuania (3.49). These findings suggested that in these countries, people tended to hold more conservative views on gender roles than in Slovakia (3.65), Poland (3.72) and in the Czech Republic (3.75). Fodor and Balogh (2010) found that higher levels of economic development and welfare state spending did correlate with more liberal gender role opinions (for both genders). Hungary, however, in spite of the relatively generous family policies (at least compared to Poland and the Czech Republic) and higher level of economic development, measured in GDP per capita, was found to be markedly less liberal than the other Visegrad countries.

Within the Visegrad group of countries the degree of change towards more liberal views for women’s social roles was measured the smallest in Hungary also by the third wave of WVS. In the early 90s on average 66% of the female population in Hungary, Poland and the Czech Republic agreed with the statement “Being a housewife is just as fulfilling as working for pay”. Between 1994-1999 only 42% of Czech women and 52% of Polish women agreed with this idea, however the rate of Hungarian women grew up to 79%. Similar results are displayed among male respondents: during the first wave on average 73% of men in the three countries agreed with the above statement, while in the next wave the ratio of Czech men who agreed with this idea dropped to 40% (even lower than Czech women’s results) and Polish men to 60%. The proportion of Hungarian men agreeing with this statement in fact grew between the two waves (from 79% to 81%).

These findings are in line with Blaskó’s and others studies of the past few decades, which indicated more conservative public attitude in Hungary towards gender roles – particularly in the dimension of mothers’ employment – than in some of the other Visegrad countries. A study conducted in 2002 that aimed to find out public attitude towards mothers’ employment, showed that Hungarians were more conservative in their opinions regarding the placement of pre-school children in crèches than the Poles and the Czechs. 66% of the Hungarian population agreed with the statement “A pre-school child is likely to suffer if her/his mother works”, as opposed to 57% of the Poles and 48% of the Czechs.

Nevertheless, Michón claims that Polish society resists the idea of mothers’ employment the most, in comparison to other Visegrad countries. Relying on WVS results between 1989 and 2004, he points out that Poles agree with the statement “A pre-school child is likely to suffer if her/his mother works” in highest proportion in all the measured periods. Between 1989 and 1993, 94% of the Poles agreed with the statement, compared to 71% of the Czechs and 70% of the Hungarians. In Hungary results of 2000-2004 are close to Blaskó’s 2002 estimates (63%), while in the Czech Republic the proportion of those who agree with the statement is the lowest (47%). Similarly, according to Michón’s calculations, Poles are less likely to support the idea that “A working mother can establish just as warm and secure a relationship with her children as a mother who does not work” than the Czechs (81%) or Hungarians (77%)

The other trend that most authors highlight is the contradiction of surfacing opinions of rejecting nurseries, but supporting the two-breadwinner family model (on average 90% of the population of these countries) (less in Poland than in the other two countries). Haskova and Mudrak (2012) confirm for the Czech Republic – but Michón 2010, Blaskó 2005, Fodor et al. 2002 identify similar patterns in

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Hungary and in Poland – that while both men and women declare preference for the two-earner model and recognize the importance of the economic activity of the mothers, the mothers are still supposed to return to the labour market without influencing or putting additional burden on the fathers’ economic activities. Public opinion puts the load of work-life reconciliation still on mothers.

Policy implications and recommendations (on the basis of the actually available papers of wp5)

A general observation of several WP5 studies was the lack of standardized sources on social protection, social services, institutions and policies. The impacts of policy interventions on institutions and organizations of care or support as well as on the different target groups are rarely monitored and measured. Scattered data and qualitative studies are rarely comparable within the EU and especially within NMSs. An essential recommendation of our WP is to focus more basic research on the difficulties of social inclusion of different groups and on the effects of social interventions to help evidence based policy formulation.

