

## Central and East European States Respond to Socio-Demographic Challenges

Linda Hantrais

Director European Research Centre, Loughborough University  
l.hantrais@lboro.ac.uk

*The political and economic upheavals of the 1990s in Central and Eastern Europe were reflected in socio-demographic changes that presented major challenges for governments. Birth rates fell steeply and social divisions intensified, while population ageing was held in check by low life expectancy. Social protection systems underwent radical reform, as attempts were made to meet criteria for EU membership. This paper examines how socio-demographic change and ensuing social problems were experienced in candidate countries. It analyses the policy responses of governments and explores some of the issues being raised in the context of enlargement for EU member and applicant states.*

### Introduction

Much of the debate surrounding enlargement of the European Union (EU) to the East has focused on the economic and political challenges that it presents for the European integration project, due to the strains applicant states are expected to impose on EU institutional and financial structures. Less attention has been devoted to the far-reaching social adaptations that Central and East European societies were themselves undergoing during the transitional period of the 1990s. Interest in the implications of socio-demographic change for social policy at national and EU level has also been limited, except insofar as it affects public finances (Rys, 2001). This relative lack of concern with the social dimension is partly explained by the fact that the conditions for accession laid down in the Copenhagen criteria in 1993 did not refer directly to social policies, except by making explicit the need to ensure the protection of minorities. Subsequent impact studies, such as that requested by the Essen European Council in 1994, demonstrated that the applicant countries fell far below the standards set for compliance with the Community's social *acquis*. This was particularly true in the areas of public health, unemployment, and health and safety at work, justifying close monitoring of the development of these policy areas (Commission of the European Communities, 1997).

The European social model that has taken shape since the founding of the European Economic Community in 1957 depends on member states agreeing 'to promote a decent quality of life and standard of living for all in an active, inclusive and healthy society that encourages access to employment, good working conditions, and equality of opportunity' (European Commission, 1998: 8). The applicant countries, like other new member states in the past, are being required to sign up to a body of social policies designed to achieve objectives that they had no hand in determining, at a time when their scarce resources are already being stretched to the limit. The policies formulated at EU level and

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implemented by national governments today encompass an increasingly broad span of social life: living and working conditions, health and safety at work, equal opportunities, the work-life balance, social protection, public health and social inclusion. The Commission has also progressively extended the range of instruments for implementing its policies to include legal provisions (hard and soft law), structural funds and action programmes (Hantrais, 2000; Shaw, 2000). In the last quarter of the twentieth century, the challenge for EU member states was how to adapt their social model, without abandoning the shared values of solidarity and cohesion, in a context of population decline and ageing, changing family structures and a new gender balance, while accommodating further waves of membership. Even though, in some areas, social policies were highly developed during the Soviet era, the underlying principles, based on state responsibility for organizing and financing provision, were very different from those in EU member states. The political and economic upheavals of the 1990s in Central and East European states and sudden exposure to market forces had brought a sharp decline in the standard of provision of services, making it more difficult for the candidate countries to meet the accession criteria, and raising fears within the Commission that the European social *acquis* might be placed under threat (Commission of the European Communities, 1997).

Concerns have also been expressed about the demographic impact of enlargement to the East. The accession of ten countries, which will all be net recipients of Community funds, is set to increase the Union's population by more than 25 per cent to almost 500 million in the first quarter of the twenty-first century. When the European Economic Community was founded, together the six member states accounted for only 190 million inhabitants, and the numbers involved in each subsequent wave of membership were small by comparison. While bolstering the size of the Union in absolute terms, the new member states from Central and Eastern Europe are not expected to offset the EU's predicted negative natural population growth, although accession may stimulate internal westward economic migration flows, as was the case following German unification. The political and economic upheavals of the 1990s were accompanied in the applicant countries by falling fertility rates and rapid change in family structure. The ageing of the population and of the workforce, which had become a major concern in EU member states, was not, however, taking place on the same scale due to the continuing relatively low life expectancy, combined with changing patterns of labour force activity.

This article examines how these socio-demographic changes and the social problems associated with them have been experienced in candidate countries. It looks at the policy responses of governments and explores some of the questions that are being raised in the context of enlargement, for both current and new EU member states.

