



GENDER EQUALITY AND CARE CHOICES IN THE LIGHT OF POPULATION AGEING

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Abstract

The aim of this paper is to explore the relationship between female employment and gender equality, with a special focus on care and family policies shaping women's potential labour market participation in ageing European societies. The paper maps how different care regimes, family policy constellations and gender equality policies directly and indirectly affect female employment in the European Union member states. It combines macro-level quantitative statistical analysis with a qualitative approach to the main mechanisms shaping gender equality in the field of care. The selected four EU member countries (Italy, Poland, Sweden and the United Kingdom) represent different European welfare and care regimes, and the comparison thus also sheds some light on broader socio-economic policy impacts on care-related female employment as well as on the gender equality impacts of care policy changes. Our findings indicate that the public provision of formal care services and the combination of dual-earner and dual-carer policy incentives favour female employment simultaneously with decreasing gender inequalities. The different forms of informal employment in the field of care services, however, may produce new forms of gender inequalities, especially when they rely on unregulated cheap immigrant female labour.

Keywords: female employment, formal and informal care, gender equality, welfare regimes, dual earner and dual carer households, immigrant care workers

JEL Classification: J13, J21, J22, J61



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1. Introduction: Gender equality, care choices and female employment

In the light of increasing female employment across Europe in the last 20 years, dual-earner households have become more common in Europe. This does not automatically imply, however, decreasing inequalities between women and men in either labour incomes or paid employment opportunities. The expansion of dual-earner households does not necessarily mean a more balanced division of paid and unpaid labour between women and men, or an increasing freedom of choice over domestic care work for women within such families. In the context of the current demographic trends in Europe, specifically ageing populations and women's more active participation in paid labour, it is important to understand the mechanisms shaping the work-life balance within households and to explore what kind of gendered paid/unpaid work patterns are encouraged by various types of care policies and welfare regimes.

The concept of socio-ecological transition that is at the heart of NEUJOBS project seeks to respond to such demographic trends through a series of social, political and technological transformations that would lead to the optimisation of energy resources and ecologically efficient production. This also includes optimising human resources and skills, striving for better quality and equality of jobs as well as an improved balance of work and family life. The care sector and related "soft skills" of empathy and communication gain new value and promise further transformation of economies

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from industrial, through service, to care priorities. In light of the current demographic projections, sustainability of care calls for thorough restructuring towards smart, lean and fair societal metabolism that would optimise welfare provisions, the use of human resources and changes in consumption patterns and levels (WP 1: Fischer-Kowalski et al., 2012).

Provision of care services is embedded in a complex state- and market-based policy mix overlapping with welfare, employment and migration policies (WP13.2: Fedyuk et al., 2014). Thus, to open up the care sector's potential for socio-ecological transition, one needs to tackle equality in labour relations, division of paid and unpaid labour at home, equality in pay and status of different types of employment (e.g. part-time versus full-time employment). The developments in these fields are not neutral by gender; indeed, they are often marked by significant gender inequalities. Further, changes in work-family balance can have significant demographic effects and, if embedded in the right structures and provisions, can entice more active and longer labour market participation and community engagement of older men and women (WP 17.3: Styczynska et al., 2013).

2. Aims and focus

The last two decades have seen a shift in social policy towards the individualisation of welfare entitlements. The new policy agenda includes the activation of women in labour markets, the equalisation of family rights of men and women, and a primary focus on child care (both as an investment in the social capital of the child and as a way of freeing the parents for labour market participation). The “focus on activation—enabling or compelling people to be active for the purposes of employment, self-actualization and self-sufficiency—is widely acknowledged as a leading policy idea(l) and objective” (Daly, 2011: 3). In this context, dual-earner households can be considered an optimal type of family, allowing for the sharing of participation in the labour market as well as of domestic responsibilities by both adult members.

Nonetheless, there has been rising concern over whether dual earning does indeed promote gender equality within families, or whether the increasing female labour participation happens at the cost of particular work-family conflicts for women. As working mothers suffer significantly more from negative consequences of multitasking than working fathers (Hochschild, 1989; Coltrane, 2000; Offer and Schneider, 2011), it is obvious that the dual-earner family constellation per se neither guarantees a better share of unpaid (care) tasks, nor brings about equal opportunities concerning choices of professional and personal trajectories (Daly, 2012; Korpi, 2000). In other words, childcare and elderly care policy configurations and the division of unpaid domestic activities play a dominant role in shaping the female employment–gender equality nexus.

The aim of this paper is to explore the relationship between female employment and gender equality, with a special focus on the role that care and family policies play in shaping women’s potential labour market participation. Under this approach, the focus is on care policies and the related gender equalities; population ageing is the context.¹ In particular, we explore under which policy conditions dual-earner households promote gender equality (i.e. more equality in work-life balance between women and men). We also discuss the fertility impacts of gender equality and care policies to reveal the demographic consequences of the policy choices.² The empirical section first presents a cross-country comparison based on female labour market participation, gender equality, and care and family policy indicators, and then explores the main underlying mechanisms in four EU member states representing different welfare (and care) policy regimes. The paper concludes with recommendations and potential scenarios of future development.

¹ NEUJOBS WP 17.3 discusses extensively the drivers of old-age employment (Styczynska et al., 2013).

² In order to provide meaningful findings and value added, we slightly shifted the focus of our research. Instead of repeatedly demonstrating the effects of ageing on the employment growth in the care sector (convincingly presented by, among others, OECD, 2011), we focus on the care policy/gender equality nexus and its impacts on (female) employment and indirectly, through the indicator fertility, on the process of ageing.

3. State of the art summary

3.1. Gender equality policies

Gender inequality is the outcome of the interplay between various societal forces. In European societies, gender equality is a widely accepted political and policy norm, though not without contestation and with a policy architecture that is imperfectly capable of promoting the principle. It is widely acknowledged that the European Union has been one of the major actors in promoting the principles of gender equality.³ Gender equality thinking has progressed from anti-discrimination considerations, through empowering women and ensuring equal opportunity, to transformative mainstreaming. The European Union's strategic thinking first embraced employment and labour market issues, and then progressed to social security and social policy, before finally opening the door to more comprehensive domains of political and public participation, gendered violence and international development.

For the main topic of this Work Package, it is of crucial relevance that gender critical scholarship has revised and elevated gender to the foundational concepts of welfare state and policy regime theory. An important stream of scholarship has been dedicated to demonstrating that welfare interventions meant to mitigate certain inequality impacts of the market often reproduce other forms of complex inequalities such as, for example, the unequal distribution of power and care duties between men and women. Orloff (1993) proposed that the extent to which states provide access to paid work and enhance women's capacity to form and maintain autonomous households should constitute new dimensions of welfare state variation. Lewis (1997), Sainsbury (1999) and others called for comparing welfare states according to the extent to which they embrace the traditional male breadwinner model. Some believe that gender-equality-conscious welfare research has progressed along two somewhat distinct perspectives in

³ The principle has given major prominence by the Treaty of Amsterdam (1997), which made gender one of the protected equality grounds, and by the Lisbon Treaty (2007), which emphasised the elimination of all types of gender discrimination. During the two decades between the two treaties, a series of directives, roadmaps and strategies were accepted to guide gender equality policies in the EU and its member states.

recent times. The *women's employment* perspective argues that mainstream welfare state theories often fail to recognise how significantly paid employment contributes to lowering the dependence of women on family and marital arrangements. The *care (or caregiver parity)* perspective argues that mainstream welfare state scholars often fail to recognise women's distinctive connection to caring work, and their unpaid work more generally. In the last decade, several gender critical welfare state scholars have tried to resolve the tension between these two strands of equality-conscious analysis (Ray et al., 2010).

In other interpretations, it is not only gender policies, but also social and political practices creating shifting dynamics between employment and family matters that together fundamentally shape gender relations and the chances for equality. The eminent family policy thinker, Mary Daly, suggests that policies relating to family matters are one of the most active domains of social policy reform in Europe. Further, family policy and gender equality policy tend to come to the fore to each other's detriment. Daly argues that from the 1970s on, gender was a modernising path within social policy development in Europe, leaving family policy behind. In recent times, social policy has dwelled primarily on children, with family welfare in relation to participation of parents in the labour market often overshadowing genuine gender equality considerations (Daly, 2011: 3).

Other important scholarly voices help to reveal that significant employment developments for women in Europe have not been accompanied by a similar development with regards to a fair distribution of domestic and care work in families. Although often criticised as a simplifying policy frame, *work-life balance* has become a key concept to drive policy interventions towards a more fair gender division of paid and unpaid labour in several domestic policy regimes. Barbara Hobson argues that the work-life balance is not merely a buzzword in policy circles, but mirrors prevalent expectations of working parents for a better quality of life. "Work-life balance is a discursive refrain in European public debate that reflects goals for a more productive

workforce: that women and men should be able to be both earners and carers” (Hobson, 2011: 147).

3.2. Activation of women by family and care policies: Traditional family, dual-earner and dual-carer dimensions

Several authors bring together the discussion of care and employment regimes in an attempt to grasp the dynamics of gender equality in households, and the role of state- and market-based policies regarding family, parenthood, individual activation and provisions of care (e.g. Williams, 2012; Korpi et al., 2013). In certain sense, Korpi et al. (2013) revisit the classical (Western European) welfare regime typology⁴ by looking at the effect of family and care policies on individuals within households. Based on the dominant dimension of national family policy reactions to the changing demographic conditions, the authors distinguish between *traditional family*, *dual earner* and *dual carer* focal points (see the main indicators of these policy dimensions in Table 1).