Policy recommendations concerning the effects of income inequality on population health and social outcome

The analysis shows that redistributive policies aimed at reducing income inequality might lead not only to improved population health but also to general positive spill-over effects in the form of lower crime rates and increased activity and participation rates of youngsters in education. The split of the sample into NMS and Non-NMS regions reveals that although the effect of GDP p.c. is mostly stronger for the NMS regions also the slopes of the conditional correlations of the inequality indicators tend to be steeper. This suggests that for the NMS countries not only absolute growth of GDP levels is expected to lead to better outcomes in population health and other social phenomena. More redistributive policies would most probably lead to improvements particularly in those countries. Concerning population health this is no surprise since total health expenditures as a share of GDP are on average lower in the NMS countries compared to the Non-NMS group. Thus it may very well be even more important in the former countries how the distribution of scarce means looks like. In the case of crime rates we find positive correlations both for violent and property crime. We obviously cannot identify if the reasons for that are higher expected relative gains from crime or if the income dispersion leads to lower inhibitions to commit crime. However, higher crime rates are per se a fact of widening rifts in the social fabric. A low commitment to redistribution and social security expenditures may thus lead to higher costs for internal security in a society. In both NMS and Non-NMS regions non-activity rates of youngster and early leave from education are strongly correlated with income inequality. We do not expect these regressions to be completely devoid of endogeneity, however the highlighted relationships show that the danger of transmission of difficult material living conditions to the young generation is higher in more unequal societies.

Policy recommendations concerning disparities in health status

Our assessment of the factors behind disparities in the health status revealed the long lasting impact of economic and social institutions of the past. This suggests that reducing high mortality rates in the post-socialist countries is not an easy, short term task for policy makers. The structure of these economies have already gone through radical changes in the past 25 years; to achieve changes in social behavior, life-style, the emergence of new social norms, however, needs more time and targeted policies.
A less hectic, more predictable economic and social environment, better pricing policies for health damaging consumer goods, crowding out of the black market, and better education about health – all these may contribute to the reduction in consumption of alcohol and tobacco products as well as cutting back activities in the informal economy. The latter needs further efforts in reforming the regulatory and tax systems.

A faster catching up in incomes could lead to better working environment for the employees, higher technological level both in manufacturing production and in a wide range of services, including medical services. Increasing the share of expenditures in health services and improving education concerning healthy lifestyle are further factors that could help the post-socialist countries to catching up with the developed market economies in the health status of their population.

Policy recommendations concerning exclusion from the labour market

While the general trend has been of declining labour market exclusion for both the CEE and the EU15, and for both women and people with disabilities, improvements have been much more pronounced in the EU15. This calls for further research to explore the factors that hinder policy developments that may support the labour market inclusion of vulnerable groups in the CEE, particularly for older women, mothers with small children and people with disabilities. The persistent disadvantage of the low educated highlights the importance of studying barriers to education reform as well as conditions that may increase labour demand for the unskilled.

Policy recommendations concerning family policies

Demographic change can be expected only if there is a stability of the family support system that parents can count on. Family policies however in the Visegrád-countries are volatile and often changing. This is especially the case in Slovakia and the Czech Republic but this trend has also been present in Poland and Hungary. Parents and children need reliable social provisions and services; they should be able to plan the reconciliation of child-bearing and employment.

There is no consensual direction of changes in most NMS thus reforms often point into contradictory directions. An often returning pattern is the fluctuating regulation concerning employment while on parental leave. This is not only confusing parents but also means a waste of resources. Reform processes are always costly and they will not provide the intended outcomes if they are soon reversed or a parallel change in another direction are initiated.

Policy-making should be intended to a consensus between political parties on the aims of family policies so that they would not be redone after elections. At the same time, policy outcomes should be regularly monitored and legislation and implementation gradually adjusted in case of mismatch between aims and outcomes.

Maternal employment could only be raised in case there are available, affordable and flexible child-care options at hand. There is growing demand for child-care services that is not met. There are EU-lead investments in nurseries/vouchers in some countries but it is questionable whether these programs will be sustained on the long run.

Stable and ongoing state financing of nurseries (currently completely lacking in the Czech Republic and Slovakia) would be inevitable. This does not exclude the possibility to ask for fees from better-off parents.
The very low level of involvement of fathers in care-work and other non-paid work at home is an important obstacle to maternal employment and increased fertility rates. Without increased gender equality within and outside of families it will be very difficult to achieve substantial change in employment and fertility rates. Non-transferable paternity leaves should be introduced for at least one month in all the four countries, as it is recommended by the European Union’s Barcelona targets.

