



**Submission to the European Commission's Green Paper:**

***'Confronting demographic changes:  
a new solidarity between generations' COM (2005)***

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The Women's Health Council  
Block D, Abbey Court  
Irish Life Centre  
Lower Abbey Street  
Dublin 1  
Ireland  
Tel. +353 1 878 3777  
Fax +353 1 877 3710  
Email: [afantini@whc.ie](mailto:afantini@whc.ie)

## ***The Women's Health Council***

The Women's Health Council is a statutory body established in 1997 to advise the Minister for Health and Children on all aspects of women's health. Following a recommendation in the Report of the Second Commission on the Status of Women (1993), the national *Plan for Women's Health 1997-1999* was published in 1997. One of the recommendations in the Plan was that a Women's Health Council be set up as 'a centre of expertise on women's health issues, to foster research into women's health, evaluate the success of this Plan in improving women's health and advise the Minister for Health on women's issues generally.'

The mission of the Women's Health Council is to inform and influence the development of health policy to ensure the maximum health and social gain for women in Ireland. Its membership is representative of a wide range of expertise and interest in women's health.

The Women's Health Council has five functions detailed in its Statutory Instruments:

1. Advising the Minister for Health and Children on all aspects of women's health.
2. Assisting the development of national and regional policies and strategies designed to increase health gain and social gain for women.
3. Developing expertise on women's health within the health services.
4. Liaising with other relevant international bodies which have similar functions as the Council.
5. Advising other Government Ministers at their request.

The work of the Women's Health Council is guided by three principles:

- ◆ **Equity** based on diversity – the need to develop flexible and accessible services which respond equitably to the diverse needs and situations of women
- ◆ **Quality** in the provision and delivery of health services to all women throughout their lives
- ◆ **Relevance** to women's health needs

In carrying out its statutory functions, the Women's Health Council has adopted the WHO definition of health, a measure reiterated in the Department of Health's 'Quality and Fairness' document (2001). This definition states that

***'Health is a state of complete physical, mental and social well being'.***

## **Executive Summary**

The Women's Health Council (WHC) welcomes the Commission's initiative to launch a debate on demographic changes in the European Union (EU), and the opportunity to comment on the same. Our submission argues that substantive gender equality will have to be achieved in order to increase fertility rates and bolster solidarity between the generations. Hence, the EU's role in this area should focus on the implementation of a legislative and economic framework which redresses the value assigned to care in society, rebalances the gender distribution of care throughout the life span, and encourages the governments of Member States to improve state provision of care services. The successful achievement of these objectives will also inevitably aid the EU to strengthen the Lisbon Agenda, which is predicated on strong employment rates for both genders and the availability of a strong workforce for the future.

## **Proviso**

The WHC strongly believes that the aim of the EU should be to allow women to reach their desired fertility rather than to introduce strict pro-natalist measures. In this regard, it is paramount that whatever proposals are put forward do not breach women's sexual and reproductive rights as stated in the Cairo Programme for Action in 1994 (United Nations, 1994) and the Beijing Declaration of 1995 (United Nations, 1996).

## **The Challenge of a Low Birth Rate**

### *Fertility Gap*

Numerous studies has shown that women are currently having less children than they desire (Fahey, 2004; Krieger, 2004; OECD, 2005). Because of this well documented trend, the achievement of desired fertility was one of the recommendations of the European Commission's High Level Group in relation to the future of social policy in an enlarged European Union (2004b). Moreover, it has been shown that the gap between desired and achieved fertility is highest in countries which do not have 'family-friendly' policies and do not assist parents in reconciling family responsibilities with work, such as Italy and Spain, and lowest in countries that do, such as France and the Scandinavian countries.

In order to understand the reasons behind the low fertility trend, it is important to acknowledge that decisions about childbearing do not take place in a domestic vacuum but are greatly influenced by the broader societal values and context (Knijn and Komter, 2004; Repo, 2005). In fact, such decisions are very much affected by socially established and promoted models of parenting and employment, which still gravitate around gender specific parameters. That is to say, that the degree of gender equity in all spheres all life, but especially in relation to caring and working responsibilities, greatly influences couples, and especially women, in their childbearing decisions.