Table 1: Policy indicators of the three main family policy dimensions

| Traditional family | Dual earner | Dual carer |
|---|--|--|
| Child allowances in cash or via tax (under the age of 3) | Public daycare from children between 0-2 years of age) | Weeks of paid leave for either mother or father, or both |
| Part-time public daycare services (children above 3) | Full-time public daycare for 3+ children | Weeks of paid leave for fathers only |
| Home care allowances for children below school age | Earnings – related parental insurance (reflecting previous earnings and duration of benefit) | |
| Marriage tax benefits encouraging having economically non-active spouse | | |

Source: Korpi et al. (2013: 9-11)

An important finding of Korpi et al. (2013) is that the combination of dual-earner and dual-carer policies favours more female employment than traditional family policies or a simple focus on dual-earner policies (e.g. without incentives to shift households

⁴ The liberal, the conservative (Bismarckian) and the social-democratic welfare regimes (Esping-Andersen, 1990)

towards dual-carer division of labour). The dual-earner household constellation, however, may generate also new forms of inequalities. Several qualitative studies have indicated that even within the families where spouses have similar levels of education and employment, besides the wage gap, *unequal care responsibilities, housework and multitasking* make all the difference to the work-life balance experienced by the individuals (Hochschild, 1989, 2003).

How do certain welfare regimes and social policies affect certain types of (in)equality and/or reach members within the family unit? Korpi suggests that we can grasp such inequalities on a macro level only at the *intersection of class and gender analysis*, i.e. in terms of occupational standing, material standards of living and the gender division between paid and unpaid work (Korpi, 2000: 128). This intersection can highlight inequalities in particular within nuclear families: inequality of unpaid care and household responsibilities; inequality of choices in pursuing careers; and inequalities in payments, working hours and levels of multitasking (Offer and Schneider, 2011). In addition, as a recent empirical study among developed EU members and upper-middle income countries participating in the European Generations and Gender Surveys confirms, these gender inequality aspects have significant demographic consequences: “a more balanced division of care work between the parents and satisfaction with it tend to encourage further childbearing intentions of mothers as well as of fathers” (Neyer et al., 2013: 263).

Another conceptual approach linking activation and specific social policies through a gender lens was developed by Mary Daly. She distinguishes between two poles of social policies: *individualisation and familisation*.⁵ She argues that “the individual with family bonds and familial embeddedness is the ideal social policy subject” (Daly, 2011: 17). A major advantage of her multi-vectored approach is that it allows the exploration of not only women’s choices vis-à-vis employment, but also men’s choices vis-à-vis

⁵ She applies four main criteria to locate the policies on the individualisation/familisation scale: “(1) the treatment of people as individuals or family members, (2) the favoured location of care and its construction as paid or unpaid, (3) the treatment of family as institution and living arrangement, and (4) the treatment of gender (in)equality and especially how and whether family gender inequality is problematized” (Daly, 2011: 7-8).

families. In addition, this perspective offers a valuable gendered critique of the traditional approach of activation: one of Daly's main findings is that activation of women in labour markets can be easier achieved with activation of men in the care and other domestic domains.

3.3. Direct employment effects of the care sector expansion and related care policy trends

The previous section discussed the indirect female labour market participation effects of the gender-specific care-employment nexus. In other words, it presented certain mechanisms through which particular care regimes and family policy constellations may shape gender inequalities, regardless of the sector of employment of the working individuals. But care policies and the undoubted employment expansion of the care sector have a strong direct gendered employment effect as well. At present, the overwhelming majority of care jobs are performed by women.⁶ In addition, the likely employment scenario of NEUJOBS WP 12.2 (Schulz and Geyer, 2013) forecasts major job creation in care-related market services. These trends are supported by two major factors: an increasing policy focus feeds the expansion of child care services, while population ageing generates further demand for elderly care provisions.

The gender inequality impacts of the care sector expansion, however, are not obvious. Care policy development patterns in the EU member states under increasing macro-financial constraints may have specific effects. In particular, cash-for-care schemes have been embraced by many EU countries as a way of providing cheaper and more flexible alternatives to formal and institutional care. NEUJOBS WP 17.3 indicates that “work-life balance” takes on a new meaning in the light of the population ageing in the EU as taking care of children becomes less of an issue for older workers, but the probability of the need to take care of grandchildren, a spouse or other older family members

⁶ “At European level, the share of female workers in social inclusion services and non-educational day-care (82.4%) also strongly exceeds the overall EU27 average of female workers (45.5%). At country level, the share of women in social inclusion services and non-educational day-care is highest in Greece (91%) and lowest in Germany (77%)” (Gstrein and Mateeva, 2013: 36).

increases in the light of trend towards informal and de-institutionalised care provisions. Socio-ecological transition towards more “green jobs”, and specifically care jobs (Fischer-Kowalski et al., 2012), can be a step towards activating vulnerable groups such as elderly workers, but only under the right set of structures and provisions (Styczynska et al., 2013).

The benefits of these schemes are often described as enhancing free choice for families to provide care by themselves or to purchase such care services. In an assumed positive scenario, cash-for-care helps to recognise formerly unpaid labour of carers usually provided within families, and it stimulates the quality of the provision by enhancing competition in the care labour market (see Da Roit and Le Bihan, 2010; Kremmer, 2006). Though the relation between free choice, cash payments and the quality of care provisions has been critically challenged (see Pavolini and Ranci, 2008; Dandi et al., 2012), cash-for-care schemes have been on the rise in the last 15 years, particularly due to the fact that they significantly reduce state expenditures on care (Da Roit and Le Bihan, 2010).

The expansion of these schemes enhances the “commodification” of care through the provision of resources to users (Da Roit et al., 2007), and opens up opportunities for the incorporation of paid domestic and care work, often provided by immigrants. The trend of increasing inclusion of migrant women as care workers, however, may bring about new forms of gender inequalities. Ruhs and Anderson (2010) argue that the demand for migrant care workers is a specific form of demand: a need for workers who will take a job on *substandard wages and employment conditions* that are unacceptable to the native workers. Hence, our empirical research should also tackle the gender inequality aspects of the increasing presence of migrant female care workers in EU labour markets and the relation of this trend to particular care policy configurations.

3.3. Contribution to the existing literature and NEUJOBS project

The NEUJOBS project’s focus on the socio-ecological transition marks the care sector as a promising area for the creation of new green jobs, quality employment and activation of vulnerable groups such as unemployed youth, women and elderly workers. Our



Working Paper contributes to this focus by looking at different forms of care regimes as drivers of gender equality, better family-life balance and a reduction of the gender gap. We argue that the dual-earner model, while giving positive indicators of gender equality in terms of labour market participation, can, however, mask inequalities in employment quality, opportunities and unpaid responsibilities within households.

Several WPs within the NEUJOBS project look, from various angles, at the trends of women's employment, welfare provisions, care and work-life reconciliation policies in the light of the ageing population. Within its own Work Package 16, this Working Paper focuses on gender equality factors in the light of the labour participation trends (types and quality of employment) discussed in greater detail in Working Papers 16.1 (Lewandowski et al., 2013), 16.2. (Chłoń-Domińczak and Lis, 2013; Chłoń-Domińczak, 2013; Chłoń-Domińczak et al., 2013) and 16.3 (Magda and Potoczna, 2014). Among other WPs in the NEUJOBS project, our contribution is particularly relevant to WP 17, which deals with the activation of elderly workers in employment, as well as social agents, community and family members, and WP 13 in discussing the ways care choices affect gender equality in employment and at the household level, and the role informal care provisions and specifically immigrant labour play in shaping care regimes. Finally, our Working Paper enters into a dialogue with WP 5 ("Work-life balance and welfare transformation") by revisiting European welfare regime typologies and suggesting an alternative clustering of the EU 27 countries.

4. Methodology and data

The heterodox nature of our research topic and the strong informality aspects of domestic care work limit our methodological choices. We combine the analysis of descriptive statistics and international comparative survey data with small-N qualitative country case studies. Concerning care statistics, our paper focuses on *childcare for children below the age of three*, as this segment of care provides meaningful insights for both the direct and indirect female employment effects of gender equality

and care policies.⁷ For comparative purposes of care statistics, we use the European Union Survey on Social Income and Living Conditions (EU-SILC) data that is currently “the only data source allowing calculation of childcare usage among young children in a ‘regular week’ for all EU Member States” (Van Lancker, 2013: 11).⁸ Based on this data source, we are able to differentiate between parental care, formal care (provided by public institutions) and informal care (provided by others, such as migrants with uncertain legal status).

For the gender equality issues, a key source for the analysis is the recently published Gender Equality Index of the European Institute for Gender Equality (EIGE) that provides methodologically carefully selected (and, if necessary, transformed) indicators in order to measure the *gender gaps* in labour market participation, time spent on care activities, and political power, and also provides a comprehensive measure of gender equality. We also use some classical Eurostat data (e.g. five-year averages of total fertility rates). As these data are provided at the country level (and without valid time series), we can only use descriptive-comparative techniques for the quantitative analysis.

For the small-N country cases, we selected the countries with the intention of representing the variety of the EU member states in the studied aspects. We start off by referring to Esping-Andersen’s well-known welfare regime typology (Esping-Andersen, 1990) that distinguished three (Western European) types: the liberal, the conservative (Bismarckian) and the social-democratic welfare regimes. We also included the findings of later empirical research that suggested some additions to the original typology to have a larger European scope: the Mediterranean or Southern European (Ferrera, 1996) and the post-socialist or Eastern European (Tomka, 2006)

⁷ Though we know some cases when childcare and elderly care policy development follow different paths (e.g. in the Netherlands; see van Hooren and Becker, 2012), at the level of countries, the two care policy fields typically show similar tendencies of development concerning generosity of public financing and the role of formal versus informal provisions. For a discussion of potentially diverging development paths of child and eldercare, see WP 5.3.1 (Cipollone et al., 2012).

⁸ Methodological criticism of the SILC data (Keck and Saraceno, 2011), however, warns that additional qualitative control is unavoidable and can be expected from small-N studies and qualitative approaches.

distinct welfare regime types (both of them subtypes of the Bismarckian variant).⁹ Taking these classifications as a starting point, our paper proposes a more nuanced, extended typology that goes beyond the usual welfare regime typology by clustering the EU27 countries according to their care policies, gender gaps in time spent on care activities, political power and labour market participation, and fertility rates. The four selected countries (Italy, Poland, Sweden and the United Kingdom) represent four different welfare regimes, and have different outcomes concerning female employment levels (see *Table 2*). However, they also illustrate the potential shifts of countries between initial welfare regime types along the impacts of the different family and care policy choices.