### Socio-demographic challenges for EU candidate countries

EU member states have long been concerned with socio-demographic issues and their implications for policy. The original EEC Treaty made provision for the social protection of mobile workers under the clauses on freedom of movement within the Community. The arrangements for migrant workers and their families were the subject of some of the most binding early legislation in the social field (for example Regulations N<sup>os</sup> 3-4 on social security for migrants in 1958). Following the end of the postwar baby boom and significant gains in life expectancy and standards of living, by the early 1980s, anxiety

was being expressed over the trends being observed in the mid 1980s (Burns, 1986) attributable to the demographic changes in the Community. In candidate countries, on entry, the working population to some extent offset by the increase among younger women, but the demographic situation was expected to be written into the social model. When the Protocol was signed, the role of demographic changes in the Commission reports in 1997, employment stressed the need for systems if they were to cope with unemployment, the changing structure of

Enlargement of the Union to these worrying trends. The 1999 social protection in Central and Eastern Europe, Latvia, Lithuania, Poland, Eurostat projections, a positive population growth due to be lower than the natural growth is explained by low mortality rates, particularly among women. Similarly, the population growth in candidate countries. By the late 1990s, the ageing was less marked than in EU member states. The reason why demographic changes in the European Union was not the EU average, while in the Baltic states, Hungary and

Labour market indicators show the size of the working-age population was also the case in Germany. The situation and the high unemployment among young people were reduced by retirement was being encouraged. Undergoing restructuring, unemployment was not expected to in employment rates of candidate countries – their rates stabilize at a level when the unemployment had reached un-

creasingly broad span of work, equal opportunities, and social inclusion. The instruments for implementing structural funds and action of the twentieth century, social model, without a context of population gender balance, while in some areas, social principles, based on very different from those in the 1990s in Central and brought a sharp decline difficult for the candidate the Commission that the mission of the European

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was being expressed about the longer-term socio-economic impact of the demographic trends being observed. For example, a report by the Economic and Social Committee in the mid 1980s (Burnel, 1986) highlighted the marked slowdown in population growth attributable to the decline in the birth rate and the curtailment of migration from outside the Community. In combination with greater life expectancy and later labour market entry, the working population was found to be ageing, even though this trend was to some extent offset by earlier labour market exit and increasing economic activity rates among younger women. By the early 1990s, the need for the Commission to monitor the demographic situation was considered to be of sufficient importance for a specification to be written into the Protocol on Social Policy, appended to the Maastricht Treaty. When the Protocol was subsequently incorporated into the Amsterdam Treaty in 1997, the role of demographic monitoring as a policy tool was formalized. A series of Commission reports in the 1990s on the demographic situation, social protection and employment stressed the urgency of modernizing and reforming social protection systems if they were to face up to the challenges of population ageing, high levels of unemployment, the increasing participation of women in the labour force and the changing structure of households.<sup>1</sup>

Enlargement of the European Union to the East is expected to exacerbate several of these worrying trends. For the first time, the Commission's 1997 demographic report and the 1999 social protection and employment reports covered ten candidate states from Central and Eastern Europe, namely Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, the Slovak Republic and Slovenia. According to Eurostat projections, of these only Poland and the Slovak Republic are likely to show positive population growth between 1995 and 2015, and almost everywhere growth is due to be lower than in the European Union as a whole. Negative natural population growth is explained by low fertility (in all cases below the EU average in 1999) and high mortality rates, particularly among men, coupled with relatively large migratory outflows. Similarly, the population of working age is set to decline, except in the same two countries. By the late 1990s, dependency ratios for older and younger people, though less marked than in EU member states, were showing a growing imbalance in favour of older people in Bulgaria, the Czech Republic, Estonia, Hungary and Slovenia. The reason why demographic ageing had not reached such an advanced stage as in the European Union was that infant mortality (under one year of age) was consistently above the EU average, while life expectancy at birth was consistently below the EU level. The Baltic states, Hungary and Romania performed worst in terms of life expectancy.

Labour market indicators for the second half of the 1990s generally confirm that the size of the working-age population was contracting in most of the applicant states, as was also the case in Germany, Greece, Italy and Spain. In view of the tight employment situation and the higher qualifications needed to compete for jobs, growing numbers of young people were remaining longer in education and training. At the same time, early retirement was being encouraged in an attempt to shed surplus labour in industries undergoing restructuring. During the Soviet era, full employment had been the norm; unemployment was not part of the cultural frame of reference. Despite heavy reductions in employment rates during the transition period, by the end of the decade, most of the candidate countries – exceptions were Bulgaria, Hungary and Slovakia – were seeing their rates stabilize at a level that was still above the EU average.<sup>2</sup> Although unemployment had reached unprecedented levels in most of the applicant countries in the mid-

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1990s, the disparity in the rate for young people compared to adults remained smaller than in EU member states. A factor that may have influenced youth employment in the candidate countries is the relatively low level of the minimum wage, at between 20 per cent and 30 per cent of average earnings in most cases, which did not, therefore, act as a disincentive for employers to take on young relatively unproductive workers. Also, while the tax wedge on labour (tax and social insurance contributions as a proportion of earnings plus employers' contributions) was generally in line with the EU average, unemployment and assistance benefits were set at a relatively low level, thereby reducing some of the upward pressure on wages experienced in EU member states (European Commission, 2000a: 71–2).