### *Gender Roles*

Traditionally, in many European countries, women have been considered to be responsible for parenting and other caring responsibilities, and men have been expected to be the breadwinners for the whole family. However, female employment levels have risen significantly over the last decades, due to combination of increased female education and emancipation, and the demise of the 'family wage' for men

alongside increased costs of living. On the other hand, men's contribution in the private sphere of the family and the home has not increased proportionally (Munar Suard, 2003; Pascall and Lewis, 2004; OECD, 2005). Hence, despite women's increased presence in the labour market, traditional gender roles are still entrenched in most European countries, with women faced with the burden of trying to reconcile their roles as mothers and workers, while men still focusing primarily on their role as workers and breadwinners. Moreover, so-called 'family-friendly' entitlements, such as parental leave, and work policies, such as part-time and flexible arrangements, are still very much targeted at and used by female workers (Reynolds, Callender and Edwards, 2003; Smithson and Stokoe, 2005), despite being presented in gender-neutral language and theoretically available to both mothers and fathers.

This double burden has been found to affect women in a number of negative ways. From a health and well-being perspective, the constant struggle to balance their role as mothers and workers causes women high levels of emotional and psychological distress (Holmshaw and Hillier, 2000; Lasswell, 2002; Shrier, 2002). Moreover, in order to fulfil their dual roles, women are more likely to take leave from their jobs and reduce their working hours<sup>1</sup>. These 'reconciliation' strategies have been documented to exert a major negative effect on their careers, the so called 'mummy track', and on their earnings throughout the lifecourse (OECD, 2005), representing a wage penalty on caring (Daly, 2002), and exposing women to a greater risk of poverty in their old age<sup>2</sup>.

Looking at the above negative consequences of childbearing and caring, it is no surprise that women are reluctant to achieve their preferred fertility. Moreover, due to the current trend of delayed childbearing, women are also increasingly experiencing the burden of caring on two fronts simultaneously, having to look after their young children while at the same time caring for ageing parents (Dex, 2003; Simoni and Trifiletti, 2005), another family responsibility carried out predominantly by women. Therefore, very low fertility rates will persist unless gender equity within family-oriented institutions rises more sharply than it has in the past (McDonald, 2000). What is needed is a radical shift from the current policy situation to the delivery of a more effective system of gender-equitable care and work, within a broader context of equity at societal level.

A number of conditions need to be in place in order to achieve an increase in fertility rates. While some of them apply to the domestic and private sphere, many of them originate within the broader fields of employment, state provision and general evaluation of women's and men's roles and contribution in society.

### *Revalorising Care*

First and foremost, the EU member states must revalorise the importance of care work as crucial towards the demographic, social and economic well being of the European project. Care should become as important to the notion of full participation in society as paid work (Williams, 2004), and a 'caring attitude' should not be confined within the private sphere but become integrated into public discourse (Sevenhuijsen, 2002). Daly and Rake describe care as the 'signature piece of society' (2003), and the social axis on which gender inequalities pivot. Thus, the 'costs' that care entails, in time, effort, as well as income foregone in the present and

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<sup>1</sup> For example, women with small children continue to show employment rates 13.6 percentage points lower than women without children, while men with small children show 10 percentage points higher employment rates than men without children across Europe (European Commission, 2005b).

<sup>2</sup> The negative repercussions of the double burden of care and its related financial consequences are felt even more strongly by women already experiencing economic and social disadvantage.

the future, must be rewarded in society. Not only must those who care in society not be penalised for their caring, but all members should also be encouraged to care and this caring work should be emphasised as paramount for the well being of society and its members.

One of the ways to do this, is to ensure that all parents take responsibility for caring. As mentioned, many policies and entitlements are currently presented in the gender-neutral language of being directed at parents or being family-friendly, despite the fact that they are primarily aimed at and taken up by mothers. However, there is evidence that increasing number of fathers do want to become more involved in caring responsibilities, at least in relation to their children (Reeves, 2002), and often feel marginalised in their role as carers (O'Connor, 1998). Whether fathers are more or less interested in greater participation in family caring duties than they used to be, the fact remains that the vast majority of them do not avail of the options available to them. It is this gender discrepancy between the availability of family-friendly policies and who actually uses them that needs to be more successfully tackled.