Table 2: Main features of the selected countries

| | Female employment level | Welfare regime | Care regime characteristics * | Dominant family policy constellation** |
|-----------------------|--------------------------------|-----------------------------|---|---|
| Italy | Very low | Bismarckian, South-European | Medium organisational depth, medium level of financial generosity | Traditional family |
| Poland | Low | Bismarckian, post-socialist | Shallow organisational depth, low level of financial generosity | Dual-earner and traditional family |
| Sweden | Very high | Nordic | Profound organisational depth, high level of financial generosity | Dual-earner and dual-carer |
| United Kingdom | High | Liberal | Medium organisational depth, medium level of financial generosity | Dual-earner, market-oriented |

Sources: *Kraus et al. (2010) typology; ** Korpi et al. (2013) typology.

In the following section, we first provide a concise description of the major relevant indicators of gender equality, care policies, employment and fertility. Then we explore the European map in this respect by correlations, scatter plots and cluster analysis. Finally, the brief country studies shed some light on the underlying mechanisms behind the suggested statistical relations.

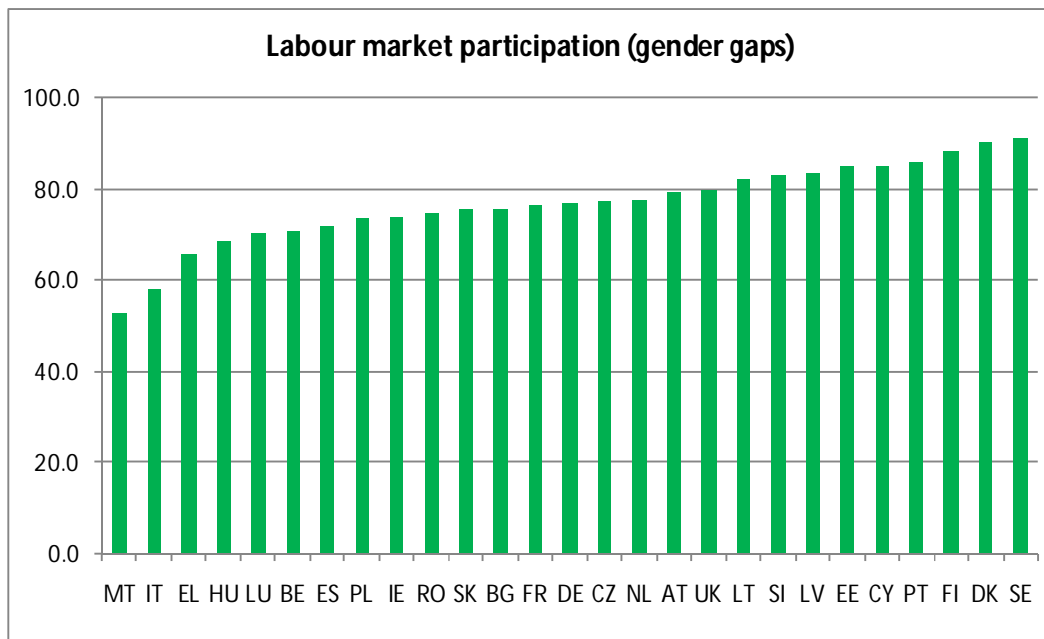
⁹ See the classification of the EU27 member states by the extended typology of welfare regimes in the Annex (*Table A.1.*).

5. Results

5.1. Cross-country comparison

From a gender equality perspective, *female labour market participation* is measured by the labour participation gender gap. In this respect, the three best performers are Nordic countries (Sweden, Denmark and Finland), while three Southern European EU members (Malta, Italy and Greece) are at the bottom of this ranking, although Portugal is the fourth- and Cyprus is the fifth-best performer. The classical Bismarckian continental countries, the two European countries characterised by a liberal-type welfare regime (the United Kingdom and Ireland) and the post-socialist EU member states are generally in the middle of the labour market participation gender gap ranking, though there is a significant difference between Estonia and Hungary (relatively low versus relatively high gaps, respectively).

Figure 1: Gender gap in labour market participation, EU27 countries¹⁰



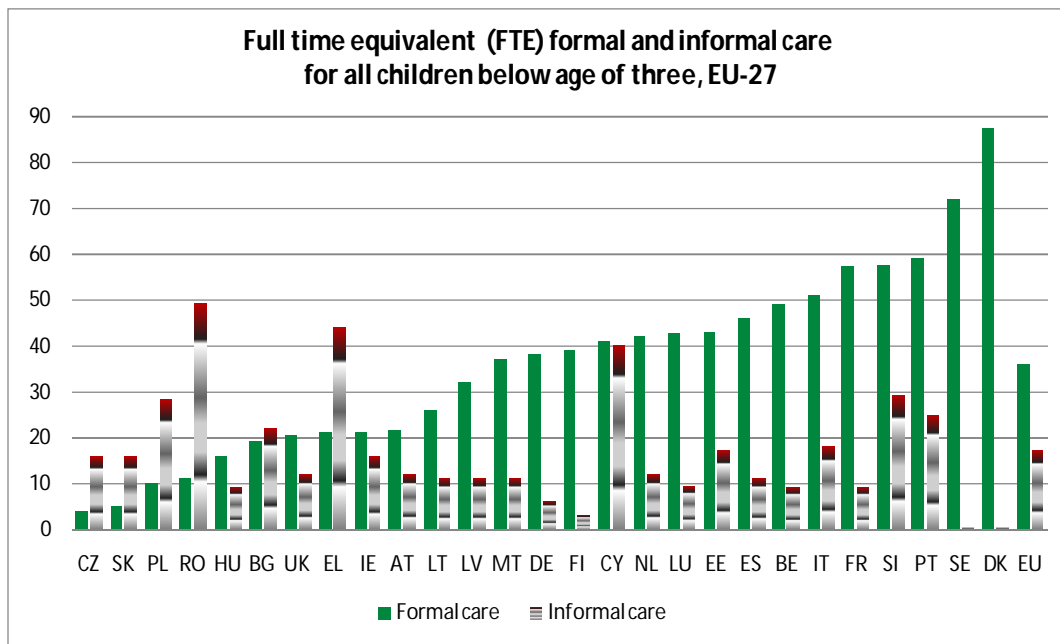
Source: European Institute for Gender Equality (EIGE), Gender Equality Index 2013, full time equivalent employment rate, calculated from Eurostat Labour Force Survey data.

Note: higher values indicate lower gender gaps.

¹⁰ See the Annex for the country abbreviations.

Comparative *childcare use* statistics¹¹ (Figure 2) reflect that Nordic countries (especially Denmark and Sweden) are the ones that provide these services most comprehensively and formally. We see that post-socialist EU member states, which previously had a developed network of formal childcare institutions (*crèches*) during the state socialist era, now provide only fairly limited public care for the early childhood period (with the notable exception of Slovenia) and besides parental care, informality flourishes in some of these countries. This is most conspicuous in the case of Romania, where informal use of this type of care is at almost 50%, probably reflecting the outstanding proportion of Romanian parents who are migrant workers abroad. The classical Bismarckian continental countries are in the middle of this ranking, while some Southern countries (Portugal and Italy) have a relatively developed formal early childcare institutional network (similar to the level of France).

Figure 2: Full time equivalent (FTE) formal and informal care in the EU27 countries

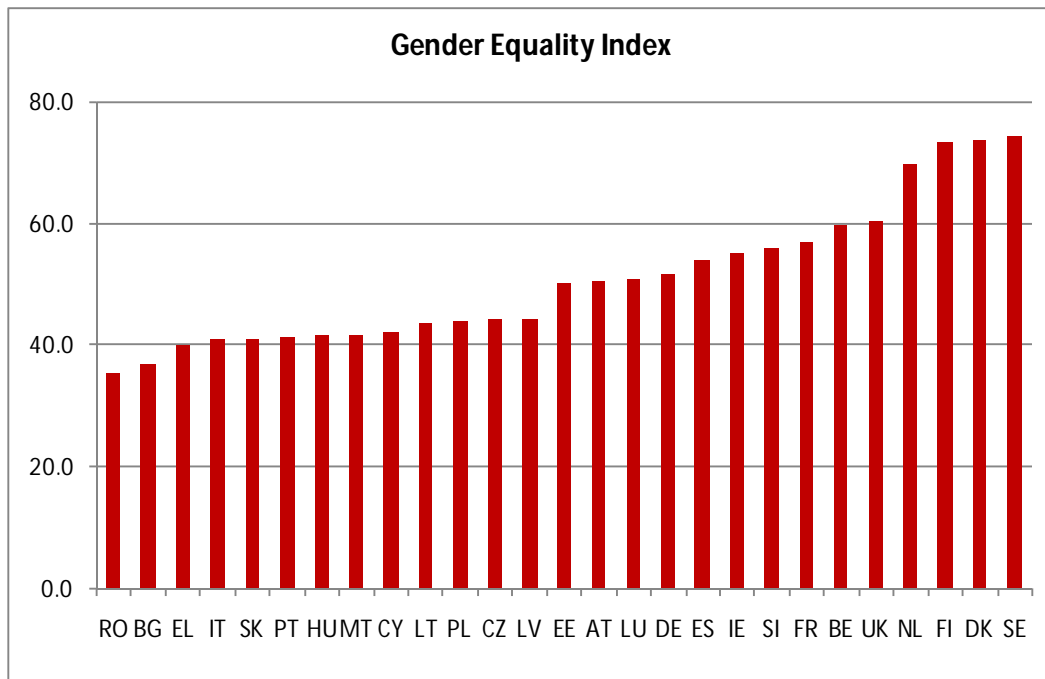


Source: Van Lancker (2013:13), calculation from EU-SILC 2009 data.

¹¹ In order to include the intensity of care use as well, we apply here the full time equivalent (FTE) measures of care use, following Meagher and Szebehely (2012) and Van Lancker (2013).