Although the gap had widened during the 1990s, disparities between male and female unemployment rates were also smaller than in the European Union, as indeed they were for employment. Female economic activity rates remained above the EU average in all except Bulgaria, Hungary and Poland, but everywhere they had fallen well below the high levels recorded in Denmark and Sweden. Unlike these two countries, where relatively large proportions of women were employed on a part-time basis (34 per cent and 40 per cent, respectively, at the end of the 1990s), most women in the applicant states were working full time, but in circumstances where it had become difficult to combine employment with family life.

Other losers from the transition were the poorly educated members of society. The available data suggest that labour market outcomes for the least-educated sectors of the population, compared to those with tertiary qualifications (Eurostat, 2001: 489), were significantly worse than in the EU, as the demand for unqualified and unskilled labour declined. The main factor helping to explain the discrepancy is the speed with which change had taken place in the candidate countries, making the generation gap in educational attainment much wider than in EU member states. A problem the accession countries were already facing at the end of the decade was how to retain their highly qualified labour when demand and the higher salaries on offer in the West might prove hard to resist. The prospect of the brain drain accelerating when all barriers to internal mobility are removed following EU membership, thus presenting a threat to the future economic and demographic sustainability of the region, may, however, have been overstated by the media and could be countered as employment opportunities at home improve.

Another factor exacerbating the problems faced by the candidate countries in adapting to the Community's social *acquis* is the impact of changing family structures on social life. It is difficult to find reliable and comparable time-series data for indicators of family change. Data on the former Soviet Socialist Republics were not held separately for each country, and no data were available for indicators, such as consensual unions, since it was thought they might suggest the existence of social problems (Kutsar and Tiit, 2000). Harmonized data<sup>3</sup> covering the early 1980s to the late 1990s indicate that, during transition, first marriage rates fell in most Central and East European countries from among the highest levels in Europe to among the lowest. In EU member states, crude divorce rates were generally higher at the end of the 1990s than in the early 1980s. The exceptions were Denmark, Sweden and the United Kingdom, which were already displaying high levels in 1980. The picture in the candidate countries was more varied, with rates fluctuating from year to year, such that only the Slovak Republic was displaying a sustained rise for the period. In 1999, levels were above the EU average in

all but Bulgaria, Poland, Romania and Slovenia. The highest rates – above those found in EU member states – were reported for Estonia and, momentarily, Lithuania. As in the European Union, the proportion of extramarital births had increased, so that, by the late 1990s, in Bulgaria, Estonia, Latvia and Slovenia, it had reached levels comparable to some of the highest recorded in the Union. For these three indicators of changing patterns of family formation and dissolution, Estonia was the candidate country displaying trends closest to those in EU member states where de-institutionalization of family life had been taken furthest. At the other end of the spectrum, patterns in Poland most closely resembled those in the EU member states maintaining more conventional family forms (Hantrais, 1999).

By the end of the decade, the average number of children per women in the candidate countries had fallen to a level below that in most EU member states. However, as in Southern European countries, adult children were continuing to live with their parents until well into their twenties, often for financial reasons and because of housing shortages. Again as in Southern Europe, families were under a moral and legal obligation to care for ageing parents, with the result that, in Poland for example, multi-generational households were equally common, though this living arrangement was less widespread in Hungary and Estonia. The lower life expectancy of men compared with women and the preference, where economically feasible, for independent living had, however, created a situation where a growing proportion of older people, mostly women, were living in one-person households. In Estonia (Kutsar and Trumm, 1999) and Poland (GUS, 1996: table 3), for example, over 50 per cent of one-person households were composed of people aged over 60, of whom 80 per cent were women. In Hungary, about one-third of older people were estimated to be living in one-person households (Lakatos, 2000)<sup>4</sup>.

During the 1990s, the combination of slow, if not negative, population growth, low life expectancy, stagnant labour markets, increasing social exclusion and changing family structures had created major challenges for the candidate countries. Governments were under considerable pressure, not only from the European Union but also from their own voters, to review social policy and to deliver a more effective system of social protection.