So it important to assess and address the reasons behind fathers' reluctance to become more involved in care. They are partly based in the cultural assumption of the father as economic provider rather than carer. In fact, while caring is perceived as an important element in social and cultural norms of good motherhood, it is less emphasised in the interpretation of good fatherhood (Leira, 2004). However, they are also partly based on the financial repercussions of such a cultural model of parental care. To date, the gender gap persists to such an extent that financially it makes more sense for mothers to take the pay cut that usually accompanies care leave, reduced hours and flexible arrangements, whether directly from reduced income, or from a longer term perspective of reduced promotion opportunities due to increased familial obligations. Hence, two different but parallel changes must take place to redress the cultural and financial gender imbalance: fathers need to be encouraged and expected to care for their children both through work and through practical and emotional care, and the financial cost of doing so should be minimal but equivalent regardless of which parent delivers it.

### *The Role of Fathers*

Strategies to encourage fathers to take leave and use available options of combining working with caring have already been introduced in a number of Nordic countries, with Norway and Sweden at the forefront of innovative social policy, especially in relation to father-specific leave quotas, known as 'daddy quotas' (Brandth and Kvande, 2002; Leira, 2004). In a study of the dimensions of successful take up of leave for fathers, Kilkey (2004) lists the following:

- The entitlement to leave is specifically linked to the father rather than the family unit.
- The entitlement cannot be transferred to the mother and is lost in case of non-take up.
- The absence of a requirement to negotiate with employers. This may impact more on men given evidence of men's experience of greater workplace resistance to their use of leave;
- Flexibility. Again in the context of work-place resistance to fathers' take-up, provisions which can be used flexibly – for example combining paid work and leave simultaneously – may prove easier for fathers to negotiate.
- Level of wage replacement. Because of gender pay differentials, it is critical that provision attract high wage replacement benefits to sufficiently incentivise men.

The institutionalisation of the right of fathers to leaves of absence from work is a very important aspect of these strategies as it clearly combines the role as carer into men's publicly endorsed identities. This public and formal endorsement has allowed men to participate in the care of their children starting at birth. Including fathers in those entitled to care, and setting aside specific periods only for them, has made it easier for fathers to take leave, thus facilitating negotiations in the workplace and with their partners at home (Leira, 2004). Plus, research suggests that taking parental leave affects men's thinking about work and family and their subsequent participation in childcare (Pascall and Lewis, 2004), thus proving a beneficial long-term effect. Hence, "fathers need help from the 'state' to set limits and make it legitimate to take leave from work" (Brandth and Kvande, 2002: 201).

#### *State Provision - Financial Supports*

However, no amount of institutional support will ever bring about much change in paternal take-up of leave if such leave is not adequately supported financially. In fact, a Eurobarometer survey on parental leave carried out in 2004 showed that insufficient financial compensation was the main factor discouraging fathers from availing of this provision (European Commission, 2004a). Wage compensation for parents taking up leave would be a strong signal that caring is valued as highly as working in the labour market and, thus, developing a dual identity of carer-worker for all Europeans, male or female. The state should also provide financial assistance to parents who for whatever reasons are not in a position to combine work and care. For instance, the work of full-time mothers needs to be recognised and supported by the state through financial provisions. A variety of schemes to provide this financial support should be put in place, such as tax benefits and social insurance payments and credits, to insure that women who choose to care for their family on a full-time basis are not penalised and do not suffer negative financial repercussions in their old age in pension allocations. Different financial support schemes should also be available to parents who choose to avail of care services. Ideally, these services should be provided directly by the state (see below), but where this is not possible, it is vital that these services are affordable for all parents and do not discriminate against low-income families.

#### *State Provision - Services*

Socio-economic differences in access to care are greatly emphasised where state-provided affordable care is lacking. In fact, making provision for care needs to focus not only on the availability of time and financial support, but also of services (Daly and Rake, 2003), otherwise care becomes the privilege of those who can afford to give up their time and earnings, or use them to pay for private care. Relying on markets means that gender equality is likely to be a privilege (nearly) attained by better off women only. More highly educated women pay for childcare and develop continuous careers whereas the less highly educated return after childcare to low paid part-time jobs and suffer a huge loss of income (Kilkey, 2004; Pascall and Lewis, 2004). Again, the provision of good state-sponsored care services, such as crèches, home-care and early schooling, is found in those countries which have retained the higher fertility rates and in which the fertility gap is lowest (such as Sweden and France).

#### *Single Mothers*

The need for state financial support and services is especially crucial in relation to one-parent families, which are estimated to be headed by a woman in 85% of cases across the EU (European Women's Lobby, 2005), as the burden cannot be shared and often prevents mothers from accessing the education and employment opportunities.