Comprehensive gender equality measures unanimously position Nordic countries as the societies with the lowest relative gender inequalities, while they are the highest in the Southern and the post-socialist EU members (within the latter group, especially in the southeastern countries). In this respect, the picture presented by the EIGE Gender Equality Index is similar to those provided by the two other most frequently used gender indices,¹² namely the UNDP Gender Inequality Index and the World Economic Forum Global Gender Gap Index.¹³

Figure 3: General gender equality in EU-27 countries, Gender Equality Index



Source: European Institute for Gender Equality (EIGE), Gender Equality Index 2013
 Note: higher values indicate lower gender gaps.

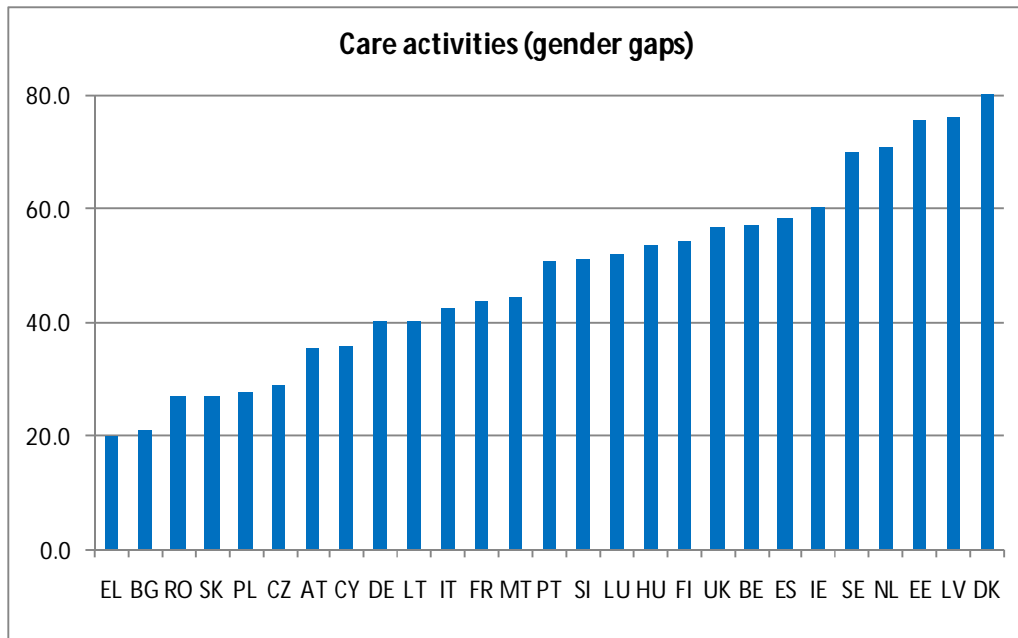
As these all-encompassing indices intend to provide a comprehensive picture of gender (in)equality by country, they obviously merge historical legacies, policy causes

¹² Other well-known international indices of gender (in)equality include the Social Watch Gender Equity Index, the OECD Social Institutions and Gender Index and specific indices prepared by researchers of the field - 'Relative Status of Women' by Dijkstra and Hanmer (2000), 'European Union Gender Equality Index' by Plantenga et al. (2009a), and 'European Gender Equality Index' by Bericat (2011).

¹³ EU member countries' data for the UNDP Gender Inequality Index and the World Economic Forum Global Gender Gap Index are presented in the Annex.

and policy outcomes. For the purpose of our research, two specific sub-indices of the EIGE Gender Equality Index are more relevant: the 'time' sub-index in the domain of care activities, and the 'power' sub-index in the domain of politics. The former reflects gender differences in time spent on care, while the latter tackles the gender gap in the political representation of women and men as a good proxy for gender equality policies in the field of politics.

Figure 4: Gender equality in time used for care activities, EU27 countries



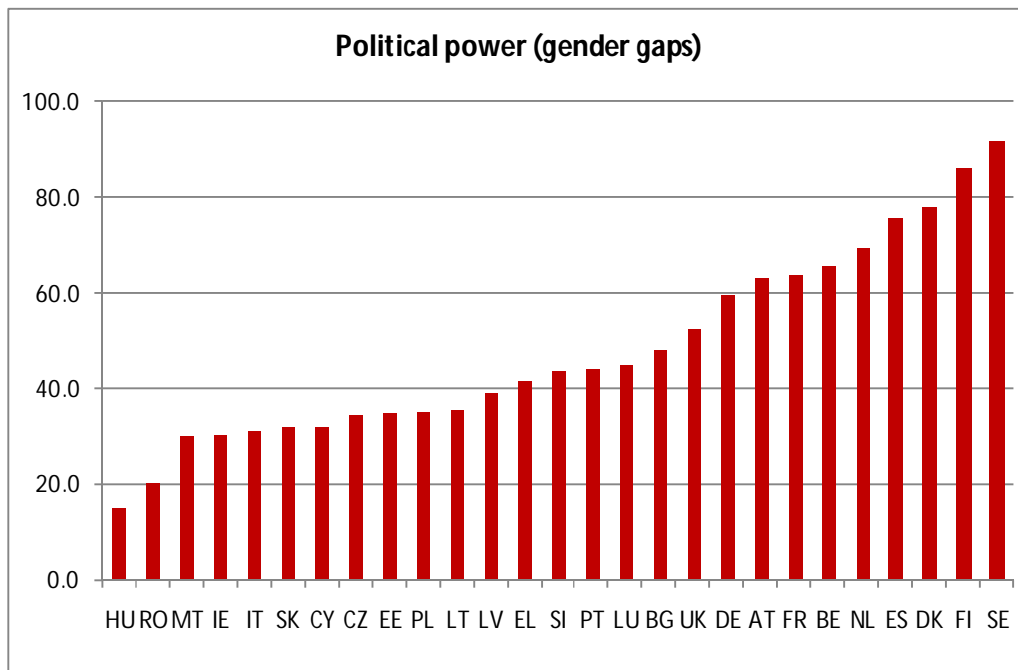
Source: European Institute for Gender Equality (EIGE), Gender Equality Index 2013

Note: higher values indicate lower gender gaps.

The gender gap in *time devoted to care activities* is particularly high in Greece and most of the post-socialist EU member states, and is lowest in Denmark. However, we can identify two of the Baltic countries (Estonia and Latvia) as well as Ireland and Spain as being among the EU member states that are more equal concerning the time division of care between women and men.

In the dimension of *political power*, the gender gaps are again lowest in the Nordic countries (Sweden, Finland and Denmark) while they are highest in Hungary, followed by Romania and Malta. The post-socialist and the Southern European EU members are generally at the bottom of this ranking as well, though with two exceptions: in Spain, women have gained a relatively significant share of political power, while Ireland scores conspicuously weakly in this dimension of gender equality compared with the previously mentioned aspects.

Figure 5: Gender equality in political power, EU27 countries



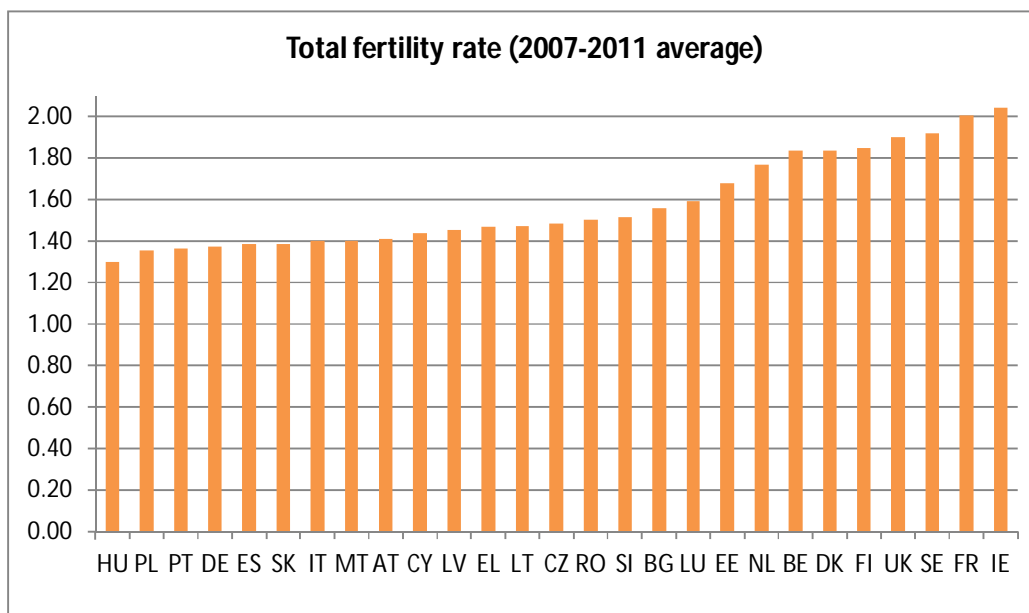
Source: European Institute for Gender Equality (EIGE), Gender Equality Index 2013

Note: higher values indicate lower gender gaps.