### Policy responses to socio-demographic challenges

To meet the criteria laid down for membership of the European Union, governments in candidate countries must achieve stability of institutions and guarantee democracy. They are also required to ensure the existence of a functioning market economy and to demonstrate an ability to cope with competitive pressure and market forces within the Union. Finally, they must be able to adhere to the aims of political, economic and monetary union, which means containing public spending and controlling inflation. These objectives were difficult enough for EU member states to achieve. For the candidate countries, they present dilemmas that are almost impossible to resolve, even with the considerable financial support being provided from the EU cohesion funds in the form of pre-accession aid. Independence had been accompanied by a marked deterioration in social provision, since the systems operated under Socialist rule were not appropriate for market economies. In the first five years of transition, however, public opinion broadly supported the previous arrangements, or at best a sort of social democratic state rather than the neo-liberal, market-led systems being pursued by their

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governments (Ferge, 1997). Welfare state reform was politically risky. Therefore, few changes occurred in social protection systems, except insofar as institutional responses were required to deal with new contingencies, such as unemployment and the spread of poverty (Elster, Offe, and Preuss, 1998). The need to raise the standard of services to the levels demanded by the Community's social *acquis* can thus be seen as a factor precipitating reform in the late 1990s.

Although the candidate countries had in common their Socialist background and their longer-term objectives of EU membership, their responses to the need for social reform and the processes whereby it is being achieved are many and varied. In this section, three policy areas are considered in line with the challenges identified in the previous discussion: measures to stem population decline; policies to deal with population ageing; and initiatives to prevent social exclusion.

The main factors contributing to population decline in the candidate countries, as reported above, are low fertility, high mortality resulting in low life expectancy, and negative net migration. Few of the social policy measures introduced since independence can be identified as being likely to provide incentives for couples to raise children. In fact, many of the services and benefits available under the Soviet regime disappeared during transition, or were considerably reduced. Women had been entitled to paid maternity leave; subsidies were provided for children's goods; education and health services were free of charge; housing was cheap; and an extensive network of pre-school institutions (nurseries and kindergartens, in some cases including week-long care) were available at low cost for young children. Parents were expected to combine paid work with childrearing. Indeed, in Soviet times, it was socially unacceptable not to be gainfully employed outside the home. Initially, transition seemed to offer women the opportunity to choose whether to go out to work or to stay at home to look after young children in a backlash against 'work-place state paternalism'. Following the immediate euphoria of independence, as economies were exposed to market forces and new institutional structures were put in place, the crises of the early and mid 1990s meant that families could not manage on one income. Even the male wage was not guaranteed in a context of rising unemployment. Women who had opted to leave the labour market were, therefore, forced to seek work again. Well-paid full-time jobs were, however, in short supply, and employers were reluctant to take on younger women, since measures to protect motherhood were seen as costly. Nor were they interested in developing part-time working arrangements, again for financial reasons.

In most countries, child benefits did not keep pace with inflation, universalism was replaced by means-testing and targeting, and provision of low-cost childcare facilities for pre-school children was severely cut back in an attempt to curb public spending. In Hungary, for example, where the first government after 1989 disapproved of working mothers, statutory support for nurseries was removed, although it was subsequently reintroduced at a lower level. After fluctuating with changes in government, at the end of the 1990s, policies such as tax relief for children, family allowances conditional on school attendance, charges for childcare and financial support for families with children buying their own homes combined to concentrate resources on wealthier families to the detriment of low-income households (Ferge, 2001). At the rhetorical level, the emphasis was on a revival of traditional moral values. Governments adopted a similar stance in Poland, but used repressive measures in an effort to promote childbearing. Contraception was no longer subsidized, and restrictions were imposed to reduce the number of

abortions at the woman's request. Paradoxically, women who remained in education were discouraged from having children, since they were not entitled to receive family allowances, and no childcare facilities were available for students. Although maternity leave was extended, employers were found to discriminate directly against women as mothers. On the more positive side, tax incentives were introduced to encourage couples to have more children, family allowances, which are paid only to low-income families, increase with the number of children, and adoption procedures have been simplified. The net effect of these shifts in policy has been that young women have postponed childbirth, sometimes indefinitely, and families have come to rely increasingly on their own support networks to develop coping strategies.