### *Conclusion*

To address the challenge of a low birth rate, a number of different strategies must be implemented, i.e. the provision of time, financial support and services for all parents with caring responsibilities. However, underpinning all these policies, an underlying framework of increased gender-equity and the revalorisation of care needs to be promoted. Until care duties are perceived to be the responsibility and prerogative of both mothers and fathers, full gender equity will not be achieved and women will continue to have fewer children than they desire.

### Recommendations

- Paid maternity/paternity leave at the birth of a child with a specific entitlement for fathers.
- Flexible paid parental leave with a specific entitlement for fathers.
- Financial supports for parents through a variety of benefits.
- State provision of quality affordable care services.

### **The possible contribution of migration**

Migration can certainly play a positive role in society and has been found to have a beneficial impact on fertility rates (European Commission, 2004b). Hence, it should be adopted as a positive economic and social strategy by European countries. In order to optimise the benefits of migration, however, comprehensive integration policies are required, and these are often missing from national frameworks. In light of the increasing feminisation of migration (Ehrenreich and Russell Hochschild, 2002) on one hand, and the traditional male-orientated models that underpin migration policies (United Nations, 2004) on the other, it is paramount that gender-sensitive frameworks are introduced, so that the needs of both male and female migrants are adequately catered for.

The feminisation of migration is not unconnected to the current gender inequitable system of care in the Western world. In fact, many female migrants are employed in the care sector, looking after children, ill or elderly people. They thus replace the care work traditionally carried out by women who are increasingly entering the labour market or seeking additional help in this domain. While migration can obviously have positive repercussions for these workers, many have been found to suffer grave discrimination in terms of pay and conditions of employment, in particular in the domestic care sector<sup>3</sup>. Moreover, as shortages in this sector are rarely recognised, many of the workers are illegal migrants, and hence cannot avail of any formal protection systems. Hence, care work is not only being shared unequally between the genders, but also between the privileged and disadvantaged globally (Ehrenreich and Russell Hochschild, 2002). A revalorisation of care work would improve the pay and working conditions for those migrant women who are employed in this area. Immigration and residence rules, for instance in relation to family reunification, should also be reformed in order to ensure that migrant women may not be separated from their families for long periods of time.

Finally, the effect on fertility rates of migration has been found to be only short-lived. Thus, immigration policies by themselves will not be able to resolve the problem of low fertility rates in the long term (Grant *et al.*, 2004a), but will have to be just one

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<sup>3</sup> For instance, in Ireland, domestic workers are not covered by the Equality legislation in terms and conditions of work (Equality Act 2004).

aspect of a complex and comprehensive revalorisation of the human capital in society.

#### Recommendations

- Adopt a gender-sensitive approach to immigration and integration policies.
- Protect the human rights of illegal migrant workers.
- Ensure that the legal employment framework encompasses care services provided within domestic settings in all EU Member States.

#### **Better integration of young people**

In relation to combating child poverty and poverty among lone parent families, income support and services are the key policy mechanisms (Combat Poverty Agency, 2005). European Member States need to invest in health and childcare services so that they are available and affordable even for low-income families. Childcare services are particularly important for single mothers, for whom their cost is often prohibitive and, hence, do not have the option to seek employment outside the home. However, again, for those mothers choosing to look after their children full-time, the value of their care should be recognised through adequate financial supports.

On this topic, The Women's Health Council generally supports the key recommendations made in the *Preventing and reducing child poverty* Policy Studies Findings (European Commission, 2005a), and hopes that they will be implemented through National Anti-Poverty Strategies.

#### Recommendations

- Member States need to invest in health and childcare services for low-income families.
- The recommendations made by the European Commission in relation to child poverty need to be implemented.

#### **A global approach to the 'working life cycle'**

The ability of all parents to access 'family-friendly' arrangements, such as reduced hours and flexi-time is crucial in enabling them to combine family and work responsibilities. Up until now, however, it has been women who have been expected to avail of these work-life balance policies, which, while worded in a gender-neutral manner, have been predominantly targeted at them. However, again as seen, it is crucial that fathers as well as mothers be allowed and encouraged to use the options available to them. In order to do so, a certain degree of entitlement needs to be introduced; so that all employers should provide such options and no 'indirect' negative consequence would derive from their up-take. Moreover, these 'family-friendly' options should not be restricted to the purpose of childcare, but be available to all employees with caring responsibilities for other family members, such as ageing and infirm parents or relatives. This provision would aid the development of a worker-carer identity for all workers and not just mothers, hence repositioning the role of care as a universal issue and not just a female responsibility. While business viability for such provisions should not, by any means, be the underlying reason for introducing these measures, they have actually been found to have benefits from a business point of view in relation to staff retention, thus reducing recruitment costs,



while increasing staff morale and loyalty (European Foundation for the Improvement of Living and Working Conditions, 2004).