Eventually, fertility trends largely reflect the discussed gender equality divisions. In the period between 2007 and 2011, the lowest average number of children born to a woman had could be observed in the post-socialist and Southern European member states; Hungary, Poland and Portugal were the three laggards. On the other hand, the total fertility rate was high in the Nordic countries, and Ireland, France and the United

Kingdom also performed well in this respect. The relatively high fertility rates of these three countries do not refute our understanding of the predominant role played by childcare policies, but they illustrate the possible additional role of pronatalist financial incentives.¹⁴

Figure 6: Total fertility rate, EU27 countries (2007-2011, five-year average values)



Source: Eurostat

Bivariate correlations among female labour market participation, care, gender equality and fertility indicators (Table 3) suggest that gender equality policy could be a crucial factor in shaping the impact of care policies on both female labour market participation and the total fertility rate. Though the direct correlation between the FTE formal versus informal care and the gender gap in labour market participation, as well as the fertility rate, are not significant, each of these indicators correlates significantly with the gender

¹⁴ In Ireland, child allowances were the first and remain the only universal security scheme. Moreover, family income supports even significantly increased in the period of exceptional economic boom from the mid-1990s to 2007 (Fahey and Nixon, 2014). In France, explicitly pronatalist policies were developed to encourage families to bring up at least three children (Morgan and Zippel, 2003: 57) and recent econometric analyses confirms that French fertility is quite sensitive to financial incentives in the case of the third birth (Laroque and Salanié, 2013). Concerning the United Kingdom, a recent analysis of the fertility impacts of the set of reforms to benefits for families with children (introduced in 1999) found similar empirical evidence (Brewer et al., 2012).

equality variables. Moreover, they show a remarkably consistent pattern: while they correlate significantly and positively with the use of formal care, they correlate significantly and negatively with the use of informal care. In addition, a lower gender gap in political power and more equal time spent on child care between women and men also correlate significantly with both the gender gap in labour market participation and the total fertility rate.¹⁵

Table 3: Bivariate correlations among female labour market participation, care, gender equality and fertility indicators

| | Gender gap, labour market participation | FTE Formal care | FTE informal care | Gender gap, time used for care activities | EIGE Gender Equality Index | Gender gap, political power | Total fertility rate (2007-2011 average) |
|---|---|-----------------|-------------------|---|----------------------------|-----------------------------|--|
| Gender gap, labour market participation | 1 | | | | | | |
| FTE Formal care | .332 | 1 | | | | | |
| FTE informal care | -.170 | -.374 | 1 | | | | |
| Gender gap, time used for care activities | .399* | .630** | -.586** | 1 | | | |
| EIGE Gender Equality Index | .497** | .599** | -.621** | .671** | 1 | | |
| Gender gap, political power | .454* | .596** | -.562** | .419* | .838** | 1 | |
| Total fertility rate (2007-2011 average) | .347 | .371 | -.371 | .483** | .736** | .517** | 1 |

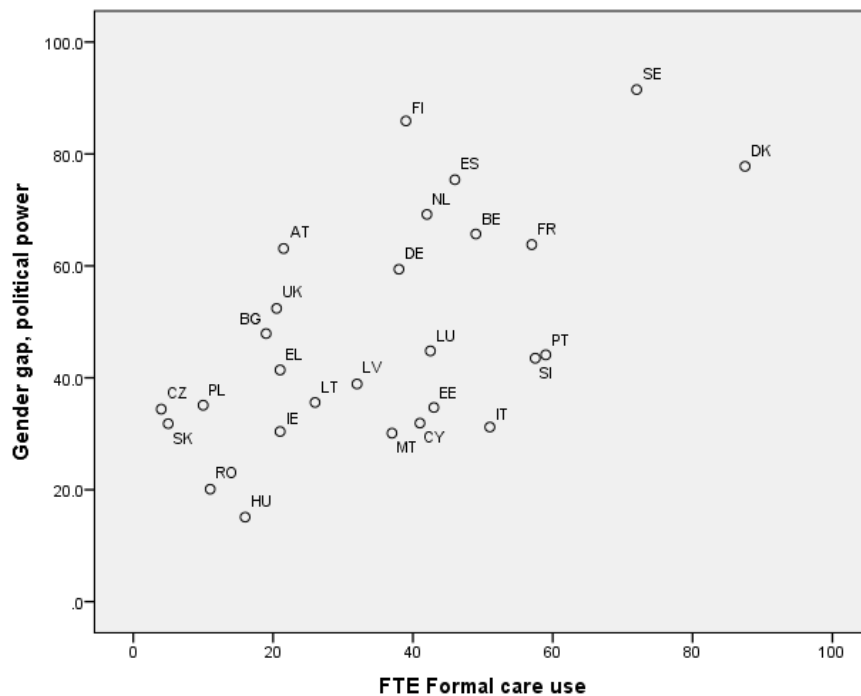
Note: **significant correlation** * at the 0.05 level and ** at the 0.01 level.

The classification of the EU member states by care and gender equality policy clusters broadly reflects the grouping of the extended welfare regime typology. At the same time, they show certain instructive patterns for how policy changes can shift the countries from their assumed welfare regime positions. For instance, Spanish care and gender equality policies are similar to the those by Western European continental core countries, while care policy in Finland seems to be less consistent than in the two other

¹⁵ However, these correlations at best hypothetically suggest that gender equality policies, as well as orientation towards formal care use, generate lower gender gaps in labour market participation. Because of the obvious endogeneity and multicollinearity between our country-level variables, quantitatively we can only apply descriptive latent variable methods; we will shed some light on the potential underlying mechanisms in the following qualitative section on country cases.

Nordic EU member states¹⁶ – as a consequence, the two countries are in the same cluster. The post-socialist countries are following divergent patterns: some (e.g. the Baltic states) are shifting towards policies similar to the liberal regime countries, some (e.g. Poland) are following a traditional care policy dominated by parental care and distribution of care activities by traditional gender roles, while in Romania (similarly to Greece) informal care provisions play an outstanding role.

Figure 7: Full time equivalent formal care use and gender gap in political power, EU27



Note: Adjusted $R^2=0.329$, $\beta=0.596$
 Source: EU SILC (Van Lancker, 2013) and EIGE Gender Equality Index (2013)

The linear relation between the relative political empowerment of women and the expansion of formal care provisions is remarkable (see Figure 7).¹⁷ Indeed, we might interpret this finding as evidence that comprehensive gender equality policies include

¹⁶ This is interpreted by Meagher and Szebehely (2012: 95) as a Finnish shift towards a “new familialism”.
¹⁷ At least in the context of the European Union; however, as only two countries represent the liberal regime in the EU27 sample, our findings on the liberal regimes’ features should be considered cautiously.

both a higher level of female representation in the political arena and, at the same time, a predominance of formal childcare policies in the early childhood period.

Table 4: Classification of EU27 member states by care and gender equality policy clusters

| Care and gender equality policy clusters | Countries |
|--|---|
| Low gender gap, predominance of formal childcare | Denmark, Sweden |
| Moderate gender gap, slight dominance of formal childcare | Austria, Belgium, Finland, France, Germany, Netherlands, Spain |
| Moderate gender gap in time use patterns, but high gender gap in political power, heterogeneous patterns of care use | Estonia, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Portugal, Slovenia, United Kingdom |
| High gender gap, predominance of parental childcare | Bulgaria, Czech Republic, Poland, Slovakia |
| High gender gap, predominance of informal childcare | Cyprus, Greece, Romania |

Care and gender policy mixes identified above *reveal how some countries* shift from their regular position among the five major types of welfare regimes. The Nordic countries have the lowest gender gap in employment and they also have a relatively high fertility rate. The Southern EU members, on the other hand, have the highest employment gender gaps and lowest fertility rates, though in the care and gender equality policy variables, typically the post-socialist countries have the worst performance. Indeed, it seems that these two groups of welfare regimes are dividing as the individual countries have been diverging in their care and gender equality policy paths. Some of the Southern European countries (especially Spain), where traditional social values and consequently the male breadwinner model previously had an indisputable dominance, have recently applied gender mainstreaming principles in both care policies and in the field of politics (Lombardo and Bustelo, 2012).

On the other hand, several post-socialist countries seem to be shedding their paradoxical (though not unambiguously positive) legacies from the state socialist period concerning dual-earner households and developed formal public provision of

early childcare; while the relatively strong presence of women on the labour market remains, early childcare policies have typically taken a familistic and/or informal turn.

Table 5: Main indicators of care policies, gender gaps in time spent on care activities, political power and labour market participation, and fertility by welfare regimes

| | FTE formal care use | FTE informal care use | Gender gap, time used for care activities | Gender gap, political power | Gender gap, labour market participation | Fertility |
|---|-------------------------|------------------------|---|-----------------------------|---|-------------------------|
| Bismarckian, Western European continental | 41.7 (11.9) | 9.6 (2.2) | 49.8 (12.9) | 61.0 (8.6) | 75.1 (3.7) | 1.66 (0.25) |
| Bismarckian, Southern-European | 42.5 (13.1) | 24.8 (14.3) | 41.9 (13.1) | 42.4 (17.2) | 69.7 (13.6) | 1.41 (0.04) |
| Bismarckian, postsocialist | 22.4 (17.4) | 20.8 (12.1) | 42.8 (20.5) | 33.7 (9.8) | 77.7 (5.3) | 1.47 (0.11) |
| Liberal | 20.8 (0.35) | 14.0 (2.8) | 58.4 (2.5) | 41.4 (15.6) | 76.8 (4.1) | 1.97 (0.10) |
| Nordic | 66.2 (24.7) | 1.2 (1.6) | 68.2 (13.1) | 85.1 (6.9) | 89.9 (1.5) | 1.87 (0.05) |
| EU-27 | 35.9** (20.6) | 16.5* (12.4) | 48.1 (17.3) | 48.0** (20.1) | 76.6* (9.0) | 1.58** (0.23) |

Source: calculated from EIGE GEI 2013, EU-SILC 2009 (Van Lancker, 2013) and Eurostat data

Notes: higher values indicate lower gender gaps; mean values (standard deviations in parentheses);

variance by welfare regimes significant * at the 0.05 level and ** at the 0.01 level.

The classical Bismarckian and the liberal countries obviously follow different policy logic with regards to gender equality: Western European continental countries are relatively more progressive in the domain of political empowerment of women, but in gender division of care activities, as well as in their care policies, they follow a rather traditional familistic path. Formal public early childcare use is even less developed in the liberal countries, and they do not seem to be particularly committed to the promotion of the political empowerment of women either.¹⁸ The two liberal countries, however, have a strong focus on a more equal division by gender of time devoted to care at the household level.¹⁹

¹⁸ It is noteworthy that the difference between the United Kingdom and Ireland is high for this dimension.

¹⁹ The gender gap in time spent on care activities is the only one among our main indicators that systematically shows relatively high differences within welfare regimes. This may derive from the fact that

In the following section, we explore some underlying mechanisms of the discussed care and gender equality policies through archetypical cases of the Nordic, the liberal and the Bismarckian welfare regimes. Sweden represents the Nordic welfare regime, the United Kingdom is the classical example of the liberal regime, while Italy and Poland are two archetypes of the Bismarckian welfare regime (the South-European and the post-socialist variants, respectively). At the same time, we partly shift our focus from the indirect impacts of care and gender equality policies on female employment (discussed above) towards the direct employment effects, i.e. on the (predominantly female) care workers themselves.