There is some intention to integrate children with disadvantaged background (rural areas, poverty etc.) in Hungary and Poland but these initiatives are not yet widespread. Commitment to provide high quality Early Childhood Education and Care (ECEC) for poor children has been lacking in case of subsequent Czech and Slovak governments. Child-care services are still very rarely available for children living with disabilities. Targeted development of ECEC services in the poorest regions and to children with disabilities would be needed. This is all the more important as this would be the only way to prevent their future deficiencies in kindergartens, in schools and later on the labour market. Such services could prevent the multiply and long-term disadvantage of their parents (especially mothers) on the labour market.

**Policy recommendations concerning the case of the employment rehabilitation services**

The paper outlined a strategy for identifying barriers to institutional change, focusing on the shift away from cash transfers to households to the provision of social services and from large, one-size-fits-all programmes to personalised rehabilitation services. We showed that Central and Eastern European welfare regimes that have a similar initial structure also fit the general European trend. They, however, differ in their speed of adaptation to the challenges posed by external shocks to the labour market. Comparing policy developments in the Czech Republic and Slovakia on the one hand and Poland and Slovenia on the other hand, we identify fiscal constraints, pressure to comply with the recommendations of the European Union (especially at the time of accession), and exposure to the influence of international organisations (the World Bank) as important drivers of change. At the same time, public awareness and support for the social integration of vulnerable groups (among them the disabled) was weak as a legacy of segregating and paternalistic policies in CEE and managers of large segregated institutions were strong defenders of the status quo. At the same time the inheritance of CEE public administrations skilled in planning rather than designing sophisticated incentives for independent actors in a competitive economy was also hindering change.

These findings suggest that the internal forces that may promote the further improvement of disability policies are relatively weak in the CEE region, which underlines the importance of policy advice and incentives coming from international organisations, notably the EU, the IMF and the OECD.

Regarding policy implications, it seems that the improvement of disability policies would bring considerable potential gains for employment and economic growth in the CEE region. Beside external pressure, impact assessments and cost-benefit analyses of existing initiatives may help to convince or sideline opponents and pave the way for shifting funds from ineffective sheltered workshops towards personalised rehabilitation services. Once a network of such services is firmly established and stable funding is provided, a combination of subsidies for employers and a tightening of access to benefits could lead to a significant increase in employment among people with disabilities.
Policy recommendations concerning the mix of policy interventions for more cohesive societies

This paper gives a summary of major social challenges and social protection interventions in the EU NMS since the Central East European social, political and economic transformation with a closer look on the past decade covering the years before and after the most recent economic crisis. The focus of the study is on inequalities hindering social cohesion and the necessary development of social and human resources for growth, competitiveness and innovation. Given that the most important drivers of inequalities are education levels and labour market participation social policy interventions on these two fields have primary importance in creating more social cohesion and are indispensable to foster growth.

Policy mixes in different fields of social protection (in family policies, rehabilitation policies, labour market inclusion and activation, childcare, housing, mobility, etc.) are composed of transfers to combat the immediate effects of poverty and of complex services that help people to solve their problems and become integrated members of their societies in the long run. As to transfers (benefits, allowances, assistance) NMS are getting less generous partly due to fiscal pressures, partly with the intention to stimulate more employment participation. However the still weak infrastructure and tight professional capacities of the different social services and their unequal accessibility and quality – from employment services to childcare, from rehabilitation services to education and training – make complex policy mixes incomplete and inefficient.

The study indicates that there are some sporadic policy shifts towards complex and good quality service development in the NMS to increase social inclusion of the most marginalized people but more important investments are needed in the physical and organizational infrastructure and in the skill development of social services. The still weak NGO sector of the NMS should be also supported to find its role and share in building more cohesive societies.

Such investments in social services beyond the scope of support to inclusion, activation and cohesion would create jobs for qualified and skilled people not only in developed centers but in small localities with the aim of better and more even access.

Policy recommendations concerning female and male roles in three CEEC

The analysis of electoral programmes and parliamentary debates and their confrontation with public attitudes showed that politicians tend to hold somewhat less traditional views than the public. However, movement towards more equal gender roles in policies is expected to be slower when public attitudes turn to be more conservative. That would hinder the development of policies that support the reconciliation of work and family and thus contribute to the labour market exclusion of women.

Regarding policy implications, the prevalence of traditional public attitudes towards gender roles points to the need for more action on the part of agencies promoting equal opportunities, in monitoring the media and other channels that may reinforce gender stereotypes, raise awareness about them among journalists and experts who may, often unwittingly, contribute to the process.
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