#### Recommendations

- Flexible ways of working that enable both women and men to carry out their domestic responsibilities should be developed.
- These measures should be designed for and targeted at both men and women not just in theory but also in practice.

#### **A new place for 'elderly people'**

In relation to older people, The Women's Health Council wishes to echo the policy suggestions made by the National Council for Ageing and Older People in their position statement *An Age Friendly Society* (2005). Specifically, full participation and integration of all older people in society should be encouraged. Due to biological as well as social differences in the experience of older age for men and women, all policies should be sensitive to the differing needs by gender as well as age in society.

Due to the increasing well being and longevity in the older population, the employability of older workers should be improved by giving them the opportunity to structure their working days in a manner that best suits their circumstances. Gradual retirement should be facilitated, as well as the possibility of combining their working and caring responsibilities through 'family-friendly' policies, just as in the case of parents of young children. Again, this would follow in a society where all workers are also acknowledged as carers in various capacities and at different times in their working lives. Most importantly, these options will be targeted at both older men and older women.

#### Recommendations

- The full participation and integration of all older people in society should be encouraged in a gender-sensitive manner.
- Policies that allow older people to combine their work and caring responsibilities in a flexible manageable manner should be implemented.

#### **Solidarity with the very elderly**

##### *Pension systems*

Up until now pension systems have greatly disadvantaged women, as they have been mainly based on credits related to length of uninterrupted working life. This system discriminates against women, who often have to take breaks in their working life to fulfil their caring responsibilities. Furthermore, reforms taking place in various Member States to privatise the pension system have the potential of being more deleterious to women as they are even more closely related to lifetime earnings and thus magnify the gender income inequality in later life (Lewis, 2004; Pascall and Lewis, 2004). What is required is a system that does not penalise women for taking care leave. Parallel to this, tackling the enduring gender pay gap will also have positive repercussion on future pension entitlements for women.

Moreover, as part of a drive towards gender-equality, all pension schemes should abandon the 'male breadwinner' and 'dependent partner' model, which often leaves women only with derived rights instead of individualised rights (National Women's

Council of Ireland, 2003). In this type of system, access to pension entitlements is often problematic as they are usually distributed through the 'head of household' who might not necessarily share them equitably with his dependant partner.

### *Care*

Care for the elderly, just like childcare, has been found to be a responsibility shouldered primarily by women (Meyer, 2000; Grant *et al.*, 2004b). Greater gender-equity in this area should be encouraged and policies should be put in place to extend the entitlement to take care leave not only in relation to childcare but also to care for ill or ageing relatives. As for childcare, making provision for care for the elderly should entail providing time, financial support and services.

Member States should publicly fund the four elements of the continuum of care: self-care; community-based care; care and case management; and long-stay care. Each of these services should incorporate the views of both older people and their carers, and the care provided should be of high quality, person-centred, integrated with other health and social care services (National Council on Ageing and Older People, 2005). Moreover, a lifecourse approach to the care of all people should be adopted. This approach would lead to the prevention or, at least, to the reduction of many of the ailments of later life (Kuh and Hardy, 2002).

### Recommendations

- Ensure that pension systems are not solely related to lifetime earnings but also take time spent on caring into consideration.
- Remove the 'male breadwinner' model from pension systems and provide women with individual pension entitlements.
- Provide satisfactory care to older people through a variety of state provisions.
- Enable both men and women to be involved in the care of their ageing and elderly relatives without suffering negative financial and personal repercussions.
- Adopt a lifecourse approach to health care.

### **Conclusion: what should the EU's role be?**

The EU's greatest contribution to increasing fertility rates would be to push Member States towards greater gender equity in the domestic sphere. The EU has already passed a number of Directives which prohibit discrimination based on gender in the workplace (for example, Directives 75/117/EEC, 76/207/EEC, 86/613/EEC), and in access to goods and services (Directive 2004/113/EC). Hence, at the moment, women and men should be able to stand on an equal footing as workers and consumers, at least in theory. What is required is that their status as carers should also be equal and equally protected. Of course, it is much harder to influence decisions that take place in the private rather than public sphere. Hence, a combination of strategies will need to be enacted from the general to the specific.