5.2. Country cases

5.2.1. Sweden

Sweden is typically considered to be a normative benchmark country concerning the policies shaping the gender equality-care-employment nexus. Compared with other EU members, the country is characterised by high levels of employment among mothers (and low levels of part-time working hours), higher levels of fertility and low levels of gender inequality (Meagher and Szebehely, 2012). Swedish care policy is generous, accessible and formalised. The emergence of the *dual-earner and dual-carer model* (Korpi et al., 2013) is, however, a result of a longer historical development in both care and gender equality policies.

As a logical part of the egalitarian Swedish welfare state project, claim-based family policies started to expand from the early 1970s and the dual-earner policy focus (increasing on the capabilities of working mothers especially) implied the *transfer of care from households to the public sphere*. “Gender equality policies were introduced as another dimension of the state’s intervention to promote greater social equality” (Leira, 1998: 363-364). As mothers turned towards paid employment from the beginning of the

gender equality in time division within households is mainly shaped by individual value orientations and socialisation (including, at best, long-term policies) and only partly by particular (short-term) policies.

1970s, Sweden (as well as Denmark) introduced comprehensive publicly provided child care services (they were later followed by Finland and Norway as well).²⁰

The next innovative measure in Swedish care policy, with particular importance for gender equality, was the establishment of the *fathers' quota* of paid leave in 1995 (following the example of Norway in 1993). Hobson (2011) identifies the mechanism by which this policy incentive encourages fathers to be more active in the field of care and simultaneously promotes female employment: “[it] can enable fathers to make claims on their employers for reconciling employment with family. As the proportion of father’s parental leave increases, the gendered discrimination in the labour market that takes for granted women are carers and men breadwinners may be weakened” (Hobson, 2011: 154).

Two major liberal reform measures also emerged in Swedish care and family policy: the introduction of private for-profit childcare in the early 1990s, and the 2008 home care allowance (HCA) for parents who stay at home with young children. Nevertheless, private for-profit childcare has not really taken off in Sweden: “private for-profit childcare has not expanded much beyond the wealthy suburbs of Stockholm” (Earles, 2011: 190). Moreover, the discourse on the introduction of HCA clearly reflected the strong gender equality focus there; in the Swedish debate, HCA was mainly regarded as a “gender trap”,²¹ unlike in Finland where the dominant discursive frame was that it provided “freedom of choice” (Hiilamo and Kangas, 2009).

The recent introduction of the gender equality bonus in the parental leave system and the expansion of the formal early childcare system with guaranteed access “backed by high public spending, high affordability and high quality” (Meagher and Szebehely, 2012: 105) makes the continuation of publicly supported care combined with innovative gender equality measures probable. Recent *gender policy initiatives*, such as

²⁰ The particular importance of public care in Sweden (and the Nordic countries as a whole) is well illustrated by the title of Sipilä’s widely cited book, *Social Care Services: The Key to the Scandinavian Welfare Model* (Sipilä, 1997).

²¹ In addition, according to the available statistics, “only 1 per cent of families with children one to three years old used the HCA” (Meagher and Szebehely, 2012: 97).

the new Discrimination Act and the Action Plan on Gender Equality Policy (both introduced in 2009) as well as the government-proposed “Direction for Gender Equality 2011–2014”, have an explicit focus on equal distribution of unpaid care and household work. In addition, the advanced stage of the Swedish gender equality approach is reflected in the fact that it has been increasingly focusing on the changing role of men.²²

Finally, we should mention that some studies (Mandel and Semyonov, 2006; Datta Gupta et al., 2008; Mandel and Shalev, 2009) found that Swedish (and Nordic) gender equality is accompanied by *increasing occupational segregation of women in public sector jobs* (including care jobs). Korpi et al. (2013: 27), however, rightly argue that the large public sectors of earner-carer countries often provide “good jobs, but not the top jobs” for women. In addition, Swedish female care workers employed in the formal public care sector probably experience significantly lower gender inequalities than informally employed migrant care workers in most of the other EU member countries that embraced the “cash-for-care” policy alternative.

5.2.2. United Kingdom

The United Kingdom represents the liberal regime that is also reflected in the British policies shaping the gender equality-care-employment nexus. Compared with other EU members, the country is characterised by relatively high levels of female employment, but a gender gap in employment of around the EU average, medium levels of employment of mothers, and relatively high levels of part-time working hours (Meagher and Szebehely, 2012). The British welfare regime, its care model and family policies are shaped by the predominance of the market,²³ and the system is additionally supported by relatively high fertility and a particularly significant migration inflow.

²² “In 2012, a special investigator was instituted in order to identify and analyse issues related to gender equality and men” (EIGE Country Profiles, 2013b: 145).

²³ Compared to the pure market-oriented United States, however, the UK family policy constellation is much closer to the Nordic and the Western European continental countries (see Koepi et al., 2013: 11).

The British *gender equality policy* focus has traditionally been on liberties (and not on claim rights, as in the Nordic countries). The crucial component in this approach (also pushed for by local women's movements) is the abolition of gender-based discrimination, both in rules and practices (Orloff, 2009; Cooke, 2011). This means the establishment of proper legal institutions to prevent discrimination, but also promoting gender equality at the individual level (and within households). In the following, we concentrate on the mechanisms through which the market-oriented care model of the United Kingdom is shaping employment and the related gender inequalities.

The care model in the United Kingdom is means-tested and sustained through a wide range and medium degree of generosity of monetary allowances, cash provisions, direct payments, tax reductions and insurance schemes that allow the *purchase of informal home care* for children, elderly and those in need of other forms of long-term care (Dandi et al., 2012; Williams, 2012; Pavolini and Ranci, 2008). Its financing is decentralised through a mix of government grants to local councils, local taxation in the form of the council tax, and individuals' own resources, which often creates disparity in access to care across regions and across the social classes (Moriarty, 2010). In relation to childcare and female employment, the United Kingdom exhibits a medium level of employment of mothers of both children aged 0-3 and 3-5, but a relatively high level of part-time working hours (Meagher and Szebehely, 2012). This can signal lower quality jobs for mothers, or can have negative consequences on women's career paths.

The British system of social care is often characterised as *publicly funded but privately provided*; the care-providers' sector is represented by both national and multinational chains as well as smaller agencies and businesses (Da Roit and Le Bihan, 2010). An emphasis on monetary payments instead of institutional care is making non-parental informal care as important as formal care and significantly reduces state expenditures on care (see Dandi et al., 2012; Pavolini and Ranci, 2008). Thus, the United Kingdom has no formal care guarantee for children under 3, making the class difference an important variable for users of formal care in this age group. While there is socially

equal usage of formal care for children above three, more educated parents with children under three are significantly more likely to use *both formal care and childminders* than children of less educated parents.

This care model gave rise to a particular form of opening for migrant labour in this sector – the '*migrant in the market*' model (van Hooren, 2010). Most migrants are employed by private care providers, elderly care and childcare agencies or through au pair programmes (Williams, 2012; van Hooren, 2012; Moriarty, 2010), and their share has been steadily increasing in the British care sector.²⁴ Recent qualitative studies suggest that migrants are more present in agency-based employment for elderly care and in household-hired formal and informal employment in childcare (see van Hooren, 2011: 99). In childcare, migrants are less likely to enter jobs in nurseries and day-care centres, tending to find employment instead as private childminders or nannies.

Labour conditions of immigrant care workers indicate that they are overrepresented at the lower end of the pay scale of this sector (Cangiano and Shutes, 2010: 82)²⁵. Employers often rely on immigrants, who are particularly vulnerable to exploitation due to fear and insecurity surrounding their immigration status, as a source of low-wage labour. The British "reluctant reliance on immigrant labour" (Van Hooren, 2011) often pushes migrants ready to provide care services into more flexible, informal or even abusive working conditions (Williams, 2012; Van Hooren, 2012; Moriarty, 2010).

These mechanisms underline that the development of the migrant-in-the-market care model may produce new forms of gender (and class) inequalities, even if the gender equality policies are generally well established and provide legal institutions to prevent discrimination. Thus, a particular focus on providing standard basic employment guarantees, strong HR policies and good quality employment

²⁴ Estimated to have risen from about 7% in 2001 to 18% in 2009 (Shutes, 2012).

²⁵ 42% of migrant care workers earn less than £6 per hour (before taxes); the value of this indicator is only 31% among British-born care-workers (Cangiano and Shutes, 2010: 82).

relationships (Rubery and Urwin, 2011) is crucial to provide decent jobs for the (mainly female) care workers, including the large numbers of migrants.

5.2.3. Italy

Similarly to the UK, Italy shows a medium level of employment of mothers, with a relatively high level of part-time jobs. However, since the 1990s Italy has had one of the lowest fertility rates in Europe, which is widely attributed to the economic and employment insecurity that caused women to postpone childbearing until securing a stable job (Prifti and Vuri, 2012). Italian labour and care policies favour the “male breadwinner/female carer” model and do not encourage female labour force participation, leaving the policies that promote a work-life balance – namely, flexible work arrangements, the system of parental leave and the provision of social services – “marginal and poorly coherent” (Graziano and Madama, 2009: 3). Italy has long relied on family, and particularly female labour, as the main source of care for children, the elderly and the sick (Bettio et al., 2006; Näre, 2013).

While the use of formal childcare is quite high for children above the age of three, use of formal care for children under three is moderate; in Italy, early childcare is provided in an equal ratio by parents and relatives (Meagher and Szebehely, 2012). However, there is no doubt that these family care responsibilities fall predominantly on women. Italian women in employment spend 51% of their time caring for children; for comparison, the value of this indicator is 32% for Italian men and 41% for women on average in the EU27 (EIGE, 2013b).

Due to the rapidly ageing population and low fertility rates, a particular place in Italian care demand is occupied by the need for *geriatric care*. The demand and solution for various types of care labour in households is a class-specific phenomenon, often linked to gendered norms of particular lifestyles and symbolic hierarchies of household tasks, according to which certain jobs are deemed too unpleasant or “dirty” (Näre, 2013). Thus, while the issue of childcare can be mostly linked to Italian women’s increasing labour participation and men’s absence from caring responsibilities, the demand for

elderly care has been fuelled by the availability of an inexpensive migrant labour force and state cash support that has made it possible to employ home carers, even for families from lower social strata (Näre, 2013).