Concern about high mortality and low life expectancy in candidate countries has focused attention on public health as a means of improving living conditions and reducing the number of premature deaths. In all the applicant countries, reforms have been undertaken to ensure the financial sustainability of health care (European Commission, 2000b). The insurance principle has been introduced, with contributions falling on employers and employees or both, in most cases with patients paying towards the cost of medicines and primary health care. Capitation fees are generally paid to service providers, together with a fee-for-service for secondary care. The previously high bed counts in hospitals have been cut in an effort to improve quality and efficiency of delivery. Central government involvement has been reduced, and the private sector has been brought in to deliver primary care and pharmaceutical services. Although some improvement in health and mortality indicators could be detected in the second half of the 1990s, they still compared unfavourably with EU standards, due largely, it is argued (Davis, 2001), to the malfunctioning of medical institutions, the inappropriateness of reforms and lack of resources. The influence of other lifestyle risks (poor housing and diet, alcohol and tobacco consumption, pollution and unemployment) on public health could not be discounted, particularly for older people and low-income groups not covered by insurance schemes.

Despite the fact that population ageing is still seen as less of a threat than in EU member states, governments in candidate countries have devoted considerable attention to reforming pension systems. Under the Soviet system, pension schemes were centralized and funded by employers or state agencies, creating a direct link with public finances. Because male and female employment rates were very high, most people qualified for pensions. Retirement age was generally low (55 for women and 60 for men). Everywhere the pay-as-you-go principle has been retained for the basic compulsory pension. As employment rates have fallen, the dependency ratio has risen, with 1.5 workers to every pensioner by the late 1990s in all but the Czech Republic, where the ratio was 2:1. In response, changes have been made to retirement age to bring it closer to EU level, and additional pension tiers have been introduced involving the private sector (European Commission, 2000b). Evidence from Estonia, Hungary and Poland suggests that older people were not the biggest losers from transition. In Estonia, for example, they were relatively successful in focusing attention on their demise and in lobbying for pension reform. Pensions have, therefore, followed inflation more closely than other social transfers. Nonetheless, many retired people still live on the verge of poverty in a context where family bonds are weakening at the same time as eldercare is, increasingly, seen by government as the responsibility of families.

Social policy analysts (for example Kutsar and Trumm, 1999) maintain that young

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people should be of greater concern for politicians, because of the growing proportion of children experiencing high relative deprivation as a result of family breakdown and unemployment of family members. Alternative family forms, such as unmarried cohabitation, have been given some attention by policy makers in candidate countries, mainly with a view to ensuring that children are not disadvantaged. Policy measures to support lone mothers are also widely accepted as a means of preventing children from falling into poverty. Since benefits are generally pitched at a low level, the expectation is that lone mothers will take paid work. Arrangements for divorce reflect the same concern for the wellbeing of children, but, in most applicant states, emphasis is still placed on marriage as the most appropriate environment in which to raise children and, as with older people, on individual responsibility rather than reliance on the state.

Since unemployment, particularly long term, is a major cause of poverty, and integration into the workforce is the primary means of gaining entitlements to social transfers, a central plank of policy reform was, initially, the introduction of schemes to provide unemployment benefits and social assistance. However, they were generally underfunded and pitched at such low levels that they did little to alleviate hardship. As economies began to stabilize towards the end of the 1990s, more active support measures were being promoted, including incentives to search for work, information services and training programmes, subsidies for employers taking on unemployed workers, and public works programmes (European Commission, 2000b).

During the 1990s, self-reliance and individual, *qua* family, responsibility became recurring themes in social policy statements. Yet, it is clear from this brief overview of the policy responses of governments in candidate states to socio-demographic change that they are driven largely by economic imperatives, such as those imposed by the criteria for EU membership. Many of the applicant countries paid a high price for their independence, with the most vulnerable groups in society, particularly those without voice, turning out to be the main losers, casting doubts on their ability to match up to the core values of the European social model, at least in the immediate future. It should not be forgotten, however, that, in the space of a decade, the transitional countries have undergone fundamental change that took 30 or more years to accomplish in some EU member states.

## Notes

1 The Commission's 1997 social protection report was intended to contribute to the debate on the modernization and improvement of social protection systems. In 2000, the linkages between demographic trends and social policy were strengthened when the Commission replaced the biennial demographic reports by annual reports on the social situation, although the social protection reports continued to be issued separately on a biennial basis. These reports, produced by the Directorate General for Employment and Social Affairs, are based primarily on data collected by Eurostat, much of which is published annually in *Demographic Statistics*, *European Community Labour Force Survey*, *European System of Integrated Social Protection Statistics* (ESSPROS) and *Migration Statistics*.