Generally, the EU should continue to promote and develop its gender-mainstreaming framework. The establishment of a European Gender Institute is a welcome development and will undoubtedly aid the gender-mainstreaming project. However, the lack of any clear political commitment to a new Gender Equality Framework Strategy in the Social Agenda 2005-2010 is a disappointment, and should be addressed in the future.

While gender mainstreaming and women-specific projects will aid in narrowing the gender gap in political decision-making, employment and pay, and education, for

instance, it is also necessary to address the other side of the gender divide, i.e. the private domain. This will inevitably involve changing the attitudes of men as well of societal expectations of them. Men need to become more involved in the private sphere, dedicating time and resources to their domestic and caring responsibilities. As demonstrated, the fertility gap will not be reduced until both women and men are equally able and expected to take on the dual worker-carer role.

The EU has traditionally shied away from involvement in policy making in the private sphere, leaving this areas of policy as a prerogative of the Member States. However, promoting a socio-legal model of employment and care that is friendly to working mothers and fathers is not necessarily outside the remit of EU policies (Guerrina, 2002). In recent years a number of important relevant resolutions have been passed, for example the resolution of the Council of Europe and the Ministers of Employment and Social Policy in June 2000 on more balanced participation of women and men in family and working life. What is required now is a shift from theoretical recommendations to practical policy provisions, with targets and indicators, such as the Barcelona target for early care and education. These should carry the same weight as other types of agreements, e.g. financial, and trigger equivalent penalties when breached.

Moreover, European Union's policies and legislation should represent a model of best practice rather than languish at the lowest common denominator. For instance, by the time the 1996 Parental Leave Directive (Council Directive 96/34/EC) was issued, it effected considerable improvement in only three member states: Ireland, Luxembourg, and Belgium. In all the other countries, national provisions were already generally more advantageous to workers than the ones prescribed in the Directive (Stratigaki, 2004)<sup>4</sup>.

In order to reduce the fertility gap, greater equity between the genders needs to be achieved. Positive strides have been taken in relation to women participating in the public sphere, especially in the labour market. Men's roles and identities, on the other hand, have remained largely unchanged. The EU now must ensure that its policies and legislations do not perpetuate stereotypical gender roles or further entrench current inequities in care, but rather dismantle them and reformulate the roles of both men and women as workers and carers. Their contribution as both, moreover, must be equally valued and supported practically and financially. It is only by addressing the disparities in the private sphere that women will opt to have the number of children they actually desire and fertility rates will be improved.

#### Recommendations

- Adopt a comprehensive New Framework Strategy for Gender Equality, incorporating both gender-mainstreaming and women-specific equality measures.
- Become more involved in policies related to the private and domestic domain.
- Provide a best practice model for gender equity in all policies and legislations.

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<sup>4</sup> The United Kingdom was not obliged to comply with the Directive having opted out of the Agreement on Social Policy.

## **Summary of Recommendations**

- Paid maternity/paternity leave at the birth of a child with a specific entitlement for fathers.
- Flexible paid parental leave with a specific entitlement for fathers.
- Financial supports for parents through a variety of benefits.
- State provision of quality affordable care services.
- Adopt a gender-sensitive approach to immigration and integration policies.
- Protect the human rights of illegal migrant workers.
- Ensure that the legal employment framework encompasses care services provided within domestic settings in all EU Member States.
- Member States needs to invest in health and childcare services for low income families.
- The recommendations made by the European Commission in relation to child poverty needs to be implemented.
- The full participation and integration of all older people in society should be encouraged in a gender-sensitive manner.
- Policies that allow older people to combine their work and caring responsibilities in a flexible manageable manner should be implemented.
- Ensure that pension systems are not solely related to lifetime earnings but also take time spent on caring into consideration.
- Remove the 'male breadwinner' model from pension systems and provide women with individual pension entitlements.
- Provide satisfactory care to older people through a variety of state provisions.
- Enable both men and women to be involved in the care of their ageing and elderly relatives without suffering negative financial and personal repercussions.
- Adopt a lifecourse approach to health care.
- Adopt a comprehensive New Framework Strategy for Gender Equality, incorporating both gender-mainstreaming and women-specific equality measures.
- Become more involved in policies related to the private and domestic domain.
- Provide a best practice model for gender equity in all policies and legislations.

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