An increasing role in care supply has been played by *immigrants*. The 2000s saw an “unforeseen and highly visible phenomenon: the increasing use of immigrant labour to care for the elderly living at home” generating a new carer profile of the “*badante* – a migrant woman often working irregularly in the grey market” (Da Roit et al., 2007: 658). It is estimated that by the end of 2000s, foreign workers constituted 70-90% of all workers in the Italian domestic work sector (see: van Hooren 2010, Genet et al. 2013).

A particular challenge to dignified employment is the *frequent failure to legalise the domestic worker’s status of migrants*. On the part of the migrants, providing illegal work in the privacy of Italian homes makes them more competitive with other migrants and reduces their own efforts and expenses on the often lengthy and complicated process of regularisation (Fedyuk, 2011). On the part of employers, an illegal immigrant can cost as little as half as much (van Hooren, 2010), while the negotiation of work conditions and tasks is much easier with a migrant who fears being caught (Fedyuk, 2011; Vianello, 2009). Considering the high demand in the care and domestic sector, migrant workers often become “invisible” through engaging in live-in informal contracts in which they live at the employer’s house, have only one free day per week, and sometimes do not leave the house of the employer for weeks at a time. This form of work is preferred by first-time and irregular migrants, on the one hand, as it minimises their risk of running into the police and the need to arrange other aspects of their lives, like accommodation or food. However, it leads to severe cases of exploitation, when their work spills into any hour of the day and night, and their food is controlled heavily by their employers, along with their freedom of movement, sleeping patterns and daily routines (Fedyuk, 2011, 2012; Vianello, 2013; Solari, 2006).

The Italian case demonstrates the difficulties of gender equality policies in the care and female employment context, if it is mainly informality that shapes the social relationships. While the exceptionally high presence of (mostly female) migrant

workers may support women's employment in the households that informally employ migrant domestic care workers, the employment status of women providing home care is precarious and well below employment standards. In brief, it is obvious that the Italian migrant-in-the-family care model produces new forms of gender (and class) inequalities. In addition, as a legacy of the "male breadwinner and female carer model", the unequal domestic work distribution between employed women and men has largely remained, even if certain gender equality achievements are visible both in formal early childcare policies and comprehensive gender equality policies.

5.2.4. Poland

Poland's transitory post-socialist or Eastern European welfare model is characterised not only by the crumbling of the centralised, state-controlled system of welfare provisions, but also by significant transformations in the labour market, economy and ideology surrounding the issues of care, family and women's role in society. The transformation of the Polish labour market in last two decades *favoured sectors occupied by women* (services and state-provided contracts). The high level of female education led to some occupational improvements for women, especially in the age cohort between 30 and 54 (Bukowski, 2010, 2011).

Despite these changes that triggered women's participation in the labour market, Poland experienced a serious backlash of traditionalism and the increasingly pronatalistic nature of family policies supported by the Polish state and the Catholic Church that reinstated women's main roles as mothers and carers (Heinen and Wator, 2006). Employment of mothers of children under the age of three is among the lowest in the EU, which might be attributed to some degree to the low level of part-time employment among Polish women in general, and mothers in particular (Meagher and Szebehely, 2012). There are no guarantees for formal care for children under three, making parents and other relatives responsible for some 90% of care of this age cohort. The lack of institutional childcare prompts women to join the lines of the unemployed more often than their male colleagues, and makes their return to the labour market

after parental leave more difficult (Titkow, 2003). In particular, low GDP expenditure on formal childcare and a wide range of this type of care provision speaks for the particular disparity in the quality and amount of care provision when it comes to the social background of the families. Even for children above three, class differences in formal care are quite pronounced, while for children under three Poland has among the highest rates of care provided by childminders (Meagher and Szebehely, 2012).

Three main factors have transformed demand in the Polish care market: 1) the ageing population, a trend that effects Poland along with the rest of the EU; 2) privatisation and the collapse of state-provided institutions of care (particularly homes for elderly); and 3) the transformation of the type of female employment offering new career and earning possibilities for women (Kindler, 2012: 15). This has led to higher-income-generating employment and has opened up the possibility of *buying domestic and care work*. In particular, when it comes to cleaning and domestic work, Kindler argues, the issue of lifestyle and status of the employer comes to play an important role in forming the demand side; a domestic worker can be a status symbol, allowing women not only to engage in more lucrative occupations but also to maintain a certain lifestyle and spend time off work in more pleasant and personally rewarding endeavours (Kindler, 2012).

The situation of the Polish care sector should be considered in relation to *Poland's repositioning in the global care chain*: Poland has recently become both an emigration and an immigration country. While migrating Polish women are likely to use opportunities for informal employment in the domestic sectors of Germany, Belgium, Italy, Spain and Portugal (Lutz and Palenga-Möllenbeck, 2012; Vianello, 2009), migration-generated income is often used to purchase care and domestic services in Poland. According to the numbers of legal employment of foreigners admitted in 2011, on the basis of valid work permits to Poland, "household services" comprise 10.7% of all work permits, thus constituting the third largest occupational sector for migrants²⁶ (Duszczuk et al., 2013). Since 2007, for the citizens of Moldova, Russia and Ukraine, an

²⁶ After construction and trade.

employers' declaration (instead of a work permit) has been sufficient to work in Poland (EU AFR, 2011). While there are no special provisions for domestic sector, this form of regularisation of work is particularly convenient for those working in the privacy of homes. Among Ukrainian migrants, who constitute by far the largest group among all Polish immigrants,²⁷ 20.5% are engaged in domestic work.

In brief, from the viewpoint of gender equality and female employment, Poland is a typical post-socialist country with a contradictory legacy and a weak representation of gender mainstreaming. Although a relatively moderate gender gap in employment and a relatively developed formal childcare sector was inherited from the state socialist period, recent developments have been characterised by a shift towards traditional familialism. Besides macro-financial constraints and the unavoidable turbulences of the socio-economic transformation period of the last two and a half decades, the major ideological context of new familialism undermined the public funding of early childcare in Poland and partly reinstated the male breadwinner/female carer family policy constellation. At the same time, the repositioning of Poland as both an emigration and an immigration country may bring about new forms of gender inequalities related to the status of migrant female care workers.

6. Conclusion, recommendations and potential scenarios of future development

1. The increase in female employment and the expansion of dual-earner households is a general trend in the EU, but this does not automatically imply a more balanced division of paid and unpaid labour between women and men. This paper sheds light on how different welfare and care regimes, family policy constellations and gender equality policies affect female employment and how care provisions play into gender equality in households and in employment.

²⁷ 46% of all work permit holders among third-country nationals are Ukrainians.

2. Gender equality thinking in the EU has progressed from simple equal treatment considerations, through empowering women and ensuring equal opportunity, to transformative mainstreaming. Parallel to this, policies relating to family matters have remained among the most active and often controversial domains in social policy reform in Europe. Transformative gender equality policy could modify (i.e. enhance or counteract) the impacts of care policies on both female labour market participation and total fertility rates. The gender gap in labour market participation and fertility rates correlate significantly and positively with the use of formal care, whereas they correlate significantly and negatively with the use of informal care. In addition, a lower gender gap in political power and more equal time spent between women and men on care also correlate significantly with both the gender gap in *labour market participation* and *total fertility rates*.

3. Most of the literature concentrates on the indirect employment effects of family and care policies (i.e. how particular policies support female employment in general), but we have also explored some *direct female employment impacts* of these policies (i.e. in the care sector itself). The dual-earner family model feeds an expansion of childcare services, while population ageing generates a steady increase in demand for elderly care provisions. The overwhelming majority of new jobs in the care sector are taken by women, in particular migrant women, depending on the care and migration regimes of the countries concerned.

4. Our findings confirm that if a dual-earner policy focus is coupled with dual-carer-oriented policies, higher fertility rates can be expected; thus, a more equal gender division of care activities can mitigate the impacts of ageing to some extent. Cash-for-care schemes embraced by many EU countries seem to offer flexible access to care compared to institutionalised care. Further research can explore how older, but not yet fragile, family members and retired ageing workers can take part in care jobs that are private but not informal, and what the impacts of these developments will be on female employment in general and gender equality in the family and society.

5. Care policies in the EU member states represent four different models that broadly (though not neatly) reflect the classification of the EU27 countries by the extended welfare regime typology. We can expect the EU member states to follow *different scenarios in the future*. The two major policy components in the field of care will probably be the formal, institutional, publicly provided care; and the market-oriented, publicly funded, but privately provided cash-for-care. As in short term cash-for-care schemes seem to provide a cheaper and more flexible alternative to formal and institutional care, we can count on the expansion of these schemes. This market-oriented policy, however, can only provide the desired positive aspects (freedom of choice, good quality of care service provisions and decent employment for care workers) together with decreasing gender inequalities if it ensures quality control, standard basic employment guarantees and a well-established legal institutional context to prevent discrimination.

6. In those countries where gender equality policies are weakly developed and/or informality plays a dominant role in social relations (in many post-socialist and Southern European countries), there is the risk of two kinds of undesirable (but, unfortunately, not improbable) scenarios. First, the development of a dual-earner household constellation without the dual-carer family idea may reinforce the existing gender inequalities within the sphere of households by imposing uneven care responsibilities and multitasking on women. Second, there is a high-risk scenario that migrant female care workers (employed in the informal economy under substandard employment conditions) will “solve” this puzzle; this obviously generates new forms of gender inequalities. In this case, those women’s paid employment opportunities who are supported by cheap and flexible care workers may improve; however, mainly migrant (and mostly female) care workers suffer the negative consequences of inequality. In this respect, it is noteworthy that though our findings reflect a strong path dependency of the individual countries, we also identified some positive policy shifts among both the Southern European and the post-socialist countries (e.g. Spain and Estonia, respectively).