2 For the candidate countries, the European Commission's employment reports draw on data from the *Central European Countries Employment and Labour Market Review*, compiled by Eurostat. Many of the figures are estimates or have been adjusted to make them broadly consistent with EU data. For this reason, and because national source data on employment and unemployment are distorted by factors such as the prevalence of informal work, arrangements for registering as unemployed or the way in which periods of leave are counted, they are not strictly comparable.



3 Time series data on natural population growth, life expectancy, fertility, marriage, divorce rates and extramarital births are taken from tables compiled for Eurostat (2000) and by the European Demographic Observatory's data base (Sardon, 2000). These sources draw together and harmonize data collected by the Council of Europe, Eurostat and the United Nations.

4 The examples of Estonia, Hungary and Poland are used for illustration here and in the next section since information was collected about them for a three-year 11-nation research project funded by the European Commission under Framework Programme 5, entitled 'Improving Policy Responses and Outcomes to Socio-Economic Challenges (IPROSEC): changing family structures, policy and practice' (HPSE-CT-1999-00031). The partners in the three countries were, respectively, Dagmar Kutsar, Mária Neményi, and Wielisława Warzywoda-Kruszyńska and Jerzy Krzyszkowski. The views expressed here are those of the author and do not necessarily reflect the opinion or position of the Commission.

## References

- Burnel, R.** (rapporteur) (1986), 'Demographic situation in the Community', European Communities Economic and Social Committee Information Report, CES 602 / 84 fin, Brussels.
- Commission of the European Communities** (1997), 'Agenda 2000, vol. 1: For a stronger and wider Union; vol. 2: The challenge of enlargement', COM(97) 2000 final, Luxembourg.
- Davis, C.** (2001), 'Reforms and performance of the medical systems in the transition states of the former Soviet Union and Eastern Europe', *International Social Security Review*, 54(23), 7–56.
- Elster, J., Offe, C., and Preuss, U.K.** (1998), 'Social policy transformation', *Institutional Design in Post-Communist Societies: Rebuilding the Ship at Sea*, Cambridge: Cambridge University Press, pp. 203–246.
- European Commission** (1998), 'Social Action Programme 1998–2000', COM(1998), 259 final, 29 April, Luxembourg: Office for Official Publications of the European Communities.
- European Commission** (2000a), 'Employment in Europe 2000', Luxembourg: Office for Official Publications of the European Communities.
- European Commission** (2000b), 'Social Protection in Europe 1999', Luxembourg: Office for Official Publications of the European Communities.
- Eurostat** (2000), 'First results of the demographic data collection for 1999 in Europe', *Statistics in Focus: Population and Social Conditions*, Theme 3, October.
- Eurostat** (2001), 'Yearbook 2001: the statistical guide to Europe, Data 1989–99', Brussels: Office for Official Publications of the European Communities.
- Ferge, Z.** (1997), 'A Central European perspective on the social quality of Europe', in W. Beck, L. van der Maesen, and A. Walker (eds), *The Social Quality of Europe*, The Hague/London/Boston: Kluwer Law International, pp. 165–181.
- Ferge, Z.** (2001), 'Disquieting quiet in Hungarian social policy', *International Social Security Review*, 54(2–3), 107–126.
- GUS** (1966), *Gospodarstwa domowe i rodziny. Polska, Spis ludności metoda reprezentacyjna 1995*, Warsaw: GUS.
- Hantrais, L.** (1999), 'Socio-demographic change, policy impact and outcomes in social Europe', *Journal of European Social Policy*, 9(4), 291–309.
- Hantrais, L.** (2000), *Social Policy in the European Union*, 2<sup>nd</sup> edn, London/New York: Palgrave/St Martin's Press.
- Kutsar, D. and Tiit, E-M.** (2000), 'Comparing socio-demographic indicators in Estonia and the European Union', in L. Appleton (ed.), *Cross-National Research Papers: Spatio-Temporal Dimensions of Economic and Social Change in Europe*, 6(1), 27–34.
- Kutsar, D. and Trumm, A.** (eds) (1999), *Poverty Reduction in Estonia*, Tartu: Tartu University Press.
- Lakatos, M.** (2000), 'A családi kapcsolatok és a fizikai aktivitás szerepe az időskorúak életében', in E. Daróczi and Z. Spéder (eds), *A korfa tetején*, Budapest: KSH, Central Statistical Office, pp. 85–104.