7. The *recommendation* “to follow the key elements of the Nordic dual-earner and dual-carer model” seems logical in this context. But it is obvious that the Nordic model is not only the outcome of particular policy choices in the field of care, but also the outcome of a longer historical development in comprehensive gender equality, care and general welfare policies. Some elements of the model are relatively easily transferable, such as a shift towards formally provided, public institutional early childcare. In the case of the post-socialist countries, a recent shift towards familialism means a U-turn in policy. Hence, the importance of comprehensive gender equality policies (e.g. the political empowerment of women and work-life balance issues, including the activation of men in care and domestic duties) is obvious in shaping public perception and ensuring a supportive environment for these policy measures. As the partial market-based solutions (first and foremost, cash-for-care schemes) will probably gain ground, especially in elderly and other forms of long-term care, policies have to be developed to guarantee the quality of privately provided services as well as the employment standards of the care providers themselves. A legal institutional context to prevent discrimination against and unfair treatment of care workers is also a fundamental condition of the fair market environment in the field of care.

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Annex

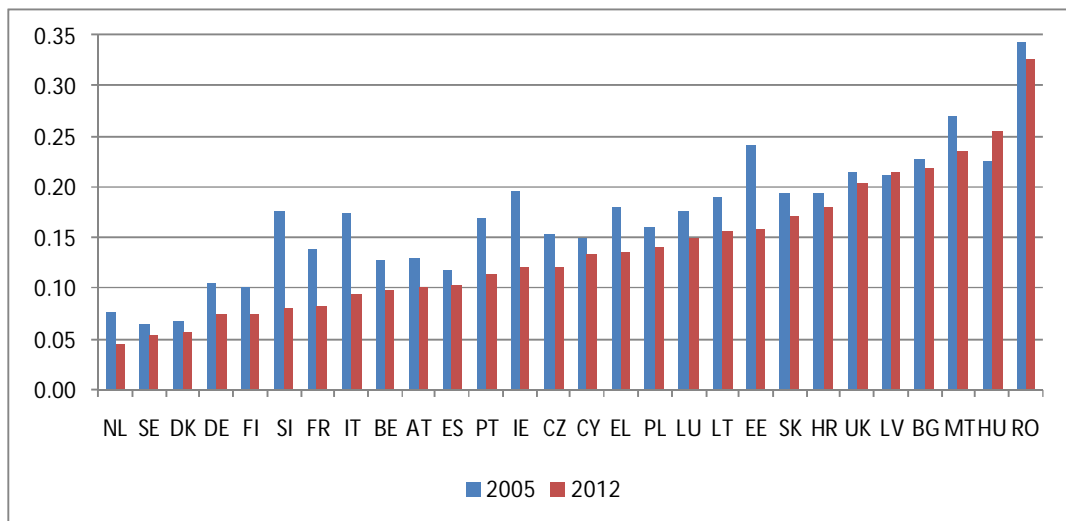
Country abbreviations

| | |
|------|-------------------------|
| AT | Austria |
| BE | Belgium |
| BG | Bulgaria |
| (HR | Croatia) |
| CY | Cyprus |
| CZ | Czech Republic |
| DK | Denmark |
| EE | Estonia |
| FI | Finland |
| FR | France |
| DE | Germany |
| EL | Greece |
| HU | Hungary |
| IE | Ireland |
| IT | Italy |
| LV | Latvia |
| LT | Lithuania |
| LU | Luxembourg |
| MT | Malta |
| NL | Netherlands |
| PL | Poland |
| PT | Portugal |
| RO | Romania |
| SK | Slovakia |
| SI | Slovenia |
| ES | Spain |
| SE | Sweden |
| UK | United Kingdom |
| EU27 | The 27 EU Member States |

Table A.1: Classification of EU27 member states by welfare regimes (extended typology)

| Welfare regime types | Countries |
|---|--|
| Bismarckian, Western European continental | Austria, Belgium, France, Germany, Luxembourg, Netherlands |
| Bismarckian (Southern European) | Cyprus, Greece, Italy, Malta, Portugal, Spain |
| Bismarckian, Postsocialist | Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, Slovenia |
| Liberal | Ireland, United Kingdom |
| Nordic (social democratic) | Denmark, Finland, Sweden |

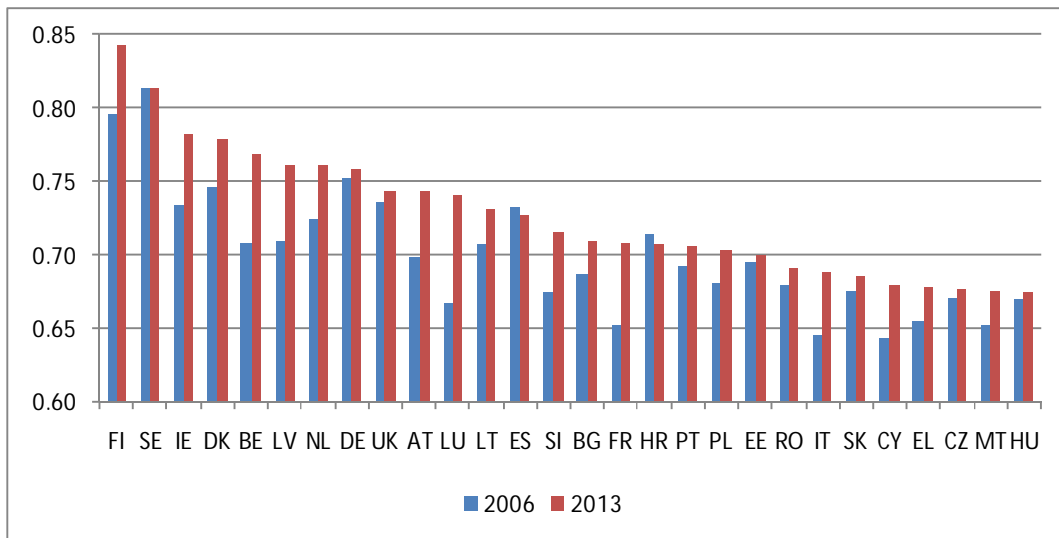
Figure A.1: Gender Inequality Index in the EU28 countries, 2005-2012



Source: UNDP Database, accessed on 25 February 2013 at <http://hdr.undp.org>.

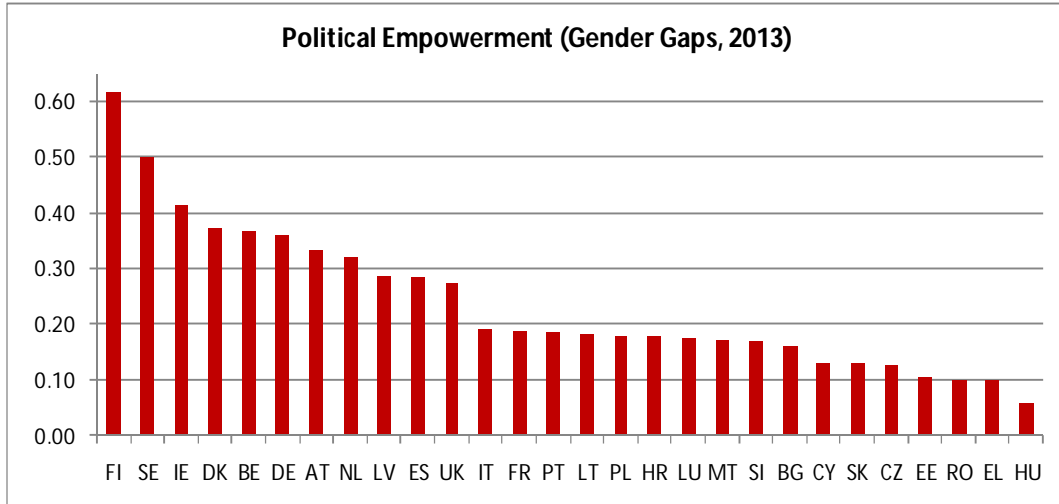
Note: higher values indicate higher inequalities.

Figure A.2: Global Gender Gap Index in the EU28 countries, 2006-2013



Source: World Economic Forum, the Global Gender Gap Report, 2013.
 Note: higher values indicate lower gaps.

Figure A.3: Gender Gap in Political Empowerment in the EU28 countries, 2013



Source: World Economic Forum, the Global Gender Gap Report, 2013.
 Note: higher values indicate lower gaps.

ABOUT NEUJOBS

“Creating and adapting jobs in Europe in the context of a socio-ecological transition”

NEUJOBS is a research project financed by the European Commission under the 7th Framework Programme. Its objective is to analyse likely future developments in European labour market(s), in view of four major transitions that will impact employment – particularly certain sectors of the labour force and the economy – and European societies in general. What are these transitions? The first is the **socio-ecological transition**: a comprehensive change in the patterns of social organisation and culture, production and consumption that will drive humanity beyond the current industrial model towards a more sustainable future. The second is the **societal transition**, produced by a combination of population ageing, low fertility rates, changing family structures, urbanisation and growing female employment. The third transition concerns **new territorial dynamics** and the balance between agglomeration and dispersion forces. The fourth is a **skills (upgrading)** transition, with its likely consequences for employment and (in)equality.

Research Areas

NEUJOBS consists of 23 Work Packages organised into six groups:

- **Group 1** provides a conceptualisation of the **socio-ecological transition** that constitutes the basis for the other Work Packages.
- **Group 2** considers in detail the main drivers for change and the resulting relevant policies. Regarding the drivers, we analyse the discourse on **job quality**, **educational** needs, changes in the organisation of production and in the employment structure. Regarding relevant policies, research in this group assesses the impact of changes in **family composition**, the effect of **labour relations** and the issue of financing transition in an era of budget constraints. The regional dimension is taken into account, also in relation to **migration** flows.
- **Group 3** models economic and employment development on the basis of the inputs provided in the previous Work Packages.
- **Group 4** examines possible employment trends in key sectors of the economy in the light of the transition processes: energy, health care and goods/services for the **ageing** population, **care services**, housing and transport.
- **Group 5** focuses on impact groups, namely those vital for employment growth in the EU: **women**, the **elderly**, immigrants and **Roma**.
- **Group 6** is composed of transversal Work Packages: implications of the NEUJOBS findings for EU policy-making, dissemination, management and coordination.

For more information, visit: www.neujobs.eu

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